2017/18

Psychology Board of Australia Annual report summary

Our National Scheme: For safer healthcare



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At a glance: The psychology profession



36,376 psychologists, up **4.0%** from 2016/17

That's **5.2%** of all registered health practitioners

Female: 79.9%

Male: 20.1%



437 notifications were lodged with AHPRA about psychologists

1.9% of all registered psychologists had notifications lodged about them¹

381 notifications closed this year:

- → 11.5% resulted in accepting an undertaking or conditions being imposed on a psychologist's registration
- → 10.2% resulted in a psychologist receiving a caution or reprimand by the Board
- → 1.3% resulted in suspension or cancellation of registration
- → **76.4%** resulted in no further action being taken
- → The remaining 0.5% were retained by a health complaints entity or referred to another body



Immediate action was considered **22** times and taken **18** times²



52 mandatory notifications were made

- → 35 about standards
- → 11 about impairment
- → 6 about sexual misconduct



156 psychologists were monitored by AHPRA for health, performance and/ or conduct during the year



140 cases were being monitored for compliance with restrictions on their registration as at 30 June 2018

- → **35** on the grounds of conduct
- → 12 for health reasons
- → 23 for performance
- → 15 prohibited practitioners/ students
- → **55** for suitability/eligibility



117 statutory offence complaints were made;145 were closed

- → Over 89% of new matters related to title protection
- → 12 related to advertising breaches

¹ Includes data from the Health Professional Councils Authority in New South Wales (NSW) and the Office of the Health Ombudsman in Queensland (Qld).

² Immediate action is an interim step the Board can take to suspend or cancel a psychologist's registration while a complaint is being considered. Refer to the 2017/18 annual report by the Australian Health Practitioner Regulation Agency (AHPRA) for more data on immediate action.

Message from the Chair

This report summarises data relating to the psychology profession in Australia, which have been drawn from the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards' 2017/18 annual report. It offers a unique insight into the regulatory landscape.

This year the Psychology Board of Australia (the Board) completed the first stage of its education and training reform agenda and finalised its proposal to retire the 4+2 Internship program.

Over the year, the Board consulted extensively with major employers of 4+2 interns, government, education providers, health services, students and members of the profession.

Stakeholders have communicated to the Board that the 4+2 internship pathway is no longer fit-for-purpose as a pathway to registration. The 4+2 internship program is unsustainable as it carries a high regulatory and administrative burden for employers, supervisors, interns, and the regulator. The 4+2 internship is not comparable to international benchmarks for training and registration, and there are significant risks associated with the two-year unaccredited internship.

The Board is pleased to now present its proposed reforms to Ministers for approval.

Read the Psychology Board of Australia: Year in review to find out about more works of the Board in 2017/18.

I would like to take this opportunity to thank the members of the Board, its committees and working groups, as well as AHPRA staff for their hard work, collaboration and commitment during my nine years as Chair of the Psychology Board of Australia.



Professor Brin GrenyerChair, Psychology Board of Australia

Psychology Board of Australia

Members of the Board

Professor Brin Grenyer (Chair)

Professor Alfred Allan

Ms Mary Brennan

Ms Rebecca Campbell

Ms Marion Hale

Ms Vanessa Hamilton

Ms Joanne Muller

Mr Christopher O'Brien

Ms Rachel Phillips (Deputy Chair)

Professor Jennifer Scott

Mr Radomir Stratil

Professor Kathryn von Treuer

Committees

The following national committees and working groups support the Board:

- National Psychology Examination Committee
- → Governance Working Group (includes Finance)
- Psychology Immediate Action Committee (from February 2018), and
- → Regulatory Risk Working Group.

Executive and policy support



Ms Angela Smith

Executive Officer, Psychology

Ms Smith supports the Psychology Board of Australia. She works in AHPRA's National Office in Melbourne.

Executive Officers provide a vital link between the National Boards and AHPRA.

For more information about the Board, visit the $\underline{\text{Board's}}$ website.

About us

The Board has worked in partnership with AHPRA to protect the public since the inception of the National Registration and Accreditation Scheme (the National Scheme) in July 2010. Together, we regulate the profession by ensuring that only those psychologists who are suitably trained and qualified can practise in Australia.

Protecting the public by ensuring access to a safe, competent and qualified healthcare workforce is always our priority. Every decision we make is guided by the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory, and by the regulatory principles (see right).

Visit the Board's website.

For more information about the National Scheme and AHPRA, visit the <u>AHPRA website</u>.

About this report

This annual report summary provides a profession-specific view of AHPRA and the Board's work to manage risk to the public in 2017/18. Information provided in this report is drawn from the annual report published by AHPRA and the National Boards. All data are correct as at 30 June 2018.

Whenever possible, historical data are provided to show trends over time.

For information about our data please read 'An important note about our data' in *Regulating the workforce*.

Profession-specific summaries for 14 National Boards are available to download from the AHPRA website.

Our regulatory principles

Eight <u>regulatory principles</u> underpin our work, and guide our decision-making in the public interest. These principles foster a responsive, risk-based approach to regulation. In brief, they are to:

Protect the public

Take timely and necessary action

Administer the National Law

Ensure registrants are qualified

Work with stakeholders

Uphold professional standards

Identify and respond to risk

Use appropriate regulatory force

For more information, download AHPRA's <u>2017/18 annual</u> report.

Psychology Board of Australia: Year in review

A number of major initiatives were actioned by the Board in 2017/18. Here are the highlights:

Supervision

Board-approved supervisors approved before July 2013 were given until 30 June 2018 to meet refresher training requirements by attending either a one-day master class or a two-day full training workshop.

The Board had anticipated that many of the 2013 cohort of supervisors would not renew their Board-approved supervisor (BAS) status after a survey in 2016 revealed that two-thirds of Board-approved supervisors were not currently supervising someone in an internship, higher degree or registrar program at the time of the survey. However, the Board was pleased to see that most of the 2013 cohort renewed their BAS status by the deadline. Around 2,890 supervisors (29% of all Board-approved supervisors) were removed from the Board's list of approved supervisors in July 2018.

The rate of new supervisors is now growing faster than the rate of psychologists entering the profession (5.5% versus 4.3%). The Board is pleased to see that an increasing number of psychologists are engaging in strengthening the profession through the effective supervision of new and developing psychologists.

Approved registration standards, codes and guidelines

In August 2017, the Board approved revised Accreditation standards for psychology programs. The revised standards were developed by the Australian Psychology Accreditation Council, which is appointed as an external accreditation entity under the National Law to develop accreditation standards and recommend them to the Board for approval.

The new standards will be used to assess whether a program of study, and the education provider that provides the program of study, equips graduates of the program with the knowledge, skills and professional attributes to practise in the profession.

The Board completed a scheduled review of the national Psychology exam curriculum and released an advance copy of the new national curriculum in January 2018, allowing a sixmonth transition for exam candidates and their supervisors to become familiar with the new requirements.

The Board also completed a review of the *Guidelines for* supervisors and *Guidelines for supervisor training providers* and published an advance copy on 8 June 2018. The new guidelines began on 1 August 2018.

For information on standards, codes and guidelines, visit the <u>Board's website</u>.

Communication, engagement and stakeholder relations

During this reporting period, the Board published:

- three newsletters
- → 10 communiqués, and
- four media releases.

The Board hosted a public forum in Sydney and a webinar to discuss its proposal to retire the 4+2 Internship pathway. Collectively, these events were attended by over 600 participants and allowed the Board to obtain valuable feedback on its proposal.

The Board hosted an All Psychology Boards meeting on 24 and 25 August 2017 in Sydney. All national and regional board members participated along with members of the Psychology Council of NSW and senior AHPRA staff.

In July 2017 Board representatives attended the 15th European Congress of Psychology, which was held in Amsterdam. The Congress provided an opportunity to engage with international colleagues on a number of matters important to the Board's current program of work, including progress that had been made towards implementing international competencies for psychology.

Meetings were also held with international regulators to explore opportunities for mutual recognition of registration and mobility between the different countries.

The Board hosted a joint meeting with the New Zealand Psychologists Board in Melbourne in November 2018 to discuss a number of issues of mutual interest, including Area of Practice Endorsement, Trans-Tasman Mutual Recognition, and health strategies for First Peoples.

For news items, past newsletters and communiqués, visit the Board's website.

Registering the psychology workforce

In brief

36,376 registered psychologists in 2017/18; up from 34,976 in 2016/17.

Psychologists comprise 5.2% of all registered health practitioners.

0.6% of the profession identified as being Aboriginal and/or Torres Strait Islander (199 psychologists nationally).

Women comprised 79.9% of the profession.

Figure 1: Number of registered psychologists, year by year, since the National Scheme began



Requirements

Under the National Law, as in force in each state and territory, there is a range of categories under which a practitioner can be registered as a psychologist in Australia:

- General registration
- → Provisional registration (supervised practice), and
- Non-practising registration.

Before a practitioner can practise and use a title protected under the National Law, applicants must provide evidence that they are eligible to hold registration, and registration must be granted.

Find out more about <u>registration</u> with the Psychology Board of Australia.

Registration

As at 30 June 2018, there were 36,376 psychologists registered under the National Scheme. This represents a 4.0% increase from the previous year. All jurisdictions saw an increase in registrant numbers this year, with New South Wales (NSW), Victoria and Queensland being the principal places of practice for over 78% of all registered psychologists.

Of the 702,741 registered health practitioners across the 15 professions, 5.2% were psychologists.

Of the registrant base, 95.4% of all psychologists held some form of practising registration. Just over one-third of registered psychologists also held an area of practice endorsement recognised by the Board.

There was also a 1.9% decrease from the previous year in the number of psychologists moving to non-practising registration.

Tables 1–4 show data relating to the registration of psychologists in 2017/18.

Applications for registration

AHPRA received 5,278 new applications for registration as a psychologist in 2017/18. In partnership with AHPRA, the Board considers every application for registration carefully and assesses it against the requirements for registration, including qualifications, English language proficiency and checking whether the applicant has a relevant criminal history.

Only those psychologists who are suitably trained and qualified to practise in a competent and ethical manner are registered. Where appropriate to protect the public, and in accordance with the <u>regulatory principles</u> of the National Scheme, the Board may decide to impose conditions on a practitioner's registration or to refuse the application.

Of the applications finalised during the year, 0.8% resulted in conditions being imposed on registration in order to protect the public. In 2017/18, 21 applications for registration as a psychologist were refused.

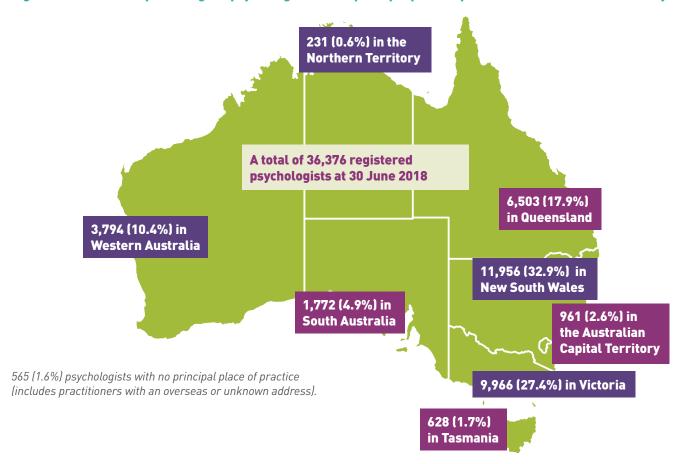
For more information about applications finalised during the year, see Table 7 of AHPRA and the National Boards' <u>annual</u> report.

Renewals

Once on the *Register of practitioners*, psychologists must apply to renew their registration each year and make declarations on the relevant registration requirements. As with new applications for registration, the Board may impose conditions on registration or refuse renewal.

A total of 29,304 psychologists renewed their registration in 2017/18, with 99.2% of practitioners renewing online; an increase of 0.5% from 2016/17.

Figure 2: Number and percentage of psychologists with a principal place of practice in each state and territory



Register of practitioners

According to the National Law, AHPRA is required to maintain and publish a publicly accessible Register of practitioners (Register) so that information about the registration of any health practitioner is easy to find.

The online Register has accurate, up-to-date information about the registration status of all registered health practitioners in Australia. When decisions are made in relation to a practitioner's registration/renewal or disciplinary proceedings, the Register is updated to inform the public about the current status of individual health practitioners and any restrictions placed upon their practice.

Tribunal decisions that result in the cancellation of a practitioner's registration due to health, performance or conduct issues result in the individual appearing on a <u>Register</u> of cancelled practitioners.

Practitioner audits

AHPRA conducts regular audits of random samples of health practitioners across all professions on behalf of the National Boards. Audits provide assurance that practitioners are meeting the registration requirements for their profession. During an audit, a practitioner is required to provide evidence in support of the declarations they made in their previous year's renewal application.

In 2017/18, AHPRA audited 7,193 practitioners across all regulated health professions. Of the audits completed as at 30 June 2018, 94.3% of psychologists were found to be in full compliance, or required minor education to comply with the

registration standards being audited; 3.4% of psychologists audited changed their registration to non-practising or surrendered their registration during the audit; 2.3% of psychologists were found to be non-compliant.

See AHPRA's 2017/18 annual report for more information about the audit process.

Find out more about practitioner audits and other registration information on the <u>Board's website</u>.

Figure 3: Audit outcomes for the psychology profession



Table 1: Number of registered psychologists as at 30 June 2018

Registrants	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
2017/18 total registered psychologists	961	11,956	231	6,503	1,772	628	9,966	3,794	565	36,376
2016/17 total registered psychologists	923	11,522	227	6,252	1,724	602	9,516	3,676	534	34,976
% change from 2016/17	4.1%	3.8%	1.8%	4.0%	2.8%	4.3%	4.7%	3.2%	5.8%	4.0%
All registered health practitioners in 2017/18	12,297	202,033	7,419	139,056	55,060	15,188	182,674	70,859	18,155	702,741

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 2: Registered psychologists, by age

Psychologists	<25	25-29	30-34	35–39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75–79	80+	Total
2017/18	791	3,815	5,111	5,244	4,690	4,307	3,157	3,090	2,599	2,033	1,103	336	100	36,376
2016/17	655	3,640	5,045	4,945	4,637	3,991	3,084	3,060	2,560	2,023	977	266	93	34,976

Table 3: Registered psychologists, by principal place of practice and gender

Psychologists	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP1	Total
Total 2017/18	961	11,956	231	6,503	1,772	628	9,966	3,794	565	36,376
Female	787	9,490	181	5,198	1,355	510	8,033	3,066	429	29,049
Intersex or indeterminate	0	2	0	0	0	0	0	1	0	3
Male	174	2,464	50	1,305	417	118	1,933	727	136	7,324
Total 2016/17	923	11,522	227	6,252	1,724	602	9,516	3,676	534	34,976
Female	754	9,117	175	5,000	1,306	486	7,649	2,958	409	27,854
Intersex or indeterminate	0	1	0	0	0	0	0	0	0	1
Male	169	2,404	52	1,252	418	116	1,867	718	125	7,121

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 4: Nature of area of practice endorsements held by psychologists

Area of practice sub-type	Total endorsements 2017/18¹	Total endorsements 2016/17¹
Clinical neuropsychology	661	630
Clinical psychology	8,495	7,931
Community psychology	55	55
Counselling psychology	948	947
Educational and developmental psychology	663	647
Forensic psychology	581	565
Health psychology	325	324
Organisational psychology	519	508
Sport and exercise psychology	92	95
Total ¹	12,339	11,702

¹ A number of psychologists hold one or more area of practice endorsements.

Regulating the psychology workforce

In brief: Notifications, monitoring and offences

437 notifications (complaints or concerns) were lodged with AHPRA about psychologists in 2017/18.1

1.9% of psychologists were the subject of a notification (this compares with 1.6% of all registered health practitioners).²

Immediate action was considered 22 times and taken 18 times; 11 resulted in suspension of the psychologist's registration while a notification was investigated.

52 mandatory notifications were lodged with AHPRA about psychologists in 2017/18.

381 notifications were closed.

139 psychologists were being monitored for compliance with restrictions on their registration as at 30 June 2018 with 39% of the 140 monitoring cases related to suitability/eligibility for registration.

117 statutory offence complaints were made about the profession; over 89% related to the alleged improper use of a protected title.

An important note about our data

AHPRA and the National Boards do not manage all complaints made about health practitioners in Australia and the data reflect this. In the pages that follow, we are reporting mainly on matters received and managed by AHPRA and the Board, unless otherwise stated.

The notification process is different in New South Wales and Queensland:

- → In NSW, AHPRA does not manage notifications. They are managed by 14 professional councils (supported by the Health Professional Councils Authority, or HPCA) and the Health Care Complaints Commission (HCCC).
- → In Queensland, the Office of the Health Ombudsman (OHO) receives all complaints about health practitioners and determines which of those complaints are referred to the Board/AHPRA to manage.

Wherever possible in the tables in this report, HPCA data are given in separate columns and the data have been checked by the HPCA (correct as at time of publication). Please refer to the HPCA's 2017/18 annual report on their website, as data may have been subsequently reconciled.

Queensland became a co-regulatory jurisdiction on 1 July 2014 with the commencement of the Health Ombudsman Act. 0HO receives all health complaints in Queensland, including those about registered psychologists, and decides whether the complaint:

- → is serious, in which case it must be retained by 0H0 for investigation
- should be referred to AHPRA and the relevant National Board for management, or
- can be closed, or managed by way of conciliation or local resolution.

This means that we only have access to the data relating to matters referred to us by OHO. AHPRA does not report on all complaints about registered health practitioners in Queensland

What is a notification?

In the National Scheme, a complaint or concern about a registered health practitioner or student is called a notification. They are called notifications because AHPRA is notified of a concern or complaint about a practitioner, which AHPRA then manages in partnership with the relevant National Board. Most of the notifications received about individual psychologists are managed through Part 8 of the National Law, which can lead to decisions that affect a practitioner's registration.

Some complaints are treated differently under the National Law, as they are considered 'statutory offences'. AHPRA and the Board can prosecute individuals who commit these offences. For information about statutory offences concerning psychologists in 2017/18, see *Statutory offences*.

Keeping the public safe is the primary focus when the Board makes decisions about notifications.

Anyone can notify AHPRA about a psychologist's health, performance or conduct. While registered psychologists and employers have mandatory reporting obligations under the National Law, most of the complaints or concerns we receive are made voluntarily by patients or their families (see Figure 6).

Standards of clinical care continue to be the primary reason people make a notification.

For more information about the notifications process, visit the $\underline{\mathsf{AHPRA}}$ website.

¹ Note that 733 complaints were received about psychologists in 2017/18, when data from the HPCA in NSW are included. This total does not include complaints retained by OHO in Queensland. In this report, we mainly report on matters managed by AHPRA.

² Includes complaints managed by the HPCA in NSW and the Office of the Health Ombudsman in Queensland. Refer to Table 6.

Notifications received

This year, AHPRA received the highest number of notifications (7,276) about health practitioners across all professions in any reporting year since the National Scheme began. Of those, 6.0% related to psychologists (437 notifications in total). This is 21.4% higher than in 2016/17 (360).

Of all jurisdictions, Victoria (195 notifications), Western Australia (63), and Queensland (69) accounted for 74.8% of all notifications relating to psychologists in 2017/18.

Of the registrant base, 1.9% of the psychology workforce had notifications made about them in 2017/18, which is an increase from the previous year.¹

See Tables 5–12 for data about notifications in 2017/18.

Notifications closed

The Board assessed and completed 10.8% more notifications about psychologists in 2017/18 than in 2016/17. This represents the highest number of closures (381) for the Board since the National Scheme began.

These closures accounted for 5.4% of all closed notifications nationally across all professions. Of the notifications that were closed, 23.6% resulted in some form of regulatory action being taken by the Board.

As at 30 June 2018, there were 297 open notifications about psychologists being managed by AHPRA and the Board.

Figure 4: Total notifications received by AHPRA about psychologists, year by year, since the National Scheme began

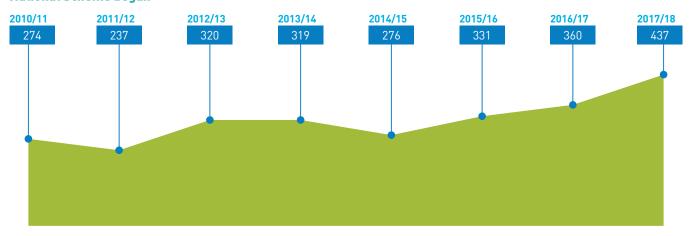


Figure 5: How AHPRA and the Board manage notifications

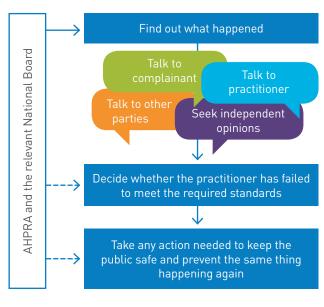
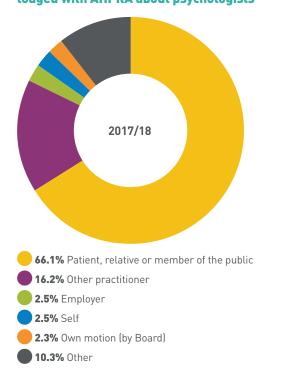
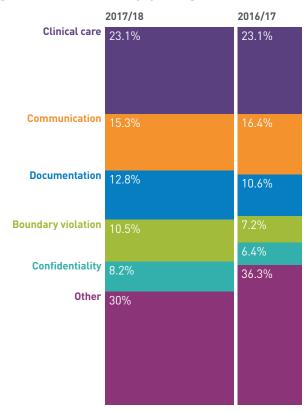


Figure 6: The most common sources of notifications lodged with AHPRA about psychologists



¹ Includes complaints managed by the HPCA in NSW and the Office of the Health Ombudsman in Queensland. Refer to Table 6.

Figure 7: The most common types of complaint lodged with AHPRA about psychologists



Mandatory notifications

All health practitioners, their employers and education providers have mandatory reporting obligations under the National Law. This means that they must tell AHPRA if they have formed a reasonable belief that a registered psychologist has behaved in a way that constitutes notifiable conduct.

Notifiable conduct by registered health practitioners is defined as:

- practised while intoxicated by alcohol or drugs
- > sexual misconduct in the practice of the profession
- placed the public at risk of substantial harm because of an impairment (health issue), or
- placed the public at risk because of a significant departure from accepted professional standards.

AHPRA received 908 mandatory notifications across all regulated health professions in 2017/18. Of those, 52 related to alleged notifiable conduct by a psychologist, compared with 27 in 2016/17. Most concerned a significant departure from accepted professional standards.

For information about the *Guidelines for mandatory notifications*, visit the <u>Board's website</u>.

Taking immediate action

Immediate action is a serious step that the Board can take when it believes it is necessary to limit a psychologist's registration in some way to keep the public safe. It is an interim measure that a Board takes only in high-risk cases while it seeks further information.

In 2017/18, the Board considered 22 cases for immediate action and took immediate action 18 times. These actions were: suspension of registration (11 times); imposing conditions on registration (four times); and accepting an undertaking (three times). An undertaking may be accepted to assure the Board that the psychologist will not practise while a matter is being investigated, in order to protect the public.

See <u>AHPRA's annual report</u> for more information about immediate actions in 2017/18, and Table 7 in this report for immediate action cases about psychologists by state and territory.

Tribunals, panels and appeals

Tribunals

The Board can refer a matter to a tribunal for hearing. Usually, this happens when the allegations involve the most serious of matters, such as when the Board believes a psychologist has behaved in a way that constitutes professional misconduct.

Tribunals in each state and territory:

- → Australian Capital Territory Civil and Administrative Tribunal
- → New South Wales Civil and Administrative Tribunal
- → Northern Territory Civil and Administrative Tribunal
- → Queensland Civil and Administrative Tribunal
- → South Australia Health Practitioners Tribunal
- → Tasmania Health Practitioners Tribunal
- → Victorian Civil and Administrative Tribunal
- → Western Australia State Administrative Tribunal

In 2017/18, nine psychology matters were decided by a tribunal.

Panels

The Board has the power to establish two types of panel depending on the type of notification:

- → Health panels, for issues relating to a practitioner's health and performance, or
- → **Professional standards panels**, for conduct and performance issues.

Under the National Law, panels must include members from the relevant health profession as well as community members. All health panels about psychologists must include a psychologist. Each National Board has a list of approved people who may be called upon to sit on a panel.

In 2017/18, six matters about psychologists were decided by panel.

Appeals

All regulatory decisions are evidence-based and guided by the regulatory principles of the National Scheme. The National Law provides a mechanism of appeal against a decision by a National Board in certain circumstances, including decisions to:

- refuse an application for registration or endorsement of registration, or to refuse renewal of registration or renewal of an endorsement of registration
- impose or change a condition placed on registration, or to refuse to change or remove a condition imposed on registration or an undertaking given by a registrant, or
- → suspend registration or to reprimand a practitioner.

There is also a mechanism of appeal by judicial review if the appeal relates to a perceived flaw in the administrative decision-making process, as opposed to the merits of the individual decision itself.

One decision by the Board relating to psychologists was the subject of an appeal during 2017/18. In 2016/17 there were six appeals. Seven appeals were finalised in 2017/18.

Please refer to <u>AHPRA's annual report</u> for data relating to appeals in 2017/18.

Compliance

On behalf of the Board, AHPRA monitors psychologists who have restrictions (conditions or undertakings) placed on their registration, and those with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports the Board to manage risk to public safety.

As at 30 June 2018, there were 139 individual psychologists being monitored, and 140 monitoring cases.*

Monitoring can be for one or more of the following reasons:

- suitability/eligibility to be registered to practise
- compliance with restrictions on their registration health, conduct, performance, and/or
- to make sure that any practitioner who was cancelled from the register did not practise.

The 140 monitoring cases of psychologists in 2017/18 represent 2.8% of the total monitoring cases managed by AHPRA across the regulated health professions. The majority of psychology monitoring cases related to suitability/eligibility requirements for registration or conduct requirements.

For more information on monitoring and compliance, visit the AHPRA website.

See Table 13 for active monitoring cases by stream.

Statutory offences

The National Law sets out four types of statutory offences:

- → Unlawful use of protected titles
- Unlawful claims by individuals or organisations as to registration
- > Performing a restricted act, and
- Unlawful advertising.

Breaches of the National Law that constitute a statutory offence can put individuals and the community at risk. These offences may be committed by registered health practitioners, unregistered individuals or corporate entities and are covered under Part 7 of the National Law. For more information, see the AHPRA website.

AHPRA received 117 new statutory offence complaints about psychologists in 2017/18 which is similar to the 116 received in 2016/17. Almost 90% of new offence complaints received about the profession during the year related to title protection. Complaints about psychology accounted for 20.1% of all statutory offence complaints received by AHPRA nationally across all regulated health professions.

In 2017/18,145 complaints were closed, in 2016/17, 110 complaints were closed.

Concerns about unlawful advertising are now managed in two ways: serious-risk advertising complaints, advertising complaints by corporate entities and unregistered persons are managed as statutory offences, and low- to moderaterisk advertising offences by registrants are managed under the Advertising compliance and enforcement strategy.

Table 5: Notifications received about psychologists, by state or territory (including HPCA)

Psychologists ¹	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Subtotal	HPCA⁵	Total
Total 2017/18	16	12	13	69	53	15	195	63	1	437	296	733
Total 2016/17	24	3	10	65	29	10	161	57	1	360	224	584

- 1 Data relating to notifications (complaints or concerns) are based on the state or territory of the practitioner's principal place of practice (PPP).
- ² Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.
- ³ Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman (OHO) in Queensland.
- 4 No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
- ⁵ Matters managed by the Health Professional Councils Authority (HPCA) in NSW.

^{*} A practitioner who has restrictions on their registration for more than one reason may be allocated more than one 'monitoring case'. For example, if a psychologist has conditions imposed as a result of health concerns and conduct, they may be allocated two monitoring cases.

Table 6: Percentage of the profession with notifications received, by state or territory

Registrants	ACT	NSW (including HPCA complaints)		QLD (including OHO complaints)	SA	TAS	VIC	WA	No PPP¹	Total ²
Psychologists 2017/18	1.5%	2.0%	4.3%	2.1%	2.5%	2.1%	1.7%	1.5%	0.2%	1.9%
Psychologists 2016/17	2.2%	1.6%	4.4%	2.0%	1.7%	1.8%	1.5%	1.4%	0.6%	1.6%
All registered practitioners 2017/18	1.6%	1.8%	1.8%	2.1%	1.6%	1.5%	1.1%	1.2%	0.3%	1.6%
All registered practitioners 2016/17	1.9%	1.7%	2.2%	2.2%	1.3%	1.9%	1.1%	1.2%	0.5%	1.6%

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 7: Immediate action cases, by state or territory (excluding HPCA)

Psychologists	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
2017/18	3	0	0	3	3	0	10	2	1	22
2016/17	5	0	0	1	1	0	4	2	0	13

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 8: Outcomes of immediate actions (excluding HPCA)

	2017	7/18	2016/17				
Outcome	Psychologists	All practitioners	Psychologists	All practitioners			
Not take immediate action	3	173	2	76			
Accept undertaking	3	113	1	69			
Impose conditions	4	174	3	147			
Accept surrender of registration	0	1	0	1			
Suspend registration	11	126	6	103			
Decision pending	1	22	1	23			
Total	22	609	13	419			

Table 9: Notifications closed in 2017/18, by state or territory

Psychologists ¹	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Subtotal	HPCA⁵	Total
Total 2017/18	24	13	17	62	39	9	161	55	1	381	260	641
Total 2016/17	12	1	8	56	32	10	158	64	3	344	203	547

¹ Data relating to notifications (complaints or concerns) are based on the state or territory of the practitioner's principal place of practice (PPP).

Table 10: Notifications closed, by stage at closure (excluding HPCA)

Stage at closure	2017/18	2016/17
Assessment ¹	264	215
Health or performance assessment ²	9	12
Investigation	93	92
Panel hearing	6	8
Tribunal hearing	9	16
Total	381	343

¹ Closed after initial assessment of the matter.

Table 11: Notifications closed, by outcome at closure (excluding HPCA)

Outcome	2017/18	2016/17
No further action ¹	291	257
Refer all of the notification to another body	1	1
Health complaints entity to retain	1	2
Caution	37	26
Reprimand	2	4
Accept undertaking	3	5
Impose conditions	41	43
Suspend registration	4	2
Cancel registration	1	4
Total ²	381	344

No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

² Total matters managed by AHPRA, OHO in Queensland and the HPCA in NSW.

² Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

³ Matters referred to AHPRA and the National Board by OHO in Queensland.

⁴ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

⁵ Matters managed by the HPCA in NSW.

Performance assessments are carried out by a Board-selected assessor whose scope of practice is similar to that of the practitioner being assessed (assessors are not Board members or AHPRA staff).

² Excludes matters managed by the HPCA in NSW.

Table 12: Outcomes of assessment for mandatory notifications, by grounds for the notification (excluding HPCA)

			Total	Total				
Outcome		Standards	andards Impairment Sexual misconduct Alcohol or drugs Not		Not classified	2017/18		
End matter	No further action	10	3				13	11
	Caution	1					1	0
	Impose conditions	2					2	0
Total closed after assessment		13	3	0	0	0	16	11
Refer to further stage	Refer to health or performance assessment		5				5	0
	Refer to investigation	18	3	4		1	26	13
	Refer to other stage						0	2
Total referred to further stage		18	8	4	0	1	31	15
Total assessments finalised 2017/18		31	11	4	0	1	47	
Total assessments finalised 2016/17		20	3	3	0	1		26

Table 13: Active monitoring cases at 30 June 2018, by stream (excluding HPCA)

Stream ¹	2017/18	2016/17
Conduct	35	46
Health	12	17
Performance	23	23
Prohibited practitioner/ student	15	7
Suitability / eligibility	55	50
Total ²	140	143

¹ AHPRA reports on monitoring cases established rather than by individual registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. As at 30 June 2018, there were 140 cases about psychologists, which relate to 139 individual registrants.

Table 14: Statutory offence complaints about psychologists, received and closed in 2017/18, by type of offence and jurisdiction

Type of offence ¹			NSW ²	NT	QLD	SA	TAS	VIC	WA	No PPP ³	Total 2017/18	Total 2016/17
Title protections	Received		25		8	2	2	11	5	52	105	85
(s. 113–120)	Closed		21		10		1	25	6	67	130	74
Practice protections	Received										0	3
(s. 121–123)	Closed									1	1	3
Advertising breach	Received		1			1		2	2	6	12	23
(s. 133)	Closed		3					3	1	4	11	31
Directing or inciting unprofessional	Received										0	1
conduct/professional misconduct (s. 136)	Closed										0	1
Other offence	Received										0	4
other offence	Closed							1		2	3	1
T-1-1 2047/40	Received	0	26	0	8	3	2	13	7	58	117	
Total 2017/18	Closed	0	24	0	10	0	1	29	7	74	145	
T-1-1 204 / /47	Received	2	23	0	17	6	0	20	1	47		116
Total 2016/17	Closed	2	39	0	16	7	0	15	3	28		110

¹ This table captures offence complaints by principal place of practice (PPP) and includes all offences from sections 113–116 of the National Law, not only offences about advertising, title and practice protection.

These cases also may include cases that are to be transitioned from AHPRA to the HPCA for conduct, health and performance streams. They do not include HPCA-managed monitoring cases.

² Excludes matters managed by the HPCA in NSW.

³ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address. AHPRA also receives offence complaints about unregistered persons where a PPP is not recorded.

Appendix: Board and national committee members

The Psychology Board of Australia values the contribution of its board and committee members across Australia. Together, we make decisions to protect the public Australia-wide. In 2017/18, we held 29 National Board and committee meetings and 99 state board and committee meetings. Members of these boards and committees for 2017/18 were:

Psychology Immediate Action Committee

Ms Joanne Muller (Chair) (from 1 February 2018)

Professor Alfred Allan (from 1 February 2018)

Ms Mary Brennan (from 1 February 2018)

Dr Melissa Casev (from 23 March 2018)

Ms Julia Duffy (from 23 March 2018)

Mr Frank Ederle (from 1 February 2018)

Associate Professor Michael Kiernan (from 1 February 2018)

Professor Anthony Love (from 23 March 2018)

Professor Kevin Ronan (from 1 February 2018)

Professor Jennifer Scott (from 1 February 2018)

Ms Claire Simmons (from 1 February 2018)

Dr Jennifer Thornton (from 1 February 2018)

National Psychology Examination Committee

Ms Rachel Phillips (Chair)

Dr Melissa Davis

Professor Gerard Fogarty

Professor Brin Grenyer

Ms Vanessa Hamilton

Professor Jennifer Scott

Professor Robert Schweitzer (to 5 December 2017)

Ms Alison Soutter

Dr Hayden Till

ACT/Tas/Vic Regional Board

Dr Melissa Casey (Acting Chair from 10 Oct 2017)

Mr Robin Brown

Mr Frank Ederle (from 4 Sep 2017)

Ms Anne Horner (to 4 Sep 2017)

Dr Sally Kalek (from 10 Sep 2017)

Dr Elke Kellis (from 19 Dec 2017)

Ms Sabina Lane (from 4 Sep 2017)

Associate Professor Terry Laidler (to 19 Dec 2017)

Dr Rosamond Lethbridge (from 19 Dec 2017)

Professor Anthony Love

Dr Patricia Mehegan (to 19 Dec 2017)

Ms Maree Riley (to 4 Sep 2017)

Dr Cristian Torres (former Chair) (to 10 Oct 2017)

Dr Miriam Weisz (from 19 Dec 2017)

New South Wales Regional Board

Associate Professor Michael Kiernan (Chair)

Mr Roderick Cooke (from 23 Aug 2017)

Mrs Margo Gill

Mr Timothy Hewitt

Ms Maralean McCalman (from 23 Aug 2017)

Ms Pauline O'Connor

Professor Nickolai Titov

Ms Lila Vrklevski

Dr Ann Wignall

NT/SA/WA Regional Board

Dr Jennifer Thornton (Chair)

Ms Cathy Beaton

Ms Judith Dikstein (to 20 Jan 2018)

Mr Chris Franck (to 31 Jan 2018)

Ms Deearne Gould (from 17 Apr 2018)

Mr Neil McLean

Mr Colby Pearce

Ms Claire Simmons

Mr Theodore Sharp

Queensland Regional Board

Professor Kevin Ronan (Chair from 20 Oct 2017)

Dr Fiona Black

Mr Robert Blin (from 20 Oct 2017)

Ms Julia Duffy (from 20 Oct 2017)

Mrs Gail Hartridge (to 20 Oct 2017)

Mrs Jeanette Jifkins (to 20 Oct 2017)

Associate Professor Gene Moyle

Ms Linda Renouf (from 20 Oct 2017)

MS Lilida Kelloui (Iroili 20 Oct 2017)

Mr David Rodwell (from 20 Oct 2017)

Dr Melissa Sands (to 20 Oct 2017)

Professor Robert Schweitzer (former chair to 20 Oct 2017)

(member until 1 Jan 2018)

Dr Jane Scott (from 20 Oct 2017)

Dr Haydn Till (to 20 Oct 2017)

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For more information about AHPRA and the National Boards' work in 2017/18, please see the annual report.

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