

Annual report summary

2016/17

Your National Scheme:
Registering health practitioners in

New South Wales

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



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

Australian Health Practitioner Regulation Agency

Performance summary for 2016/17

This annual report summary offers a snapshot of our work registering almost 200,000 registered health practitioners in New South Wales (NSW) for the financial year to 30 June 2017.

For a national perspective, refer to the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards' 2016/17 annual report at www.ahpra.gov.au/annualreport/2017.

NSW practitioners accounted for **29%** of all registered health practitioners in Australia¹



Largest practitioner contingent:

40.8% of all Chinese medicine practitioners in Australia were based in NSW

Smallest practitioner contingent:

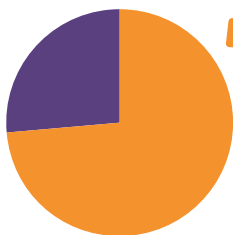
19.7% of all Aboriginal and Torres Strait Islander Health Practitioners in Australia were based in NSW



196,605 health practitioners were registered in NSW in 2016/17, compared with 190,986 the previous year

18,446 new applications for registration were received in NSW this year

That's an increase of 1.2% from 2015/16



Women comprised **73.8%** of the registered NSW health workforce²

30.7% of all Australian health practitioners with a recognised specialty were based in NSW

The top five specialties for medical practitioners in NSW:

- ▶ General practice (**7,690**)
- ▶ Physician (**3,087**)
- ▶ Surgery (**1,859**)
- ▶ Anaesthesia (**1,478**), and
- ▶ Psychiatry (**1,122**)



7,595 new applications were received by AHPRA for registration in the nursing profession in NSW

This was the largest contingent – there were 98,130 people registered as nurses in NSW in total

More than **1/3** of all registered Chinese medicine practitioners, chiropractors, medical radiation practitioners and optometrists in Australia were based in NSW

¹ This percentage has not changed since the 2015/16 reporting period.

² The national percentage of women in the registered health workforce is 75.8%.

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About the National Scheme

Who

The National Registration and Accreditation Scheme (the National Scheme) regulates almost 680,000 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 14 National Boards are:

- ▶ Aboriginal and Torres Strait Islander Health Practice Board of Australia
- ▶ Chinese Medicine Board of Australia
- ▶ Chiropractic Board of Australia
- ▶ Dental Board of Australia
- ▶ Medical Board of Australia
- ▶ Medical Radiation Practice Board of Australia
- ▶ Nursing and Midwifery Board of Australia
- ▶ Occupational Therapy Board of Australia
- ▶ Optometry Board of Australia
- ▶ Osteopathy Board of Australia
- ▶ Pharmacy Board of Australia
- ▶ Physiotherapy Board of Australia
- ▶ Podiatry Board of Australia
- ▶ Psychology Board of Australia

The National Scheme makes sure that only those practitioners who are suitably skilled and qualified to provide safe and ethical healthcare are registered to practise in Australia.

What

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

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

A searchable online database, the *Register of practitioners*, provides the community with information about the current registration status of all regulated health practitioners in Australia, including any restrictions on practice. A register of cancelled health practitioners is also published. Visit the registers on the AHPRA website at www.ahpra.gov.au/registration/registers-of-practitioners.

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

The National Scheme also sets a standardised 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 678,938 on 30 June 2017.

Where

The National Scheme operates across Australia with local offices in each capital city. Every state and territory parliament has passed a national 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 in most states and territories, and on 18 October 2010 in Western Australia.

New South Wales is a co-regulatory jurisdiction, which means that notifications (complaints) in the state are not managed by the National Boards and AHPRA.

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.

For more information on the National Law, visit www.ahpra.gov.au/about-ahpra/what-we-do/legislation.

Our regulatory principles

Eight regulatory principles underpin AHPRA and the National Boards' 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

Foreword from the AHPRA Chair and the CEO

This year the number of registered health practitioners in the National Scheme increased to almost 680,000. AHPRA and the 14 National Boards work through our local AHPRA offices, Boards and committees to regulate health practitioners in Australia under the National Law. We are committed to regulating health practitioners efficiently and effectively to protect the public.

In 2016/17, there was an increase of 2.9% registered health practitioners in NSW, bringing the total number to 196,605. This represents 29% of all registered health practitioners in Australia. Members of the community can be safe in the knowledge that registered health practitioners must meet national registration standards and be adequately trained and qualified.

On behalf of National Boards, AHPRA manages the registration of individual practitioners in NSW. We work closely with the NSW Health Professional Councils, the Health Professional Councils Authority and the Health Complaints Commission who manage notifications (complaints or concerns) about health practitioners in NSW. Members of the community can be safe in the knowledge that registered health practitioners must meet national registration standards and be adequately trained and qualified.

AHPRA also deals with statutory offence complaints about registered health practitioners in NSW. These include concerns raised about the use of protected titles, practice protection and the advertising of health services. The majority of complaints made nationally this year related to advertising, and this year a new team was implemented to manage such cases. Almost one-quarter of statutory offence complaints lodged related to NSW this year, and AHPRA and the Boards continue to work together with local stakeholders to manage such matters in a timely and efficient manner.

Another focus of the past year was improving community awareness of both the online Register of practitioners and the National Scheme more widely. Greater engagement with our local community and stakeholders means we are better able to respond to issues relevant to NSW community.

We would like to thank all the staff in our Sydney office and local Boards and committees for their hard work and commitment. Everyone should take great pride in the accomplishments of the past year.



A handwritten signature in black ink, appearing to read 'Michael Gorton'.

Mr Michael Gorton AM

Chair,
Agency Management
Committee, AHPRA



A handwritten signature in black ink, appearing to read 'Martin Fletcher'.

Mr Martin Fletcher

Chief Executive Officer,
AHPRA

Foreword from NSW State Manager

It's been a year of significant achievement and activity in the NSW AHPRA office. In partnership with the National Boards, the NSW office manages and assesses the registration of almost 200,000 practitioners, which is 29% of all registered practitioners nationally.

Highlights for 2016/17:

- ▶ Signing of the data use agreement in March 2017 with the Health Care Complaints Commission (HCCC), which provides for an efficient exchange of authorised data to assist the HCCC to carry out their functions in relation to professional services provided by regulated health professionals.
- ▶ AHPRA joining the NSW Health Regulators Forum that provides high quality regulatory and compliance services and reporting to support the NSW health system.

Working with our stakeholders

The model of national regulation is different in NSW, and the NSW AHPRA office works in active partnership with our co-regulatory partners, the HCCC and the Health Professional Councils Authority (HPCA).

During the year we have been in regular contact with our co-regulatory partners. Notifications in NSW are handled by the HCCC and the NSW Health Professional Councils, supported by the HPCA. We meet regularly with the HPCA to develop consistent processes in the NSW co-regulatory framework.

The NSW team has also been in regular touch with many of our stakeholders, listening to their ideas for ways we can improve, creating opportunities to respond to feedback and talking about the National Scheme. This year, we held meetings with our local professional associations, spoke regularly with the NSW branch of the Australian Medical Association (AMA), the NSW Nurses and Midwives' Association, and the Ministry of Health. We made numerous presentations to students enrolled in approved programs of study, to raise their awareness and understanding of the importance of regulation to their professional lives.

Education providers have been given regular updates on the student registration processes and their obligations about mandatory reporting. Each year, the Sydney AHPRA office is invited to attend the Rural Doctors' Network-hosted forum to provide an update on registration matters. The team has also made itself available to respond to requests from a range of organisations seeking information about the National Scheme, including presenting to a Republic of China health regulation study tour about chiropractic matters.

We support National Board stakeholder forums. These have provided very helpful opportunities for National Boards to engage directly with practitioners and listen to their concerns, while enabling AHPRA and the Boards to update practitioners about some of the important issues in regulating health practitioners in Australia.

Local office, national contribution

The day-to-day business of most of the team in the Sydney office is to manage registrations, including new applications for registration or changes in registration type; providing the national audit function; and supporting our local boards and committees. The NSW office, in partnership with the Western Australia (WA) office, assesses all applications for registration from internationally qualified nurses and midwives. The office is also the national assessment centre for internationally qualified psychologists. This work is an excellent example of our local contribution to the National Scheme. It demonstrates how we are maturing as an organisation, as increasingly we harness specialist skills in key areas and apply them nationally.

The NSW team has also engaged in several national projects that improve the registration processes for health practitioners, on behalf of National Boards, such as conducting writing workshops with community and hospital pharmacists to contribute to the national question bank of the Pharmacy Board registration examination.

Note: Peter Freeman acted as NSW State Manager from 1 July 2016 and was appointed NSW State Manager from 10 October 2016. He served until 30 June 2017.



Peter Freeman

NSW State Manager, AHPRA



Part 1

Decision-making
in NSW: Board and
committee reports

NSW Registration Committee, Dental Board of Australia: Chair's message

The NSW Registration Committee of the Dental Board of Australia (the committee) makes decisions about matters relating to the registration of dental practitioners to support the safe and competent delivery of oral health services in the state.

It has been a busy year for the committee. Our primary focus has been on public safety by making decisions on applications for registration and endorsement from individual dental practitioners.

The committee is the local face for dental practitioners applying for registration in Australia. It is made up of practitioner and community members from NSW. The decisions the committee makes are guided by the national standards and policies set by the Dental Board of Australia (the National Board). We make most of the decisions about the registration of dental practitioners in our region, supported by the NSW AHPRA office, within a national policy framework.

We work closely with AHPRA and our co-regulatory partner, the Dental Council of New South Wales, to make sure our regulatory decision-making about the registration of dental practitioners provides community confidence in those practitioners.

The committee provides essential feedback to the National Board on its standards and policies. As Chair of the local committee, I attended a number of National Board meetings during the year. These meetings create opportunities to discuss how National Board policies influence our local decision making.

Along with the National Board and its committees, the decision-making reflects the regulatory principles developed by the National Boards and AHPRA.

Working with our stakeholders has been a priority during the year. We have engaged with both education providers and dental students. The committee acknowledges the importance of stakeholder engagement and its contribution to the National Scheme.

I would like to thank the following members of the committee for their contributions throughout the year: Dr Anthony Burges, Associate Professor John Dale and Mr Michael Miceli.



Associate Professor John Highfield

Chair, NSW Registration Committee, Dental Board of Australia



Dr John Lockwood AM

Chair, Dental Board of Australia

Members of the NSW Committee in 2016/17

Associate Professor John Highfield (Chair until 30 June 2017)

Dr Anthony Burges (until 30 June 2017)

Associate Professor John Dale (until 30 June 2017)

Mr Michael Miceli

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

The focus of the NSW Board of the Medical Board of Australia continues to be on supporting the safe and competent delivery of medical services in the state as we make decisions about registration of individual medical practitioners.

Following on from the NSW Registration Committee being disbanded, the past year has been one of consolidation under the amended structure of the NSW Board. The NSW Board now comprises six practitioner members and three community members, and is the sole body making decisions on registration of medical practitioners in NSW.

The NSW Board's guiding principle is to ensure public safety. Decisions regarding registration are made with reference to the national standards and policies set by the Medical Board of Australia.

Stakeholder engagement is another priority of the NSW Board and during the year representatives of the Board met with the Medical Council of NSW to better streamline processes for practitioners between the two co-regulatory bodies. Engagement also continues on a formal and informal basis with a number of external bodies including the NSW Ministry of Health, local health districts and hospitals, and a number of professional organisations including the NSW branch of the AMA, the Health Education and Training Institute, the Australian Medical Council and the specialist colleges.

I take this opportunity to thank my colleagues on the NSW Board for their passion, energy and commitment to the regulation of medical practitioners and the protection of the public in NSW during the year. The NSW Board is skillfully supported by the team in the Sydney AHPRA office in this important work and I convey our collective thanks to them also.

This report provides a summary of regulation at work in NSW over the last year. It complements the comprehensive, profession-specific information published in the annual report of AHPRA and the National Boards for 2016/17.



**Associate Professor
Stephen Adelstein**

Chair, NSW Board of
the Medical Board
of Australia



Dr Joanna Flynn AM

Chair, Medical Board of
Australia

Members of the NSW Board in 2016/17

Associate Professor Stephen Adelstein (Chair)

Dr Sergio Diez Alvarez

Dr Jennifer Davidson

Ms Rosemary Kusuma

Dr Robyn Napier OAM

Dr Mark Nicholls

Ms Jebby Phillips

Professor Allan Spigelman

Mr John Stubbs

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

In making decisions about the registration of nurses and midwives, the focus of the NSW Board of the Nursing and Midwifery Board of Australia remains on protecting the public.

In 2016/17, the NSW Board of the Nursing and Midwifery Board of Australia continued to focus on public safety when making decisions regarding applications for registration from nurses and midwives. The decisions made in NSW are guided by the national standards and policies set by the Nursing and Midwifery Board of Australia (National Board) and by the regulatory principles for assessing applications for registration, which were recently developed jointly by the National Board and state and territory boards. These policies and regulatory guidelines inform the decisions made in NSW about local practitioners, supported by AHPRA's NSW office.

The NSW Board is the local face of nursing and midwifery registration and is made up of practitioner and community members from NSW. During the year, the NSW Board has worked closely with our colleagues on the National Board and on other state and territory boards, through monthly state and territory teleconferences of board chairs, attending workshops on nursing and midwifery regulation and developing principles for assessing applications for registration.

The NSW AHPRA office continues to collaborate with the WA AHPRA office as the national assessment and processing centre of applications for registration from internationally qualified nurses and midwives. Consequently, the NSW Board has predominately considered applications for registration from internationally qualified nurses and midwives during this period. This has been a challenging but rewarding contribution to a national project.

The NSW Board has also worked collaboratively with AHPRA and our co-regulatory partner, the Nursing and Midwifery Council of NSW to ensure our regulatory decision-making concerning the registration of nurses and midwives protects the public and continues to build community confidence in the professionalism and practice of nurses and midwives. These essential partnerships will continue to support a nationally consistent approach to managing and making decisions about registration issues for nurses and midwives.

Our work with stakeholders continued to be a priority throughout the year. In partnership with AHPRA management, the NSW Board has engaged with the Nursing and Midwifery Office of the NSW Ministry of Health and with nursing and midwifery education providers in NSW. The AHPRA team has also given presentations to nursing and midwifery students and registrants about registration.

From April 2016 to 30 June 2017, Peter Freeman was in the role of NSW State Manager, firstly in an acting capacity and then appointed to the position in October 2016. I would like to take this opportunity to thank Peter for his advice and guidance through the year. His contribution to the function of the NSW Board has been valuable.

The team at AHPRA has continued to provide outstanding support to the NSW Board, for which all members of the Board express their gratitude.

I take this opportunity to thank my colleagues on the NSW Board for the passion, energy and commitment they bring to the work of the Board and the people of NSW.

I would particularly like to acknowledge Sue Dawson and Sue McNicol, who have stepped down from their Board positions, for their enormous contribution to the NSW Board. Their experience and guidance will be missed.

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 2016/17.



Ms Liza Edwards

Deputy Chair, NSW Board of the Nursing and Midwifery Board of Australia



Associate Professor Lynette Cusack RN

Chair, Nursing and Midwifery Board of Australia

Members of the NSW Board in 2016/17

Ms Liza Edwards (Deputy Chair)

Ms Kathryn Adams

Mr Bruce Brown

Mrs Sue Dawson

Ms Adrienne Farago

Mrs Eithne Irving

Ms Suzanne McNicol

Ms Melissa Maimann

Ms Margaret Sampson

Pharmacy Board of Australia: Chair's message

The Pharmacy Board of Australia (the Board) makes decisions about the registration of pharmacists in NSW, guided by the standards and policies set by the National Board.

Practitioner membership on the Board from each of the states and territories helps to ensure consistency and transparency in its work to implement the National Scheme at a local level. This is supported by a public perspective that comes from community member representatives from four states. Mr Laurence (Ben) Wilkins is the practitioner member from NSW.

Input from stakeholders in NSW has been crucial in helping the Board to complete significant work this year. For example, the finalisation of the Board's guidance on *Compounding of sterile injectable medicines* demonstrated essential and valuable engagement with stakeholders (for more on this, visit our website: www.pharmacyboard.gov.au).

Stakeholder engagement routinely extends to other aspects of the Board's work, such as our twice-yearly interstate Board meetings, which include engagement with local stakeholders and pharmacists.

The receipt and review of the report on the 'Pharmacist notifications analysis project' will provide helpful insights to inform the development of right-touch regulatory standards and approaches by the Board during the year ahead. Also in the coming year, the Board will develop a series of communication tools to inform the profession, the public and other stakeholders of the outcomes of the research.

The Board developed a pilot survey of interns and preceptors to investigate issues relevant to the quality of the intern training experience. The pilot survey, which was developed by AHPRA with involvement from representatives of pharmacy stakeholders, was aimed at informing the development of a larger scale study which the Board will conduct in 2017/18.

Pharmacy professional officers support the Board in its engagement with stakeholders in NSW. This includes speaking each year to final-year pharmacy students and intern training providers about the Board's requirements for provisional registration and how to apply, the intern year and the national pharmacy examination.



Mr William Kelly

Chair, Pharmacy Board of Australia

NSW Board of the Psychology Board of Australia: Chair's message

In 2016/17, the NSW Board of the Psychology Board of Australia continued to focus on protection of the public, making decisions about the registration of individual psychologists.

The NSW Board is the local face of psychology registration in the state and is made up of local practitioner and community members. The Board would like to thank them for the significant contribution they have made this year and for their continued dedication and wisdom.

The decisions of the NSW Board are guided by the national standards and policies set by the Psychology Board of Australia (the National Board). We implement these standards and policies when making all the decisions about psychologists in our region, supported by the NSW AHPRA office, within a national policy framework. The NSW Board benefits from the expertise of professional officers, employed within AHPRA, Matt Jessimer, Simon Milton, Kaarina Burge and Roderick Lander. The professional officers are registered psychologists who bring discipline-specific knowledge to their support of the Board's work. However, the Board works closely with many staff within AHPRA and is grateful for the professional support it receives.

Our primary focus in 2016/17 was on public safety. This report outlines the scope of the work undertaken by the Board and AHPRA in NSW on behalf of psychologists and the public. The NSW Board has worked with AHPRA to ensure and support consistent, robust decision-making that reflects the regulatory principles endorsed by National Boards across the National Scheme. To ensure that our decision-making is of the highest standard, the NSW Board participates in continual improvement processes in collaboration with the National Board, and the three other regional Psychology Boards across Australia.

The NSW Board has also worked with our co-regulatory partner, the Psychology Council of NSW, to ensure our regulatory decision-making concerning the registration of psychologists protects the public and gives the community confidence in psychologists.

Working with our stakeholders continues to be a priority for us. Each year we conduct a public forum in a regional centre in NSW to update psychologists about developments within the National Scheme. This year the forum was held in Ballina. The NSW Board is grateful to all psychologists who supported this event.

Finally, we wish to thank psychologists in NSW. The Board sees its role very much to be a collaboration with our registrant base to ensure the highest standards of psychological practice for the people of NSW.



Associate Professor Michael Kiernan

Chair, NSW Chair of the Psychology Board of Australia



Professor Brin Grenyer

Chair, Psychology Board of Australia

Members of the NSW Board in 2016/17

Associate Professor Michael Kiernan (Chair)

Ms Jeanette Evans

Mrs Margo Gill

Mr Timothy Hewitt

Ms Pauline O'Connor

Professor Nikolai Titov

Ms Lila Vrcklevski

Dr Ann Wignall

National Boards and committees making local decisions

The remaining nine National Boards of the National Scheme use national committees to make decisions about local practitioners.

National Boards of these professions appoint national committees to make decisions about registration in relation to individual practitioners in NSW.

Additional members may be appointed to these committees to bring specific professional or jurisdictional expertise when needed. Using national committees is an important way to minimise the cost of regulation for professions with proportionately fewer registrants than dental, medical, pharmacy, psychology and nursing and midwifery, while maintaining the benefits provided by the National Scheme.

The national committees are overseen by the National Boards to support consistent and robust decision-making to keep the public safe. See the 'Meet the Chairs' panel below to find out who is the Chair of each of these National Boards.

National Boards work closely with our network of AHPRA state and territory offices so that they can monitor and respond to any jurisdiction-specific issues for their professions.

In 2016/17, National Boards engaged with local stakeholders in a range of ways, 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 2016/17 annual report of AHPRA and the National Boards, at www.ahpra.gov.au/annualreport/2017.

Meet the Chairs



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 Mark Marcenko
Chair, Medical
Radiation Practice
Board of Australia



Ms Julie Brayshaw
Chair, Occupational
Therapy Board of
Australia



Mr Ian Bluntish
Chair, Optometry
Board of Australia



Dr Nikole Grbin
Chair, Osteopathy
Board of Australia



Dr Charles Flynn
Chair, Physiotherapy
Board of Australia



Ms Catherine Loughry
Chair, Podiatry Board
of Australia



Part 2

Registering health
practitioners in NSW

NSW data snapshot

Five local insights for 2016/17

As at 30 June 2017, there were 196,605 registered health practitioners with a principal place of practice in NSW.

NSW is the principal place of practice for 29% of all registered health practitioners in Australia, and 30.7% of all registered health practitioners with a recognised specialty.

NSW is the principal place of practice for 40.8% of all registered Chinese medicine practitioners in Australia.

18,446 new applications were received for registration in NSW, an increase of 1.2% from the previous year.

Background

Data in this NSW annual report summary are drawn from the 2016/17 annual report published by AHPRA and the National Boards. NSW data have been extracted from national source data to highlight the work we've done in this jurisdiction over the past 12 months. All data are correct as of 30 June 2017.

Throughout, national figures are also provided to show how NSW compares with national data. Where possible, we have included the previous year's data for comparison.

Note that in NSW, AHPRA manages the registration process of health practitioners with a principal place of practice in the state – we do not manage notifications. Therefore, this report contains data that relate primarily to registration information.

This NSW snapshot provides information about the number of practitioners in each profession in NSW, including a breakdown by registration type, registration division (for professions with divisions), information about specialist registration types (for dental and medical practitioners and podiatrists), and endorsements or notations held.

Complaints about the health, performance or conduct of NSW health practitioners are managed under co-regulatory arrangements by the Health Professional Councils Authority (HPCA) and the NSW Health Care Complaints Commission (HCCC).

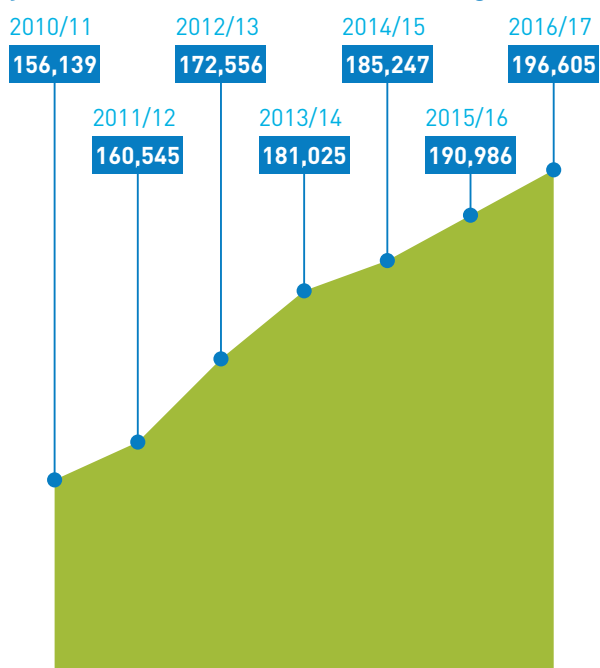
Data about complaints, hearings and outcomes in NSW in 2016/17 can be sourced in the combined annual reports of the NSW Health Professional Councils on the HPCA website: www.hpca.nsw.gov.au.

Information about the complaints (notifications) process in NSW is available at www.hccc.nsw.gov.au/Complaints/Complaint-Process.

To view the full 2016/17 annual report by AHPRA and the National Boards, visit www.ahpra.gov.au/annualreport/2017. Annual report summaries for each of the eight jurisdictions and 14 National Boards are also published on the website.

Registration in NSW

Figure 1: NSW registrant numbers, year by year, since the National Scheme began



Health practitioners who practise in any of the 14 professions regulated by the National Scheme must be registered to a principal place of practice (PPP). Their PPP is the location declared by the practitioner as the address at which they mostly practise the profession.

Tables 1–8 provide details of registered health practitioners with a PPP in NSW. At 30 June 2017, the number of registered health practitioners in NSW was 196,605, an increase of 5,619 [2.9%] from 2015/16. This jurisdiction represents 29% of all registered health practitioners in Australia.

The proportion of practitioners who had a principal place of practice in NSW ranged from 19.7% of all registered Aboriginal and Torres Strait Islander Health Practitioners to 40.8% of all registered Chinese medicine practitioners. See Table 1.

Data also showed that in 2016/17 NSW had:

- ▶ 30.7% of registered health practitioners with a recognised specialty nationally, and
- ▶ 26.7% of health practitioners with a recognised endorsement or notation nationally, which permits an expanded scope of practice within their profession.

In 2016/17, applications received for registration in NSW increased by 1.2%, with 18,446 new applications. This equates to 26.7% of new applications received nationally during the year. Details of new registration applications received, with a breakdown of profession and registration type, are provided in Table 7. Registration application outcomes are detailed at Table 8.

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

| Profession | NSW | National total ⁴ | % of national total |
|--|------------------|-----------------------------|---------------------|
| Aboriginal and Torres Strait Islander Health Practitioner | 120 | 608 | 19.7% |
| Chinese medicine practitioner | 1,984 | 4,860 | 40.8% |
| Chiropractor | 1,771 | 5,284 | 33.5% |
| Dental practitioner | 6,765 | 22,383 | 30.2% |
| Medical practitioner | 34,255 | 111,166 | 30.8% |
| Medical radiation practitioner | 5,217 | 15,683 | 33.3% |
| Midwife | 1,043 | 4,624 | 22.6% |
| Nurse | 98,130 | 357,701 | 27.4% |
| Nurse and midwife ² | 8,371 | 28,928 | 28.9% |
| Occupational therapist | 5,516 | 19,516 | 28.3% |
| Optometrist | 1,807 | 5,343 | 33.8% |
| Osteopath | 564 | 2,230 | 25.3% |
| Pharmacist | 9,270 | 30,360 | 30.5% |
| Physiotherapist | 8,900 | 30,351 | 29.3% |
| Podiatrist | 1,370 | 4,925 | 27.8% |
| Psychologist | 11,522 | 34,976 | 32.9% |
| Total 2016/17 | 196,605 | 678,938 | 29.0% |
| Total 2015/16 | 190,986 | 657,621 | 29.0% |
| NSW's population as a proportion of national population³ | 7,797,800 | 24,385,600 | 32.0% |

Criminal history checks

As part of the registration process, AHPRA requested 70,544 domestic and international criminal history checks of practitioners nationally this year. Overall, 3.8% of the results indicated that the applicant had a disclosable court outcome. In NSW, 17,920 criminal history checks were carried out (compared with 18,096 in 2015/16). Of these, there were 719 disclosable court outcomes (compared with 868 in 2015/16).

In the majority of cases nationally, the applicant was granted registration because the nature of an individual's disclosable court outcome had little relevance to their ability to practise safely and competently. No applicants had conditions imposed on their registration due to a disclosable court outcome this year, compared with 10 in 2015/16. No applicants were refused registration, compared with one in 2015/16.

See www.ahpra.gov.au/Registration/Registration-Standards/Criminal-history.

¹ Data are based on registered practitioners as at 30 June 2017 and are segmented from data in AHPRA and the National Boards' 2016/17 annual report.

² Registrants who hold dual registration as both a nurse and a midwife.

³ Based on Australian Bureau of Statistics (ABS) Demographics Statistics as at 30 December 2016.

⁴ National total also includes registrants who have no specified principal place of practice (PPP), including practitioners with an overseas address.

Table 2: Registrants with NSW as the principal place of practice, by registration type

| Profession/registration type | NSW | National total | % of national total |
|---|--------|----------------|---------------------|
| Aboriginal and Torres Strait Islander Health Practitioner | 120 | 608 | 19.7% |
| General | 119 | 605 | 19.7% |
| Non-practising | 1 | 3 | 33.3% |
| Chinese medicine practitioner | 1,984 | 4,860 | 40.8% |
| General | 1,908 | 4,583 | 41.6% |
| General and non-practising | 1 | 3 | 33.3% |
| Limited | 2 | 2 | 100.0% |
| Non-practising | 73 | 272 | 26.8% |
| Chiropractor | 1,771 | 5,284 | 33.5% |
| General | 1,694 | 4,967 | 34.1% |
| Limited | 0 | 2 | 0.0% |
| Non-practising | 77 | 315 | 24.4% |
| Dental practitioner | 6,765 | 22,383 | 30.2% |
| General | 6,121 | 20,053 | 30.5% |
| General and non-practising ¹ | 0 | 1 | 0.0% |
| General and specialist | 479 | 1,655 | 28.9% |
| Limited | 15 | 58 | 25.9% |
| Non-practising | 144 | 576 | 25.0% |
| Specialist | 6 | 40 | 15.0% |
| Medical practitioner | 34,255 | 111,166 | 30.8% |
| General | 12,318 | 38,798 | 31.7% |
| General (teaching and assessing) | 12 | 40 | 30.0% |
| General (teaching and assessing) and specialist | 1 | 1 | 100.0% |
| General and specialist | 16,996 | 52,264 | 32.5% |
| Limited | 676 | 2,473 | 27.3% |
| Non-practising | 702 | 2,762 | 25.4% |
| Provisional | 1,498 | 5,495 | 27.3% |
| Specialist | 2,052 | 9,333 | 22.0% |
| Medical radiation practitioner | 5,217 | 15,683 | 33.3% |
| General | 4,925 | 15,010 | 32.8% |
| Limited | 0 | 1 | 0.0% |
| Non-practising | 55 | 235 | 23.4% |
| Provisional | 237 | 437 | 54.2% |
| Midwife | 1,043 | 4,624 | 22.6% |
| General | 1,021 | 4,548 | 22.4% |
| Non-practising | 21 | 73 | 28.8% |
| Provisional | 1 | 3 | 33.3% |

| Profession/registration type | NSW | National total | % of national total |
|---|----------------|----------------|---------------------|
| Nurse | 98,130 | 357,701 | 27.4% |
| General | 96,148 | 352,011 | 27.3% |
| General and non-practising ¹ | 9 | 27 | 33.3% |
| General and provisional | 0 | 5 | 0.0% |
| Non-practising | 1,908 | 5,421 | 35.2% |
| Provisional | 65 | 237 | 27.4% |
| Nurse and Midwife | 8,371 | 28,928 | 28.9% |
| General | 7,278 | 26,835 | 27.1% |
| General and non-practising ² | 771 | 1,401 | 55.0% |
| General and provisional | 3 | 8 | 37.5% |
| Non-practising | 318 | 679 | 46.8% |
| Provisional | 1 | 5 | 20.0% |
| Occupational therapist | 5,516 | 19,516 | 28.3% |
| General | 5,337 | 18,755 | 28.5% |
| Limited | 35 | 69 | 50.7% |
| Non-practising | 134 | 659 | 20.3% |
| Provisional | 10 | 33 | 30.3% |
| Optometrist | 1,807 | 5,343 | 33.8% |
| General | 1,764 | 5,167 | 34.1% |
| Limited | 2 | 4 | 50.0% |
| Non-practising | 41 | 172 | 23.8% |
| Osteopath | 564 | 2,230 | 25.3% |
| General | 543 | 2,129 | 25.5% |
| Limited | 0 | 1 | 0.0% |
| Non-practising | 19 | 89 | 21.3% |
| Provisional | 2 | 11 | 18.2% |
| Pharmacist | 9,270 | 30,360 | 30.5% |
| General | 8,441 | 27,544 | 30.6% |
| Limited | 3 | 10 | 30.0% |
| Non-practising | 284 | 1,097 | 25.9% |
| Provisional | 542 | 1,709 | 31.7% |
| Physiotherapist | 8,900 | 30,351 | 29.3% |
| General | 8,572 | 29,114 | 29.4% |
| Limited | 74 | 371 | 19.9% |
| Non-practising | 254 | 866 | 29.3% |
| Podiatrist ³ | 1,370 | 4,925 | 27.8% |
| General | 1,351 | 4,790 | 28.2% |
| General and specialist | 4 | 30 | 13.3% |
| Non-practising | 15 | 105 | 14.3% |
| Psychologist | 11,522 | 34,976 | 32.9% |
| General | 9,431 | 28,442 | 33.2% |
| Non-practising | 560 | 1,695 | 33.0% |
| Provisional | 1,531 | 4,839 | 31.6% |
| Total | 196,605 | 678,938 | 29.0% |

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 Includes podiatric surgeons.

Table 3: Registered practitioners who hold an endorsement, with NSW as the principal place of practice

| Profession/endorsement | NSW | National total | % of national total |
|---|--------------|----------------|---------------------|
| Chiropractor | 0 | 31 | 0.0% |
| Acupuncture | 0 | 31 | 0.0% |
| Dental practitioner | 50 | 96 | 52.1% |
| Area of practice - conscious sedation | 50 | 96 | 52.1% |
| Medical practitioner | 164 | 583 | 28.1% |
| Acupuncture | 164 | 583 | 28.1% |
| Midwife ¹ | 57 | 333 | 17.1% |
| Midwife Practitioner | 1 | 1 | 100.0% |
| Scheduled Medicines | 56 | 332 | 16.9% |
| Nurse ¹ | 405 | 2,676 | 15.1% |
| Nurse Practitioner | 356 | 1,559 | 22.8% |
| Scheduled Medicines - Rural and isolated practice | 49 | 1,117 | 4.4% |
| Optometrist | 707 | 2,717 | 26.0% |
| Scheduled Medicines | 707 | 2,717 | 26.0% |
| Osteopath | 0 | 2 | 0.0% |
| Acupuncture | 0 | 2 | 0.0% |
| Physiotherapist | 0 | 7 | 0.0% |
| Acupuncture | 0 | 7 | 0.0% |
| Podiatrist ² | 5 | 82 | 6.1% |
| Scheduled Medicines | 5 | 82 | 6.1% |
| Psychologist | 3,476 | 11,702 | 29.7% |
| Area of Practice | 3,476 | 11,702 | 29.7% |
| Total | 4,864 | 18,229 | 26.7% |

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

| Profession/gender | NSW | National total | % of national total |
|---|-------|----------------|---------------------|
| Aboriginal and Torres Strait Islander Health Practitioner | 120 | 608 | 19.7% |
| Female | 92 | 463 | 19.9% |
| Male | 28 | 145 | 19.3% |
| Chinese medicine practitioner | 1,984 | 4,860 | 40.8% |
| Female | 1,072 | 2,683 | 40.0% |
| Male | 912 | 2,177 | 41.9% |
| Chiropractor | 1,771 | 5,284 | 33.5% |
| Female | 654 | 2,064 | 31.7% |
| Male | 1,117 | 3,220 | 34.7% |

| Profession/gender | NSW | National total | % of national total |
|--------------------------------|----------------|----------------|---------------------|
| Dental practitioner | 6,765 | 22,383 | 30.2% |
| Female | 3,134 | 11,244 | 27.9% |
| Male | 3,631 | 11,139 | 32.6% |
| Medical practitioner | 34,255 | 111,166 | 30.8% |
| Female | 14,378 | 46,751 | 30.8% |
| Male | 19,877 | 64,415 | 30.9% |
| Medical radiation practitioner | 5,217 | 15,683 | 33.3% |
| Female | 3,527 | 10,664 | 33.1% |
| Male | 1,690 | 5,019 | 33.7% |
| Midwife | 1,043 | 4,624 | 22.6% |
| Female | 1,037 | 4,608 | 22.5% |
| Male | 6 | 16 | 37.5% |
| Nurse | 98,130 | 357,701 | 27.4% |
| Female | 85,241 | 315,993 | 27.0% |
| Intersex or indeterminate | 1 | 2 | 50.0% |
| Male | 12,888 | 41,706 | 30.9% |
| Nurse and midwife | 8,371 | 28,928 | 28.9% |
| Female | 8,175 | 28,419 | 28.8% |
| Male | 196 | 509 | 38.5% |
| Occupational therapist | 5,516 | 19,516 | 28.3% |
| Female | 5,013 | 17,812 | 28.1% |
| Male | 503 | 1,704 | 29.5% |
| Optometrist | 1,807 | 5,343 | 33.8% |
| Female | 997 | 2,819 | 35.4% |
| Male | 810 | 2,524 | 32.1% |
| Osteopath | 564 | 2,230 | 25.3% |
| Female | 251 | 1,217 | 20.6% |
| Male | 313 | 1,013 | 30.9% |
| Pharmacist | 9,270 | 30,360 | 30.5% |
| Female | 5,680 | 18,782 | 30.2% |
| Male | 3,590 | 11,578 | 31.0% |
| Physiotherapist | 8,900 | 30,351 | 29.3% |
| Female | 5,928 | 20,489 | 28.9% |
| Male | 2,972 | 9,862 | 30.1% |
| Podiatrist | 1,370 | 4,925 | 27.8% |
| Female | 774 | 2,952 | 26.2% |
| Male | 596 | 1,973 | 30.2% |
| Psychologist | 11,522 | 34,976 | 32.9% |
| Female | 9,117 | 27,854 | 32.7% |
| Intersex or indeterminate | 1 | 1 | 100.0% |
| Male | 2,404 | 7,121 | 33.8% |
| Total | 196,605 | 678,938 | 29.0% |

1 Nursing and midwifery registrants may hold dual nursing and midwifery registration and may have endorsements against each registration.

2 Includes podiatric surgeons.

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

| Profession/division | NSW | National total | % of national total |
|--|----------------|----------------|---------------------|
| Chinese medicine practitioner | 1,984 | 4,860 | 40.8% |
| Acupuncturist | 436 | 1,726 | 25.3% |
| Acupuncturist and Chinese herbal dispenser ¹ | 1 | 3 | 33.3% |
| Acupuncturist and Chinese herbal dispenser and Chinese herbal medicine practitioner ¹ | 504 | 833 | 60.5% |
| Acupuncturist and Chinese herbal medicine practitioner ¹ | 973 | 2,178 | 44.7% |
| Chinese herbal dispenser | 34 | 45 | 75.6% |
| Chinese herbal dispenser and Chinese herbal medicine practitioner ¹ | 13 | 20 | 65.0% |
| Chinese herbal medicine practitioner | 23 | 55 | 41.8% |
| Dental practitioner | 6,765 | 22,383 | 30.2% |
| Dental hygienist | 443 | 1,439 | 30.8% |
| Dental hygienist and dental prosthetist ¹ | 2 | 3 | 66.7% |
| Dental hygienist and dental prosthetist and dental therapist ¹ | 1 | 2 | 50.0% |
| Dental hygienist and dental therapist ¹ | 66 | 472 | 14.0% |
| Dental hygienist and dental therapist and dentist ¹ | 0 | 2 | 0.0% |
| Dental hygienist and dental therapist and oral health therapist ¹ | 0 | 3 | 0.0% |
| Dental hygienist and dentist ¹ | 2 | 4 | 50.0% |
| Dental hygienist and oral health therapist ¹ | 2 | 8 | 25.0% |
| Dental prosthetist | 411 | 1,271 | 32.3% |
| Dental prosthetist and dental therapist ¹ | 0 | 1 | 0.0% |
| Dental prosthetist and dentist ¹ | 0 | 2 | 0.0% |
| Dental therapist | 199 | 965 | 20.6% |
| Dental therapist and dentist ¹ | 0 | 1 | 0.0% |
| Dental therapist and oral health therapist ¹ | 0 | 6 | 0.0% |
| Dentist | 5,260 | 16,732 | 31.4% |
| Dentist and oral health therapist ¹ | 1 | 2 | 50.0% |
| Oral health therapist | 378 | 1,470 | 25.7% |
| Medical radiation practitioner | 5,217 | 15,683 | 33.3% |
| Diagnostic radiographer | 3,991 | 12,117 | 32.9% |
| Diagnostic radiographer and nuclear medicine technologist ¹ | 2 | 17 | 11.8% |
| Diagnostic radiographer and radiation therapist ¹ | 0 | 2 | 0.0% |
| Nuclear medicine technologist | 441 | 1,145 | 38.5% |
| Radiation therapist | 783 | 2,402 | 32.6% |
| Nurse | 98,130 | 357,701 | 27.4% |
| Enrolled nurse (Division 2) | 14,081 | 64,021 | 22.0% |
| Enrolled nurse (Division 2) and registered nurse (Division 1) ¹ | 1,333 | 7,264 | 18.4% |
| Registered nurse (Division 1) | 82,716 | 286,416 | 28.9% |
| Nurse and midwife² | 8,371 | 28,928 | 28.9% |
| Enrolled nurse and midwife ¹ | 4 | 70 | 5.7% |
| Enrolled nurse and registered nurse and midwife ¹ | 17 | 66 | 25.8% |
| Registered nurse and midwife ¹ | 8,350 | 28,792 | 29.0% |
| Total | 120,467 | 429,555 | 28.0% |

1 Practitioners who hold dual or multiple registration.

2 Refers to dual-registrant nurses and midwives. Note that there are no divisions within the midwifery profession.

Table 6: Health practitioners with specialties at 30 June 2017¹

| Profession/area of specialty practice | NSW | National total | % of national total |
|--|---------------|----------------|---------------------|
| Dental practitioner | 511 | 1,745 | 29.3% |
| Dento-maxillofacial radiology | 0 | 10 | 0.0% |
| Endodontics | 49 | 169 | 29.0% |
| Forensic odontology | 5 | 25 | 20.0% |
| Oral and maxillofacial surgery | 55 | 211 | 26.1% |
| Oral medicine | 8 | 35 | 22.9% |
| Oral pathology | 7 | 23 | 30.4% |
| Oral surgery | 37 | 51 | 72.5% |
| Orthodontics | 181 | 612 | 29.6% |
| Paediatric dentistry | 38 | 134 | 28.4% |
| Periodontics | 61 | 226 | 27.0% |
| Prosthodontics | 65 | 216 | 30.1% |
| Public health dentistry (Community dentistry) | 3 | 16 | 18.8% |
| Special needs dentistry | 2 | 17 | 11.8% |
| Medical practitioner | 20,521 | 66,659 | 30.8% |
| Addiction medicine | 68 | 172 | 39.5% |
| Anaesthesia | 1,478 | 4,929 | 30.0% |
| Dermatology | 189 | 540 | 35.0% |
| Emergency medicine | 524 | 2,059 | 25.4% |
| General practice | 7,690 | 25,240 | 30.5% |
| Intensive care medicine | 250 | 888 | 28.2% |
| Paediatric intensive care medicine | 4 | 11 | 36.4% |
| No sub-specialty declared | 246 | 877 | 28.1% |
| Medical administration | 110 | 337 | 32.6% |
| Obstetrics and gynaecology | 579 | 1,983 | 29.2% |
| Gynaecological oncology | 16 | 47 | 34.0% |
| Maternal-fetal medicine | 12 | 40 | 30.0% |
| Obstetrics and gynaecological ultrasound | 13 | 73 | 17.8% |
| Reproductive endocrinology and infertility | 27 | 54 | 50.0% |
| Urogynaecology | 9 | 31 | 29.0% |
| No sub-specialty declared | 502 | 1,738 | 28.9% |
| Occupational and environmental medicine | 90 | 310 | 29.0% |
| Ophthalmology | 378 | 1,016 | 37.2% |
| Paediatrics and child health | 857 | 2,698 | 31.8% |
| Clinical genetics | 17 | 31 | 54.8% |
| Community child health | 26 | 62 | 41.9% |
| General paediatrics | 622 | 1,880 | 33.1% |

| Profession/area of specialty practice | NSW | National total | % of national total |
|--|--------------|----------------|---------------------|
| Neonatal and perinatal medicine | 47 | 181 | 26.0% |
| Paediatric cardiology | 9 | 40 | 22.5% |
| Paediatric clinical pharmacology | 1 | 1 | 100.0% |
| Paediatric emergency medicine | 13 | 59 | 22.0% |
| Paediatric endocrinology | 14 | 34 | 41.2% |
| Paediatric gastroenterology and hepatology | 6 | 30 | 20.0% |
| Paediatric haematology | 4 | 15 | 26.7% |
| Paediatric immunology and allergy | 8 | 29 | 27.6% |
| Paediatric infectious diseases | 4 | 26 | 15.4% |
| Paediatric intensive care medicine | 3 | 6 | 50.0% |
| Paediatric medical oncology | 5 | 34 | 14.7% |
| Paediatric nephrology | 4 | 11 | 36.4% |
| Paediatric neurology | 20 | 40 | 50.0% |
| Paediatric palliative medicine | 1 | 4 | 25.0% |
| Paediatric rehabilitation medicine | 4 | 8 | 50.0% |
| Paediatric respiratory and sleep medicine | 11 | 34 | 32.4% |
| Paediatric rheumatology | 3 | 11 | 27.3% |
| Paediatric nuclear medicine | 1 | 1 | 100.0% |
| No sub-specialty declared | 34 | 161 | 21.1% |
| Pain medicine | 93 | 287 | 32.4% |
| Palliative medicine | 110 | 329 | 33.4% |
| Pathology | 726 | 2,116 | 34.3% |
| Anatomical pathology (including cytopathology) | 311 | 914 | 34.0% |
| Chemical pathology | 26 | 93 | 28.0% |
| Forensic pathology | 10 | 51 | 19.6% |
| General pathology | 50 | 112 | 44.6% |
| Haematology | 178 | 538 | 33.1% |
| Immunology | 46 | 117 | 39.3% |
| Microbiology | 87 | 241 | 36.1% |
| No sub-specialty declared | 18 | 50 | 36.0% |
| Physician | 3,087 | 10,165 | 30.4% |
| Cardiology | 438 | 1,366 | 32.1% |
| Clinical genetics | 30 | 70 | 42.9% |
| Clinical pharmacology | 15 | 56 | 26.8% |
| Endocrinology | 228 | 688 | 33.1% |
| Gastroenterology and hepatology | 263 | 874 | 30.1% |

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 6: Health practitioners with specialties at 30 June 2017 (Continued from previous page)

| Profession/area of specialty practice | NSW | National total | % of national total |
|--|---------------|----------------|---------------------|
| General medicine | 387 | 1,798 | 21.5% |
| Geriatric medicine | 227 | 718 | 31.6% |
| Haematology | 182 | 563 | 32.3% |
| Immunology and allergy | 62 | 163 | 38.0% |
| Infectious diseases | 104 | 434 | 24.0% |
| Medical oncology | 200 | 667 | 30.0% |
| Nephrology | 168 | 556 | 30.2% |
| Neurology | 219 | 601 | 36.4% |
| Nuclear medicine | 104 | 255 | 40.8% |
| Respiratory and sleep medicine | 218 | 685 | 31.8% |
| Rheumatology | 120 | 371 | 32.3% |
| No sub-specialty declared | 122 | 300 | 40.7% |
| Psychiatry | 1,122 | 3,689 | 30.4% |
| Public health medicine | 135 | 433 | 31.2% |
| Radiation oncology | 136 | 386 | 35.2% |
| Radiology | 708 | 2,464 | 28.7% |
| Diagnostic radiology | 618 | 2,097 | 29.5% |
| Diagnostic ultrasound | | 4 | 0.0% |
| Nuclear medicine | 40 | 188 | 21.3% |
| No sub-specialty declared | 50 | 175 | 28.6% |
| Rehabilitation medicine | 234 | 517 | 45.3% |
| Sexual health medicine | 57 | 127 | 44.9% |
| Sport and exercise medicine | 41 | 121 | 33.9% |
| Surgery | 1,859 | 5,853 | 31.8% |
| Cardio-thoracic surgery | 56 | 203 | 27.6% |
| General surgery | 664 | 2,024 | 32.8% |
| Neurosurgery | 77 | 252 | 30.6% |
| Oral and maxillofacial surgery | 30 | 133 | 22.6% |
| Orthopaedic surgery | 453 | 1,436 | 31.5% |
| Otolaryngology - head and neck surgery | 166 | 510 | 32.5% |
| Paediatric surgery | 36 | 102 | 35.3% |
| Plastic surgery | 134 | 461 | 29.1% |
| Urology | 135 | 445 | 30.3% |
| Vascular surgery | 78 | 238 | 32.8% |
| No sub-specialty declared | 30 | 49 | 61.2% |
| Podiatrist | 4 | 30 | 13.3% |
| Podiatric surgeon | 4 | 30 | 13.3% |
| Total | 21,036 | 68,434 | 30.7% |

The Register of practitioners

Consistent with the National Law, AHPRA is required to maintain and publish a publicly accessible *Register of practitioners* (the 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. As 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 on their practice. This includes decisions made by NSW Health Professional Councils, the HCCC or the NSW Civil and Administrative Tribunal.

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 *Register of cancelled practitioners*.

Search the registers at www.ahpra.gov.au/registration/registers-of-practitioners.

Table 7: Applications received, by profession and registration type¹

| Profession/registration type | NSW | National total ² | % of national total |
|---|-------|-----------------------------|---------------------|
| Aboriginal and Torres Strait Islander Health Practitioner | 41 | 141 | 29.1% |
| General | 40 | 140 | 28.6% |
| Non-practising | 1 | 1 | 100.0% |
| Chinese medicine practitioner | 263 | 629 | 41.8% |
| General | 198 | 446 | 44.4% |
| Limited | 6 | 6 | 100.0% |
| Non-practising | 59 | 177 | 33.3% |
| Chiropractor | 120 | 388 | 30.9% |
| General | 102 | 307 | 33.2% |
| Limited | 0 | 2 | 0.0% |
| Non-practising | 18 | 79 | 22.8% |
| Dental practitioner | 419 | 1,652 | 25.4% |
| General | 351 | 1,381 | 25.4% |
| Limited | 9 | 30 | 30.0% |
| Non-practising | 31 | 142 | 21.8% |
| Specialist | 28 | 99 | 28.3% |
| Medical practitioner | 4,721 | 16,953 | 27.8% |
| General | 1,548 | 5,649 | 27.4% |
| Limited | 429 | 1,540 | 27.9% |
| Non-practising | 145 | 515 | 28.2% |
| Provisional | 1,456 | 5,311 | 27.4% |
| Specialist | 1,143 | 3,938 | 29.0% |
| Medical radiation practitioner | 585 | 1,596 | 36.7% |
| General | 364 | 1,130 | 32.2% |
| Non-practising | 22 | 64 | 34.4% |
| Provisional | 199 | 402 | 49.5% |
| Midwife | 436 | 1,848 | 23.6% |
| General | 349 | 1,557 | 22.4% |
| Non-practising | 83 | 269 | 30.9% |
| Provisional | 4 | 22 | 18.2% |
| Nurse | 7,595 | 31,412 | 24.2% |
| General | 7,158 | 29,687 | 24.1% |
| Non-practising | 366 | 1,415 | 25.9% |
| Provisional | 71 | 310 | 22.9% |
| Occupational therapist | 641 | 2,282 | 28.1% |
| General | 520 | 1,918 | 27.1% |
| Limited | 48 | 102 | 47.1% |
| Non-practising | 66 | 241 | 27.4% |
| Provisional | 7 | 21 | 33.3% |

| Profession/registration type | NSW | National total ² | % of national total |
|------------------------------|---------------|-----------------------------|---------------------|
| Optometrist | 76 | 328 | 23.2% |
| General | 70 | 294 | 23.8% |
| Limited | 1 | 3 | 33.3% |
| Non-practising | 5 | 31 | 16.1% |
| Osteopath | 32 | 258 | 12.4% |
| General | 23 | 205 | 11.2% |
| Limited | 0 | 1 | 0.0% |
| Non-practising | 6 | 39 | 15.4% |
| Provisional | 3 | 13 | 23.1% |
| Pharmacist | 1,006 | 3,321 | 30.3% |
| General | 486 | 1,576 | 30.8% |
| Limited | 7 | 24 | 29.2% |
| Non-practising | 66 | 221 | 29.9% |
| Provisional | 447 | 1,500 | 29.8% |
| Physiotherapist | 820 | 2,695 | 30.4% |
| General | 733 | 2,276 | 32.2% |
| Limited | 46 | 251 | 18.3% |
| Non-practising | 41 | 168 | 24.4% |
| Podiatrist | 149 | 468 | 31.8% |
| General | 143 | 434 | 32.9% |
| Limited | 0 | 1 | 0.0% |
| Non-practising | 6 | 33 | 18.2% |
| Psychologist | 1,542 | 5,018 | 30.7% |
| General | 572 | 1,892 | 30.2% |
| Non-practising | 162 | 515 | 31.5% |
| Provisional | 808 | 2,611 | 30.9% |
| Total 2016/17 | 18,446 | 68,989 | 26.7% |
| Total 2015/16 | 18,224 | 65,274 | 27.9% |

Table 8: Outcome of applications for registration finalised in 2016/17

| Outcome | NSW | National total ² | % of national total |
|---|---------------|-----------------------------|---------------------|
| Register | 16,170 | 59,559 | 27.1% |
| Register with conditions | 464 | 1,505 | 30.8% |
| Register in a type other than applied for | 38 | 117 | 32.5% |
| Register in a type other than applied for with conditions | 35 | 130 | 26.9% |
| Refuse application | 479 | 2,800 | 17.1% |
| Withdrawn | 1,038 | 4,194 | 24.7% |
| Total 2016/17¹ | 18,224 | 68,305 | 26.7% |

1 Based on state and territory of the applicants' principal place of practice.

2 National total figure includes overseas applicants and applicants who did not indicate their PPP.

Complaints about practitioners in NSW

AHPRA does not manage notifications (complaints or concerns) about registered health practitioners or students where the issue giving rise to the notification occurred in NSW. Any concerns relating to health, performance or conduct occurring in NSW are managed by the Health Professional Councils in consultation with the Health Care Complaints Commission (HCCC).

However, AHPRA managed 96 notifications where a registrant's principal place of practice was listed as NSW due to the issue occurring in a jurisdiction other than NSW. Please refer to Table 9 on page 47 of the 2016/17 Annual Report by AHPRA and the National Boards for details. This report is available for download at www.ahpra.gov.au/annualreport/2017.

Statutory offence complaints

Breaches of the National Law by health practitioners, unregistered individuals or companies can put the community at risk. In order to protect the public, the National Law sets out the following types of statutory offences:

- ▶ unlawful use of protected titles
- ▶ performing restricted acts
- ▶ holding out (unlawful claims by individuals or organisations as to registration), and
- ▶ unlawful advertising.

Offences under the National Law are 'summary offences' and are prosecuted in the Magistrates' Court (or equivalent) of the relevant state or territory. All offences under the National Law carry penalties or fines that may be imposed by a court on a finding of guilt.

Nationally, AHPRA received 2,297 statutory offence complaints during 2016/17, which is significantly higher than in 2015/16. This significant increase was largely due to a series of bulk complaints made by a number of external organisations about alleged advertising breaches (these made up 82.5% of all complaints). Of the advertising complaints received nationally, 47.7% were about physiotherapy services, 13.2% were about osteopathy services and 10.8% were about dental services.

In 2016/17, 653 new statutory offence complaints were made about NSW-based practice, an increase of 89.3% from 2015/16, which is reflective of the sharp increase in statutory offence complaints received nationally.

NSW received 28.4% of all offence complaints received by AHPRA in the year. The three most commonly complained about services in NSW were physiotherapy, dental and medical.

There were 469 statutory offence matters closed in NSW in 2016/17; significantly more than in 2015/16 (see Table 23). Almost all new matters in NSW related to advertising (568) concerns or title protection (84).

Download AHPRA and the National Boards' 2016/17 annual report for more data about statutory offences: www.ahpra.gov.au/annualreport/2017.

Launch of an advertising compliance and enforcement strategy

There was an unprecedented increase in the number of statutory offence complaints in 2016/17, largely due to a number of bulk complaints relating to advertising by registered health practitioners. In response to this increase, National Boards and AHPRA developed and launched an *Advertising compliance and enforcement strategy* for the National Scheme.

The strategy focuses on managing risks to keep the public safe from false or misleading advertising, and to help them make informed choices about their healthcare. AHPRA has also established an advertising compliance team, which is responsible for the triaging of all offence complaints, the assessment of all advertising offence complaints and the ongoing management of low and moderate risk advertising complaints under the strategy. In applying the risk threshold, 1,390 advertising offence complaints across all professions nationally were transitioned to this team for ongoing management.

Responsible advertising is a professional and legal obligation. We recognise that most health practitioners want to comply with the law and their professional obligations, and we aim to make compliance as easy as possible. AHPRA continues to work with the National Boards to monitor the effectiveness of the new strategy.

For more information about advertising and the National Law, see www.ahpra.gov.au/Publications/Advertising-resources.

Table 9: Statutory offences received and closed, by profession¹

| Profession | NSW | | National total ² | | % of national total | |
|---|------------|------------|-----------------------------|--------------|---------------------|--------------|
| | Received | Closed | Received | Closed | Received | Closed |
| Aboriginal and Torres Strait Islander Health Practitioner | 0 | 0 | 3 | 2 | 0.0% | 0.0% |
| Chinese medicine practitioner | 22 | 6 | 72 | 38 | 30.6% | 15.8% |
| Chiropractor | 46 | 47 | 162 | 192 | 28.4% | 24.5% |
| Dental practitioner | 83 | 88 | 239 | 295 | 34.7% | 29.8% |
| Medical practitioner | 76 | 63 | 273 | 283 | 27.8% | 22.3% |
| Medical radiation practitioner | 0 | 5 | 4 | 9 | 0.0% | 55.6% |
| Midwife | 0 | 1 | 8 | 35 | 0.0% | 2.9% |
| Nurse | 10 | 17 | 76 | 80 | 13.2% | 21.3% |
| Occupational therapist | 5 | 9 | 9 | 13 | 55.6% | 69.2% |
| Optometrist | 7 | 9 | 23 | 24 | 30.4% | 37.5% |
| Osteopath | 66 | 3 | 252 | 24 | 26.2% | 12.5% |
| Pharmacist | 9 | 5 | 53 | 48 | 17.0% | 10.4% |
| Physiotherapist | 301 | 176 | 940 | 657 | 32.0% | 26.8% |
| Podiatrist | 4 | 0 | 20 | 19 | 20.0% | 0.0% |
| Psychologist | 23 | 39 | 116 | 110 | 19.8% | 35.5% |
| Unknown ³ | 1 | 1 | 47 | 56 | 2.1% | 1.8% |
| Total 2016/17⁴ | 653 | 469 | 2,297 | 1,885 | 28.4% | 24.9% |
| Total 2015/16⁴ | 345 | 177 | 1,348 | 600 | 25.6% | 29.5% |

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.

2 The national total includes offences managed about unregistered persons where there is no PPP recorded.

3 AHPRA also receives offence complaints about unregistered persons where there is no PPP recorded. Only registered practitioners have a designated PPP.

4 Based on state and territory of the practitioners' PPP.

Key data for 2016/17: A national view

This summary report contains jurisdictional data, which have been taken from AHPRA and the National Boards' 2016/17 annual report. Key national insights include:

There were **678,938** health practitioners registered in Australia, across the 14 regulated health professions. That's over 21,000 more registrants across Australia than last year.

5,374 health practitioners identify as Aboriginal and/or Torres Strait Islander, according to the workforce survey filled out by practitioners when they renewed their registration.

157,213 students were studying to be health practitioners through an approved program of study or clinical training program.

401,242 calls were made to AHPRA's customer service team. That's an average of **1,543** phone calls each day, with up to **5,000** calls a day in peak times.

54,925 web enquiries were received. That's an average of **211** web enquiries each day.

AHPRA and the National Boards' 15 websites received more than **12 million** visits and more than **60 million** page views.

82% of health practitioners responded with 'very satisfied' when asked to rate their interaction with our customer service team.

Download the report

The 2016/17 annual report, and summary reports for the 14 Boards and eight jurisdictions, are available to download at www.ahpra.gov.au/annualreport

Useful links

Register of practitioners: www.ahpra.gov.au/registration/register-of-practitioners

Complaints portal: www.ahpra.gov.au/About-AHPRA/Complaints

Court and tribunal outcomes: www.ahpra.gov.au/Publications/Tribunal-Decisions

National restrictions library: www.ahpra.gov.au/Registration/Monitoring-and-compliance/National-Restrictions-Library

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From outside Australia, call +61 3 9275 9009

Email

Via the online enquiry form at the AHPRA website at www.ahpra.gov.au/About-AHPRA/Contact-Us/Make-an-Enquiry

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