

# LOCAL DECISIONS – NATIONAL SCHEME

Regulating health practitioners  
in the Australian Capital Territory:


## ANNUAL REPORT SUMMARY 2013/14

The Australian Health Practitioner Regulation  
Agency and the National Boards, reporting  
on the National Registration and  
Accreditation Scheme



Australian Health Practitioner Regulation Agency

Aboriginal and Torres Strait Islander health practice	Occupational therapy
Chinese medicine	Optometry
Chiropractic	Osteopathy
Dental	Pharmacy
Medical	Physiotherapy
Medical radiation practice	Podiatry
Nursing and Midwifery	Psychology



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# Regulating health practitioners in the Australian Capital Territory

This year, for the first time, we offer this snapshot of our work regulating nearly 11,000 health practitioners in the Australian Capital Territory (ACT).

This short report complements the more detailed, national profile included in the 2013/14 annual report of AHPRA and the National Boards.



**969** people applied to the Boards for registration as a health practitioner in the ACT in 2014, including changing types of registration

On 30 June 2014 there were **5,784** nurses and midwives, **1,960** medical practitioners, **489** physiotherapists, **469** pharmacists and **386** dental practitioners in the ACT

There are **40** dental and **1,159** medical specialists in the ACT

**2.2%** of health practitioners in the ACT are subject to a notification



We received **267** notifications about health practitioners in the ACT during the year, including **11** mandatory notifications

AHPRA is monitoring conditions on registration or undertakings from **113** ACT practitioners

There has been a **33%** increase in notifications in the ACT, compared to a **16%** national increase

**43%** of notifications were about clinical care, **10%** raised concerns of health impairment, **8%** were about pharmacy/medication and **7%** were about communication. This is consistent with national trends

ACT boards and committees took 'immediate action' **20** times, limiting the practitioner's registration in some way in **85%** of cases.



The number of mandatory notifications has dropped from 20 in 2013 to **11** in 2014

**37%** of notifications came direct from patients, **24%** were referred from the ACT Health Services Commissioner, **10%** by another practitioner and **7%** by a member of the public

**76%** of health practitioners in the ACT are women

Notifications about practitioners in **5** professions account for **95%** of notifications in the ACT (dental, medical, nursing and midwifery, pharmacy and psychology)



There were **6** tribunal decisions, with **5** resulting in disciplinary action, including one practitioner who surrendered their registration

There were **26** notifications closed following panel hearings, with **92%** resulting in disciplinary action

# About the National Scheme

## Who

The National Registration and Accreditation Scheme regulates more than 619,000 registered health practitioners across Australia.

The Australian Health Practitioner Regulation Agency (AHPRA) supports the [14 National Boards](#) that are responsible for regulating the health professions. The primary role of the National Boards is to protect the public.

The National Scheme makes sure that only practitioners who have the skills and qualifications to provide safe and ethical care are registered to practise in Australia.

## What

The National Boards set professional standards that all registered health practitioners must meet. The Boards hold practitioners to account against these standards when they respond to complaints about practitioners.

Registered health practitioners can register once, and practise across Australia within the scope of their registration, creating a more flexible and sustainable health workforce.

The [online national registers](#) provide a single reference point for the community about the current registration status of all registered health practitioners in Australia, including current restrictions on practice.

Agreed [regulatory principles](#) underpin the work of the National Boards and AHPRA in regulating Australia's health practitioners in the public interest.

The National Scheme is responsible for the quality education of health practitioners, by setting the framework for the accreditation of health practitioner education and training in Australia.

## When

The National Scheme started in July 2010. Since then, there has been an increase in the number of registered practitioners, from 530,115 in June 2011 to 619,509 on 30 June 2014 (including four professions that entered the scheme in 2012).

## Where

The National Scheme operates across Australia. It builds local decision-making into a national standards and policy framework. Every state and territory parliament has passed a nationally consistent law – the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), which came into effect on 1 July 2010 (and 18 October 2010 in Western Australia).

## Why

Public safety is the most important purpose of regulation. Other objectives and guiding principles of the National Scheme are set down in the [National Law](#).

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# Foreword from the AHPRA Chair and CEO

One in every 20 working Australians is a registered health practitioner – or 10,723 of all 384,100 people in the ACT. All of us are patients from time to time. Directly or indirectly, regulation of health practitioners matters to us all.

Well-regulated practitioners are the foundation of a healthcare system that provides safe, high-quality healthcare. The legal framework set by governments when creating the National Law, is designed to protect patients and be fair to practitioners, while facilitating access to health services. In our regulatory work in the ACT and nationally, we are committed to striking this carefully managed balance.

## Local decision-making

The National Scheme anchors local regulatory decision-making to a national policy and standards framework. It provides robust public protection, economies of scale, and consistent standards that practitioners must meet. The scheme makes it clear what members of the community can expect from the people who provide their healthcare.

The vast majority of decisions about individual registered health practitioners are made locally. Nationally, more than 95% of notifications are made about practitioners in four professions, which all have state, territory or regional boards or committees in place. This figure grows to 97% when including pharmacists who manage notifications through a national committee.

Territory board members are appointed by the Health Minister in the ACT. The regional psychology board includes appointments from Victoria and Tasmania.

The decision-makers on boards and committees make decisions about local practitioners supported by the ACT AHPRA office.

The complaints handling system relies on the ACT Health Services Commissioner, which is part of the ACT Human Rights Commission, the Civil and Administrative Tribunal (CAT), territory and regional boards and committees and AHPRA to deliver effective and timely outcomes and protect the public.

More about the work of the ACT AHPRA office during the year, along with territory-specific data, is detailed in this report.

## Performance

This year, in the ACT and nationally, our priority focus has been on improving our management of notifications, our performance and accountability through measurement and reporting, and the experience of notifiers and practitioners subject to a notification.

Our investment in notifications management is delivering results. The time it takes to assess and manage notifications is reducing. In the context of ongoing increases in the number of notifications we receive, this will remain a critical challenge for us to meet.

We have robust processes in place to swiftly identify and manage serious risk to the public. In the ACT this year, Boards took immediate action 20 times, limiting the practitioner's registration in some way in 17 cases (85%) as an interim step to keep the public safe.

To better manage and measure our performance, we have introduced a set of key performance indicators (KPIs) for the timeliness of notifications management. This increases accountability and will support improvements in our performance that will continue into 2015. We have introduced KPIs to our work in registration for the year ahead.

During the year, the increase in notifications in the ACT was 33%, significantly higher than the national average increase of 16%. The ACT AHPRA team has managed this increased workload with three additional staff.

## Community engagement

Improved community engagement has been a focus during the year. Our Community Reference Group continues to add value and insight into our work with notifiers and health consumers more generally.

The outcome of our partnership with the Health Issues Centre has application across Australia and given direction to our efforts to improve confidence, transparency and understanding of the way we manage notifications.

## Conclusion

The national standards and robust public protections that are a cornerstone of the National Scheme were made possible when governments across Australia led a world-first reform in health practitioner regulation.

We recognise and value the ongoing support of the Minister and her department, stakeholders within the professions and wider health sector and the community. Building understanding and confidence in our work is an important element of our trustworthiness.

We look forward to continuing to work in partnership with National Boards and their territory boards and committees to serve the community of the ACT.



Michael Gorton AM, AHPRA Chair



Martin Fletcher, AHPRA CEO

# Foreword from AHPRA's ACT Managers

Bob Bradford and Meredith Boroky

It's been a year of significant achievement and action in the ACT AHPRA office.

Highlights for 2013/14 include:

- Hosting a well-attended stakeholder forum on consumer issues in the National Scheme in May 2014, hosted jointly by AHPRA CEO Martin Fletcher and new AHPRA Chair, Michael Gorton.
- Continuing to strengthen our work with the ACT Health Services Commissioner
- Ongoing engagement with the ACT Chief Minister (and Health Minister), Ms Katy Gallagher, about health regulation and workforce issues.
- AHPRA ACT managed 969 applications for registration or for changes in registration
- Supporting the review by the Psychology Board of Australia of its regional governance structure (see more in the report from the regional psychology board chair).
- Visits from the Podiatry and Optometry Boards of Australia.
- Successfully implementing key performance indicators (KPIs) to measure and improve our management of notifications.
- Progress in finalising long-standing investigations and more timely scheduling of panels.
- Implementing the National Scheme regulatory principles to guide and support decision-making.

## Local decisions, national framework

More than 95% of all notifications are made about practitioners in four professions – medical, nursing and midwifery, dental and psychology. All these National Boards have state, territory or regional boards or committees, which make all decisions about individual practitioners. Read more about the work of the local ACT boards and their committees in this report.

More generally, there are ACT members on some National Boards who provide insight into local issues that are brought to the attention of a National Board.

Through these and other mechanisms (including local delegations), supported by local AHPRA offices in every state and territory, regulation in the National Scheme is delivered locally, supported by a national policy, standards and systems.

## Improving notifications management

There has been a significant increase in the number of notifications received by the ACT during the year.

There may be many reasons for this, and we will continue to examine links to the demography of the ACT, with our high tertiary education levels, high awareness of consumer rights and ready access to complaints mechanisms.

After three years of consistent increase, this appears to be an established trend, consistent nationally and internationally in healthcare and across other sectors. We are monitoring this increase both locally and nationally, to better understand the cause and make sure we respond effectively. Initially, it appears to be largely an increase in concerns about less serious conduct, rather than an increase in serious matters. It may also be attributed to a growing awareness of AHPRA, its objectives and the National Law amongst consumers.

We have focused a lot of effort during the year to improve our management of notifications and notifiers' experience of the National Scheme, and our initiatives to improve appear to be paying off. These initiatives have included introducing KPIs to enable us to measure and manage the timeliness of our investigation of notifications. We will be introducing this approach into our management of registrations during 2015. More detail on this is in the 2013/14 annual report of AHPRA and the National Boards. We expect our work to manage notifications more quickly will benefit the practitioners who are subject to a notification. We know this can be stressful and are looking at ways to improve practitioners' experience of our processes.

## Working with our stakeholders

During the year, we have been in regular touch with many of our stakeholders, listening to their ideas for ways we can improve, making opportunities to respond to feedback and talking about the National Scheme.

Our stakeholder and consumer forum was well attended by consumer representatives, including from the AHPRA Community Reference Group and the Consumers Health Forum; senior health advisers from the medical, nursing and midwifery, and other health professions; representatives from the ACT Health Directorate, Canberra Hospital, and local government; chairs and community representatives of local and national boards; the ACT Health Services Commissioner; and the ACT Solicitor-General. It provided a great opportunity to share knowledge and experience of our work.

Our work with the community will be a priority in 2015. More widely through our national stakeholder engagement program, we have ventured into social media initially by joining Twitter, expanded our options

to participate in National Board consultations and are planning future work with non-English speaking communities.

We continue to benefit from advice and challenge from our Community Reference Group, which includes a member from the ACT, and distribute information about the National Scheme with our online community of interest. This group has grown from the initial community briefings we held around Australia in 2012/13 and also includes members from the ACT.

## Local office, national contribution

The day-to-day focus of most of our ACT team is to manage our core regulatory functions of registration and notifications, and supporting local boards and committees. Our thanks to the hardworking staff in the ACT office. AHPRA is maturing as an organisation, as we increasingly harness specialist skills in key areas and apply them nationally. AHPRA's new senior leadership team is also decentralised, with members based around Australia, including the ACT.



Bob Bradford, AHPRA ACT Manager to 30 June 2014; AHPRA National Director Notifications from 1 July 2014, based in the ACT



Meredith Boroky, Acting AHPRA ACT Manager, from 1 July 2014



## **PART 1:**

# Decision-making in the ACT: Board and committee reports

# ACT Registration and Notification Committee, Dental Board of Australia: Chair's message

The main focus of the ACT Registration and Notification Committee of the Dental Board of Australia in 2013/14 was on managing risk to patients. We did this in two ways: making decisions about individual registered dental practitioners after receiving a notification about them; and assessing applications for dental practitioner registration.

Data about the work of the local committee are detailed in this report. More comprehensive information about the work of the Dental Board of Australia nationally is included in the 2013/14 annual report of AHPRA and the National Boards.

As well as the National Board members from each jurisdiction, the ACT committee is the local face of dental practitioner regulation in Australia. Our local committees are made up of practitioner and community members from the ACT. We meet every two months, and more often as needed to respond to demand. The decisions of the committee are guided by the national standards and policies set by the Dental Board of Australia. The local committee makes decisions about dental practitioners in our region, supported by the local AHPRA office, in a national policy framework.

The ACT committee provides important feedback to the National Board on its standards and policies. As the new Chair of the local committee, I will attend a number of National Board meetings in the coming year. These meetings create opportunities to discuss how the National Board policies influence our local decision-making. The opportunities to engage with the National Board continue to grow to support the national policy framework.

Along with the National Board and its committees, a core priority for the year ahead for the ACT committee is to implement the regulatory principles. As Chair, I am looking forward to participating in the National Board's bi-annual dental conference to be held in May 2015, when all committee members will have a chance to discuss, reflect and learn in order to improve the quality of our decisions.

Working with our stakeholders has been a major priority during the year. In May 2014, the ACT Health Consumers Forum provided an important opportunity for us to meet representatives of local government and community groups, the ACT Health Directorate, the ACT Health Services Commissioner and the ACT Solicitor-General. Working in partnership with our stakeholders, we can provide a framework that ensures patient safety,

while we implement sensible and practical registration guidelines for all dental practitioners.

I thank my colleagues on the ACT committee for their energy and commitment to the people of the ACT during the year. Thank you to immediate past Chair, Dr Murray Thomas, for his longstanding dedication as Chair and his valuable contribution to the transition to the National Scheme. Dr Thomas will continue to contribute at a national level through his membership of the Dental Board of Australia.



Dr Peter Wong, Chair, ACT Registration and Notification Committee, Dental Board of Australia



Dr John Lockwood AM, Chair, Dental Board of Australia

## Members of the ACT Registration and Notification Committee

Dr Peter Wong (Chair from 1 July 2014)

Dr Murray Thomas (Chair to 30 June 2014)

Mrs Tanya Fane

Mr Don Malcolmson

# ACT Board of the Medical Board of Australia: Chair's message

It has been a year of considerable progress for the ACT Board of the Medical Board of Australia.

As ever, our core focus was on public safety as we made decisions about individual medical practitioners. These decisions fall into two broad categories: either complex applications for registration which require detailed individual assessment; or what action we need to take to manage risk to the public as a result of a notification.

The decisions we make in the ACT are guided by the national standards and policies set by the Medical Board of Australia. In effect, local boards are making decisions about local practitioners, supported by a local AHPRA office, in a national framework.

During the year, the ACT Board has spent a lot of time and effort working with the Medical Board nationally, all other state and territory medical boards and with AHPRA to improve our management of notifications. This has involved careful analysis of our current performance, and identifying opportunities for doing our work better and more effectively. We have looked very closely at the experience of notifiers, and how we can make our communication more straightforward, easy to understand, and more timely. I am looking forward to reporting on the benefits of this work in 2015.

Working with our stakeholders has been another priority during the year. With the ACT Manager, Bob Bradford, we held a Community Forum in May 2014, continued to engage with ACT Health and our Minister for Health and Chief Minister, Ms Katy Gallagher, and our ACT Health Services Commissioner, Ms Mary Durkin, about issues affecting local health practitioners in the ACT. Meetings with Australian National University medical students and resident medical officers give the Board the opportunity to explain our registration processes and our role in the regulation of the profession.

Together with our AHPRA staff, we have concentrated on streamlining our notification processes, from prioritising initial assessments to targeting investigations, to support a timely outcome for both notifiers and practitioners. We have focused our attention on long-standing notifications, attempting to address the cause of any delays. Our Registration Committee has made site visits to assess and address supervision arrangements for our international medical graduate (IMG) practitioners with limited registration. We continue to develop our compliance and monitoring programs over all fields of registration, medical practice and health conditions.

I thank my colleagues on the ACT Board for their energy and commitment to the people of the ACT during the year. I would like to thank retiring members, Dr Vida Viliunas and Ms Megan Lauder, for their contribution to the transition of the ACT Medical Board to the ACT Board of the Medical Board of

Australia, and their active participation in regulation over 10 years. I welcome Professor Peter Warfe and Mr Robert Little to the 2014 ACT Board and look forward to their contributions.

This ACT report provides a snapshot of regulation at work in our territory over the last year. It complements the comprehensive, profession-specific information published in the annual report of AHPRA and the National Boards for 2013/14. I commend it to you.



Dr Stephen Bradshaw, Chair, ACT Board of the Medical Board of Australia



Dr Joanna Flynn AM, Chair, Medical Board of Australia

## Members of the ACT Board

Dr Stephen Bradshaw (Chair)

Dr Tobias Angstmann

Dr Kerrie Bradbury

Ms Vicki Brown

Ms Megan Lauder

Dr Timothy McKenzie

Mr Don Malcolmson

Dr Barbara (Sally) Somi

Dr Vida Viliunas

# ACT Board of the Nursing and Midwifery Board of Australia: Chair's message

In 2014, the ACT Board of the Nursing and Midwifery Board of Australia continued to focus on public safety, making decisions about individual nurses and midwives. These may be decisions about complex applications for registration that require detailed assessment, or deciding what action we need to take to manage risk to the public as a result of a notification.

The decisions we make in the ACT are guided by the national standards and policies set by the Nursing and Midwifery Board of Australia (National Board) and by the principles for assessing applications for registration and notifications, which were recently developed jointly by the National Board state and territory boards. These policies and regulatory guidelines inform the decisions we make in the ACT about local practitioners, supported by AHPRA's ACT office.

During the year, the ACT Board has worked closely with our colleagues on the National Board and on other state and territory boards, through monthly state and territory teleconferences of board chairs, workshops on nursing and midwifery regulation, and developing principles for assessing applications for registration.

This important partnership supports a nationally consistent approach to managing and making decisions about notifications and registration issues for nurses and midwives. The ACT Board looks forward to participating in the inaugural Nursing and Midwifery Board conference to be held in November 2014.

Our work with stakeholders has also been a priority. With the ACT Manager, Bob Bradford, and in consultation with the CEO of AHPRA and the Chair of the Agency Management Committee, we participated in a community forum which enabled us to meet and speak with our colleagues in the health sector interested in the National Scheme, including local stakeholders, professional associations, and national and local community members. During the year I have also attended ACT Nursing and Midwifery Network meetings, which are hosted for lead nursing and midwifery clinicians by the Chief Nursing and Midwifery Officer of the ACT, Veronica Croome.

ACT Board members have attended national meetings and forums including:

- NMBA Registration Principles Workshop, August 2013 (Alison Chandra, Felicity Dalzell and Eileen Jerga).
- Light at the End of the Tunnel Midwifery Workshop, September 2013 (Alison Chandra and Emma Baldock).

- Review of Eligible Midwife and Nurse Practitioner Registration Standards Workshop, March 2014 (Alison Chandra and Carmel McQuellin).

In May 2014, during International Nurses and Midwives Week, some board members attended a moving service at the Australian War Memorial to remember nurses and midwives who served in Australia and overseas, and to lay a wreath on behalf of the ACT Board of the Nursing and Midwifery Board of Australia.

I thank my colleagues on the ACT Board for their energy and commitment to the people of the ACT during the year. This year we said farewell to two board members, Dr Laurie Grealish who moved to Griffith University and Gold Coast Health Services, Queensland, to take up the position of Associate Professor in Sub-acute and Aged Care Nursing, and our enrolled nurse representative, Ms Tina Calisto, whose term concluded in June 2014. Laurie brought to our Board her experience and knowledge which supported our understanding of nursing in the academic, student and practice contexts. We thank Tina for her outstanding contribution to the ACT Board and its committees, which has been invaluable to her colleagues on the Board and to our AHPRA colleagues. Her efforts and participation in the Board and its Registration Committee was very much appreciated. On behalf of the ACT Board, I would like to express our gratitude for her generosity of spirit and thorough understanding of, and willingness to exemplify, the enrolled nurse scope of practice that enhanced our operations and understanding as a Board.

In January 2014, we welcomed Dr Carmel McQuellin, who brings with her a wealth of knowledge and experience in clinical and educational governance. I would also like to welcome new board member, registered nurse Alison Reardon, who I am confident will bring her expertise and knowledge to the Board's future deliberations when she starts on 1 July 2014. The ACT is fortunate to have a board with a broad area of expertise in nursing and midwifery, clinical governance and, education across primary health, acute care and mental health nursing. Our community representatives bring important strengths, particularly in knowledge of law, both legislative and human rights, as well as corporate governance.

This snapshot of regulatory work in our territory complements the comprehensive, profession-specific information published in the annual report of AHPRA and the National Boards for 2013/14.



Ms Emma Baldock, Chair, ACT Board of the Nursing and Midwifery Board of Australia



Dr Lynette Cusack, Chair, Nursing and Midwifery Board of Australia

## Members of the ACT Board

Ms Emma Baldock (Chair)

Ms Tina Calisto

Ms Alison Chandra

Ms Felicity Dalzell

Ms Jane Ferry

Ms Kate Gauthier

Dr Laurie Grealish

Ms Eileen Jerga AM

Ms Natalie Robinson

# Pharmacy Board of Australia: Chair's message

The Pharmacy Board of Australia (the National Board) makes decisions about the nearly 500 registered pharmacists in the ACT. To make sure we have local knowledge informing our decisions, there are practitioner members of the Board from each state and territory and a community member from each of four states. Mr William Kelly is the practitioner member appointed from the ACT.

The Board has established a notifications committee to make decisions about individual registered pharmacists in the ACT, guided by the standards and policies set by the National Board. In addition to five core members from the National Board, there are two representatives from each state and territory on this committee. Those members alternate attendance at meetings and assist in the decision-making on matters from their respective jurisdictions. This strategy helps to make sure decisions are both nationally consistent and locally relevant. The work of this committee is increasing, along with the number of notifications made about registered pharmacists.

In 2014 the Board continued its work with stakeholders in the ACT. We also draw on the skills and expertise of local pharmacists, who support the Board through their participation as examiners for the national pharmacy examination.

The Board also sought the views of the community and practitioners locally in public consultations that reviewed a number of registration standards, codes and guidelines that have been in place since the start of the National Scheme. Next year, we will be looking for more contributions when we come to review other important regulatory guidelines

Data showing the work of the Board in the ACT are detailed in this report. More comprehensive information about the work of the Pharmacy Board of Australia nationally is included in the 2013/14 annual report of AHPRA and the National Boards.



Adjunct Associate Professor Stephen Marty, Chair, Pharmacy Board of Australia

# ACT, Tasmania and Victoria Regional Board of the Psychology Board of Australia: Chair's message

2014 was a very busy year for the regional board of the Psychology Board of Australia, which serves communities in Victoria, Tasmania and the ACT.

The work of the Psychology Board of Australia is detailed in the annual report of AHPRA and the National Boards. This provides a national snapshot of the work the Board does to regulate the psychology profession in Australia.

The regional board is the local face of psychology regulation in Australia and is made up of practitioner and community members from the ACT, Tasmania and Victoria. The decisions the regional board makes are guided by the national standards and policies set by the Psychology Board of Australia (the National Board). We make all the decisions relating to notification and registration matters about psychologists in our region, supported by a local AHPRA office, in a national policy framework.

The main focus of the regional board during the year was on public safety, as we made decisions about individual psychologists. Most of our work considers what action we need to take to manage risk to the public as a result of a notification. Another priority is assessing complex applications for registration.

Along with our interstate and national colleagues, this year we reviewed the effectiveness of our current regional board structure in dealing with the day-to-day work of regulating the psychology profession. This involved analysing the consistency of decision-making across regional boards to make sure there was no unnecessary variation in outcomes, processes or policies needed to keep the public safe. We wanted to make sure we were using resources prudently, that we were communicating effectively with the national board (and other regional boards) about serious conduct matters and making good decisions.

As a result of the review, we will be maintaining a regional board structure and working with AHPRA to support consistent, robust decision-making that reflects the regulatory principles endorsed by National Boards across the National Scheme.

A priority in the year ahead will be continuing work with the National Board to support a smooth transition to the new overseas qualifications assessment framework. In addition to local meetings and events during the year, an important development was the meeting of all regional psychology boards with the National Board. This provided an opportunity to share and compare regional and rural resolutions with other jurisdictions. This has complemented our

regular monthly teleconference meeting of all regional chairs with the National Board chair, to discuss local problems and share solutions.

Working with our stakeholders in this region has been another feature of the year. With leaders in our local AHPRA office, we meet with the Australian Psychological Society regularly to discuss collaborative strategies to allow the society and the profession to better understand the operation of the National Scheme. Our shared goal is to be clear about how we manage local registration and notification matters, and for the Board and AHPRA to be as transparent as possible, within the law and confidentiality requirements.

Regional board members met in Tasmania in April 2014 and in the ACT last year. Another meeting is scheduled for the ACT in October 2014. An information forum held in Hobart in 2014 was well attended with more than 40 practitioners interested in learning more about the regulation of psychologists in our region.

Regional board members spoke at a number of stakeholder forums over the year:

- In August 2013, Associate Professor Jen Scott and Associate Professor Kathryn Von Treuer spoke at the APS Psychology Course Information Day to potential postgraduate psychology students at Monash University.
- In May 2014, I addressed the ACT Health Psychology Professional Development Day, which included a gathering of senior psychologists and managers from various parts of ACT Health Service.
- In April 2014, Dr Simon Kinsella addressed postgraduate students at Monash University, providing an overview of national registration, the Psychology Board of Australia and AHPRA.

As well as our routine regional meetings and speaking engagements, the regional board hosted the National Board forum in Melbourne in May 2014.

I thank my colleagues on the regional board for their energy and commitment to the people of the ACT, Tasmania and Victoria during the year.

I would also like to thank Ms Claire Shann (resigned Sept 2013) for her work on the Board and acknowledge Professor Barry Fallon who passed away in June 2013. Barry led the regional board from its inception in 2010 and his passing was a sad loss for all of us. I would like to acknowledge his very significant

efforts as Chair of the regional board over a very busy and tumultuous time of change. I would also like to thank Associate Professor Jen Scott who chaired the Board from June-December 2013.

I hope you find this report on our work interesting.



Dr Cristian Torres, Chair, ACT/Tas/  
Vic Regional Board of the Psychology  
Board of Australia



Professor Brin Grenyer, Chair,  
Psychology Board of Australia

## Members of the ACT/Tas/Vic Regional Board as at 30 June 2014

Dr Cristian Torres (Chair)

Dr Simon Kinsella (Deputy Chair)

Associate Professor Kathryn Von Treuer (Deputy  
Chair)

Mr Robin Brown

Dr Melissa Casey

Ms Anne Horner

Associate Professor Terry Laidler

Dr Patricia Mehegan

Ms Maree Riley

# National Boards and committees making local decisions

The other National Boards in the National Scheme have taken a different approach to decision-making about local practitioners.

Keeping a close eye on the cost of regulation, along with the risk profile, complexity and size of their profession, many of these Boards established national committees to make decisions about local practitioners.

National Board members are appointed from each state and territory. National committees are appointed by the Boards on merit and include Board members in most cases. Additional members may be appointed to bring specific professional or jurisdictional expertise when this is needed. Oversight of these committees by the National Boards supports consistent and robust decision-making that keeps the public safe.

Using national committees is an important way to cut the cost of regulation for these professions, while maintaining the benefits of scale and public protection provided by the National Scheme. National Boards also work closely with our network of state and territory managers, so they can monitor and respond to any state or territory-specific issues for their professions.

National Boards engaged with local stakeholders in a range of ways during the year, including:

- holding stakeholder forums in states and territories to meet local practitioners and community members and discuss important issues for health practitioner regulation
- responding to invitations to address professional and employer organisations, education providers and other interested groups
- participating in joint, cross-board consultations about common registration standards, codes, guidelines and policies, and
- sharing advice and feedback from the National Scheme Community Reference Group and Professions Reference Group.

For more information about the work of National Boards during the year, read the 2013/14 annual report of AHPRA and the National Boards.

## The National Board Chairs



Mr Peter Pangquee  
Chair, Aboriginal and Torres Strait Islander Health Practice Board of Australia



Professor Charlie Xue  
Chair, Chinese Medicine Board of Australia



Dr Phillip Donato OAM  
Chair, Chiropractic Board of Australia



Mr Neil Hicks  
Chair, Medical Radiation Practice Board of Australia



Dr Mary Russell  
Chair, Occupational Therapy Board of Australia



Mr Colin Waldron  
Chair, Optometry Board of Australia



Dr Robert Fendall  
Chair, Osteopathy Board of Australia



Mr Paul Shinkfield  
Chair, Physiotherapy Board of Australia



Ms Catherine Loughry  
Chair, Podiatry Board of Australia





**PART 2:**  
The National Scheme at work  
in the ACT

# ACT data snapshot: registration and notifications

## Background

These data are drawn from the 2013/14 annual report of AHPRA and the National Boards. It looks at national data through an ACT lens, to tell more about our work in this state to keep the public safe.

This ACT snapshot provides information about the number of practitioners in each profession in the ACT, including a breakdown by registration type, registration division (for professions with divisions), information about specialties (for dental and medical practitioners), and endorsements or notations held. We also provide a gender breakdown of practitioners, by profession.

We provide national comparisons, to see how the ACT compares to the national average, and so that the relativity can be better seen. When possible, we provide a three-year history of data, so we can identify and track emerging trends over time. We also include a breakdown of data by profession in some cases.

We also include information about notifications in the ACT. These include details of notifications received and closed during the year, as well as those remaining open at the end of the reporting year. Details of mandatory reports received and immediate actions taken are included as well as information on the rate of notifications and mandatory notification within the territory.

We publish the source of notifications, as there are different patterns across states and territories. Again, we offer a three-year history when possible, as well as a breakdown by profession. National data and comparisons against national data are included. In general, the national data include data about notifications in NSW, except when categories used differ between NSW and the other states and territories.

More comprehensive data are published in the 2013/14 annual report of AHPRA and the National Boards, which also includes more comprehensive profession-specific information.

## Registration in the ACT

Tables 1–6 provide details of registered practitioners in the ACT. On 30 June 2014, there were 10,723 registered practitioners in the ACT, representing 1.7% of all practitioners registered nationally. This proportion has varied little over the last three years. By profession, the proportion of registrants in the ACT ranges from psychologists with 2.6% of the national registrant base in the ACT, to Aboriginal and Torres

Strait Islander health practitioners with 0.6% of the registrant base in the ACT.

Details of registration applications received in 2013/14 are provided in Table 7. In 2013/14, 1.6% of the applications received nationally – for first-time registration and for changes in registration type – were received in the ACT. This is consistent with the 1.7% of the registrant base with ACT as the principal place of practice.

Table 1: Registered practitioners with ACT as the principal place of practice<sup>1</sup>

Profession	ACT	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner <sup>2</sup>	2	343	0.6%
Chinese Medicine Practitioner <sup>2</sup>	64	4,271	1.5%
Chiropractor	65	4,845	1.3%
Dental Practitioner	386	20,707	1.9%
Medical Practitioner	1,960	99,379	2.0%
Medical Radiation Practitioner <sup>2</sup>	251	14,387	1.7%
Midwife	89	3,230	2.8%
Nurse	5,089	327,388	1.6%
Nurse and Midwife <sup>3</sup>	606	31,832	1.9%
Occupational Therapist <sup>2</sup>	261	16,223	1.6%
Optometrist	74	4,788	1.5%
Osteopath	34	1,865	1.8%
Pharmacist	469	28,282	1.7%
Physiotherapist	489	26,123	1.9%
Podiatrist	52	4,129	1.3%
Psychologist	832	31,717	2.6%
<b>Total 2013-14</b>	<b>10,723</b>	<b>619,509</b>	<b>1.7%</b>
<b>Total 2012-13<sup>2</sup></b>	<b>10,365</b>	<b>592,470</b>	<b>1.7%</b>
<b>Total 2011-12</b>	<b>9,601</b>	<b>548,528</b>	<b>1.8%</b>
<b>Population as a proportion of national population<sup>4</sup></b>	<b>384,100</b>	<b>23,319,400</b>	<b>1.6%</b>

Notes:

1. Data are based on registered practitioners as at 30 June 2014.
2. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.
3. Practitioners who hold dual registration as both a nurse and a midwife.
4. Based on ABS Demographics Statistics as at 30 December 2013.
5. National total also includes registrants who have no specified principal place of practice.

Table 2: Registered practitioners with ACT as the principal place of practice, by registration type

Profession	ACT	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner	2	343	0.6%
General	2	343	0.6%
Chinese Medicine Practitioner	64	4,271	1.5%
General	62	4,149	1.5%
Non-practising	2	122	1.6%
Chiropractor	65	4,845	1.3%
General	62	4,577	1.4%
Non-practising	3	268	1.1%
Dental Practitioner	386	20,707	1.9%
General	340	18,320	1.9%
General and Specialist	40	1,586	2.5%
Limited	1	324	0.3%
Non-practising	5	446	1.1%
Specialist		27	
General and Limited <sup>1</sup>		4	
Medical Practitioner	1,960	99,379	2.0%
General	679	32,389	2.1%
General (Teaching and Assessing)		34	
General (Teaching and Assessing) and Specialist		2	
General and Specialist	890	48,118	1.8%
Limited	111	4,347	2.6%
Limited (Public Interest - Occasional Practice)		399	
Non-practising	38	2,477	1.5%
Provisional	96	3,846	2.5%
Specialist	146	7,767	1.9%
Medical Radiation Practitioner	251	14,387	1.7%
General	233	13,500	1.7%
Limited		3	
Non-practising	5	197	2.5%
Provisional	13	687	1.9%
Midwife	89	3,230	2.8%
General	89	3,173	2.8%
Non-practising		57	
Nurse	5,089	327,388	1.6%
General	5,016	323,284	1.6%
General and Non-practising <sup>2</sup>		13	
Non-practising	73	4,091	1.8%
Nurse and Midwife	606	31,832	1.9%
General	578	30,111	1.9%
General and Non-practising <sup>3</sup>	19	1,122	1.7%
Non-practising	9	599	1.5%

Profession	ACT	National Total	% of National Total
Occupational Therapist	261	16,223	1.6%
General	254	15,599	1.6%
Limited	4	115	3.5%
Non-practising	1	471	0.2%
Provisional	2	38	5.3%
Optometrist	74	4,788	1.5%
General	74	4,654	1.6%
Limited		3	
Non-practising		131	
Osteopath	34	1,865	1.8%
General	34	1,791	1.9%
Non-practising		73	
Provisional <sup>4</sup>		1	
Pharmacist	469	28,282	1.7%
General	424	25,455	1.7%
Limited	1	17	5.9%
Non-practising	10	964	1.0%
Provisional	34	1,846	1.8%
Physiotherapist	489	26,123	1.9%
General	481	25,093	1.9%
Limited	1	264	0.4%
Non-practising	7	766	0.9%
Podiatrist	52	4,129	1.3%
General	52	4,017	1.3%
General and Specialist		27	
Non-practising		85	
Psychologist	832	31,717	2.6%
General	695	26,219	2.7%
Non-practising	37	1,390	2.7%
Provisional	100	4,108	2.4%
<b>Total</b>	<b>10,723</b>	<b>619,509</b>	<b>1.7%</b>

Notes:

1. Practitioners holding general or specialist registration and limited/provisional registration for a registration sub type or division within the same profession.
2. Practitioners holding general registration in one division and non-practising registration in another division.
3. Practitioners holding general registration in one profession and non-practising registration in the other profession.
4. Osteopathy Board has introduced a category of provisional registration in 2013-14.

*continued overleaf*

Table 3: Registered practitioners who hold an endorsement or notation with ACT as the principal place of practice

Profession	ACT	National Total	% of National Total
Chiropractor		33	
Acupuncture		33	
Dental Practitioner	4	86	4.7%
Conscious sedation	4	86	4.7%
Medical Practitioner	1	412	0.2%
Acupuncture	1	412	0.2%
Nurse <sup>1</sup>	41	1,975	2.1%
Midwife Practitioner			
Nurse Practitioner	38	1087	3.5%
Scheduled Medicines	3	888	0.3%
Midwife <sup>1</sup>	4	364	1.1%
Eligible Midwife <sup>2</sup>	2	247	0.8%
Midwife Practitioner		1	
Scheduled Medicines	2	116	1.7%
Optometrist	21	1,753	1.2%
Scheduled Medicines	21	1,753	1.2%
Osteopath		2	
Acupuncture		2	
Physiotherapist		9	
Acupuncture		9	
Podiatrist	1	64	1.6%
Scheduled Medicines	1	64	1.6%
Psychologist	215	9,221	2.3%
Area of Practice	215	9,221	2.3%
<b>Total</b>	<b>287</b>	<b>13,919</b>	<b>2.1%</b>

Notes:

1. Nurse and midwife registrants may hold dual nursing and midwifery registration and may have endorsements against each registration. Nursing and midwifery registrants may hold one or more endorsement/notation in each profession.
2. Holds notation of Eligible Midwife.

Table 4: Registered practitioners with ACT as the principal place of practice by profession and gender

Profession	ACT	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner	2	343	0.6%
Female	2	251	0.8%
Male		92	
Chinese Medicine Practitioner	64	4,271	1.5%
Female	32	2,279	1.4%
Male	32	1,992	1.6%

Profession	ACT	National Total	% of National Total
Chiropractor	65	4,845	1.3%
Female	30	1,799	1.7%
Male	35	3,046	1.1%
Dental Practitioner	386	20,707	1.9%
Female	207	9,932	2.1%
Male	179	10,775	1.7%
Medical Practitioner	1,960	99,379	2.0%
Female	875	39,963	2.2%
Male	1,085	59,416	1.8%
Medical Radiation Practitioner	251	14,387	1.7%
Female	165	9,694	1.7%
Male	86	4,693	1.8%
Midwife	89	3,230	2.8%
Female	89	3,219	2.8%
Male		11	
Nurse	5,089	327,388	1.6%
Female	4,489	290,178	1.5%
Male	600	37,210	1.6%
Nurse and Midwife	606	31,832	1.9%
Female	590	31,242	1.9%
Male	16	590	2.7%
Occupational Therapist	261	16,223	1.6%
Female	236	14,872	1.6%
Male	25	1,351	1.9%
Optometrist	74	4,788	1.5%
Female	38	2,404	1.6%
Male	36	2,384	1.5%
Osteopath	34	1,865	1.8%
Female	16	986	1.6%
Male	18	879	2.0%
Pharmacist	469	28,282	1.7%
Female	312	17,015	1.8%
Male	157	11,267	1.4%
Physiotherapist	489	26,123	1.9%
Female	346	18,082	1.9%
Male	143	8,041	1.8%
Podiatrist	52	4,129	1.3%
Female	27	2,515	1.1%
Male	25	1,614	1.5%
Psychologist	832	31,717	2.6%
Female	659	24,996	2.6%
Male	173	6,721	2.6%
<b>Total</b>	<b>10,723</b>	<b>619,509</b>	<b>1.7%</b>

Table 5: Registered Chinese medicine, dental, medical radiation practitioners and nurses and midwives with ACT as principal place of practice, by division

Profession	ACT	National Total	% of National Total
Chinese Medicine Practitioner	64	4,271	1.5%
Acupuncturist	23	1,630	1.4%
Acupuncturist and Chinese Herbal Dispenser <sup>1</sup>		5	
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner <sup>1</sup>	7	503	1.4%
Acupuncturist and Chinese Herbal Medicine Practitioner <sup>1</sup>	34	2,019	1.7%
Chinese Herbal Dispenser		41	
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner <sup>1</sup>		14	
Chinese Herbal Medicine Practitioner		59	
Dental Practitioner	386	20,707	1.9%
Dental Hygienist	42	1,298	3.2%
Dental Hygienist and Dental Prosthetist <sup>1</sup>		3	
Dental Hygienist and Dental Prosthetist and Dental Therapist <sup>1</sup>		2	
Dental Hygienist and Dental Therapist <sup>1</sup>	10	493	2.0%
Dental Hygienist and Oral Health Therapist <sup>1</sup>		1	
Dental Prosthetist	15	1,209	1.2%
Dental Prosthetist and Dental Therapist <sup>1</sup>		1	
Dental Therapist	17	1,093	1.6%
Dentist	285	15,638	1.8%
Dental Hygienist and Dentist <sup>1</sup>	1	6	16.7%
Oral Health Therapist	16	963	1.7%
Medical Radiation Practitioner	251	14,387	1.7%
Diagnostic Radiographer	172	11,103	1.5%
Diagnostic Radiographer and Nuclear Medicine Technologist <sup>1</sup>		16	
Diagnostic Radiographer and Radiation Therapist <sup>1</sup>		2	
Nuclear Medicine Technologist	19	1,012	1.9%
Nuclear Medicine Technologist and Radiation Therapist <sup>1</sup>			
Radiation Therapist	60	2,254	2.7%
Nurse	5,089	327,388	1.6%
Enrolled Nurse	707	61,301	1.2%
Enrolled Nurse and Registered Nurse <sup>1</sup>	52	5,022	1.0%
Registered Nurse	4,330	261,065	1.7%

Profession	ACT	National Total	% of National Total
Nurse and Midwife	606	31,832	1.9%
Enrolled Nurse and Midwife <sup>1</sup>	4	55	7.3%
Enrolled Nurse and Registered Nurse and Midwife <sup>1</sup>	1	54	1.9%
Registered Nurse and Midwife <sup>1</sup>	601	31,723	1.9%
<b>Total</b>	<b>6,396</b>	<b>398,585</b>	<b>1.6%</b>

Notes:

1. Practitioners who hold dual or multiple registration.

Table 6: Health practitioners with specialties at 30 June 2014 <sup>1</sup>

Profession	ACT	National Total	% of National Total
Dental Practitioner	40	1,667	2.4%
Dento-maxillofacial radiology		11	
Endodontics	7	154	4.5%
Forensic odontology	2	27	7.4%
Oral and maxillofacial surgery	5	201	2.5%
Oral medicine		36	
Oral pathology		25	
Oral surgery		48	
Orthodontics	13	597	2.2%
Paediatric dentistry	2	114	1.8%
Periodontics	5	214	2.3%
Prosthodontics	6	207	2.9%
Public health dentistry (Community dentistry)		16	
Special needs dentistry		17	
Medical Practitioner	1,159	61,171	1.9%
Addiction medicine	2	166	1.2%
Anaesthesia	74	4,495	1.6%
Dermatology	5	489	1.0%
Emergency medicine	31	1,567	2.0%
General practice	411	23,624	1.7%
Intensive care medicine	22	796	2.8%
Paediatric intensive care medicine		2	
No subspecialty declared	22	794	2.8%
Medical administration	15	331	4.5%
Obstetrics and gynaecology	30	1,814	1.7%
Gynaecological oncology		43	
Maternal-fetal medicine		39	
Obstetrics and gynaecological ultrasound		80	
Reproductive endocrinology and infertility		53	
Urogynaecology	1	30	3.3%

Profession	ACT	National Total	% of National Total
No subspecialty declared	29	1,569	1.8%
Occupational and environmental medicine	16	300	5.3%
Ophthalmology	12	935	1.3%
Paediatrics and child health	36	2,315	1.6%
Clinical genetics		22	
Community child health		35	
General paediatrics	28	1,744	1.6%
Neonatal and perinatal medicine	6	145	4.1%
Paediatric cardiology		22	
Paediatric clinical pharmacology		1	
Paediatric emergency medicine		37	
Paediatric endocrinology	1	20	5.0%
Paediatric gastroenterology and hepatology		19	
Paediatric haematology		7	
Paediatric immunology and allergy		11	
Paediatric infectious diseases		15	
Paediatric intensive care medicine		5	
Paediatric medical oncology		18	
Paediatric nephrology		5	
Paediatric neurology		28	
Paediatric palliative medicine		2	
Paediatric rehabilitation medicine		5	
Paediatric respiratory and sleep medicine		23	
Paediatric rheumatology		11	
No subspecialty declared	1	140	0.7%
Pain medicine	2	251	0.8%
Palliative medicine	6	275	2.2%
Pathology	58	2,276	2.5%
Anatomical pathology (including cytopathology)	19	821	2.3%
Chemical pathology	2	89	2.2%
Forensic pathology		43	
General pathology	11	502	2.2%
Haematology	10	460	2.2%
Immunology	6	111	5.4%
Microbiology	7	211	3.3%
No subspecialty declared	3	39	7.7%
Physician	176	9,089	1.9%
Cardiology	17	1,200	1.4%
Clinical genetics		70	
Clinical pharmacology		51	

Profession	ACT	National Total	% of National Total
Endocrinology	11	582	1.9%
Gastroenterology and hepatology	21	763	2.8%
General medicine	32	1,753	1.8%
Geriatric medicine	9	574	1.6%
Haematology	8	485	1.6%
Immunology and allergy	7	143	4.9%
Infectious diseases	8	368	2.2%
Medical oncology	9	553	1.6%
Nephrology	9	482	1.9%
Neurology	11	526	2.1%
Nuclear medicine	7	249	2.8%
Respiratory and sleep medicine	11	610	1.8%
Rheumatology	8	347	2.3%
No subspecialty declared	8	333	2.4%
Psychiatry	52	3,329	1.6%
Public health medicine	28	435	6.4%
Radiation oncology	14	358	3.9%
Radiology	52	2,220	2.3%
Diagnostic radiology	41	1,902	2.2%
Diagnostic ultrasound		4	
Nuclear medicine	4	184	2.2%
No subspecialty declared	7	130	5.4%
Rehabilitation medicine	6	454	1.3%
Sexual health medicine	5	115	4.3%
Sport and exercise medicine	11	115	9.6%
Surgery	95	5,422	1.8%
Cardio-thoracic surgery	6	200	3.0%
General surgery	24	1,895	1.3%
Neurosurgery	7	226	3.1%
Oral and maxillofacial surgery	4	105	3.8%
Orthopaedic surgery	27	1,313	2.1%
Otolaryngology - head and neck surgery	8	474	1.7%
Paediatric surgery	4	98	4.1%
Plastic surgery	6	428	1.4%
Urology	6	399	1.5%
Vascular surgery	3	215	1.4%
No subspecialty declared		69	
Podiatrist		27	
Podiatric Surgeon		27	
<b>Total</b>	<b>1,199</b>	<b>62,865</b>	<b>1.9%</b>

Notes:

1. The data above record the number of practitioners with registration in the specialist fields listed. Individual practitioners may be registered to practise in more than one specialist field.

Table 7: Applications received by profession and registration type

Profession	ACT	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner <sup>1</sup>		85	
General		84	
Non-practising		1	
Chinese Medicine Practitioner <sup>1</sup>	8	696	1.1%
General	6	624	1.0%
Limited		1	
Non-practising	2	71	2.8%
Chiropractor	1	370	0.3%
General		318	
Limited		7	
Non-practising	1	45	2.2%
Dental Practitioner	20	1,907	1.0%
General	15	1,399	1.1%
Limited	1	291	0.3%
Non-practising	1	133	0.8%
Specialist	3	84	3.6%
Medical Practitioner	329	15,425	2.1%
General	133	5,152	2.6%
General (Teaching and Assessing)		6	
Limited	59	3,289	1.8%
Limited (Public Interest - Occasional Practice)		1	
Non-practising	8	439	1.8%
Provisional	94	3,842	2.4%
Specialist	35	2,696	1.3%
Medical Radiation Practitioner <sup>1</sup>	27	1,700	1.6%
General	17	1,042	1.6%
Limited		2	
Non-practising	3	85	3.5%
Provisional	7	571	1.2%
Midwife	50	1,704	2.9%
General	37	1,377	2.7%
Non-practising	13	327	4.0%
Nurse	281	24,147	1.2%
General	244	22,879	1.1%
Non-practising	37	1,268	2.9%
Occupational Therapist <sup>1</sup>	26	2,204	1.2%
General	22	1,807	1.2%
Limited	1	79	1.3%
Non-practising	3	313	1.0%
Provisional		5	
Optometrist	4	262	1.5%
General	4	235	1.7%

Profession	ACT	National Total	% of National Total
Limited		4	
Non-practising		23	
Osteopath	6	211	2.8%
General	5	167	3.0%
Limited		7	
Non-practising		31	
Provisional	1	6	16.7%
Pharmacist	53	3,313	1.6%
General	28	1,609	1.7%
Limited	3	46	6.5%
Non-practising		130	
Provisional	22	1,528	1.4%
Physiotherapist	36	2,332	1.5%
General	35	2,003	1.7%
Limited	1	184	0.5%
Non-practising		145	
Podiatrist		380	
General		348	
Non-practising		29	
Provisional		1	
Specialist		2	
Psychologist	128	4,053	3.2%
General	54	1,645	3.3%
Limited		2	
Non-practising	15	394	3.8%
Provisional	59	2,012	2.9%
<b>Total 2013-14</b>	<b>969</b>	<b>58,789</b>	<b>1.6%</b>
<b>Total 2012-13</b>	<b>1,155</b>	<b>63,113</b>	<b>1.8%</b>
<b>Total 2011-12 <sup>1</sup></b>	<b>1,385</b>	<b>79,355</b>	<b>1.7%</b>

Notes:

1. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012. AHPRA opened applications for these professions in March 2012. States and territories where registers of practitioners existed migrated to AHPRA in July 2012, while states or territories with no registers accepted applications for registration.

## Notifications in the ACT

Notifications in the ACT are detailed in Tables 8–14. In 2013/14, 267 notifications were lodged in the ACT. This represents 2.7% of notifications received nationally, and is slightly more than the ACT's 2.3% share of national notifications in the previous years. There has been a 33% increase in notifications in the ACT, compared to a 16% national increase.

In contrast, there has been a drop in the number of mandatory notifications in the ACT, from 20 in 2013 to 11 in 2014. This represents 1% of the national figure and is both a decrease in actual numbers received (20

in 2012/13) and in the proportion of national figures (2% in 2012/13). The rate of mandatory notifications at 9.3 per 10,000 practitioners is lower than the national average of 15.8 notifications per 10,000 practitioners.

In the ACT, 2.2% of practitioners are the subject of a notification, slightly higher than the national average of 1.4%.

Of all ACT notifications received (see Table 11), 43% were about clinical care, 10% raised concerns of health impairment, 8% were about pharmacy/medication and 7% were about communication. This is consistent with national trends.

Also, 37% of notifications came direct from patients, 24% were referred from the ACT Human Rights

Commission, 10% by another practitioner and 7% by a member of the public

In 2013/14, ACT boards took 'immediate action' in 20 cases. This is an interim step to manage risk to public safety, while other enquiries continue. This led to a restriction on registration in 85% of cases. In eight of these cases the registration of the practitioner was suspended, seven cases resulted in conditions imposed on registration, and in a further two cases the Board accepted an undertaking given by the practitioner. In three cases the Board determined that no further action was required.

There are no notifications outstanding in the ACT received before the National Scheme started in 2010.

Table 8: Notifications received or closed in 2013/14 or remaining open at 30 June 2014, by profession<sup>1</sup>

Profession	All Received			Mandatory Received			Closed			Open at 30 June		
	ACT	National Total	% of National Total	ACT	National Total	% of National Total	ACT	National Total	% of National Total	ACT	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner <sup>5</sup>		6						5			3	
Chinese Medicine Practitioner <sup>5</sup>	3	26	11.5%					28		3	15	20.0%
Chiropractor	1	111	0.9%		7			89		1	97	1.0%
Dental Practitioner	24	951	2.5%		26		12	1,015	1.2%	24	441	5.4%
Medical Practitioner	166	5,585	3.0%	5	351	1.4%	145	5,515	2.6%	117	2,631	4.4%
Medical Radiation Practitioner <sup>5</sup>	1	28	3.6%		8		2	28	7.1%	1	15	6.7%
Midwife	8	110	7.3%	1	34	2.9%	2	103	1.9%	10	87	11.5%
Nurse	35	1,900	1.8%	4	590	0.7%	21	1,774	1.2%	41	1,118	3.7%
Occupational Therapist <sup>5</sup>	2	43	4.7%		9		2	41	4.9%		20	
Optometrist	1	66	1.5%		2		1	66	1.5%	1	18	5.6%
Osteopath		11						14			13	
Pharmacist	4	514	0.8%	1	55	1.8%	6	464	1.3%	4	365	1.1%
Physiotherapist	1	134	0.7%		14		1	104	1.0%		73	
Podiatrist		54			4			58			28	
Psychologist	21	487	4.3%		45		33	484	6.8%	12	313	3.8%
Not identified <sup>2</sup>		21						15				
<b>2014 Total<sup>3,4</sup></b>	<b>267</b>	<b>10,047</b>	<b>2.7%</b>	<b>11</b>	<b>1,145</b>	<b>1.0%</b>	<b>225</b>	<b>9803</b>	<b>2.3%</b>	<b>214</b>	<b>5,237</b>	<b>4.1%</b>
<b>2013 Total<sup>5</sup></b>	<b>201</b>	<b>8,648</b>	<b>2.3%</b>	<b>20</b>	<b>1,013</b>	<b>2.0%</b>	<b>185</b>	<b>8,014</b>	<b>2.3%</b>	<b>156</b>	<b>5,099</b>	<b>3.1%</b>
<b>2012 Total<sup>6</sup></b>	<b>176</b>	<b>7,594</b>	<b>2.3%</b>	<b>24</b>	<b>775</b>	<b>3.1%</b>	<b>166</b>	<b>6,209</b>	<b>2.7%</b>	<b>139</b>	<b>4,521</b>	<b>3.1%</b>

Notes:

1. Based on state and territory where the notification is handled for registrants who do not reside in Australia.
2. Profession of registrant is not always identifiable in the early stages of a notification.
3. Data include some cases where early enquiries were received in 2012/13 but information to support a formal notification was only received in 2013/14.
4. The process for recording of notifications received from health complaints entities and jointly considered with AHPRA has been modified this reporting year to ensure consistency of reporting across all jurisdictions.
5. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.
6. NSW data revised since initial publication.



Table 9: Percentage of registrant base with notifications received in 2013/14, by profession<sup>1</sup>

Profession	ACT	2014 Total
Aboriginal and Torres Strait Islander Health Practitioner <sup>4</sup>		1.7%
Chinese Medicine Practitioner <sup>4</sup>	4.7%	0.6%
Chiropractor	1.5%	2.0%
Dental Practitioner	5.4%	4.0%
Medical Practitioner	7.2%	4.9%
Medical Radiation Practitioner <sup>4</sup>	0.4%	0.2%
Midwife <sup>2</sup>	1.2%	0.3%
Nurse <sup>3</sup>	0.6%	0.5%
Occupational Therapist <sup>4</sup>	0.8%	0.3%
Optometrist	1.4%	1.3%
Osteopath		0.6%
Pharmacist	0.6%	1.7%
Physiotherapist	0.2%	0.5%
Podiatrist		1.2%
Psychologist	2.2%	1.4%
<b>2014 Total</b>	<b>2.2%</b>	<b>1.4%</b>
<b>2013 Total<sup>4</sup></b>	<b>1.4%</b>	<b>1.3%</b>
<b>2012 Total</b>	<b>1.7%</b>	<b>1.2%</b>

Notes:

1. Data are based on registered practitioners as at 30 June 2014.
2. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.
3. Practitioners who hold dual registration as both a nurse and a midwife.
4. Based on ABS Demographics Statistics as at 30 December 2013.
5. National total also includes registrants who have no specified principal place of practice.

Table 10: Registrants involved in mandatory notifications by jurisdiction

	2013/14		2012/13 <sup>1</sup>		2011/12	
	No. practitioners <sup>2</sup> Rate / 10,000 practitioners <sup>3</sup>		No. practitioners <sup>2</sup> Rate / 10,000 practitioners <sup>3</sup>		No. practitioners <sup>2</sup> Rate / 10,000 practitioners <sup>3</sup>	
Australian Capital Territory	10	9.3	18	17.4	23	24
<b>Total Australia</b>	<b>976</b>	<b>15.8</b>	<b>951</b>	<b>16.1</b>	<b>732</b>	<b>13.3</b>

Notes:

1. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.
2. Figures present the number of practitioners involved in the mandatory reports received.
3. Practitioners with no principal place of practice are not represented in the calculation of a rate for each state but are included in the calculation of the total Australia rate.

Table 11: Issues in notifications received in 2013/14

Issue	ACT	National Total	% of National Total
Behaviour	11	392	2.8%
Billing	10	240	4.2%
Boundary violation	1	308	0.3%
Clinical care	115	4,049	2.8%
Communication	19	894	2.1%
Confidentiality	15	233	6.4%
Conflict of interest		19	
Discrimination		16	
Documentation	16	445	3.6%
Health impairment	27	885	3.1%
Infection/hygiene		50	
Informed consent	2	77	2.6%
Medico-legal conduct	3	88	3.4%
National Law breach	4	201	2.0%
National Law offence	1	139	0.7%
Offence	4	300	1.3%
Other	8	240	3.3%
Pharmacy/medication	22	904	2.4%
Research/teaching/assessment		16	
Response to adverse event		14	
Teamwork/supervision	1	60	1.7%
Not recorded	8	477	1.7%
<b>Total</b>	<b>267</b>	<b>10,047</b>	<b>2.7%</b>

continued overleaf

Table 12: Source of notifications received in 2013/14

Issue	ACT	National Total (excluding NSW) <sup>1</sup>	% of National Total (excluding NSW)
Anonymous	1	171	0.6%
Drugs and poisons		53	
Education provider		23	
Employer	14	639	2.2%
Government department	3	74	4.1%
HCE	64	1,991	3.2%
Health advisory service		14	
Hospital	3	14	21.4%
Insurance company		9	
Lawyer	1	30	3.3%
Member of Parliament	1	2	50.0%
Member of the public	18	308	5.8%
Ombudsman	1	1	100.0%
Other board	1	38	2.6%
Other practitioner	26	679	3.8%
Own motion	8	285	2.8%
Patient	99	1,529	6.5%
Police		36	
Relative	14	492	2.8%
Self	8	189	4.2%
Treating practitioner	1	87	1.1%
Unclassified	4	143	2.8%
<b>Total</b>	<b>267</b>	<b>6,811</b>	<b>3.9%</b>

Notes:

1. The national total excludes NSW data as the categorisation of 'source' differs between NSW and the remaining states and territories.

Table 13: Immediate action cases about notifications received in 2013/14

Outcomes	ACT	National Total	% of National Total
Not take immediate action	3	140	2.1%
Accept undertaking	2	93	2.2%
Impose conditions	7	309	2.3%
Accept surrender of registration		3	
Suspend registration	8	110	7.3%
Decision pending		8	
<b>Total</b>	<b>20</b>	<b>663</b>	<b>3.0%</b>

Table 14: Notifications under previous legislation open at 30 June 2014, by profession

Profession	ACT	National Total	% of National Total
Chinese Medicine Practitioner		5	
Chiropractor		2	
Dental Practitioner		3	
Medical Practitioner		49	
Medical Radiation Practitioner		2	
Midwife			
Nurse		9	
Osteopath		1	
Pharmacist		7	
Physiotherapist		2	
Psychologist		11	
Not identified			
<b>Total 2014<sup>1</sup></b>		<b>91</b>	
<b>Total 2013</b>		<b>242</b>	
<b>Total 2012</b>	<b>5</b>	<b>517</b>	<b>1.0%</b>

Notes:

1. Since the 2012/13 annual report a number of cases have been identified that were previously reported as National Law cases and should be reported as prior law cases. They have been included in the 2013/14 data.

Tables 15–19 detail the outcomes of key stages in the notifications process during 2013/14. The national data in these tables do not include data for NSW.

The vast majority (96%) of enquiries received in 2013/14 had enough information to meet the grounds for a notification (see Table 15).

Of the 246 cases assessed during the year, boards decided to take further regulatory action on 113 (46%) and closed 133 (54%). Boards in the ACT refer a higher proportion of cases for further regulatory action at this stage of the process (4.7% of the national total) than they closed after assessment (3% of the national total). Of the cases referred for further regulatory action, 88% were referred to investigation, 9% were referred for health or performance assessment, and the rest referred to panel or tribunal hearings. Of the matters closed after assessment, boards decided in 92% of cases that no further regulatory action was needed to manage risk to the public.

After investigation, 15 matters were referred to a panel or tribunal, in 42 matters boards decided no further regulatory action was needed. Disciplinary action was taken in 10 matters (conditions imposed in four and a caution issued in six) with one case referred to another body (see Table 17).

In 2013/14, the ACT accounted for 11.4% of the cases that closed after a panel hearing. There were 26 panel hearings decided, with 92% resulting in disciplinary action. Of the six tribunal decisions, 83% resulted in

disciplinary action, including one practitioner who surrendered their registration (see Tables 18 and 19).

Practitioners under active monitoring at the end of the reporting year are detailed in Table 20. The 113 registrants under monitoring in the ACT accounted for 4% of all registrants. Most were medical practitioners (39) or nurses (41).

**Table 15: Outcomes of enquiries received in 2013/14 (excluding NSW)**

Outcomes	ACT	National Total (excl NSW)	% of National Total
Moved to notification	254	6,621	3.8%
Closed at lodgement	9	1,196	0.8%
Yet to be determined	2	227	0.9%
<b>Total</b>	<b>265</b>	<b>8,044</b>	<b>3.3%</b>

**Table 16: Outcomes of assessments completed in 2013/14 (excluding NSW)**

Outcome of decisions to take the notification further	ACT	National Total (excl NSW)	% of National Total
Health or performance assessment	10	324	3.1%
Investigation	99	2,055	4.8%
Panel hearing	2	27	7.4%
Tribunal hearing	2	16	12.5%
<b>Total</b>	<b>113</b>	<b>2,422</b>	<b>4.7%</b>
<b>Outcome of notifications closed following assessment</b>			
No further action	122	2,550	4.8%
Health complaints entity to retain	1	1,342	0.1%
Refer all of the notification to another body		10	
Caution	5	366	1.4%
Accept undertaking	4	58	6.9%
Impose conditions	1	58	1.7%
Practitioner surrenders registration		3	
<b>Total</b>	<b>133</b>	<b>4,387</b>	<b>3.0%</b>

**Table 17: Outcomes of investigations finalised in 2013/14 (excluding NSW)**

Outcomes	ACT	National Total (excl NSW)	% of National Total
Health or performance assessment		41	
Panel hearing	5	242	2.1%
Tribunal hearing	10	190	5.3%
<b>Total</b>	<b>15</b>	<b>473</b>	<b>3.2%</b>
<b>Outcome of notifications closed following investigation</b>			
No further action	42	989	4.2%
Refer all or part of the notification to another body	1	12	8.3%
Caution	6	304	2.0%
Accept undertaking		67	
Impose conditions	4	96	4.2%
Practitioner Surrender		1	
<b>Total</b>	<b>53</b>	<b>1,469</b>	<b>3.6%</b>

**Table 18: Outcome of panel hearings finalised in 2013/14 (excluding NSW)**

Outcomes	ACT	National Total (excl NSW)	% of National Total
No further action	2	55	3.6%
Caution	4	57	7.0%
Reprimand	2	26	7.7%
Accept undertaking		2	
Impose conditions	17	82	20.7%
Practitioner surrenders registration		2	
Suspend registration	1	4	25.0%
<b>Total</b>	<b>26</b>	<b>228</b>	<b>11.4%</b>

*continued overleaf*

Table 19: Outcome of tribunal hearings finalised in 2013/14 (excluding NSW)

Outcomes	ACT	National Total (excl NSW)	% of National Total
No further action	1	14	7.1%
Caution		1	
Reprimand	2	35	5.7%
Fine registrant		7	
Accept undertaking		6	
Impose conditions		25	
Practitioner surrenders registration	1	2	50.0%
Suspend registration	2	12	16.7%
Cancel registration		12	
Not permitted to re-apply for registration for a period of 12 months		1	
Permanently prohibited from undertaking services relating to midwifery		1	
<b>Total</b>	<b>6</b>	<b>116</b>	<b>5.2%</b>

Table 20: Active monitoring cases at 30 June 2014 by profession (excluding NSW)

Profession	ACT	National Total (excl NSW)	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner		17	
Chinese Medicine Practitioner		124	
Chiropractor		34	
Dental Practitioner	7	150	4.7%
Medical Practitioner	39	987	4.0%
Medical Radiation Practitioner	3	106	2.8%
Midwife	1	35	2.9%
Nurse	41	908	4.5%
Occupational Therapist		87	
Optometrist	1	8	12.5%
Osteopath		10	
Pharmacist	3	145	2.1%
Physiotherapist	3	66	4.5%
Podiatrist		19	
Psychologist	15	131	11.5%
<b>Total</b>	<b>113</b>	<b>2,827</b>	<b>4.0%</b>

## Keeping the public safe: monitoring

Health practitioners and students may have restrictions placed on their registration for a range of reasons including as a result of a notification, the assessment of an application for registration or a renewal of registration, or after an appeal lodged with a tribunal. Types of restrictions being monitored include:

**Drug and alcohol screening** – requirements to provide biological samples for analysis for the presence of specified drugs and/or alcohol.

**Health** – requirements to attend treating health practitioner(s) for the management of identified health issues (including physical and psychological/psychiatric issues).

**Supervision** – restrictions that allow require a health professional to practise only if they are being supervised by another health practitioner (usually registered in the same profession). The restrictions detail the form of the supervision.

**Mentoring** – requirements to engage a mentor to provide assistance, support and guidance in addressing issues, behaviours or deficiencies identified in skills, knowledge, performance or conduct.

**Chaperoning** – restrictions that allow patients generally, or specific groups of patients, to be treated or examined only when a suitable third party is present.

**Audit** – requirements for a health practitioner to submit to an audit of their practice, which may include auditing records and/or the premises from which they practise.

**Assessment** – requirements that a health practitioner or student submits to an assessment of their health, performance, knowledge, skill or competence to practise their profession.

**Practice and employment** – requirements that a practitioner or student does, or refrains from doing, something in connection with their practice of their profession (for example, restrictions on location, hours or scope of practice, or rights in respect of particular classes of medicines).

**Education and upskilling** – requirements to attend or complete a (defined) education, training or upskilling activity, including prescribed amounts of continuing professional development.

**Character** – requirements that a health practitioner or student remain of good character for a specified period of time (for example, that no further notifications are received regarding them).

A health practitioner or student may simultaneously have restrictions of more than one type and/or category in place on their registration at any time.

NOTES

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