

2017/18

Aboriginal and Torres Strait Islander Health Practice Board of Australia Annual report summary

Our National Scheme: For safer healthcare



Aboriginal and
Torres Strait Islander
Health Practice
Board of Australia

AHPRA

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At a glance: Aboriginal and Torres Strait Islander Health Practitioners



641 Aboriginal and Torres Strait Islander Health Practitioners, up **5.4%** from 2016/17

That's **0.1%** of all registered health practitioners

Female: **76%**

Male: **24%**



Immediate action was taken **once**¹



2 mandatory notifications were made: both were about impairment



4 notifications lodged with AHPRA about Aboriginal and Torres Strait Islander Health Practitioners

0.6% of all registered Aboriginal and Torres Strait Islander Health Practitioners had notifications made about them



9 Aboriginal and Torres Strait Islander Health Practitioners were monitored by AHPRA for health, performance and/or conduct during the year



4 notifications closed this year:

- **25%** resulted in conditions being imposed on an Aboriginal and Torres Strait Islander Health Practitioner's registration
- **75%** resulted in no further action being taken



62 cases were being monitored by AHPRA as at 30 June 2018

- **4** on the grounds of health
- **2** for performance
- **1** prohibited practitioner/student
- **55** for suitability/eligibility for registration



No statutory offence complaints were made; **one** was closed.

¹ Immediate action is an interim step the Board can take to suspend or cancel an Aboriginal and/or Torres Strait Islander Health Practitioner'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 Aboriginal and Torres Strait Islander Health Practice 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 for this profession.

The Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) works in partnership with AHPRA to administer the National Registration and Accreditation Scheme (the National Scheme).

Together, we are responsible for registering and regulating practitioners of this relatively new health profession, ensuring that only those practitioners who are suitably qualified and competent can practise as an Aboriginal and/or Torres Strait Islander Health Practitioner.

This year, the number of Aboriginal and Torres Strait Islander Health Practitioners registered under the National Scheme increased to over 640 registrants and the profession continues to grow.

This reflects the increasing awareness and appreciation of the value and importance of the profession, which provides culturally appropriate care to Aboriginal and/or Torres Strait Islander Peoples of Australia and often acts as a cultural broker between Aboriginal and/or Torres Strait Islander Peoples and the various facets of the Australian health system.

I would like to acknowledge the hard work of Board members, who continue to guide the profession with a clear understanding of their role to protect the public, including the people in our indigenous communities. As with the registered Aboriginal and Torres Strait Islander Health Practitioners, there are often significant challenges for the Board members, who travel great distances to meet and work, taking time away from their families and their jobs, often for longer periods than their colleagues in other registered health professions. The Board's dedication to the regulation of this profession is exemplary, and very much appreciated as they make their individual and collective contributions towards protecting the public and improving health outcomes for our communities.



Ms Renee Owen

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

Aboriginal and Torres Strait Islander Health Practice Board of Australia

Members of the Board

Ms Renee Owen, Chair (from 15 December 2017)

Mr Bruce Davis, Presiding Member (from 1 March to 15 December 2017)

Mr Bruce Brown

Ms Linda Bunn (until 15 December 2017)

Ms Karrina DeMasi, Deputy Chair

Ms Celia Harnas

Ms Veronica (Bonny) King (from 15 December 2017)

Ms Margaret McCallum (from 15 December 2017)

Mrs Lisa Penrith (until 15 December 2017)

Ms Anita Phillips (until 15 December 2017)

Ms Leanne Quirino (from 15 December 2017)

Committees

Board members also serve on the following committees as required:

- the Registration and Notifications Committee, and
- the Immediate Action Committee, which is part of a multi-profession initiative with other Boards in the National Scheme.

The Board thanks its members and also appreciates the support of the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee.

Executive and policy support



Ms Jill Humphreys

Executive Officer, Aboriginal and Torres Strait Islander Health Practice

Ms Humphreys supports the Aboriginal and Torres Strait Islander Health Practice 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 our [website](#).

About us

The Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) has worked in partnership with AHPRA to protect the public since the profession joined the National Registration and Accreditation Scheme (the National Scheme) in 2012. Together, we regulate the profession by ensuring that only those Aboriginal and Torres Strait Islander Health Practitioners 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.

For information about accreditation, registration and regulation of our Aboriginal and Torres Strait Islander Health Practitioners, visit the [Board's website](#).

For more information about the National Scheme and AHPRA, visit the [AHPRA website](#).

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. Wherever 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 [regulatory principles](#) 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 [2017/18 annual report](#).

Aboriginal and Torres Strait Islander Health Practice Board of Australia: Year in review

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

Reconciliation

This year, the Board played a major role in the development of a Reconciliation Action Plan for AHPRA. This is an important step in a broader strategy – the National Scheme Aboriginal and Torres Strait Islander health strategy, which supports better health outcomes for Aboriginal and/or Torres Strait Islander Peoples of Australia.

A representative from the Board sits in this strategy group, which also includes Aboriginal and Torres Strait Islander health sector leaders and representatives from accreditation authorities, National Boards, AHPRA and the Chair of AHPRA's Agency Management Committee.

In partnership with AHPRA and the other National Boards, the Board continues to recognise and seize opportunities to work to close the gap on Indigenous health outcomes in Australia. Read more about this [strategy](#).

A multi-profession approach

The Board continued its work with other regulated health professions in a scheduled review of five registration standards and guidelines (the rules detailing the requirements for initial and ongoing registration with the Board). Following broad-ranging consultation, the following draft revised registration standards and guidelines were submitted to Health Ministers for consideration for approval:

- professional indemnity insurance arrangements
- continuing professional development (and guideline)
- recency of practice
- English language skills, and
- Aboriginal and Torres Strait Islander registration standard.

All of the registration standards are simpler and easier to read, and requirements made clearer, having no longer to include the initial grandparenting provisions which expired in 2015.

The Board's Accreditation Committee joined in a cross-professional, scheduled review of the Accreditation standards (the requirements against which education providers and their programs of study are assessed to enable graduates to qualify for registration), simplifying and clarifying requirements and adding a stronger emphasis on cultural safety across all professions.

Considering complaints and registration matters

The Board meets as the Registration and Notifications Committee approximately every six weeks to consider matters relating to registration and notifications (complaints) about individual practitioners.

Awareness of the profession

Registrants in the Aboriginal and Torres Strait Islander Health Practice profession grew by 5.4% this year, which indicates an increasing awareness and appreciation of the value and importance of providing culturally appropriate healthcare to Aboriginal and Torres Strait Islander Peoples.

Communication, engagement and stakeholder relations

After each quarterly meeting, the Board publishes a communiqué, providing highlights of relevance to our stakeholders. Board meetings for this year were held on:

- 22 August 2017 in Melbourne
- 22 November 2017 in Sydney
- 21 February 2018 in Melbourne, and
- 23 May 2018 in Darwin.

We also published two newsletters, which provided more in-depth information on topics relevant to the profession about the regulatory environment.

All of these [communications](#) are available to the public.

Policy and accreditation

The Board would like to acknowledge the timeliness and efficiency of our appointed accreditation committee in working through the applications for accreditation from education providers of the qualifications for registration for this profession. This task is sometimes made more challenging given that many of our approved programs of study are delivered where they are required, such as in rural and remote areas.

There are now 15 programs of study that have been approved by the Board for the purposes of registration. The list of approved programs of study is published on the [AHPRA website](#).

The work of accreditation is done by a small and dedicated team of accreditors who spend significant time away from home, assessing both programs of study and program providers against the Board's [Accreditation standard](#).

Ongoing work

The Board has continued to work with the other National Boards to review its *Code of conduct* (the Code). The Code provides guidance and may be used to measure an Aboriginal and/or Torres Strait Islander Health Practitioner's performance if a notification (complaint) is made about them. It will provide ethical guidance to practitioners to ensure good practice. The Code is shared, with some variations, with 11 other regulated health professions.

Registering the workforce

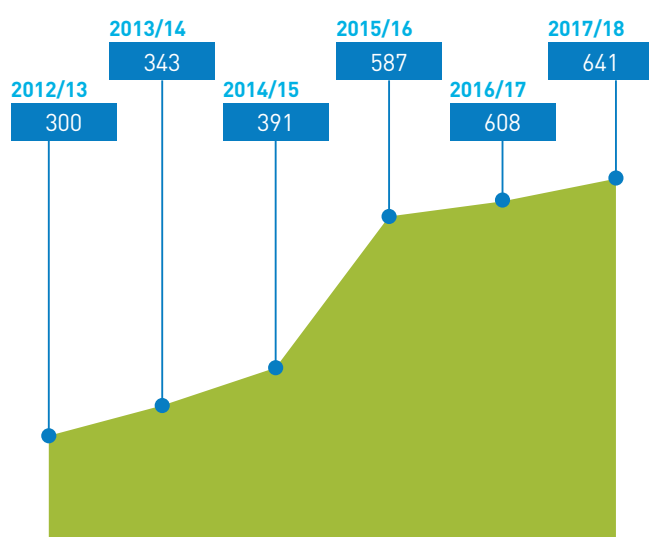
In brief: Registration of Aboriginal and Torres Strait Islander Health Practitioners

641 registered Aboriginal and Torres Strait Islander Health Practitioners in 2017/18; up from 608 in 2016/17

Aboriginal and Torres Strait Islander Health Practitioners comprise 0.1% of all registered health practitioners.

Women comprised 76.0% of the profession similar to the previous year (76.2%).

Figure 1: Registration numbers, year by year, since 2012/13



Since 1 July 2012, Aboriginal and Torres Strait Islander Health Practitioners must be registered under the National Scheme with the Aboriginal and Torres Strait Islander Health Practice Board of Australia and meet the Board's registration standards.

Under the National Law, as in force in each state and territory, there is a range of registration categories under which an Aboriginal and Torres Strait Islander Health Practitioner can practise in Australia. Different categories apply to different types of registration:

- General registration
- Non-practising registration, and
- Student registration (students undertaking an approved program of study).

Before a practitioner can practise and use a title protected by the National Law, individuals must apply to the Board and provide evidence that they are eligible to hold registration, and registration must be granted. One such requirement is that every practitioner registered with the Board must be an Aboriginal and/or Torres Strait Islander.

The National Law requires a practitioner to be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia if they wish to, or if their employer requires them to, use one of the following protected titles:

- Aboriginal and Torres Strait Islander Health Practitioner
- Aboriginal Health Practitioner, and
- Torres Strait Islander Health Practitioner.

A practitioner may also be required to be registered as part of their employment requirements, even if the protected title is not used.

Find out more about [registration](#).

Registration

As at 30 June 2018, there were 641 Aboriginal and Torres Strait Islander Health Practitioners registered under the National Scheme. This represents a 5.4% increase from 2016/17. The Northern Territory is the principal place of practice for most registered Aboriginal and Torres Strait Islander Health Practitioners (219). New South Wales, Queensland, Western Australia and Victoria accounted for the majority of the remaining registrants. The state and territory percentage breakdown for the registrants is shown in Figure 3 of this report.

Of the 702,741 registered health practitioners across the 15 health professions regulated under the National Scheme, 0.1% were Aboriginal and Torres Strait Islander Health Practitioners.

Of the registered Aboriginal and Torres Strait Islander Health Practitioners, 99.7% held practising registration. There were two practitioners on the non-practising register.

Tables 1–3 segment data relating to the registration of Aboriginal and Torres Strait Islander Health Practitioners in 2017/18.

Applications for registration

AHPRA received 155 new applications for registration as an Aboriginal and/or Torres Strait Islander Health Practitioner in 2017/18. In partnership with AHPRA, the Board considers every application for registration carefully and assesses it against the requirements for registration, including checking an applicant's criminal history.

Only practitioners 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 regulatory principles of the National Scheme, the Board may decide to impose conditions on a practitioner's registration or to refuse the application.

Of the 139 applications for registration that were finalised during the year, 0.7% resulted in conditions being imposed on registration or refusal to grant registration in order to protect the public.

For more information, download the [2017/18 annual report](#).

Renewals

Once registered, Aboriginal and Torres Strait Islander Health Practitioners 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 550 Aboriginal and Torres Strait Islander Health Practitioners renewed their registration in 2017/18, with 96.6% of these practitioners renewing online, which is similar to 96.7% in 2016/17.

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 registration renewal application.

In 2017/18, AHPRA audited 7,193 practitioners across all 15 regulated health professions. For all audits initiated and completed this year relating to Aboriginal and Torres Strait Islander Health Practitioners, 92% were found to be in compliance with the registration standards being audited.

See AHPRA's [2017/18 annual report](#) for more information about the audit process.

For more information about registration, visit the Board's website.

Figure 2: Audit outcomes for the Aboriginal and Torres Strait Islander Health Practice profession

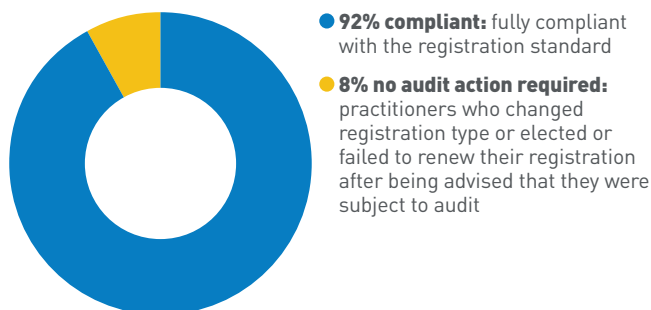
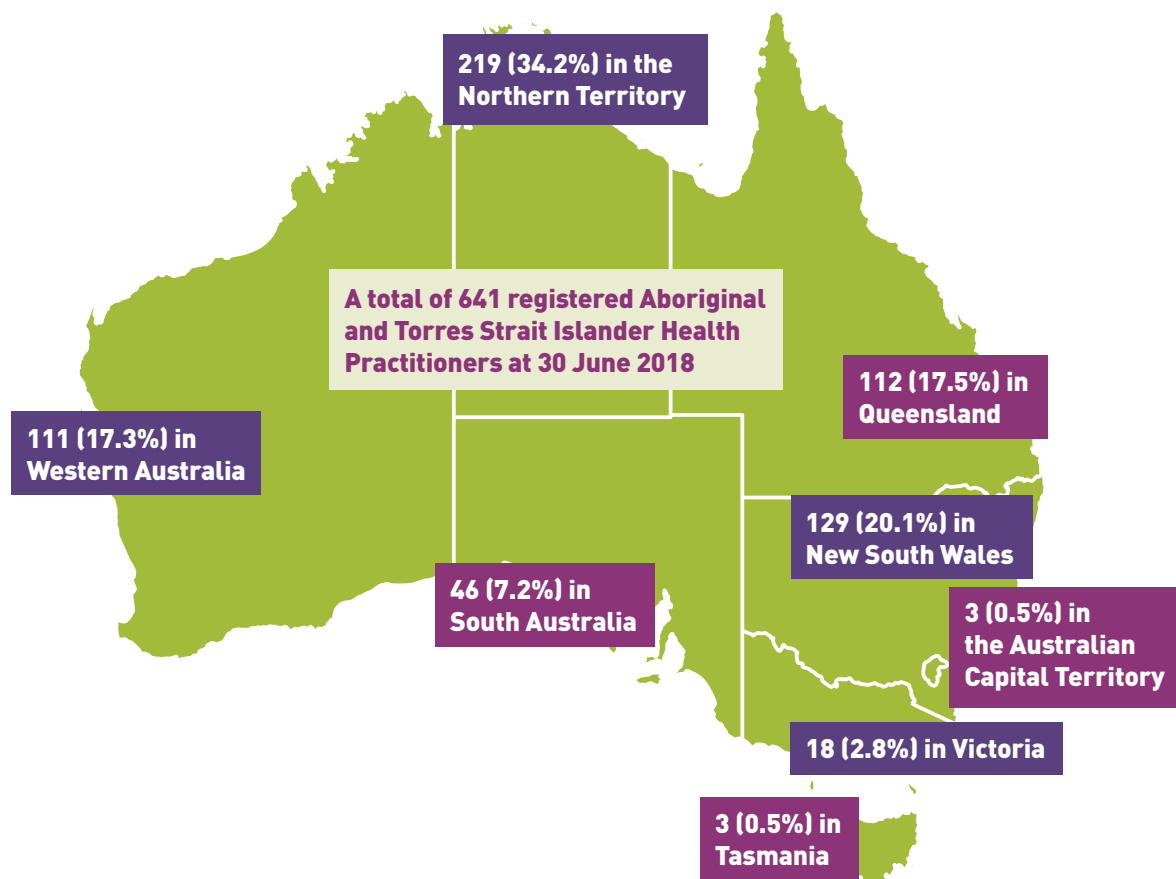


Figure 3: Number and percentage of Aboriginal and Torres Strait Islander Health Practitioners with a principal place of practice in each state and territory



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. 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.

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](#).

Table 1: Registrant numbers as at 30 June 2018

Aboriginal and Torres Strait Islander Health Practitioners	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Total 2017/18	3	129	219	112	46	3	18	111	641
Total 2016/17	3	120	211	108	45	3	13	105	608
% change from 2016/17 to 2017/18	0.0%	7.5%	3.8%	3.7%	2.2%	0.0%	38.5%	5.7%	5.4%

Table 2: Registrants, by age

Aboriginal and Torres Strait Islander Health Practitioners	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	Total
Total 2017/18	15	56	62	73	69	94	102	86	60	16	8	641
Total 2016/17	23	40	58	66	76	82	105	76	61	15	6	608

Table 3: Registrants, by principal place of practice and gender

Aboriginal and Torres Strait Islander Health Practitioners	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Total 2017/18	3	129	219	112	46	3	18	111	641
Female	2	99	160	88	32	3	15	88	487
Male	1	30	59	24	14		3	23	154
Total 2016/17	3	120	211	108	45	3	13	105	608
Female	2	92	154	89	30	3	11	82	463
Male	1	28	57	19	15		2	23	145

Regulating the workforce

In brief: Notifications, monitoring and offences

4 notifications (complaints or concerns) were lodged with AHPRA about Aboriginal and Torres Strait Islander Health Practitioners in 2017/18.

0.1% of all complaints about health practitioners received by AHPRA related to the profession.

0.6% of registrants were the subject of a notification (compared with 1.6% of all registered health practitioners).

2 mandatory notifications were made.

4 notifications were closed.

62 Aboriginal and Torres Strait Islander Health Practitioners were being monitored for compliance with restrictions on their registration as at 30 June 2018.

No statutory offence complaints were made.

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. OHO receives all health complaints in Queensland, including those about registered Aboriginal and Torres Strait Islander Health Practitioners, and decides whether the complaint:

- ➔ is serious, in which case it must be retained by OHO 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 about a concern or complaint about a practitioner, which AHPRA manages in partnership with the relevant National Board. Most of the notifications received about individual Aboriginal and Torres Strait Islander Health Practitioners 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 Aboriginal and Torres Strait Islander Health Practitioners in 2017/18, see *Statutory offences*.

Keeping the public safe is the primary focus when AHPRA and the Board make decisions about notifications.

Anyone can notify AHPRA about a registered Aboriginal and/or Torres Strait Islander Health Practitioner's health, performance or conduct. Registered Aboriginal and Torres Strait Islander Health Practitioners and employers have mandatory reporting obligations under the National Law, and of the seven complaints or concerns received, the majority were either lodged by another practitioner, or a practitioner's own motion.

Two of the four notifications received were about health impairment. See Figure 7.

There were no notifications lodged about Aboriginal and Torres Strait Islander Health Practice students.

For more information about the notifications process, visit the [AHPRA website](#).

Notifications received

This year, AHPRA received the highest number of notifications (7,276) in any single financial year since the National Scheme began.

Noting that Aboriginal and Torres Strait Islander Health Practice has the smallest registrant base of the 15 health professions in the scheme, only four notifications were lodged about Aboriginal and Torres Strait Islander Health Practitioners during the year (compared with seven in 2016/17). This equates to 0.6% of the profession having complaints or concerns made about them during the year.

The Northern Territory (2), Western Australia (1) and South Australia (1) were the only jurisdictions where AHPRA received and managed a complaint about an Aboriginal and/or Torres Strait Islander Health Practitioner during the year.

Tables 4–9 show data about notifications.

Figure 4: How AHPRA and the Board manage notifications

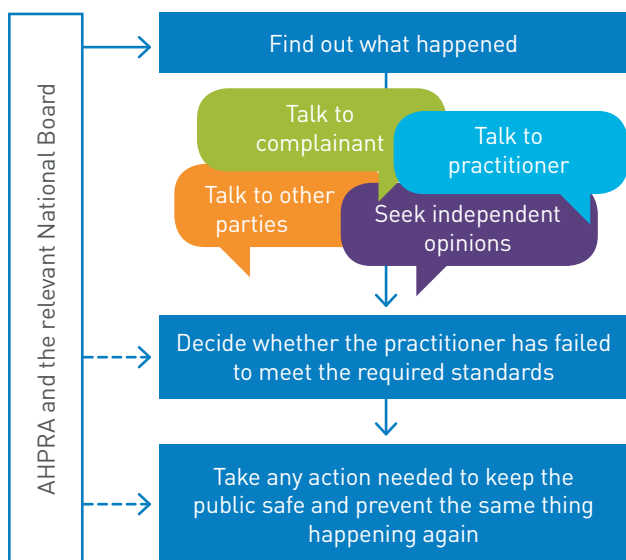
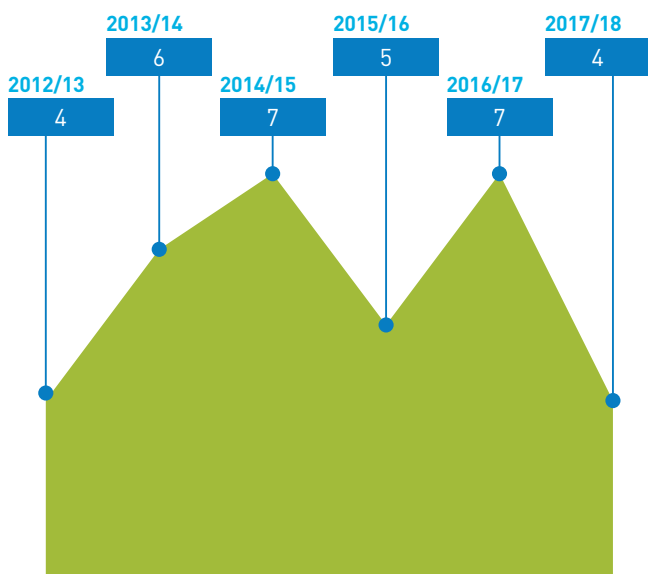


Figure 5: Total notifications received by AHPRA about Aboriginal and Torres Strait Islander Health Practitioners, year by year, since 2012/13



Notifications closed

The Board assessed and completed four notifications about Aboriginal and Torres Strait Islander Health Practitioners in 2017/18, compared with seven in 2016/17. Of the notifications that were closed, one resulted in some form of regulatory action being taken by the Board.

At 30 June 2018, there were two open notifications about Aboriginal and Torres Strait Islander Health Practitioners.

Tables 6–9 show data about notifications in 2017/18 and those that remained open as at 30 June 2018.

Figure 6: Source of notifications lodged with AHPRA about Aboriginal and Torres Strait Islander Health Practitioners

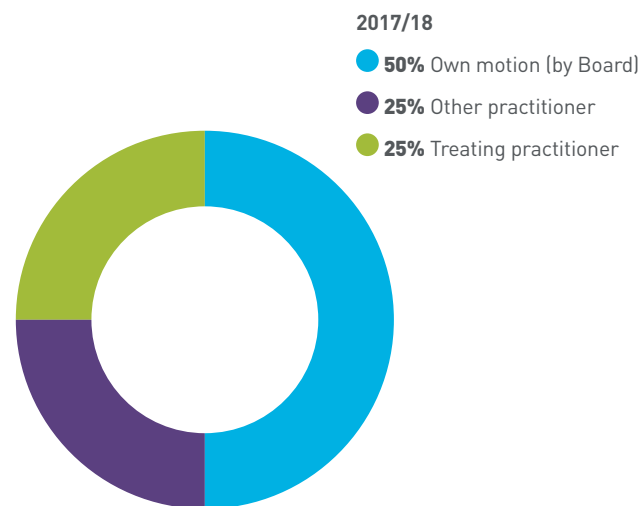
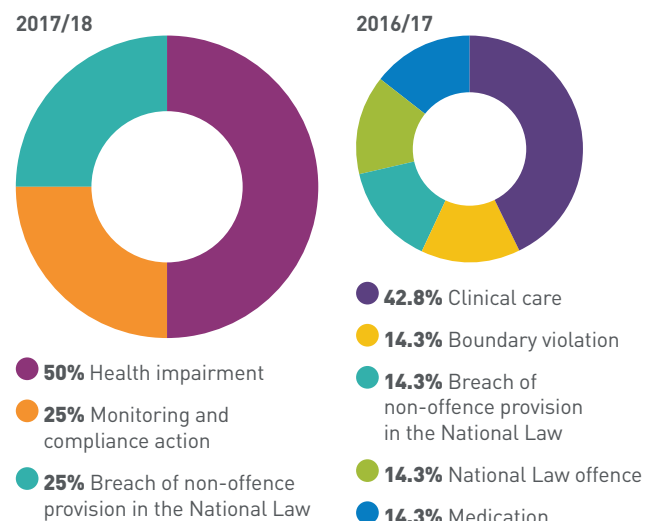


Figure 7: The most common types of complaint lodged with AHPRA about Aboriginal and Torres Strait Islander Health Practitioners



Mandatory notifications

All health practitioners, their employers and education providers have mandatory reporting responsibilities under the National Law. This means that they must tell AHPRA if they have formed a reasonable belief that a registered Aboriginal and/or Torres Strait Islander Health Practitioner or student 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. Two related to alleged notifiable conduct of an Aboriginal and/or Torres Strait Islander Health Practitioner. Both were about impairment.

For information about the *Guidelines for mandatory notifications*, visit the [Board's website](#).

Taking immediate action

Immediate action is a serious step that the Board can take when it believes it is necessary to limit an Aboriginal and Torres Strait Islander Health Practitioner'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.

Noting the small number of notifications in 2017/18 for the profession, the Board considered immediate action on two occasions and took it once.

Tribunals, panels and appeals

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 where the Board believes a practitioner has behaved in a way that constitutes professional misconduct.

Tribunals in each state and territory:

- **New South Wales** Civil and Administrative Tribunal
- **Australian Capital Territory** 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, and
- **Western Australia** State Administrative Tribunal

A National Board also 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 standard panels**, for conduct and performance issues.

No matters were referred to tribunals or panels during the year for this profession, and no matters were appealed.

Compliance

On behalf of the Board, AHPRA monitors Aboriginal and Torres Strait Islander Health Practitioners and students 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 61 individual Aboriginal and Torres Strait Islander Health Practitioners being monitored (comprising 62 monitoring cases¹).

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 62 monitoring cases of Aboriginal and Torres Strait Islander Health Practitioners represent 1.2% of all monitoring cases across all 15 professions in the National Scheme. The majority of these cases were being monitored for suitability/eligibility for registration.

For more information on monitoring and compliance, visit the [AHPRA website](#).

Table 10 shows data about active monitoring cases in 2017/18.

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.

No new statutory offences complaints about Aboriginal and Torres Strait Islander Health Practitioners were received in 2017/18, one was closed.

See AHPRA's [2017/18 annual report](#) for more information about statutory offences in 2017/18.

¹ A practitioner who has restrictions for more than one reason will be allocated more than one 'active monitoring case'. For example, if a practitioner has conditions imposed as a result of health concerns and conduct, they will be allocated two monitoring cases.

Table 4: Notifications received, by state or territory (including HPCA)

Aboriginal and Torres Strait Islander Health Practitioner ¹	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP	Subtotal	HPCA ⁴	Total
Total 2017/18			2		1			1		4	0	4
Total 2016/17			5	1	1					7	0	7

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 Matters managed by the Health Professional Councils Authority (HPCA) in NSW.

Table 5: Percentage of registrants with notifications received, by state or territory (including HPCA)

Aboriginal and Torres Strait Islander Health Practitioner	ACT	NSW (including HPCA complaints)	NT	QLD (including OHO complaints)	SA	TAS	VIC	WA	No PPP	Total	
ATSIHPBA total 2017/18			0.9%		2.2%			0.9%		0.6%	
ATSIHPBA total 2016/17			2.4%	0.9%	2.2%					1.2%	
All practitioners ¹ 2017/18	1.6%		1.8%	1.8%	2.1%	1.6%	1.5%	1.1%	1.2%	0.3%	1.6%
All practitioners ¹ 2016/17	1.9%		1.7%	2.2%	2.2%	1.3%	1.9%	1.1%	1.2%	0.5%	1.6%

¹ 'All practitioners' are the total number of notifications lodged with AHPRA about registered health practitioners in all health professions regulated in the National Scheme.

Table 6: Immediate action cases, by state or territory (excluding HPCA)

Aboriginal and Torres Strait Islander Health Practitioners	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Total 2017/18			1		1				2
Total 2016/17									0

Table 7: Notifications closed in 2017/18, by state or territory (including HPCA)

Aboriginal and Torres Strait Islander Health Practitioner	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	Subtotal	HPCA ³	Total
Total 2017/18			2		1			1	4	0	4
Total 2016/17			4	1	1				6	0	6

¹ Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

² Matters referred to AHPRA and the National Board by OHO in Queensland.

³ Matters managed by the HPCA in NSW.

Table 8: Notifications closed, by stage at closure

Stage at closure	2017/18	2016/17
Assessment ¹	2	5
Health or performance assessment ²	1	0
Investigation	1	1
Total	4	6

¹ Closed after initial assessment of the matter.

² 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).

Table 9: Notifications closed, by outcome at closure (excluding HPCA)

Stage at closure	2017/18	2016/17
No further action ¹	3	3
Caution	0	1
Impose conditions	1	2
Total	4	6

¹ 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.

Table 10: Active monitoring cases at 30 June 2018, by stream

Stream ¹	2017/18	2016/17
Conduct	0	0
Health	4	4
Performance	2	3
Prohibited practitioner/ student	1	0
Suitability / eligibility ²	55	65
Total	62	72

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 62 cases about Aboriginal and Torres Strait Islander Health Practitioners, which relate to 61 individual registrants.

² AHPRA performs monitoring of compliance cases for 'suitability/eligibility' for NSW registrations.

Appendix: National committee members

The Aboriginal and Torres Strait Islander Health Practice Board of Australia values the contribution of its committee members across Australia. Together, we make decisions to protect the public Australia-wide. In 2017/18, we held five national Board meetings and 13 national committee meetings. Members of these committees appointed for the entire or part of the 2017/18 year were as follows:

Accreditation Committee

Professor Elaine Duffy (Chair)

Mrs Norma Solomon

Ms Sharon Wallace

Registration and Notifications Committee

Ms Renee Owen (Chair)

Mr Bruce Brown

Ms Linda Bunn (to 15 December 2017)

Mr Bruce Davis (to 15 December 2017)

Ms Karrina DeMasi

Ms Celia Harnas

Miss Veronica King (from 15 December 2017)

Mrs Margaret McCallum (from 15 December 2017)

Mrs Leane Quirino (from 15 December 2017)

Mrs Lisa Penrith (previously O'Hara) (to 15 December 2017)

Ms Anita Phillips (to 15 December 2017)

Ms Kim Schellnegger (from 15 December 2017)

Aboriginal and Torres Strait Islander Health Practice Board of Australia: www.atsihealthpracticeboard.gov.au

Phone

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From outside Australia, call **+61 3 9275 9009**

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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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