

Annual Report Summary

2014/15

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

Local decisions – National Scheme

Regulating health
practitioners in
Tasmania

TAS



Australian Health Practitioner Regulation Agency

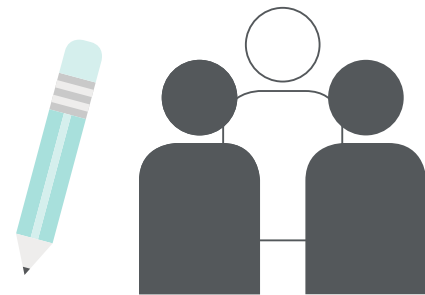
Aboriginal and Torres Strait
Islander health practice
Chinese medicine
Chiropractic
Dental
Medical
Medical radiation practice
Nursing and Midwifery
Occupational therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Regulating health practitioners in Tasmania

This annual report summary offers a snapshot of our work regulating 13,886 health practitioners in Tasmania. This short report complements the more detailed, national profile included in the AHPRA and National Boards' 2014/15 annual report.

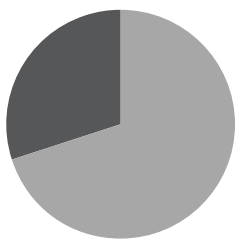


Tasmanian practitioners account for **2.2%** of Australia's registered health workforce



On 30 June 2015 there were **8,731** nurses and midwives, **2,203** medical practitioners, **692** pharmacists, **563** psychologists and **366** dental practitioners in Tasmania

There are now
13,886
registered health practitioners in Tasmania, compared with 13,572 in 2014



77% of registered health practitioners in Tasmania are women

There are **26** dental and **1,408** medical specialists in Tasmania



There has been a **33%** decrease in mandatory notifications in Tasmania, compared with a 27% national decrease

We received **237** notifications about health practitioners in Tasmania during the year, including **34** mandatory notifications



1,071

registration applications were received by AHPRA on behalf of National Boards in Tasmania, including applications to change registration types

1.7% of health practitioners in Tasmania are subject to a notification, compared with 1.3% nationally



24% of notifications were referred by the Health Complaints Commissioner, **11%** were made by patients, **11%** by other practitioners and **12%** by employers

Tasmanian boards and committees considered 'immediate action' **10** times, limiting the practitioner's registration in some way in **seven** cases (**70%**)

40% of notifications in Tasmania are about clinical care, **15%** about pharmacy/medication, and **8%** each about possible health impairment and documentation

There has been a
20%

decrease in notifications in Tasmania, compared with a 16% national decrease since 2013/14

There were **six** notifications finalised by a tribunal decision during the year, with all resulting in disciplinary action of some sort

There were **15** notifications finalised at panel hearings during the year, with **seven** (47%) resulting in disciplinary action of some sort



Notifications about practitioners in the dental, medicine, nursing and midwifery, psychology and pharmacy professions account for **99%** of notifications in Tasmania

AHPRA is monitoring conditions on registration or undertakings from **101** Tasmanian practitioners

About the National Scheme

Who

The National Registration and Accreditation Scheme regulates more than 637,000 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 practice across Australia within the scope of their registration, creating a more flexible and sustainable health workforce.

The [online national registers](#) provide a one-stop shop 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 637,218 on 30 June 2015 (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 core focus 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

In 2015 we mark five years of the work of AHPRA and the National Boards in implementing the National Registration and Accreditation Scheme. So much has changed since 2010 and this past year, in particular, has seen huge steps taken to ensure we are fulfilling our core purpose of protecting the public in the most effective and efficient ways possible. We now register almost 640,000 health practitioners in Australia, with 13,886 of those with a principal place of practice in Tasmania.

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 Tasmania and nationally, we are committed to striking this carefully managed balance.

As part of our regulatory operations network nationally, the Tasmanian AHPRA office is responsible for operational delivery and performance across our key regulatory functions of registration and notifications within Tasmania and for continuously improving our processes to increase effectiveness, timeliness and efficiency.

The Tasmanian AHPRA office works directly with a range of local stakeholders and supports the local boards and committees in their regulatory decision-making, drawing on national expertise from across AHPRA where needed. More about the work of the Tasmanian AHPRA office, boards and committees during the year, along with state-specific data, is detailed in this report.

We have made a significant investment this year to improve the experience of notifiers and practitioners in their contacts with us. The overall goal is to provide better information about how regulation works, what people can expect and how we manage notifications, and make it easier for people to interact with us. We have also worked this past year to refine our processes to ensure more timely outcomes for notifiers and practitioners, and we have seen a significant reduction in the time it takes to assess and manage notifications.

The scheduled, independent review of the National Scheme hit its stride this past year, with Mr Kim Snowball leading the review for the Australian Health Workforce Ministerial Council. The review considered the National Scheme as a whole, including the work of the National Boards, AHPRA, accrediting entities and the role of governments. The review aimed to identify what was working well in the National Scheme, and opportunities to improve and strengthen our work to protect the public and facilitate access to health services.

We value the ongoing support of the Minister for Health, Mr Michael Ferguson, MP, and his 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 thank the staff within the AHPRA Tasmanian office for their hard work and commitment over the past year. We look forward to continuing to work in partnership with National Boards and their state boards and committees to serve the community of Tasmania.



Mr Martin Fletcher
Mr Martin Fletcher
Chief Executive Officer



Mr Michael Gorton AM
Mr Michael Gorton AM
Chair, Agency Management Committee

Foreword from AHPRA Tasmania State Manager, Catherine Miedecke

It has been a year of significant achievement and action in the Tasmanian AHPRA office.

Highlights for 2014/15:

- ▶ Received 1,071 applications for registration from Tasmanian health practitioners.
- ▶ Tasmania has approximately 2.2% of Australia's registered health workforce.
- ▶ The number of health practitioners registered in Tasmania has continued to grow from 13,572 in 2013/14 to 13,886 in 2014/15 (2.3% growth).

Local decisions, national framework

The Tasmania AHPRA office, working as part of the national AHPRA operational network, received 1.7% of all applications for registration that were received nationally. This reflects a 2.3% growth in the number of registered health practitioners in Tasmania over the past 12 months.

While the clear objective of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), is to establish the National Scheme for the regulation of health practitioners and students, the National Law also includes many provisions that ensure there is continued local input into decision-making.¹

Mechanisms to ensure local input include legislative requirements for the composition of the National Boards for each of the 14 health professions, with the higher-volume boards required to have practitioner members from all jurisdictions, and the lower-volume boards required to have practitioner members from at least six jurisdictions.

The National Law also provides National Boards with the power to establish state, territory and regional boards, and for the relevant state or territory minister to appoint the members of these boards. The National Law also requires that there be a high level of consultation between the National Boards and the relevant state or territory health complaints entity, and that state and territory tribunals deal with referrals and hear appeals made under the scheme. The Intergovernmental Agreement to establish the National Scheme also included a commitment to have an AHPRA office in each state and territory to provide a local interface with applicants, practitioners and other stakeholders.

¹ Students who are undertaking study and other training towards qualification in a regulated health profession are registered in the National Scheme.

Of the 14 National Boards currently established under the National Scheme, three have established boards in all states and territories. These are the boards for medicine, nursing and midwifery, and psychology. A fourth National Board, dental, has established registration and notification committees in each state and territory. These state and territory boards and committees make decisions about individual applicants and practitioners in those jurisdictions. Please see the messages from the Chairs of Tasmanian boards and committees for more detail of the specific work of these local boards and committees. 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 national policy, standards and systems.

Working with our stakeholders

During the year, we have been in regular touch with many of our important stakeholders, listening to their ideas for ways we can improve, making opportunities to respond to feedback and talking about the National Scheme. This year, we held meetings with our local professional associations, and external stakeholders. We spoke regularly with representatives from the Office of the Minister for Health, the Department of Health and Human Services, the Office of the Health Complaints Commission and health practitioner recruitment agencies.

The state boards have made significant progress in engaging with external stakeholders in order to enhance mutual understanding of roles in the provision of safe healthcare in Tasmania. In particular we have engaged with the A/CEO of the newly formed Tasmanian Health Organisation to ensure communication pathways are understood within both organisations.

Improving notifications management

The increase in notifications experienced last year was not repeated this year and numbers returned to figures comparable with previous years.

We have focused a lot of our effort to improving our management of notifications and notifiers' and practitioners' experience of the National Scheme. Thirty more notifications were closed than opened during this period, and we returned to a lower proportion of notifications remaining open at 30 June 2015 than the previous year.

Most of our notifications are about practitioners registered with the four boards that have state, territory or regional boards or committees, which make all decisions about individual practitioners. Read more about the work of local Tasmanian boards and committees in this report. There are also Tasmanian members of some National Boards, who provide insight into local issues that are brought to national attention.

Local office, national contribution

The day-to-day business of most of the team in the Tasmanian office is to manage our core regulatory functions of registration, notifications and compliance, and support our local boards and committees.

In response to the variable quality of supervision reports being received, the Tasmanian Board of the Nursing and Midwifery Board of Australia developed an education session on the subject during 2014/15. Participants were challenged to understand the impact of the variable quality of reports by placing themselves in the position of the decision-makers. This work is to be presented at the national Nursing and Midwifery Board of Australia conference.

The state-based boards and committees have this year shared various professional development opportunities. For example, the Tasmanian Medical Board focused on notifications, with a researcher from the Centre for Health Policy within the Melbourne School of Population and Global Health presenting sessions at the board's professional development workshop on 'Mandatory notifications – a review of 380 cases' and 'Identifying high-risk practitioners', attended by 30 board members and invited guests. The Tasmanian Nursing and Midwifery Board delved into forensic decision-making and some of the barriers to effective decision-making, with a presentation by a forensic psychologist.

I thank the members of the Tasmanian boards and committees for their expertise and commitment to the people of Tasmania. I also thank the staff of the AHPRA Tasmania office for their dedication to the regulation of health practitioners and in supporting the National Boards and committees throughout the year.



Catherine Miedecke
Tasmanian State Manager, AHPRA

Part 1: Decision-making in Tasmania:
Board and committee reports

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

The Tasmanian committee of the Dental Board of Australia has continued in 2014/15 to work to meet the objectives of the National Scheme in managing risk to patients. We make decisions about individual registered dentists after receiving a notification about them; and assess the most complex applications for registration, often from overseas-trained practitioners.

Data showing the work of the local committee are detailed in this report. More comprehensive information about the work of the Dental Board of Australia (the National Board) is included in the 2014/15 annual report of AHPRA and the National Boards.

As well as the National Board members from each jurisdiction, the Tasmanian committee is the local face of dental practitioner regulation in Tasmania. Our local committee is made up of practitioner and community members from Tasmania. The decisions the committee makes are guided by the national standards and policies set by the National Board. The local committee makes most decisions about dental practitioners in our region, supported by the local AHPRA office, in a national policy framework.

Our committee is in a position to provide invaluable feedback to the National Board on its standards and policies. I participated in the National Board's biennial dental conference in May 2015, where all committee members had a chance to discuss, reflect on and improve the quality of our decisions.

The regulatory principles that were adopted by AHPRA and the National Boards on 1 July 2014 have been incorporated and used by the committee to support our decision-making processes and ensure we make consistent and balanced decisions.

We have continued with our ongoing commitment to engage with our local stakeholders, and we look forward to building on the current level of engagement as a priority in the coming year.

This year the committee members have participated in internal and external professional development activities. On behalf of the committee, Dr Jeff Mount attended 'The Forensic Mind' professional development session held by the Tasmanian Board of the Nursing and Midwifery Board of Australia. Dr Mount's attendance at this session enabled the committee to collaborate and engage with members of both the Tasmanian Nursing and Midwifery Board and the Tasmanian Board of the Medical Board of Australia, and establish strong cross-profession working relationships.

Tasmania definitely showed the way in international collaboration when Tasmanian State Manager Catherine Miedecke and the committee welcomed a visit by students from the Glasgow Dental School, UK.

The students were given an insight into the workings of AHPRA and the Dental Board in Australia.

I thank my colleagues on the Tasmanian Registration and Notification Committee for their energy and commitment to the people of Tasmania during the year.

I would also like to thank the Chair of the National Board, Dr John Lockwood, the other members of the National Board and my fellow chairs of the state and territory registration and notification committees for their wisdom and guidance in assisting me in the execution of my role as committee chair.



Dr Ioan Jones
Chair, Tasmanian
Registration and
Notification Committee,
Dental Board of Australia



Dr John Lockwood AM
Chair, Dental Board of
Australia

Members of the Tasmanian Registration and Notification Committee in 2014/15

Dr Ioan Jones (Chair)

Mr Leigh Gorringe

Dr Jeff Mount

Dr Kylie McShane

Tasmanian Board of the Medical Board of Australia: Chair's message

As in previous years, the focus of the Tasmanian Board of the Medical Board of Australia in 2014/15 has been 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 is required to manage risk to the public as a result of a notification.

We are a local board making decisions about local practitioners. We are guided by the national standards and policies set by the Medical Board of Australia (the National Board), and are supported by the local AHPRA office.

The Tasmanian Board has spent time this year working with the National Board, with all other state and territory Medical Boards and with AHPRA, to further improve the experience of notifiers and practitioners. The overall goal is to improve our customer service, be clear about what people can expect and make it easier for people to interact with us.

Working with our stakeholders has again been a major priority during the year. With the Tasmanian State Manager, Catherine Miedecke, and senior AHPRA staff, we have:

- ▶ held regular presentations with stakeholders at monthly Board meetings, including: Ms Pip Whyte, Principal Officer from the Office of the Health Complaints Commissioner (OHCC); Dr Peter Renshaw, Director of Clinical Services at Tasmanian Health Organisation – North; Dr Beth Mulligan, Director of Training at Tasmanian Health Organisation – North; Professor Richard Hayes, Dean of Medicine from the University of Tasmania; Dr Scott McKeown, Clinical Advisor to the Minister for Health, The Hon. Michael Ferguson MP; and Mr Mathew Healey, Project Director One Health System
- ▶ held a professional development workshop attended by members of the Tasmanian Board along with members of the Tasmanian Board of the Nursing and Midwifery Board of Australia, AHPRA staff and other key stakeholders. Dr Marie Bismark from the University of Melbourne was the keynote speaker at this workshop. Other speakers included: Mr Rod Chandler, State Coroner; Dr Rob Walters, Legal Advisor from the Medical Indemnity Protection Society (MIPS); Dr Emma Warnecke, Director of Student Development and Support, School of Medicine at the University of Tasmania; and Ms Pip Whyte, Principal Officer at the OHCC
- ▶ met with the State Minister for Health, The Hon. Michael Ferguson MP, and participated in the review of the National Scheme at the Forum held in Hobart in September 2014, and
- ▶ attended a professional development session

held by the Tasmanian Board of the Nursing and Midwifery Board of Australia entitled 'The Forensic Mind', enabling members of the Tasmanian Board to again engage with members of the Tasmanian Nursing and Midwifery Board and also collaborate with members of the Tasmanian Dental Registration and Notification Committee.

The Board saw a significant change of membership at the beginning of July and welcomed incoming practitioner members Dr Kristen Fitzgerald, Dr George Merridew and Dr David Saner, and incoming community members Ms Kim Barker and Mr Fergus Leicester. I thank my colleagues on the Tasmanian Board for their energy and commitment to the people of Tasmania during the year.

This Tasmanian report provides a snapshot of regulation at work in our state over the last year. It complements the comprehensive, profession-specific information published in the annual report of AHPRA and the National Boards for 2014/15.



Dr Andrew Mulcahy
Chair, Tasmanian
Board, Medical Board
of Australia



Dr Joanna Flynn AM
Chair, Medical Board of
Australia

Members of the Tasmanian Board in 2014/15

Dr Andrew Mulcahy
(Chair)
Ms Kim Barker
Dr Brian Bowring AM
Mr David Brereton
Dr Kristen Fitzgerald
Dr Fiona Joske

Mr Fergus Leicester
Ms Leigh Mackey
Dr George Merridew
Dr Philip Moore
Dr Kim Rooney
Dr David Saner

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

In 2014/15, the Tasmanian 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 which require detailed individual assessment, or deciding what action is required to manage risk to the public as a result of a notification.

The decisions we make in Tasmania are guided by the national standards and policies set by the Nursing and Midwifery Board of Australia (the National Board). These policies and regulatory guidelines inform the decisions we make in Tasmania about local practitioners, supported by AHPRA's Tasmanian office.

During the year, the Tasmanian Board has worked closely with our colleagues on the National Board and on other state and territory boards. This partnership working supports a nationally consistent approach to managing and making decisions about notifications and registration issues for nurses and midwives.

Our work with stakeholders has been a major priority for the Tasmanian Board this year and we will be building on the current level of engagement as a priority in the coming year. With the Tasmanian State Manager, Catherine Miedecke, and AHPRA staff, we have:

- ▶ held stakeholder engagement sessions across the state at various hospital sites regarding the operations of the Tasmanian Board and the National Board
- ▶ held a professional development workshop attended by members of the Tasmanian Board entitled 'The Forensic Mind'. Ms Georgie O'Donnell from ForensiClinic Consulting led this workshop, which was also attended by members of the Tasmanian Board of the Medical Board of Australia and the Tasmanian Dental Registration and Notification Committee. Attendance at the workshop by members from all Tasmanian boards and committees enabled a good level of cross-professional collaboration and networking
- ▶ met with the State Minister for Health, The Hon. Michael Ferguson MP, and
- ▶ attended a professional development workshop held by the Tasmanian Board of the Medical Board of Australia, and attended by members of the Medical Board along with AHPRA staff and other key stakeholders.

The National Board's visit to Tasmania in February 2015 also provided an opportunity to engage with our colleagues in the profession.

I wish to acknowledge the high standard of work that AHPRA staff continue to provide to the Tasmanian

Board in preparation for our meetings. Their input is invaluable to assist our decision-making.

The Board welcomed new members Ms Carol Baines, Mr Paul Brown, Ms Emma Curnin, Dr Kylie McShane and Mr David Paton from 1 July 2014. I wish to also thank Ms Susan Hughes, who has finished her term of office on the Tasmanian Board.

This snapshot of regulation at work in our state complements the comprehensive, profession-specific information published in the annual report of AHPRA and the National Boards for 2014/15.



Ms Catherine Schofield
Chair, Tasmanian Board
of the Nursing and
Midwifery Board of
Australia



Dr Lynette Cusack
Chair, Nursing and
Midwifery Board of
Australia

Members of the Tasmanian Board in 2014/15

Ms Catherine Schofield (Chair)
Ms Kim Gabriel (Deputy Chair)
Ms Carol Baines
Mr Paul Brown
Ms Emma Curnin
Ms Susan Hughes (until 30 June 2015)
Dr Kylie McShane
Mr David Paton
Ms Christine Schokman

Pharmacy Board of Australia

The Pharmacy Board of Australia (the National Board) makes decisions about all registered pharmacists in Tasmania. 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 Ian Huett is the practitioner member from Tasmania on the National Board.

The Board has a notifications committee to make decisions about individual registered pharmacists in Tasmania, 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.

During the year, the Board continued its work with stakeholders in Tasmania. 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.

This year, after conducting wide-ranging consultation, the National Board revised its registration standards on professional indemnity insurance arrangements, continuing professional development and related guidelines, recency of practice, supervised practice arrangements, and examinations for eligibility for general registration. The revisions took into account feedback from stakeholders.

Data showing the work of the Board in Tasmania are detailed in this report. More comprehensive information about the work of the National Board nationally is included in the 2014/15 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

The Regional Board of the Psychology Board of Australia serves communities in the Australian Capital Territory (ACT), Tasmania and Victoria.

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

The Regional Board is the local face of psychology regulation in our region. Our Board is made up of practitioner and community members from the ACT, Tasmania and Victoria. The decisions we make about psychologists in our region are guided by the national standards and policies set by the National Board. Our Board is supported by AHPRA's offices in the ACT, Tasmania and Victoria.

The main focus of the Regional Board has continued to be 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.

This year we worked with the National Board to support a smooth transition to the new overseas qualifications assessment framework. All regional psychology boards met with the National Board this year – this provided an opportunity to share and compare regional and rural resolutions with other jurisdictions. This complements our regular monthly teleconference meeting of all regional chairs with the National Board Chair, to discuss local problems and share solutions.

The Regional Board engaged with local stakeholders in a range of ways during the year, including holding stakeholder forums in Victoria, Tasmania and the ACT to meet local practitioners and community members, and discuss important issues for health practitioner regulation.

I would like to thank retiring Victorian member Associate Professor Kathryn Von Treuer (Deputy Chair) for her contribution to the Regional Board of the Psychology Board over recent years.

I hope you find this profile of our work interesting.



Dr Cristian Torres
Chair, ACT, Tasmania
and Victoria Regional
Board of the Psychology
Board of Australia



Professor Brin Grenyer
Chair, Psychology Board
of Australia

Members of the ACT/Tasmania/ Victoria Regional Board in 2014/15

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 nine 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 contain 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 AHPRA 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 2014/15 annual report of AHPRA and the National Boards.



Mr Bruce Davis
Presiding Member,
Aboriginal and Torres
Strait Islander Health
Practice Board of
Australia



Professor Charlie Xue
Chair, Chinese Medicine
Board of Australia



Dr Wayne Minter AM
Chair, Chiropractic
Board of Australia



Mr Neil Hicks
Chair, Medical
Radiation Practice
Board of Australia



Ms Julie Brayshaw
Presiding Member,
Occupational Therapy
Board of Australia



Mr Colin Waldron
Chair, Optometry Board
of Australia



Dr Nikole Grbin
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 Tasmania

Tasmanian data snapshot: registration and notifications

Background

These data are drawn from the 2014/15 annual report of AHPRA and the National Boards. This summary looks at national data through a local lens, to tell more about our work in this state to keep the public safe.

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

We provide national comparisons, to see how Tasmania compares with the national average, and so that the relativity can be better seen. We provide two years of data so we can identify and track emerging trends over time.

We also include information about notifications in Tasmania. This includes 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 notifications within the state.

We publish the source of notifications, as there are different patterns across states and territories. Again, we offer two years of data where 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 New South Wales (NSW), except when categories used differ between NSW and the other states and territories.

More comprehensive data are published in the 2014/15 annual report of AHPRA and the National Boards, which also includes more comprehensive, profession-specific information.

Registration in Tasmania

Tables 1–6 provide details of registered practitioners in Tasmania. At 30 June 2015 there were 13,886 registered practitioners in Tasmania, representing 2.2% of the practitioners registered nationally. This proportion has not varied across the last three years. At a profession level, the proportion of registrants within Tasmania ranges from nurses and pharmacists each with 2.4% of the national registrant base, to Aboriginal and Torres Strait Islander health practitioners with three registered practitioners in Tasmania.

Details of registration applications received in 2014/15 are provided in Table 7. In 2014/15, 1,071 registration applications were received in Tasmania.

Table 1: Registered practitioners with Tasmania as the principal place of practice, by profession¹

Profession	TAS	National total ⁵	% of national total
Aboriginal and Torres Strait Islander Health Practitioner ²	3	391	0.8%
Chinese Medicine Practitioner ²	37	4,494	0.8%
Chiropractor	51	4,998	1.0%
Dental Practitioner	366	21,209	1.7%
Medical Practitioner	2,203	103,133	2.1%
Medical Radiation Practitioner ²	301	14,866	2.0%
Midwife	22	3,682	0.6%
Nurse	8,053	336,099	2.4%
Nurse and Midwife ³	656	30,522	2.1%
Occupational Therapist ²	279	17,200	1.6%
Optometrist	80	4,915	1.6%
Osteopath	43	2,000	2.2%
Pharmacist	692	29,014	2.4%
Physiotherapist	439	27,543	1.6%
Podiatrist	98	4,386	2.2%
Psychologist	563	32,766	1.7%
Total 2014/15	13,886	637,218	2.2%
Total 2013/14	13,572	619,509	2.2%
Population as a proportion of national population⁴	515,200	23,625,600	2.2%

Notes:

1. Data are based on registered practitioners as at 30 June 2015.
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 2014.
5. National total also includes registrants who have no specified principal place of practice.

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

Profession/registration type	TAS	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	3	391	0.8%
General	3	390	0.8%
Non-practising		1	0.0%
Chinese Medicine Practitioner	37	4,494	0.8%
General	36	4,314	0.8%
General and Non-practising ¹		1	0.0%
Non-practising	1	179	0.6%
Chiropractor	51	4,998	1.0%
General	49	4,709	1.0%
Non-practising	2	289	0.7%
Dental Practitioner	366	21,209	1.7%
General	335	18,975	1.8%
General and Non-practising ¹		1	0.0%
General and Specialist	26	1,614	1.6%
Limited		83	0.0%
Non-practising	5	510	1.0%
Specialist		26	0.0%
Medical Practitioner	2,203	103,133	2.1%
General	636	34,767	1.8%
General (Teaching and Assessing)		40	0.0%
General (Teaching and Assessing) and Specialist		2	0.0%
General and Specialist	1,098	49,199	2.2%
Limited	101	3,455	2.9%
Non-practising	52	2,663	2.0%
Provisional	105	4,697	2.2%
Specialist	211	8,310	2.5%
Medical Radiation Practitioner	301	14,866	2.0%
General	293	13,984	2.1%
Limited		1	0.0%
Non-practising	3	248	1.2%
Provisional	5	633	0.8%
Midwife	22	3,682	0.6%
General	21	3,616	0.6%
Non-practising	1	66	1.5%
Nurse	8,053	336,099	2.4%
General	7,939	331,232	2.4%
General and Non-practising ¹		20	0.0%
Non-practising	114	4,847	2.4%

Profession/registration type	TAS	National total	% of national total
Nurse and Midwife	656	30,522	2.1%
General	620	28,616	2.2%
General and Non-practising ²	27	1,253	2.2%
Non-practising	9	653	1.4%
Occupational Therapist	279	17,200	1.6%
General	271	16,500	1.6%
Limited		89	0.0%
Non-practising	8	570	1.4%
Provisional		41	0.0%
Optometrist	80	4,915	1.6%
General	80	4,758	1.7%
Limited		2	0.0%
Non-practising		155	0.0%
Osteopath	43	2,000	2.2%
General	41	1,917	2.1%
Non-practising	1	66	1.5%
Provisional ³	1	17	5.9%
Pharmacist	692	29,014	2.4%
General	639	26,179	2.4%
Limited		14	0.0%
Non-practising	8	1,006	0.8%
Provisional	45	1,815	2.5%
Physiotherapist	439	27,543	1.6%
General	425	26,442	1.6%
Limited	7	276	2.5%
Non-practising	7	825	0.8%
Podiatrist	98	4,386	2.2%
General	97	4,260	2.3%
General and Specialist		30	0.0%
Non-practising	1	96	1.0%
Psychologist	563	32,766	1.7%
General	474	26,843	1.8%
Non-practising	20	1,571	1.3%
Provisional	69	4,352	1.6%
Total	13,886	637,218	2.2%

Notes:

1. Practitioners holding general registration in one division and non-practising registration in another division.
2. Practitioners holding general registration in one profession and non-practising registration in the other profession.
3. The Osteopathy Board introduced a category of provisional registration in 2013/14.

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

Profession/endorsement or notation	TAS	National total	% of National total
Chiropractor		33	0.0%
Acupuncture		33	0.0%
Dental Practitioner	2	91	2.2%
Area of Practice	2	91	2.2%
Medical Practitioner	10	486	2.1%
Acupuncture	10	486	2.1%
Midwife¹	10	487	2.1%
Eligible Midwife ²	7	304	2.3%
Midwife Practitioner		1	0.0%
Scheduled Medicines	3	182	1.6%
Nurse¹	33	2,229	1.5%
Area of Practice		1	0.0%
Nurse Practitioner	26	1,247	2.1%
Scheduled Medicines	7	981	0.7%
Optometrist	54	2,000	2.7%
Scheduled Medicines	54	2,000	2.7%
Osteopath		2	0.0%
Acupuncture		2	0.0%
Physiotherapist		8	0.0%
Acupuncture		8	0.0%
Podiatrist		68	0.0%
Scheduled Medicines		68	0.0%
Psychologist	222	10,643	2.1%
Area of Practice	222	10,643	2.1%
Total	331	16,047	2.1%

Notes:

1. Nursing and midwifery 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 Tasmania as the principal place of practice, by profession and gender

Profession/gender	TAS	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner¹	3	391	0.8%
Female	3	295	1.0%
Male		96	0.0%
Chinese Medicine Practitioner¹	37	4,494	0.8%
Female	23	2,415	1.0%
Male	14	2,079	0.7%
Chiropractor	51	4,998	1.0%
Female	14	1,877	0.7%
Male	37	3,121	1.2%
Dental Practitioner	366	21,209	1.7%
Female	167	10,331	1.6%
Male	199	10,878	1.8%
Medical Practitioner	2,203	103,133	2.1%
Female	918	42,189	2.2%
Male	1,285	60,944	2.1%
Medical Radiation Practitioner¹	301	14,866	2.0%
Female	205	10,064	2.0%
Male	96	4,802	2.0%
Midwife	22	3,682	0.6%
Female	21	3,666	0.6%
Male	1	16	6.3%
Nurse	8,053	336,099	2.4%
Female	7,110	297,792	2.4%
Male	943	38,307	2.5%
Nurse and Midwife	656	30,522	2.1%
Female	639	29,975	2.1%
Male	17	547	3.1%
Occupational Therapist¹	279	17,200	1.6%
Female	254	15,752	1.6%
Male	25	1,448	1.7%
Optometrist	80	4,915	1.6%
Female	24	2,491	1.0%
Male	56	2,424	2.3%
Osteopath	43	2,000	2.2%
Female	26	1,077	2.4%
Male	17	923	1.8%

Profession/gender	TAS	National total	% of national total
Pharmacist	692	29,014	2.4%
Female	389	17,616	2.2%
Male	303	11,398	2.7%
Physiotherapist	439	27,543	1.6%
Female	318	18,911	1.7%
Male	121	8,632	1.4%
Podiatrist	98	4,386	2.2%
Female	63	2,677	2.4%
Male	35	1,709	2.0%
Psychologist	563	32,766	1.7%
Female	451	25,894	1.7%
Male	112	6,872	1.6%
Total	13,886	637,218	2.2%

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.

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

Profession/division	TAS	National total	% of national total
Chinese Medicine Practitioner	37	4,494	0.8%
Acupuncturist	24	1,688	1.4%
Acupuncturist and Chinese Herbal Dispenser ¹		2	0.0%
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹	2	631	0.3%
Acupuncturist and Chinese Herbal Medicine Practitioner ¹	11	2,068	0.5%
Chinese Herbal Dispenser		41	0.0%
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹		14	0.0%
Chinese Herbal Medicine Practitioner		50	0.0%
Dental Practitioner	366	21,209	1.7%
Dental Hygienist	20	1,373	1.5%
Dental Hygienist and Dental Prosthetist ¹		3	0.0%

Profession/division	TAS	National total	% of national total
Dental Hygienist and Dental Prosthetist and Dental Therapist ¹		2	0.0%
Dental Hygienist and Dental Therapist ¹	2	483	0.4%
Dental Hygienist and Dentist ¹		2	0.0%
Dental Hygienist and Oral Health Therapist ¹		6	0.0%
Dental Prosthetist	49	1,245	3.9%
Dental Prosthetist and Dental Therapist ¹		1	0.0%
Dental Prosthetist and Dentist ¹		1	0.0%
Dental Therapist	50	1,063	4.7%
Dental Therapist and Oral Health Therapist ¹		2	0.0%
Dentist	233	15,888	1.5%
Dentist and Oral Health Therapist ¹		1	0.0%
Oral Health Therapist	12	1,139	1.1%
Medical Radiation Practitioner	301	14,866	2.0%
Diagnostic Radiographer	222	11,496	1.9%
Diagnostic Radiographer and Nuclear Medicine Technologist ¹	1	15	6.7%
Diagnostic Radiographer and Radiation Therapist ¹		2	0.0%
Nuclear Medicine Technologist	20	1,039	1.9%
Radiation Therapist	58	2,314	2.5%
Nurse	8,053	336,099	2.4%
Enrolled Nurse (Division 2)	1,461	61,880	2.4%
Enrolled Nurse (Division 2) and Registered Nurse (Division 1) ¹	48	5,585	0.9%
Registered Nurse (Division 1)	6,544	268,634	2.4%
Nurse and Midwife	656	30,522	2.1%
Enrolled Nurse and Midwife ¹		62	0.0%
Enrolled Nurse and Registered Nurse and Midwife ¹		59	0.0%
Registered Nurse and Midwife ¹	656	30,401	2.2%
Total	9,413	407,190	2.3%

Notes:

1. Practitioners who hold dual or multiple registration.

Table 6: Health practitioners with specialties at 30 June 2015¹

Profession/area of specialty practice	TAS	National total	% of national total
Dental Practitioner	26	1,693	1.5%
Dento-maxillofacial radiology		10	0.0%
Endodontics	3	159	1.9%
Forensic odontology	2	27	7.4%
Oral and maxillofacial surgery	5	202	2.5%
Oral medicine		35	0.0%
Oral pathology		24	0.0%
Oral surgery		52	0.0%
Orthodontics	14	600	2.3%
Paediatric dentistry		119	0.0%
Periodontics	2	221	0.9%
Prosthodontics		212	0.0%
Public health dentistry (Community dentistry)		16	0.0%
Special needs dentistry		16	0.0%
Medical Practitioner	1,408	62,490	2.3%
Addiction medicine	8	167	4.8%
Anaesthesia	116	4,627	2.5%
Dermatology	7	507	1.4%
Emergency medicine	46	1,687	2.7%
General practice	625	23,993	2.6%
Intensive care medicine	15	815	1.8%
Paediatric intensive care medicine		2	0.0%
No subspecialty declared	15	813	1.8%
Medical administration	3	334	0.9%
Obstetrics and gynaecology	41	1,871	2.2%
Gynaecological oncology	1	43	2.3%
Maternal-fetal medicine		40	0.0%
Obstetrics and gynaecological ultrasound		77	0.0%
Reproductive endocrinology and infertility	1	53	1.9%
Urogynaecology		30	0.0%
No subspecialty declared	39	1,628	2.4%

Profession/area of specialty practice	TAS	National total	% of national total
Occupational and environmental medicine	7	302	2.3%
Ophthalmology	19	967	2.0%
Paediatrics and child health	38	2,442	1.6%
Paediatric intensive care medicine		5	0.0%
Clinical genetics		25	0.0%
Community child health		43	0.0%
General paediatrics	29	1,784	1.6%
Neonatal and perinatal medicine	3	164	1.8%
Paediatric cardiology		31	0.0%
Paediatric clinical pharmacology		1	0.0%
Paediatric emergency medicine		44	0.0%
Paediatric endocrinology		26	0.0%
Paediatric gastroenterology and hepatology		23	0.0%
Paediatric haematology		10	0.0%
Paediatric immunology and allergy		17	0.0%
Paediatric infectious diseases		16	0.0%
Paediatric medical oncology		25	0.0%
Paediatric nephrology		8	0.0%
Paediatric neurology	1	31	3.2%
Paediatric palliative medicine		2	0.0%
Paediatric rehabilitation medicine		6	0.0%
Paediatric respiratory and sleep medicine		25	0.0%
Paediatric rheumatology		12	0.0%
No subspecialty declared	5	144	3.5%
Pain medicine	9	260	3.5%
Palliative medicine	13	297	4.4%
Pathology	45	2,009	2.2%

Profession/area of specialty practice	TAS	National total	% of national total
Anatomical pathology (including cytopathology)	18	872	2.1%
Chemical pathology	2	90	2.2%
Forensic pathology	3	48	6.3%
General pathology	4	125	3.2%
Haematology	12	487	2.5%
Immunology	1	117	0.9%
Microbiology	4	222	1.8%
No subspecialty declared	1	48	2.1%
Physician	169	9,423	1.8%
Cardiology	18	1,251	1.4%
Clinical genetics		71	0.0%
Clinical pharmacology		53	0.0%
Endocrinology	11	630	1.7%
Gastroenterology and hepatology	14	802	1.7%
General medicine	35	1,772	2.0%
Geriatric medicine	10	609	1.6%
Haematology	11	507	2.2%
Immunology and allergy	1	154	0.6%
Infectious diseases	8	389	2.1%
Medical oncology	10	584	1.7%
Nephrology	10	507	2.0%
Neurology	6	546	1.1%
Nuclear medicine	6	257	2.3%
Respiratory and sleep medicine	13	631	2.1%
Rheumatology	7	349	2.0%
No subspecialty declared	9	311	2.9%
Psychiatry	64	3,432	1.9%
Public health medicine	11	432	2.5%
Radiation oncology	8	366	2.2%
Radiology	46	2,280	2.0%
Diagnostic radiology	39	1,951	2.0%
Diagnostic ultrasound		4	0.0%
Nuclear medicine	4	187	2.1%
No subspecialty declared	3	138	2.2%

Profession/area of specialty practice	TAS	National total	% of national total
Rehabilitation medicine	5	473	1.1%
Sexual health medicine	1	118	0.8%
Sport and exercise medicine	2	119	1.7%
Surgery	110	5,569	2.0%
Cardio-thoracic surgery	5	205	2.4%
General surgery	35	1,936	1.8%
Neurosurgery	6	238	2.5%
Oral and maxillofacial surgery	2	114	1.8%
Orthopaedic surgery	23	1,342	1.7%
Otolaryngology – head and neck surgery	9	486	1.9%
Paediatric surgery	2	104	1.9%
Plastic surgery	12	443	2.7%
Urology	10	418	2.4%
Vascular surgery	6	222	2.7%
No subspecialty declared		61	0.0%
Podiatrist		30	0.0%
Podiatric surgeon		30	0.0%
Total	1,434	64,213	2.2%

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/registration type	TAS	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	2	255	0.8%
General	2	253	0.8%
Non-practising		2	0.0%
Chinese Medicine Practitioner	12	1,812	0.7%
General	12	1,673	0.7%
Non-practising		139	0.0%
Chiropractor	3	371	0.8%
General	2	304	0.7%
Limited		5	0.0%
Non-practising	1	62	1.6%
Dental Practitioner	20	1,638	1.2%
General	16	1,378	1.2%
Limited		32	0.0%
Non-practising	3	142	2.1%
Specialist	1	86	1.2%
Medical Practitioner	337	15,861	2.1%
General	110	5,134	2.1%
Limited	51	2,002	2.5%
Limited (Public Interest - Occasional Practice)		1	0.0%
Non-practising	9	480	1.9%
Provisional	107	5,311	2.0%
Specialist	60	2,933	2.0%
Medical Radiation Practitioner	30	1,808	1.7%
General	25	1,164	2.1%
Non-practising	2	115	1.7%
Provisional	3	529	0.6%
Midwife	25	1,712	1.5%
General	17	1,411	1.2%
Non-practising	8	301	2.7%
Nurse	451	24,837	1.8%
General	417	23,274	1.8%
Non-practising	34	1,563	2.2%
Occupational Therapist	13	2,078	0.6%
General	6	1,681	0.4%
Limited		82	0.0%

Profession/registration type	TAS	National total	% of national total
Non-practising	7	311	2.3%
Provisional		4	0.0%
Optometrist	2	305	0.7%
General	2	259	0.8%
Limited		3	0.0%
Non-practising		43	0.0%
Osteopath	3	206	1.5%
General	2	173	1.2%
Limited		1	0.0%
Non-practising	1	18	5.6%
Provisional		14	0.0%
Pharmacist	79	3,340	2.4%
General	43	1,604	2.7%
Limited		32	0.0%
Non-practising	2	173	1.2%
Provisional	34	1,531	2.2%
Physiotherapist	15	2,540	0.6%
General	9	2,140	0.4%
Limited	5	206	2.4%
Non-practising	1	194	0.5%
Podiatrist	6	431	1.4%
General	5	389	1.3%
Limited		1	0.0%
Non-practising	1	37	2.7%
Specialist		4	0.0%
Psychologist	73	4,323	1.7%
General	28	1,536	1.8%
Non-practising	9	563	1.6%
Provisional	36	2,224	1.6%
Total 2014/15	1,071	61,517	1.7%
Total 2013/14	1,091	58,789	1.9%

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 Tasmania

Notifications within Tasmania are detailed in Tables 8–20. In 2014/15, 237 notifications were lodged, a decrease from the 298 notifications received in the previous year. This trend of a decrease in notifications this year is consistent with most other states (other than NSW and Western Australia). There were more notifications closed (267) than received across the year and the 127 remaining open at the end of the year represent a 25% decrease over the 169 that remained open at the end of the prior year. There were 34 mandatory notifications received in Tasmania in 2014/15. The rate of mandatory notifications with notifications against 23 registrants per 10,000 registrants remains one of the highest in Australia (Table 10).

A large proportion of notifications received (95) were about clinical care (see Table 11), which is consistent with the national pattern. Many of the notifications received in Tasmania came directly from the public (51) or patients (25); a large number continued to come via the health complaints entity (HCE) (56); employers (29) or other practitioners (26) were also a major source of notifications (see Table 12).

In 2014/15 there were 10 cases where immediate action was initiated against practitioners in Tasmania. In one of these cases the registration of the practitioner was suspended, and six cases resulted in conditions imposed on registration. In three cases the Board determined that no further action was required.

There were two notifications still open at the end of the financial year that had been received before the National Law took effect in 2010 (Table 14). One matter is with the responsible tribunal awaiting a decision and the other is the subject of other legal action.

Tables 15–19 detail the outcomes of key stages in the notifications process during 2014/15; note the national data in these tables do not include data for NSW. Most enquiries received (237 of 327) were considered to meet the criteria for a notification (see Table 15). Of the 226 cases where assessments were finalised during the year, 66 cases were considered to require further action and 160 cases were closed following assessment (see Table 16).

Of the 74 notifications where investigations were finalised during the year (see Table 17), 62 cases were closed and 12 notifications were taken further, the majority to panel hearing (7) or tribunal hearing (4).

There were 15 cases finalised in Tasmania following a panel hearing (see Table 18) and six cases closed following a tribunal hearing (see Table 19).

Table 20 provides details of cases closed during the year for each profession, indicating stage at which the case was closed.

Registrants under active monitoring at the end of the reporting year are detailed in Tables 21 and 22. The 101 registrants in Tasmania under active monitoring accounted 2% of the registrants nationally under active monitoring. The majority of these registrants in Tasmania are medical practitioners (31) or nurses (33).

Tables 23 and 24 provide information on criminal history checks conducted during the year. There

were no cases in Tasmania in 2014/15 where a criminal history check undertaken resulted in, or contributed to, the imposition of conditions by a Board or undertakings given by a practitioner. The higher proportion of disclosable outcomes in Tasmania reflects a different threshold for what is captured in the checking process, compared to other states and territories.

Table 8: Notifications received or closed in 2014/15 or remaining open at 30 June 2015, by profession¹

Notifications	All received			Mandatory received			Closed			Open at 30 June		
	TAS	National total	% of national total	TAS	National total	% of national total	TAS	National total	% of national total	TAS	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner ⁵		7	0.0%		2	0.0%		5	0.0%		5	0.0%
Chinese Medicine Practitioner ⁵		22	0.0%		1	0.0%		27	0.0%		15	0.0%
Chiropractor		75	0.0%		4	0.0%	1	98	1.0%		76	0.0%
Dental Practitioner	10	766	1.3%	1	22	4.5%	13	849	1.5%	5	381	1.3%
Medical Practitioner	134	4,541	3.0%	7	212	3.3%	145	4,885	3.0%	69	2,212	3.1%
Medical Radiation Practitioner ⁵		31	0.0%		6	0.0%	1	31	3.2%		17	0.0%
Midwife	1	74	1.4%		20	0.0%	2	92	2.2%		57	0.0%
Nurse	63	1,733	3.6%	23	472	4.9%	71	1,755	4.0%	32	1,053	3.0%
Occupational Therapist ⁵		49	0.0%		4	0.0%		48	0.0%		19	0.0%
Optometrist	1	55	1.8%		1	0.0%	1	53	1.9%		20	0.0%
Osteopath		13	0.0%		1	0.0%		13	0.0%		12	0.0%
Pharmacist	17	490	3.5%		38	0.0%	18	528	3.4%	10	311	3.2%
Physiotherapist	1	97	1.0%		6	0.0%	2	115	1.7%	1	57	1.8%
Podiatrist		37	0.0%		2	0.0%	3	44	6.8%		21	0.0%
Psychologist	10	432	2.3%	3	42	7.1%	10	458	2.2%	10	273	3.7%
Not identified ²		4	0.0%			0.0%		2	0.0%		2	0.0%
Total 2014/15	237	8,426	2.8%	34	833	4.1%	267	9,003	3.0%	127	4,531	2.8%
Total 2013/14^{3,4}	298	10,047	3.0%	51	1,145	4.5%	292	9,803	3.0%	169	5,237	3.2%

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 HCEs 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.

Table 9: Percentage of registrant base with notifications received in 2014/15, by profession¹

Profession	TAS	National total
Aboriginal and Torres Strait Islander Health Practitioner ⁴	0.0%	1.8%
Chinese Medicine Practitioner ⁴	0.0%	0.5%
Chiropractor	0.0%	1.5%
Dental Practitioner	2.7%	3.6%
Medical Practitioner	6.1%	4.4%
Medical Radiation Practitioner ⁴	0.0%	0.2%
Midwife ²	0.1%	0.2%
Nurse ³	0.7%	0.5%
Occupational Therapist ⁴	0.0%	0.3%
Optometrist	1.3%	1.1%
Osteopath	0.0%	0.7%
Pharmacist	2.5%	1.7%
Physiotherapist	0.2%	0.4%
Podiatrist	0.0%	0.8%
Psychologist	1.8%	1.3%
Total 2014/15	1.7%	1.3%
Total 2013/14	2.0%	1.4%

Notes:

- Percentages for each state and profession are based on registrants whose profession has been identified and whose principal place of practice is an Australian state or territory. Notifications where the profession of the registrant has not been identified and registrants whose principal place of practice is not in Australia are only represented in the state and profession totals above.
- The registrant base used for midwives includes registrants with midwifery or with nursing and midwifery registration.
- The registrant base for nurses includes registrants with nursing registration or with nursing and midwifery registration.
- Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.

Table 10: Registrants involved in mandatory notifications, by jurisdiction

Year	2014/15		2013/14	
	No. practitioners ¹	Rate / 10,000 practitioners ²	No. practitioners ¹	Rate / 10,000 practitioners ²
TAS	32	23.04	46	33.9
Total Australia	789	12.38	976	15.8

Notes:

- Figures present the number of practitioners involved in the mandatory reports received.
- 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 2014/15

Issue	TAS	National total	% of national total
Behaviour	11	312	3.5%
Billing		191	0.0%
Boundary violation	8	335	2.4%
Clinical care	95	3,442	2.8%
Communication	25	669	3.7%
Confidentiality	7	210	3.3%
Conflict of interest	4	19	21.1%
Discrimination	3	34	8.8%
Documentation	6	445	1.3%
Health impairment	20	848	2.4%
Infection/hygiene		86	0.0%
Informed consent	3	107	2.8%
Medico-legal conduct	1	51	2.0%
National Law breach	7	241	2.9%
National Law offence		94	0.0%
Offence	2	263	0.8%
Offence by student		1	0.0%
Other	8	172	4.7%
Pharmacy/medication	36	826	4.4%
Professional conduct		3	0.0%
Research/teaching/assessment		7	0.0%
Response to adverse event	1	22	4.5%
Teamwork/supervision		29	0.0%
Not recorded		19	0.0%
Total	237	8,426	2.8%

Table 12: Source of notifications received in 2014/15

Source	TAS	National total (excluding NSW) ¹	% of national total (excluding NSW)
Anonymous	3	106	2.8%
Drugs and poisons		27	0.0%
Education provider	4	22	18.2%
Employer	29	543	5.3%
Government department	3	92	3.3%
HCE	56	688	8.1%
Health advisory service		10	0.0%
Hospital	4	25	16.0%
Insurance company	2	9	22.2%
Lawyer		34	0.0%
Medicare		1	0.0%
Member of Parliament		1	0.0%
Member of the public	51	323	15.8%
Ombudsman		41	0.0%
Other board	1	45	2.2%
Other practitioner	26	583	4.5%
Own motion	14	222	6.3%
Patient	25	1,408	1.8%
Police		52	0.0%
Relative	12	361	3.3%
Self	3	114	2.6%
Treating practitioner	3	80	3.8%
Unclassified	1	97	1.0%
Total	237	4,884	4.9%

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 2014/15

Outcomes	TAS	National total	% of national total
Not take immediate action	3	85	3.5%
Accept undertaking		77	0.0%
Impose conditions	6	285	2.1%
Accept surrender of registration		3	0.0%
Suspend registration	1	106	0.9%
Decision pending		22	0.0%
Total	10	578	1.7%

Table 14: Notifications under previous legislation open at 30 June 2015, by profession

Profession	TAS	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner			
Chinese Medicine Practitioner			
Chiropractor		2	0.0%
Dental Practitioner		3	0.0%
Medical Practitioner	1	26	3.8%
Medical Radiation Practitioner			
Midwife			
Nurse		4	0.0%
Occupational Therapist			
Optometrist			
Osteopath		1	0.0%
Pharmacist		6	0.0%
Physiotherapist			
Podiatrist			
Psychologist	1	6	16.7%
Not identified			
Total 2014/15¹	2	48	4.2%
Total 2013/14²	3	91	3.3%

Notes:

1. These matters are with the responsible tribunal or court awaiting hearing or decision.
2. Since the 2012/13 Annual Report a number of cases have been identified that were previously reported as National Law cases and should have been reported as prior law cases. They have been included in the 2013/14 data.

Table 15: Outcome of enquiries received in 2014/15 (excluding NSW)			
Outcomes	TAS	National total (excluding NSW)	% of national total
Moved to notification	237	4,884	4.9%
Closed at lodgement	90	1,097	8.2%
Total	327	5,981	5.5%

Table 16: Outcome of assessments finalised in 2014/15 (excluding NSW)			
Outcome of decisions to take the notification further	TAS	National total (excluding NSW)	% of national total
Health or performance assessment	12	233	5.2%
Investigation	53	1,668	3.2%
Panel hearing	1	13	7.7%
Tribunal hearing		9	0.0%
Total	66	1,923	3.4%
Outcome of notifications closed following assessment			
No further action	88	2,136	4.1%
HCE to retain	35	435	8.0%
Refer all or part of the notification to another body		10	0.0%
Caution	35	322	10.9%
Accept undertaking		59	0.0%
Impose conditions	2	104	1.9%
Practitioner surrenders registration		3	0.0%
Total	160	3,069	5.2%

Table 17: Outcome of investigations finalised in 2014/15 (excluding NSW)			
Outcome of decisions to take the notification further	TAS	National total (excluding NSW)	% of national total
Assessment		2	0.0%
Health or performance assessment	1	145	0.7%
Panel hearing	7	166	4.2%
Tribunal hearing	4	114	3.5%
Total	12	427	2.8%
Outcome of notifications closed following investigation			
No further action	34	1,052	3.2%
Refer all or part of the notification to another body	3	11	27.3%
Caution	11	391	2.8%
Accept undertaking	1	126	0.8%
Impose conditions	13	192	6.8%
Practitioner surrenders registration			
Total	62	1,772	3.5%

Table 18: Outcome of panel hearings finalised in 2014/15 (excluding NSW)			
Outcomes	TAS	National total (excluding NSW)	% of national total
No further action	8	63	12.7%
Refer all of the notification to another body		1	0.0%
Caution	2	57	3.5%
Reprimand		13	0.0%
Impose conditions	5	130	3.8%
Practitioner surrenders registration		1	0.0%
Suspend registration		4	0.0%
Total	15	269	5.6%

Table 19: Outcome of tribunal hearings finalised in 2014/15 (excluding NSW)			
Outcomes	TAS	National total (excluding NSW)	% of national total
No further action		13	0.0%
Caution		3	0.0%
Reprimand	4	14	28.6%
Fine registrant		10	0.0%
Accept undertaking		4	0.0%
Impose conditions		45	0.0%
Practitioner surrenders registration		5	0.0%
Suspend registration	1	31	3.2%
Cancel registration	1	24	4.2%
Tribunal order		30	0.0%
No permitted to reapply for registration for a period of 12 months			
Permanently prohibited from undertaking services relating to midwifery			
Total	6	179	3.4%

Table 20: Notifications closed in 2014/15, by profession and stage at closure in Tasmania						
Profession	Assessment	Investigation	Health or performance assessment	Panel hearing	Tribunal hearing	Total 2014/15
Aboriginal and Torres Strait Islander Health Practitioner						0
Chinese Medicine Practitioner						0
Chiropractor		1				1
Dental Practitioner	8	5				13
Medical Practitioner	88	37	9	8	3	145
Medical Radiation Practitioner		1				1
Midwife	2					2
Nurse	41	13	12	4	1	71
Occupational Therapist						0
Optometrist	1					1
Osteopath						0
Pharmacist	12	2	2	1	1	18
Physiotherapist	2					2
Podiatrist		1	1		1	3
Psychologist	6	2		2		10
Not identified ¹						0
Total 2014/15	160	62	24	15	6	267

Notes:

1. Practitioner profession may not have been identified in notifications closed at an early stage.

Table 21: Active monitoring cases at 30 June 2015, by profession (excluding NSW)

Profession	TAS	National total (excluding NSW)	% of national total
Aboriginal and Torres Strait Islander Health Practitioner		6	0.0%
Chinese Medicine Practitioner	4	882	0.5%
Chiropractor	1	60	1.7%
Dental Practitioner	5	165	3.0%
Medical Practitioner	31	1,697	1.8%
Medical Radiation Practitioner	10	533	1.9%
Midwife	2	108	1.9%
Nurse	33	1,013	3.3%
Occupational Therapist	2	71	2.8%
Optometrist		15	0.0%
Osteopath		15	0.0%
Pharmacist	5	187	2.7%
Physiotherapist	2	75	2.7%
Podiatrist		14	0.0%
Psychologist	6	150	4.0%
Total	101	4,991	2.0%

Table 23: Cases in 2014/15 where a criminal history check resulted in, or contributed to, imposition of conditions or undertakings, by profession

Profession	TAS	Total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner		1	0.0%
Chinese Medical Practitioner		1	0.0%
Chiropractor		2	0.0%
Dental Practitioner		4	0.0%
Medical Practitioner		6	0.0%
Midwife			
Nurse		21	0.0%
Optometrist		1	0.0%
Pharmacist			
Physiotherapist			
Podiatrist			
Psychologist		1	0.0%
Total 2014/15	0	37	0.0%
Total 2013/14	6	76	7.9%

Table 22: Active monitoring cases at 30 June 2015 in Tasmania and nationally, by stream

Jurisdiction ³	Conduct ²	Health ²	Performance ²	Suitability/eligibility ¹	Total 2014/15
TAS	9	23	24	45	101
National 2014/15	775	1,153	691	3,083	5,702
% of national total	1.2%	2.0%	3.5%	1.5%	1.8%

Notes:

1. AHPRA performs monitoring of compliance cases in 'suitability/eligibility' matters for NSW registrations.
2. Includes cases to be transitioned from AHPRA to HPCA for Conduct, Health and Performance streams.
3. Principal place of practice.

Table 24: Domestic and international criminal history checks in Tasmania and nationally, by profession, and cases where a criminal history check resulted in, or contributed to, imposition of conditions or undertakings

State/territory ¹	TAS				National 2014/15			
	Number of CHCs ²	Number of DCOs ³	CHCs resulted in conditions/undertakings	% of total national CHCs resulted in conditions/undertakings	Number of CHCs ²	Number of DCOs ³	% of DCOs resulting from CHCs	CHCs resulted in conditions/undertakings
Aboriginal and Torres Strait Islander Health Practitioner	2	1	0	0.00%	266	111	41.73%	1
Chinese Medicine Practitioner	8	4	0	0.00%	1,187	78	6.57%	1
Chiropractor	3	2	0	0.00%	664	62	9.34%	2
Dental Practitioner	15	8	0	0.00%	1,764	106	6.01%	4
Medical Practitioner	162	35	0	0.00%	9,298	320	3.44%	6
Medical Radiation Practitioner	26	13	0	0.00%	1,989	102	5.13%	0
Midwife	12	4	0	0.00%	1,422	55	3.87%	0
Nurse	460	218	0	0.00%	24,328	1,738	7.14%	21
Occupational Therapist	8	4	0	0.00%	1,626	60	3.69%	0
Optometrist	6	5	0	0.00%	618	32	5.18%	1
Osteopath	2	1	0	0.00%	266	21	7.89%	0
Pharmacist	44	16	0	0.00%	2,264	105	4.64%	0
Physiotherapist	18	4	0	0.00%	2,645	96	3.63%	0
Podiatrist	12	6	0	0.00%	738	55	7.45%	0
Psychologist	41	15	0	0.00%	2,872	159	5.54%	1
Total 2014/15	819	336	0	0.00%	51,947	3,100	5.97%	37
Total 2013/14⁴	1,094	185	6	7.89%	61,000	3,597	6%	76

Notes:

1. State or territory refers to the state/territory location of the preferred address as advised by the applicant/registrant. The team state is used if this information is not available.
2. Criminal history checks. Refers to both domestic and international criminal history checks submitted.
3. Disclosable court outcomes. The higher proportion of disclosable outcomes in Tasmania reflects a different threshold for what is captured in the checking process, compared to other states and territories.
4. 2013/14 figures refer only to domestic criminal history checks. International criminal history checks started in 2014/15.

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 the practice of a health profession to occur only under the supervision of another health practitioner (usually registered in the same profession).

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.

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