

# Annual Report Summary

**2014/15**

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

## Local decisions – National Scheme

Regulating health  
practitioners in  
**Western Australia**



Australian Health Practitioner Regulation Agency

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

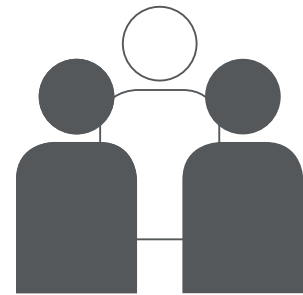


# Regulating health practitioners in Western Australia

This annual report summary offers a snapshot of our work regulating over 65,500 health practitioners in Western Australia. This short report complements the more detailed, national profile included in the AHPRA and National Boards' 2014/15 annual report.

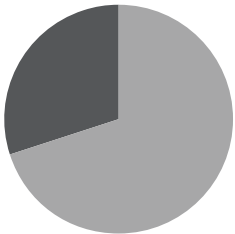


WA practitioners account for **10.3%** of Australia's registered health workforce



On 30 June 2015 there were **37,360** nurses and midwives, **10,246** medical practitioners, **3,469** psychologists, **3,344** physiotherapists, **3,105** pharmacists and **2,472** dental practitioners in WA

There are now **65,588** registered health practitioners in WA, compared with 64,015 in 2014



**78%** of registered health practitioners in WA are women

There are **171** dental, **5,998** medical and **16** podiatric specialists in WA



**Nine** WA practitioners had their registration limited or refused in some way after a criminal history check



**6,695** registration applications were received by AHPRA on behalf of National Boards in WA, including applications to change registration types

We received **781** notifications about health practitioners in WA during the year, including **114** mandatory notifications



**1.2%** of health practitioners in WA are subject to a notification

**38%** of notifications were made by patients, **12%** by employers, **11%** by relatives and **4%** were referred by the Health and Disability Services Complaints Office (HaDSCO). **6%** of notifications were initiated by National Boards

**WA boards and committees considered 'immediate action' 78 times, limiting the practitioner's registration in some way in 68 cases (85%) as an interim step to keep the public safe**

**42%** of notifications in WA were about clinical care, **7%** about pharmacy/medication, **7%** for documentation and **6%** for possible health impairment

There has been a **4%**

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

There has been a **30%** increase in the number of mandatory notifications received in WA

There were **60** cases closed after a tribunal hearing, with **54** (90%) resulting in disciplinary action



AHPRA is monitoring conditions on registration or undertakings from **554** WA practitioners

There were **49** notifications closed following panel hearings, with **30** cases (61%) resulting in disciplinary action

Notifications about practitioners in the dental, medical, nursing and midwifery, pharmacy and psychology professions account for **96%** of notifications in WA

# About the National Scheme

## Who

The National Registration and Accreditation Scheme regulates more than 637,000 registered health practitioners across Australia.

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

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

## What

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

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

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

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

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

## When

The National Scheme started in July 2010. Since then, there has been an increase in the number of registered practitioners, from 530,115 in June 2011 to 637,218 on 30 June 2015 (including four professions that entered the scheme in 2012).

## Where

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

## Why

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

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# Foreword from the AHPRA Chair and CEO

**In 2015 we mark five years of the work of AHPRA and the National Boards in implementing the National Registration and Accreditation Scheme. So much has changed since 2010 and this past year, in particular, has seen huge steps taken to ensure we are fulfilling our core purpose of protecting the public in the most effective and efficient ways possible. We now register almost 640,000 health practitioners in Australia, with 65,588 of those with a principal place of practice in Western Australia (WA).**

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

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

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

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

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

We value the ongoing support of the Minister for Health, The Hon. Dr Kim Hames, MLA, and his department, stakeholders within the professions and wider health sector and the community. Building understanding and confidence in our work is an important element of our trustworthiness.

We thank the staff within the AHPRA WA office for their hard work and commitment over the past year. We look forward to continuing to work in partnership with National Boards and their state boards and committees to serve the community of WA.



**Mr Martin Fletcher**  
Chief Executive Officer



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

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

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

# Foreword from WA State Manager, Robyn Collins

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

## Highlights for 2014/15:

- ▶ Regulating WA's 65,500 registered health practitioners, in partnership with the National Boards.
- ▶ Received 6,695 applications for registration, which is 10.9% of applications received nationally.
- ▶ Despite the increase in notifications received, we closed more notifications (820) than were received (781).
- ▶ The in-house legal services department assisted in the finalisation of 60 tribunal matters and managed half of these.
- ▶ The average time taken from referral of a matter to the tribunal by the Board, to the completion of the matter in the tribunal, has been reduced to just over seven months.
- ▶ Continued to host AHPRA's national quality business assurance function.

## Local decisions, national framework

The WA AHPRA office, working as part of the national AHPRA operational network, received 10.0% of all applications for registration that were received nationally. This reflects more than 2.5% growth in the number of registered health practitioners in WA over the last 12 months.

The administration of the Medical Radiation Practice Board of Australia's Supervised Practice Program, which includes approval of supervisors and assessment of various reports, was transferred to the WA office for ongoing management in 2014/15.

AHPRA works closely with the Occupational Therapy Council (Australia & New Zealand) Ltd in dealing with applications from overseas qualified occupational therapists; all applications received at AHPRA offices across the country are reviewed and processed in the WA office.

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

## Working with our stakeholders

During the year we have been in regular contact with many of our stakeholders and partners, listening to their ideas on ways we can improve, making opportunities to respond to feedback and talking about the National Scheme. Staff participated in 215 stakeholder engagements with approximately 50 different organisations, including the WA Consumer Advisory Council, Health and Disability Services Complaints Office, WA Council for Quality and Safety, public and private hospitals, universities and other health education providers, various health-related agencies, and corrective services. These engagements related to registration standards, notification processes and other matters to do with the National Scheme.

The WA office is working closely with the Health and Disability Complaints Office (the local health complaints entity) to support a national working group established to review processes to identify the appropriate entity (health complaints entity or National Board) to handle a notification or complaint; and improve communication with notifiers/ complainants regarding the role of each organisation.

## Improving notifications management

There has been a 4% increase in the number of notifications (complaints) received in WA during the year, compared with a 32% increase last year. We continue to focus our efforts on improving our management of notifications and the notifiers' and practitioners' experience of the National Scheme. Key performance indicators help us measure and manage the timeliness of our investigations – and in 2014/15 we closed more notifications than we received.

Of the notifications received by AHPRA nationally, close to 90% are made about practitioners in five professions – medical, nursing and midwifery, dental, pharmacy and psychology. Four of these Boards have state, territory or regional boards or committees, which make all decisions about individual practitioners. More information about the work of WA Boards and committees is included later in this report.

## Local office, national contribution

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

Nationally, team members from all functions within the WA office actively participate in shaping AHPRA's future strategic direction and leading, as well as contributing to, national projects and initiatives to improve AHPRA's service to stakeholders.

WA continues to host quality assurance as a national function. This is a great example of local contribution to the National Scheme as we increasingly harness specialist skills in key areas in WA and apply them nationally. The WA-based manager of quality assurance supports the governing national committee to implement national quality assurance activities in core business areas.

Our WA finance manager is also the business partner for four of the National Boards and, as such, works closely to link those Boards (and executive officers) and the national AHPRA finance function.

I would like to extend my sincere gratitude and thanks to the hardworking team in the WA office for their dedication, professionalism and commitment to regulation excellence. I thank the members of the WA boards and committees for their expertise and commitment to the people of WA.



**Robyn Collins**  
WA State Manager, AHPRA





**Part 1: Decision-making in WA:**  
**Board and committee reports**

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

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

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

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

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

I attended a number of National Board meetings throughout the year. These meetings are opportunities to discuss how the National Board policies influence our decision-making at the local level.

We have endeavoured to engage with our stakeholders during the year. Along with the WA State Manager, Robyn Collins, we have liaised with representatives of the WA branch of the Australian Dental Association to ensure that as many registered practitioners as possible renewed their registration on time. Committee members attended a conference hosted by the National Board, at which all of the committees across the country came together to share their experiences and gain perspective of the work of the National Scheme. We have also hosted the Director of the Health and Disability Services Complaints Office at one of our committee meetings to discuss the common areas of our work.

The WA Registration and Notification Committee has dealt with increasingly complex notifications this year in an efficient and professional manner; and I thank my colleagues for their energy and commitment to the people of WA during the year.

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



**Dr Gerard Parkinson**  
Chair, WA Registration and Notification Committee, Dental Board of Australia

**Dr John Lockwood AM**  
Chair, Dental Board of Australia

## Members of the WA Registration and Notification Committee in 2014/15

Dr Gerard Parkinson (Chair)  
Dr Susan Anderson  
Ms Bronwyn Davies  
Mr Graham Devenish  
Mr Michael Piu  
Dr Simon Shanahan

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

As in previous years, the focus of the WA Board of the Medical Board of Australia in 2014/15 has been on public safety as we made decisions about individual medical practitioners. These decisions fall into two broad categories: either complex applications for registration which require detailed individual assessment; or what action is required to manage risk to the public as a result of a notification.

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

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

The WA Board has taken a proactive role in engaging and working with stakeholders in WA. We have invited representatives from the Health and Disability Services Complaints Office, the Postgraduate Medical Council and WA Medical Workforce team to our board and committee meetings throughout the year, to discuss issues that are common to our work.

Away from Board meetings, I have participated in setting up the Doctors' Health Advisory Group, which gives doctors a supportive place to discuss their own health issues.

The WA Board has also been represented on open forums discussing the role and work of the Board.

This year we welcomed Dr Michael Levitt as a new member to the WA Board. Dr Levitt's appointment brings further surgical experience to the WA Board and helps maintain a wide breadth of knowledge and experience on the Board.

I thank my colleagues on the WA Board for their energy and commitment to the people of WA during the year.

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



**Professor Con Michael AO**  
Chair, Western Australia  
Board, Medical Board of  
Australia



**Dr Joanna Flynn AM**  
Chair, Medical Board of  
Australia

## Members of the WA Board in 2014/15

Professor Con Michael AO (Chair)  
Ms Nicoletta Ciffolilli  
Ms Prudence Ford  
Dr Frank Kubicek  
Dr Michael Levitt (from 18 October 2014)  
Dr Michael McComish  
Dr Mark McKenna  
Professor Stephan Millett  
Dr Steven Patchett  
Ms Virginia Rivalland  
Professor Bryant Stokes AM  
Adjunct Professor Peter Wallace OAM

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

In 2014/15, the WA Board of the Nursing and Midwifery Board of Australia continued to focus on public safety, making decisions about individual nurses and midwives. These may be decisions about complex applications for registration which require detailed individual assessment, or deciding what action is required to manage risk to the public as a result of a notification.

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

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

The inaugural Nursing and Midwifery Board conference was held in November 2014. All members attended and exchanged information and experience, and were given insights into the operations of AHPRA across all state and territories of Australia.

Over the 12 months members have represented the WA Board as part state consultations for the review of the National Scheme; attended workshops with members of other state and territory boards to review AHPRA's notification and registration processes; placed flowers at the annual memorial services for veterans; and participated in state government policy consultative events. The WA Board regularly hosts representatives from other agencies, such as the director of the Health and Disability Services Complaints Office and the WA Chief Nursing and Midwifery Officer.

I was extremely fortunate to be sponsored by the National Board to attend the International Congress of Nurses conference in Seoul, South Korea in June this year, an event that has highlighted the emerging issues that are confronting the profession worldwide – including the ageing population, nurse and midwife workforce shortages, and the use of technology as an adjunct to nursing interventions.

I wish to acknowledge the high standard of work that AHPRA staff continue to provide to the WA Board in preparation for our meetings. Their input is invaluable to assist our decision-making.

This year we changed three members, so I say a special thanks to Ms Lynn Hudson, Professor Selma Allieux and Mr Anthony Dolan for their service to the board and welcome to Dr Margaret Crowley as a community representative, and Adjunct Associate Professor Marie Baxter and Associate Professor Karen Clark-Burg as practitioner members. Our board

members contribute their time, energy and passion for protecting the public and the vigilance to ensure that community confidence in the system is retained.

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



**Ms Marie-Louise Macdonald**  
Chair, WA Board of the Nursing and Midwifery Board of Australia



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

## Members of the WA Board in 2014/15

Ms Marie-Louise Macdonald (Chair)  
Professor Selma Allieux (until 17 March 2015)  
Adjunct Associate Professor Marie Baxter (from 18 March 2015)  
Associate Professor Karen Clark-Burg (from 18 March 2015)  
Dr Margaret Crowley (from 18 March 2015)  
Mr Anthony Dolan (until 17 March 2015)  
Adjunct Associate Professor Karen Gullick  
Ms Lynn Hudson (until 17 March 2015)  
Ms Pamela Lewis  
Mr Michael Piu  
Ms Virginia Seymour  
Ms Jennifer Wood

## Pharmacy Board of Australia – local representation

The Pharmacy Board of Australia (the National Board) makes decisions about the 3,000 registered pharmacists in WA. To make sure we have local knowledge informing our decisions, there are practitioner members of the Board from each state and territory and a community member from each of four states. Mrs Rachel Carr is the practitioner member from WA on the National Board.

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

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

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

Data showing the work of the Board in WA are detailed in this report. More comprehensive information about the work of the National Board nationally is included in the 2014/15 annual report of AHPRA and the National Boards.



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

# NT, SA and WA Regional Board of the Psychology Board of Australia: Chair's message

**The Regional Board of the Psychology Board of Australia serves communities in the Northern Territory (NT), South Australia (SA) and WA.**

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

The Regional Board is the local face of psychology regulation in our region. Our Board is made up of practitioner and community members from the NT, SA and WA. The decisions we make about psychologists in our region are guided by the national standards and policies set by the National Board. Our Board is supported by AHPRA's office in WA, with assistance from teams in SA and the NT.

The main focus of the Regional Board has continued to be on public safety, as we made decisions about individual psychologists. Most of our work considers what action we need to take to manage risk to the public as a result of a notification. Another priority is assessing complex applications for registration.

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

The Regional Board takes an active role in engaging with its stakeholders. This year we have participated in a number of stakeholder meetings and an open public forum, which took place as part of the National Board's visit to Perth in November 2014. We have hosted the Director of the Health and Disability Services Complaints Office at one of our Board meetings this year, where we discussed the work that is being done to forge closer links.

The NT/SA/WA Regional Board meeting was held in Adelaide in May 2015 and in Darwin in July 2015. The National Board also met in Darwin in July 2015 and ran a very well-attended forum for local registrants. These meetings provided further opportunities to discuss local issues.

During the year we have welcomed South Australian community member Mrs Cathy Beaton to the Board. I would like to thank my colleagues on the Regional Board for their energy and commitment to the people of the NT, SA and WA during the year, in particular, my Deputy Chairs Ms Janet Stephenson (SA) and Associate Professor Shirley Grace (NT).

I hope you find this profile of our work interesting.



**Associate Professor Jennifer Thornton**  
Chair, NT, SA and WA Regional Board of the Psychology Board of Australia



**Professor Brin Grenyer**  
Chair, Psychology Board of Australia

## Members of the NT/SA/WA Regional Board in 2014/15

Associate Professor Jennifer Thornton (Chair)  
Mrs Cathy Beaton (from 10 September 2014)  
Ms Judith Dikstein  
Dr Shirley Grace  
Emeritus Associate Professor David Leach  
Mr Neil McLean  
Mr Theodore Sharp  
Ms Claire Simmons  
Ms Janet Stephenson

# National Boards and committees making local decisions

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

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

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

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

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

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

For more information about the work of National Boards during the year, read the 2014/15 annual report of AHPRA and the National Boards.



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



**Professor Charlie Xue**  
Chair, Chinese Medicine  
Board of Australia



**Dr Wayne Minter AM**  
Chair, Chiropractic  
Board of Australia



**Mr Neil Hicks**  
Chair, Medical  
Radiation Practice  
Board of Australia



**Ms Julie Brayshaw**  
Presiding Member,  
Occupational Therapy  
Board of Australia



**Mr Colin Waldron**  
Chair, Optometry Board  
of Australia



**Dr Nikole Grbin**  
Chair, Osteopathy  
Board of Australia



**Mr Paul Shinkfield**  
Chair, Physiotherapy  
Board of Australia



**Ms Catherine Loughry**  
Chair, Podiatry Board  
of Australia

## **Part 2: The National Scheme at work in WA**



# WA data snapshot: registration and notifications

## Background

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

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

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

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

We publish the source of notifications, as there are different patterns across states and territories. Again, we offer two years of data where possible, as well as a breakdown by profession. National data and comparisons against national data are included. In general, the national data include data about notifications in New South Wales (NSW), except when categories used differ between NSW and the other states and territories. NSW is a co-regulatory jurisdiction.

More comprehensive data are published in the 2014/15 annual report of AHPRA and the National Boards, which also includes more comprehensive profession-specific information. In addition, each National Board will be publishing a summary report with greater detail of its work in 2014/15 and profession-specific data.

## Registration in WA

Tables 1–6 provide details of registered practitioners in WA. At 30 June 2015 there were 65,588 registered practitioners in WA, representing 10.3% of the practitioners registered nationally. This equates to a growth of 2.5% from the previous year. At a profession level, the proportion of registrants within WA range from osteopaths with 3% of the registrant base nationally in WA, to occupational therapists with 14.6% of the registrant base nationally in WA.

There was an increase of 124% in the number of Aboriginal and Torres Strait Islander health practitioners registered in WA. This represents an increase from 21 registrants in 2014 to 47 registrants in 2015.

Of the four professions that have divisions (see Table 5), the pattern of registration in the dental profession shows the most variation. WA has 20.6% of registrants who hold registration as dental hygienist and 28.7% of registrants who hold dental therapist registration; however it has only 6.8% of registrants registered as dental prosthetists and 6.1% of oral health therapists. There are 10.5% of dentists registered nationally who have WA as their principal place of practice.

Details of registration applications received in 2014/15 are provided in Table 7. In 2014/15, 6,695 applications were received in WA; this represents 10.9% of the applications received nationally.

**Table 1: Registered practitioners with WA as the principal place of practice, by profession<sup>1</sup>**

Profession	WA	National total <sup>5</sup>	% of national total
Aboriginal and Torres Strait Islander Health Practitioner <sup>2</sup>	47	391	12.0%
Chinese Medicine Practitioner <sup>2</sup>	238	4,494	5.3%
Chiropractor	594	4,998	11.9%
Dental Practitioner	2,472	21,209	11.7%
Medical Practitioner	10,246	103,133	9.9%
Medical Radiation Practitioner <sup>2</sup>	1,300	14,866	8.7%
Midwife	349	3,682	9.5%
Nurse	33,988	336,099	10.1%
Nurse and Midwife <sup>3</sup>	3,023	30,522	9.9%
Occupational Therapist <sup>2</sup>	2,504	17,200	14.6%
Optometrist	403	4,915	8.2%
Osteopath	60	2,000	3.0%
Pharmacist	3,105	29,014	10.7%
Physiotherapist	3,344	27,543	12.1%
Podiatrist	446	4,386	10.2%
Psychologist	3,469	32,766	10.6%
<b>Total 2014/15</b>	<b>65,588</b>	<b>637,218</b>	<b>10.3%</b>
<b>Total 2013/14</b>	<b>64,015</b>	<b>619,509</b>	<b>10.3%</b>
<b>Population as a proportion of national population<sup>4</sup></b>	<b>2,581,300</b>	<b>23,625,600</b>	<b>10.9%</b>

Notes:

1. Data are based on registered practitioners as at 30 June 2015.
2. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.
3. Practitioners who hold dual registration as both a nurse and a midwife.
4. Based on ABS Demographics Statistics as at 30 December 2014.
5. National total also includes registrants who have no specified principal place of practice.

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

Profession/registration type	WA	National total	% of national total
<b>Aboriginal and Torres Strait Islander Health Practitioner</b>	<b>47</b>	<b>391</b>	<b>12.0%</b>
General	46	390	11.8%
Non-practising	1	1	100.0%
<b>Chinese Medicine Practitioner</b>	<b>238</b>	<b>4,494</b>	<b>5.3%</b>
General	234	4,314	5.4%
General and Non-practising <sup>1</sup>		1	0.0%
Non-practising	4	179	2.2%
<b>Chiropractor</b>	<b>594</b>	<b>4,998</b>	<b>11.9%</b>
General	580	4,709	12.3%
Non-practising	14	289	4.8%
<b>Dental Practitioner</b>	<b>2,472</b>	<b>21,209</b>	<b>11.7%</b>
General	2,234	18,975	11.8%
General and Non-practising <sup>1</sup>		1	0.0%
General and Specialist	167	1,614	10.3%
Limited	5	83	6.0%
Non-practising	63	510	12.4%
Specialist	3	26	11.5%
<b>Medical Practitioner</b>	<b>10,246</b>	<b>103,133</b>	<b>9.9%</b>
General	3,490	34,767	10.0%
General (Teaching and Assessing)	4	40	10.0%
General (Teaching and Assessing) and Specialist		2	0.0%
General and Specialist	4,302	49,199	8.7%
Limited	474	3,455	13.7%
Non-practising	217	2,663	8.1%
Provisional	516	4,697	11.0%
Specialist	1,243	8,310	15.0%
<b>Medical Radiation Practitioner</b>	<b>1,300</b>	<b>14,866</b>	<b>8.7%</b>
General	1,279	13,984	9.1%
Limited		1	0.0%
Non-practising	12	248	4.8%
Provisional	9	633	1.4%
<b>Midwife</b>	<b>349</b>	<b>3,682</b>	<b>9.5%</b>
General	344	3,616	9.5%
Non-practising	5	66	7.6%
<b>Nurse</b>	<b>33,988</b>	<b>336,099</b>	<b>10.1%</b>
General	33,599	331,232	10.1%
General and Non-practising <sup>1</sup>		20	0.0%
Non-practising	389	4,847	8.0%

Profession/ registration type	WA	National total	% of national total
<b>Nurse and Midwife</b>	<b>3,023</b>	<b>30,522</b>	<b>9.9%</b>
General	2,916	<b>28,616</b>	10.2%
General and Non-practising <sup>2</sup>	65	<b>1,253</b>	5.2%
Non-practising	42	<b>653</b>	6.4%
<b>Occupational Therapist</b>	<b>2,504</b>	<b>17,200</b>	<b>14.6%</b>
General	2,378	<b>16,500</b>	14.4%
Limited	13	<b>89</b>	14.6%
Non-practising	106	<b>570</b>	18.6%
Provisional	7	<b>41</b>	17.1%
<b>Optometrist</b>	<b>403</b>	<b>4,915</b>	<b>8.2%</b>
General	395	<b>4,758</b>	8.3%
Limited		<b>2</b>	0.0%
Non-practising	8	<b>155</b>	5.2%
<b>Osteopath</b>	<b>60</b>	<b>2,000</b>	<b>3.0%</b>
General	59	<b>1,917</b>	3.1%
Non-practising		<b>66</b>	0.0%
Provisional <sup>3</sup>	1	<b>17</b>	5.9%
<b>Pharmacist</b>	<b>3,105</b>	<b>29,014</b>	<b>10.7%</b>
General	2,862	<b>26,179</b>	10.9%
Limited	3	<b>14</b>	21.4%
Non-practising	55	<b>1,006</b>	5.5%
Provisional	185	<b>1,815</b>	10.2%
<b>Physiotherapist</b>	<b>3,344</b>	<b>27,543</b>	<b>12.1%</b>
General	3,264	<b>26,442</b>	12.3%
Limited	18	<b>276</b>	6.5%
Non-practising	62	<b>825</b>	7.5%
<b>Podiatrist</b>	<b>446</b>	<b>4,386</b>	<b>10.2%</b>
General	426	<b>4,260</b>	10.0%
General and Specialist	16	<b>30</b>	53.3%
Non-practising	4	<b>96</b>	4.2%
<b>Psychologist</b>	<b>3,469</b>	<b>32,766</b>	<b>10.6%</b>
General	2,770	<b>26,843</b>	10.3%
Non-practising	161	<b>1,571</b>	10.2%
Provisional	538	<b>4,352</b>	12.4%
<b>Total</b>	<b>65,588</b>	<b>637,218</b>	<b>10.3%</b>

Notes:

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

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

Profession/ endorsement or notation	WA	National total	% of national total
Chiropractor		<b>33</b>	0.0%
Acupuncture		<b>33</b>	0.0%
Dental Practitioner	8	<b>91</b>	8.8%
Area of Practice	8	<b>91</b>	8.8%
Medical Practitioner	33	<b>486</b>	6.8%
Acupuncture	33	<b>486</b>	6.8%
Midwife <sup>1</sup>	71	<b>487</b>	14.6%
Eligible Midwife <sup>2</sup>	40	<b>304</b>	13.2%
Midwife Practitioner		<b>1</b>	0.0%
Scheduled Medicines	31	<b>182</b>	17.0%
Nurse <sup>1</sup>	222	<b>2,229</b>	10.0%
Area of Practice	1	<b>1</b>	100.0%
Nurse Practitioner	208	<b>1,247</b>	16.7%
Scheduled Medicines	13	<b>981</b>	1.3%
Optometrist	170	<b>2,000</b>	8.5%
Scheduled Medicines	170	<b>2,000</b>	8.5%
Osteopath		<b>2</b>	0.0%
Acupuncture		<b>2</b>	0.0%
Physiotherapist		<b>8</b>	0.0%
Acupuncture		<b>8</b>	0.0%
Podiatrist	28	<b>68</b>	41.2%
Scheduled Medicines	28	<b>68</b>	41.2%
Psychologist	1,354	<b>10,643</b>	12.7%
Area of Practice	1,354	<b>10,643</b>	12.7%
<b>Total</b>	<b>1,886</b>	<b>16,047</b>	<b>11.8%</b>

Notes:

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

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

Profession/gender	WA	National total	% of national total
<b>Aboriginal and Torres Strait Islander Health Practitioner<sup>1</sup></b>	<b>47</b>	<b>391</b>	<b>12.0%</b>
Female	39	295	13.2%
Male	8	96	8.3%
<b>Chinese Medicine Practitioner<sup>1</sup></b>	<b>238</b>	<b>4,494</b>	<b>5.3%</b>
Female	143	2,415	5.9%
Male	95	2,079	4.6%
<b>Chiropractor</b>	<b>594</b>	<b>4,998</b>	<b>11.9%</b>
Female	251	1,877	13.4%
Male	343	3,121	11.0%
<b>Dental Practitioner</b>	<b>2,472</b>	<b>21,209</b>	<b>11.7%</b>
Female	1,409	10,331	13.6%
Male	1,063	10,878	9.8%
<b>Medical Practitioner</b>	<b>10,246</b>	<b>103,133</b>	<b>9.9%</b>
Female	4,275	42,189	10.1%
Male	5,971	60,944	9.8%
<b>Medical Radiation Practitioner<sup>1</sup></b>	<b>1,300</b>	<b>14,866</b>	<b>8.7%</b>
Female	893	10,064	8.9%
Male	407	4,802	8.5%
<b>Midwife</b>	<b>349</b>	<b>3,682</b>	<b>9.5%</b>
Female	349	3,666	9.5%
Male		16	0.0%
<b>Nurse</b>	<b>33,988</b>	<b>336,099</b>	<b>10.1%</b>
Female	30,837	297,792	10.4%
Male	3,151	38,307	8.2%
<b>Nurse and Midwife</b>	<b>3,023</b>	<b>30,522</b>	<b>9.9%</b>
Female	2,977	29,975	9.9%
Male	46	547	8.4%

Profession/gender	WA	National total	% of national total
<b>Occupational Therapist<sup>1</sup></b>	<b>2,504</b>	<b>17,200</b>	<b>14.6%</b>
Female	2,302	15,752	14.6%
Male	202	1,448	14.0%
<b>Optometrist</b>	<b>403</b>	<b>4,915</b>	<b>8.2%</b>
Female	179	2,491	7.2%
Male	224	2,424	9.2%
<b>Osteopath</b>	<b>60</b>	<b>2,000</b>	<b>3.0%</b>
Female	31	1,077	2.9%
Male	29	923	3.1%
<b>Pharmacist</b>	<b>3,105</b>	<b>29,014</b>	<b>10.7%</b>
Female	1,938	17,616	11.0%
Male	1,167	11,398	10.2%
<b>Physiotherapist</b>	<b>3,344</b>	<b>27,543</b>	<b>12.1%</b>
Female	2,399	18,911	12.7%
Male	945	8,632	10.9%
<b>Podiatrist</b>	<b>446</b>	<b>4,386</b>	<b>10.2%</b>
Female	280	2,677	10.5%
Male	166	1,709	9.7%
<b>Psychologist</b>	<b>3,469</b>	<b>32,766</b>	<b>10.6%</b>
Female	2,750	25,894	10.6%
Male	719	6,872	10.5%
<b>Total</b>	<b>65,588</b>	<b>637,218</b>	<b>10.3%</b>

Notes:

1. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.

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

Profession/division	WA	National total	% of national total
<b>Chinese Medicine Practitioner</b>	<b>238</b>	<b>4,494</b>	<b>5.3%</b>
Acupuncturist	97	1,688	5.7%
Acupuncturist and Chinese Herbal Dispenser <sup>1</sup>		2	0.0%
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner <sup>1</sup>	27	631	4.3%
Acupuncturist and Chinese Herbal Medicine Practitioner <sup>1</sup>	112	2,068	5.4%
Chinese Herbal Dispenser	2	41	4.9%
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner <sup>1</sup>		14	0.0%
Chinese Herbal Medicine Practitioner		50	0.0%
<b>Dental Practitioner</b>	<b>2,472</b>	<b>21,209</b>	<b>11.7%</b>
Dental Hygienist	283	1,373	20.6%
Dental Hygienist and Dental Prosthetist <sup>1</sup>		3	0.0%
Dental Hygienist and Dental Prosthetist and Dental Therapist <sup>1</sup>		2	0.0%
Dental Hygienist and Dental Therapist <sup>1</sup>	53	483	11.0%
Dental Hygienist and Dentist <sup>1</sup>		2	0.0%
Dental Hygienist and Oral Health Therapist <sup>1</sup>	3	6	50.0%
Dental Prosthetist	85	1,245	6.8%
Dental Prosthetist and Dental Therapist <sup>1</sup>		1	0.0%
Dental Prosthetist and Dentist <sup>1</sup>		1	0.0%
Dental Therapist	305	1,063	28.7%
Dental Therapist and Oral Health Therapist <sup>1</sup>	2	2	100.0%
Dentist	1,672	15,888	10.5%

Profession/division	WA	National total	% of national total
Dentist and Oral Health Therapist <sup>1</sup>		1	0.0%
Oral Health Therapist	69	1,139	6.1%
<b>Medical Radiation Practitioner</b>	<b>1,300</b>	<b>14,866</b>	<b>8.7%</b>
Diagnostic Radiographer	1,059	11,496	9.2%
Diagnostic Radiographer and Nuclear Medicine Technologist <sup>1</sup>	1	15	6.7%
Diagnostic Radiographer and Radiation Therapist <sup>1</sup>		2	0.0%
Nuclear Medicine Technologist	65	1,039	6.3%
Radiation Therapist	175	2,314	7.6%
<b>Nurse</b>	<b>33,988</b>	<b>336,099</b>	<b>10.1%</b>
Enrolled Nurse (Division 2)	5,373	61,880	8.7%
Enrolled Nurse (Division 2) and Registered Nurse (Division 1) <sup>1</sup>	482	5,585	8.6%
Registered Nurse (Division 1)	28,133	268,634	10.5%
<b>Nurse and Midwife</b>	<b>3,023</b>	<b>30,522</b>	<b>9.9%</b>
Enrolled Nurse and Midwife <sup>1</sup>		62	0.0%
Enrolled Nurse and Registered Nurse and Midwife <sup>1</sup>	9	59	15.3%
Registered Nurse and Midwife <sup>1</sup>	3,014	30,401	9.9%
<b>Total</b>	<b>41,021</b>	<b>407,190</b>	<b>10.1%</b>

Notes:

1. Practitioners who hold dual or multiple registration.

**Table 6: Health practitioners with specialties at 30 June 2015<sup>1</sup>**

Profession/area of specialty practice	WA	National total	% of national total
<b>Dental Practitioner</b>	<b>171</b>	<b>1,693</b>	<b>10.1%</b>
Dento-maxillofacial radiology	2	10	20.0%
Endodontics	16	159	10.1%
Forensic odontology	5	27	18.5%
Oral and maxillofacial surgery	19	202	9.4%
Oral medicine	5	35	14.3%
Oral pathology	2	24	8.3%
Oral surgery	1	52	1.9%
Orthodontics	56	600	9.3%
Paediatric dentistry	12	119	10.1%
Periodontics	30	221	13.6%
Prosthodontics	22	212	10.4%
Public health dentistry (Community dentistry)	1	16	6.3%
Special needs dentistry		16	0.0%
<b>Medical Practitioner</b>	<b>5,998</b>	<b>62,490</b>	<b>9.6%</b>
<b>Addiction medicine</b>	13	167	7.8%
<b>Anaesthesia</b>	494	4,627	10.7%
<b>Dermatology</b>	44	507	8.7%
<b>Emergency medicine</b>	206	1,687	12.2%
<b>General practice</b>	2,431	23,993	10.1%
<b>Intensive care medicine</b>	75	815	9.2%
Paediatric intensive care medicine		2	0.0%
No subspecialty declared	75	813	9.2%
<b>Medical administration</b>	30	334	9.0%
<b>Obstetrics and gynaecology</b>	163	1,871	8.7%
Gynaecological oncology	2	43	4.7%
Maternal-fetal medicine	5	40	12.5%
Obstetrics and gynaecological ultrasound	3	77	3.9%
Reproductive endocrinology and infertility	2	53	3.8%
Urogynaecology	4	30	13.3%
No subspecialty declared	147	1,628	9.0%

Profession/area of specialty practice	WA	National total	% of national total
<b>Occupational and environmental medicine</b>	42	302	13.9%
<b>Ophthalmology</b>	80	967	8.3%
<b>Paediatrics and child health</b>	254	2,442	10.4%
Paediatric intensive care medicine		5	0.0%
Clinical genetics	1	25	4.0%
Community child health	1	43	2.3%
General paediatrics	176	1,784	9.9%
Neonatal and perinatal medicine	24	164	14.6%
Paediatric cardiology	5	31	16.1%
Paediatric clinical pharmacology		1	0.0%
Paediatric emergency medicine	7	44	15.9%
Paediatric endocrinology	2	26	7.7%
Paediatric gastroenterology and hepatology	4	23	17.4%
Paediatric haematology	1	10	10.0%
Paediatric immunology and allergy		17	0.0%
Paediatric infectious diseases		16	0.0%
Paediatric medical oncology	2	25	8.0%
Paediatric nephrology	1	8	12.5%
Paediatric neurology	1	31	3.2%
Paediatric palliative medicine		2	0.0%
Paediatric rehabilitation medicine		6	0.0%
Paediatric respiratory and sleep medicine	4	25	16.0%
Paediatric rheumatology	3	12	25.0%
No subspecialty declared	22	144	15.3%
<b>Pain medicine</b>	30	260	11.5%
<b>Palliative medicine</b>	29	297	9.8%
<b>Pathology</b>	222	2,009	11.1%
Anatomical pathology (including cytopathology)	97	872	11.1%

Profession/area of specialty practice	WA	National total	% of national total
Chemical pathology	16	90	17.8%
Forensic pathology	5	48	10.4%
General pathology	7	125	5.6%
Haematology	37	487	7.6%
Immunology	17	117	14.5%
Microbiology	34	222	15.3%
No subspecialty declared	9	48	18.8%
<b>Physician</b>	<b>778</b>	<b>9,423</b>	<b>8.3%</b>
Cardiology	81	1,251	6.5%
Clinical genetics	5	71	7.0%
Clinical pharmacology	5	53	9.4%
Endocrinology	46	630	7.3%
Gastroenterology and hepatology	65	802	8.1%
General medicine	131	1,772	7.4%
Geriatric medicine	67	609	11.0%
Haematology	34	507	6.7%
Immunology and allergy	22	154	14.3%
Infectious diseases	31	389	8.0%
Medical oncology	39	584	6.7%
Nephrology	38	507	7.5%
Neurology	43	546	7.9%
Nuclear medicine	20	257	7.8%
Respiratory and sleep medicine	60	631	9.5%
Rheumatology	30	349	8.6%
No subspecialty declared	61	311	19.6%
<b>Psychiatry</b>	<b>298</b>	<b>3,432</b>	<b>8.7%</b>
<b>Public health medicine</b>	<b>42</b>	<b>432</b>	<b>9.7%</b>
<b>Radiation oncology</b>	<b>21</b>	<b>366</b>	<b>5.7%</b>
<b>Radiology</b>	<b>234</b>	<b>2,280</b>	<b>10.3%</b>
Diagnostic radiology	203	1,951	10.4%
Diagnostic ultrasound		4	0.0%
Nuclear medicine	9	187	4.8%
No subspecialty declared	22	138	15.9%

Profession/area of specialty practice	WA	National total	% of national total
<b>Rehabilitation medicine</b>	<b>15</b>	<b>473</b>	<b>3.2%</b>
<b>Sexual health medicine</b>	<b>6</b>	<b>118</b>	<b>5.1%</b>
<b>Sport and exercise medicine</b>	<b>10</b>	<b>119</b>	<b>8.4%</b>
<b>Surgery</b>	<b>481</b>	<b>5,569</b>	<b>8.6%</b>
Cardio-thoracic surgery	14	205	6.8%
General surgery	144	1,936	7.4%
Neurosurgery	20	238	8.4%
Oral and maxillofacial surgery	9	114	7.9%
Orthopaedic surgery	133	1,342	9.9%
Otolaryngology - head and neck surgery	46	486	9.5%
Paediatric surgery	8	104	7.7%
Plastic surgery	48	443	10.8%
Urology	39	418	9.3%
Vascular surgery	17	222	7.7%
No subspecialty declared	3	61	4.9%
<b>Podiatrist</b>	<b>16</b>	<b>30</b>	<b>53.3%</b>
Podiatric surgeon	16	30	53.3%
<b>Total</b>	<b>6,185</b>	<b>64,213</b>	<b>9.6%</b>

Notes:

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

Table 7: Applications received, by profession and registration type			
Profession/ registration type	WA	National total	% of national total
<b>Aboriginal and Torres Strait Islander Health Practitioner<sup>1</sup></b>	<b>78</b>	<b>255</b>	<b>30.6%</b>
General	77	253	30.4%
Non-practising	1	2	50.0%
<b>Chinese Medicine Practitioner<sup>1</sup></b>	<b>103</b>	<b>1,812</b>	<b>5.7%</b>
General	98	1,673	5.9%
Non-practising	5	139	3.6%
<b>Chiropractor</b>	<b>55</b>	<b>371</b>	<b>14.8%</b>
General	52	304	17.1%
Limited		5	0.0%
Non-practising	3	62	4.8%
<b>Dental Practitioner</b>	<b>177</b>	<b>1,638</b>	<b>10.8%</b>
General	149	1,378	10.8%
Limited	3	32	9.4%
Non-practising	16	142	11.3%
Specialist	9	86	10.5%
<b>Medical Practitioner</b>	<b>1,984</b>	<b>15,861</b>	<b>12.5%</b>
General	648	5,134	12.6%
Limited	248	2,002	12.4%
Limited (Public Interest – Occasional Practice)		1	0.0%
Non-practising	81	480	16.9%
Provisional	702	5,311	13.2%
Specialist	305	2,933	10.4%
<b>Medical Radiation Practitioner<sup>1</sup></b>	<b>133</b>	<b>1,808</b>	<b>7.4%</b>
General	120	1,164	10.3%
Non-practising	9	115	7.8%
Provisional	4	529	0.8%
<b>Midwife</b>	<b>155</b>	<b>1,712</b>	<b>9.1%</b>
General	135	1,411	9.6%
Non-practising	20	301	6.6%
Nurse	2,443	24,837	9.8%
General	2,283	23,274	9.8%
Non-practising	160	1,563	10.2%
<b>Occupational Therapist<sup>1</sup></b>	<b>339</b>	<b>2,078</b>	<b>16.3%</b>
General	265	1,681	15.8%

Profession/ registration type	WA	National total	% of national total
Limited	12	82	14.6%
Non-practising	62	311	19.9%
Provisional		4	0.0%
<b>Optometrist</b>	<b>23</b>	<b>305</b>	<b>7.5%</b>
General	22	259	8.5%
Limited		3	0.0%
Non-practising	1	43	2.3%
<b>Osteopath</b>	<b>4</b>	<b>206</b>	<b>1.9%</b>
General	3	173	1.7%
Limited		1	0.0%
Non-practising		18	0.0%
Provisional	1	14	7.1%
<b>Pharmacist</b>	<b>311</b>	<b>3,340</b>	<b>9.3%</b>
General	164	1,604	10.2%
Limited	6	32	18.8%
Non-practising	13	173	7.5%
Provisional	128	1,531	8.4%
<b>Physiotherapist</b>	<b>323</b>	<b>2,540</b>	<b>12.7%</b>
General	288	2,140	13.5%
Limited	15	206	7.3%
Non-practising	20	194	10.3%
<b>Podiatrist</b>	<b>54</b>	<b>431</b>	<b>12.5%</b>
General	47	389	12.1%
Limited	1	1	100.0%
Non-practising	3	37	8.1%
Specialist	3	4	75.0%
<b>Psychologist</b>	<b>513</b>	<b>4,323</b>	<b>11.9%</b>
General	163	1,536	10.6%
Non-practising	71	563	12.6%
Provisional	279	2,224	12.5%
<b>Total 2014/15</b>	<b>6,695</b>	<b>61,517</b>	<b>10.9%</b>
<b>Total 2013/14</b>	<b>6,249</b>	<b>58,789</b>	<b>10.6%</b>

Notes:

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



## Notifications in WA

Notifications within WA are detailed in Tables 8–20. In 2014/15, 781 notifications were lodged in WA. WA and NSW were the only states to experience an increase in notifications lodged in this year. Mandatory notifications also increased from 88 in 2013/14 to 114 in 2014/15. The percentage of the registrant base with notifications in WA at 1.2% remains slightly lower than national average of 1.3%.

Despite the slight increase in notifications received, WA was able to close more notifications (820) than were received (781); and the 467 notifications remaining open at the end of the reporting year, represented a decrease of 10.7% from the number remaining open at the end of 2013/14.

A large proportion of notifications received (330) were about clinical care (see Table 11), which is consistent with the national pattern. Notifications received in WA came predominantly from patients (303) or their relatives (84), employers (90) or other practitioners (93) (Table 12).

In 2014/15 there were 78 cases where immediate action was initiated about practitioners in WA; representing 13.5% of the national total (Table 13). In 15 of these cases the registration of the practitioner was suspended and in one case the Board accepted surrender of the practitioner's registration; 40 cases resulted in conditions imposed on registration and in a further 12 cases the Board accepted an undertaking given by the practitioner. In seven cases the Board determined that no further action was required and three cases were still under consideration at the end of the reporting year.

There were five notifications still open at the end of the financial year that had been received before the National Law took effect in 2010 (Table 14). The

majority of these matters are with the responsible tribunal awaiting hearing or decision.

Tables 15–19 detail the outcomes of key stages in the notifications process during 2014/15; note the national data in these tables does not include data for NSW. Most enquiries received (781 of 875) were considered to meet the criteria for a notification (see Table 15). Of the 734 cases where assessments were finalised during the year, 425 were considered to require further action and 309 cases were closed following assessment.

Of the 463 notifications where investigations were finalised during the year (see Table 17), 382 cases were closed and 81 notifications were taken further. The majority of these went to tribunal (39) or panel hearing (21), and a further 21 cases were referred for health or performance assessment.

There were 49 cases finalised in WA following a panel hearing and 60 cases closed following a tribunal hearing (see Tables 18 and 19).

Table 20 details cases closed during the year for each profession by stage of closure.

Registrants under active monitoring at the end of the reporting year are detailed in Tables 21 and 22. The 554 registrants in WA accounted for 11.1% of the registrants under active monitoring nationally. The majority of these registrants under monitoring in WA are medical practitioners (213) or nurses (138).

Tables 23 and 24 provide details of criminal history checks conducted. There were nine cases in WA in 2014/15 where a criminal history check resulted in, or contributed to, the imposition of conditions by a Board or undertakings given by a practitioner.

**Table 8: Notifications received or closed in 2014/15 or remaining open at 30 June 2015 by profession<sup>1</sup>**

Notifications	All received			Mandatory received			Closed			Open at 30 June		
	WA	National total	% of national total	WA	National total	% of national total	WA	National total	% of national total	WA	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner <sup>5</sup>	2	7	28.6%	2	2	100.0%	1	5	20.0%	1	5	20.0%
Chinese Medicine Practitioner <sup>5</sup>		22	0.0%		1	0.0%	1	27	3.7%		15	0.0%
Chiropractor	12	75	16.0%	1	4	25.0%	13	98	13.3%	14	76	18.4%
Dental Practitioner	69	766	9.0%	2	22	9.1%	50	849	5.9%	53	381	13.9%
Medical Practitioner	419	4,541	9.2%	37	212	17.5%	470	4,885	9.6%	233	2,212	10.5%
Medical Radiation Practitioner <sup>5</sup>	2	31	6.5%	2	6	33.3%	1	31	3.2%	2	17	11.8%
Midwife	12	74	16.2%	6	20	30.0%	7	92	7.6%	9	57	15.8%
Nurse	162	1,733	9.3%	51	472	10.8%	174	1,755	9.9%	77	1,053	7.3%
Occupational Therapist <sup>5</sup>	2	49	4.1%		4	0.0%	1	48	2.1%	2	19	10.5%
Optometrist	3	55	5.5%		1	0.0%	2	53	3.8%	2	20	10.0%
Osteopath		13	0.0%		1	0.0%		13	0.0%		12	0.0%
Pharmacist	37	490	7.6%	4	38	10.5%	46	528	8.7%	24	311	7.7%
Physiotherapist	8	97	8.2%	2	6	33.3%	8	115	7.0%	4	57	7.0%
Podiatrist	4	37	10.8%	1	2	50.0%	3	44	6.8%	2	21	9.5%
Psychologist	49	432	11.3%	6	42	14.3%	43	458	9.4%	44	273	16.1%
Not identified <sup>2</sup>		4	0.0%					2	0.0%		2	0.0%
<b>Total 2014/15</b>	<b>781</b>	<b>8,426</b>	<b>9.3%</b>	<b>114</b>	<b>833</b>	<b>13.7%</b>	<b>820</b>	<b>9,003</b>	<b>9.1%</b>	<b>467</b>	<b>4,531</b>	<b>10.3%</b>
<b>Total 2013/14<sup>3,4</sup></b>	<b>750</b>	<b>10,047</b>	<b>7.5%</b>	<b>88</b>	<b>1,145</b>	<b>7.7%</b>	<b>798</b>	<b>9,803</b>	<b>8.1%</b>	<b>523</b>	<b>5,237</b>	<b>10.0%</b>

Notes:

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

**Table 9: Percentage of registrant base with notifications received in 2014/15, by profession<sup>1</sup>**

Profession	WA	National total
Aboriginal and Torres Strait Islander Health Practitioner <sup>4</sup>	4.3%	1.8%
Chinese Medicine Practitioner <sup>4</sup>	0.0%	0.5%
Chiropractor	2.0%	1.5%
Dental Practitioner	2.8%	3.6%
Medical Practitioner	4.1%	4.4%
Medical Radiation Practitioner <sup>4</sup>	0.2%	0.2%
Midwife <sup>2</sup>	0.4%	0.2%
Nurse <sup>3</sup>	0.4%	0.5%
Occupational Therapist <sup>4</sup>	0.1%	0.3%
Optometrist	0.7%	1.1%
Osteopath	0.0%	0.7%
Pharmacist	1.2%	1.7%
Physiotherapist	0.2%	0.4%
Podiatrist	0.9%	0.8%
Psychologist	1.4%	1.3%
<b>Total 2014/15</b>	<b>1.2%</b>	<b>1.3%</b>
<b>Total 2013/14</b>	<b>1.1%</b>	<b>1.4%</b>

Notes:

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

**Table 10: Registrants involved in mandatory notifications, by jurisdiction**

Year	2014/15		2013/14	
	No. practitioners <sup>1</sup>	Rate / 10,000 practitioners <sup>2</sup>	No. practitioners <sup>1</sup>	Rate / 10,000 practitioners <sup>2</sup>
WA	110	16.77	80	12.5
<b>Total Australia</b>	<b>789</b>	<b>12.38</b>	<b>976</b>	<b>15.8</b>

Notes:

- Figures present the number of practitioners involved in the mandatory reports received.
- Practitioners with no principal place of practice are not represented in the calculation of a rate for each state, but are included in the calculation of the total Australia rate.

**Table 11: Issues in notifications received in 2014/15**

Issue	WA	National total	% of national total
Behaviour	26	312	8.3%
Billing	15	191	7.9%
Boundary violation	35	335	10.4%
Clinical care	330	3,442	9.6%
Communication	66	669	9.9%
Confidentiality	21	210	10.0%
Conflict of interest	3	19	15.8%
Discrimination		34	0.0%
Documentation	57	445	12.8%
Health impairment	47	848	5.5%
Infection/hygiene	5	86	5.8%
Informed consent	16	107	15.0%
Medico-legal conduct	11	51	21.6%
National Law breach	32	241	13.3%
National Law offence	3	94	3.2%
Offence	21	263	8.0%
Offence by student		1	0.0%
Other	33	172	19.2%
Pharmacy/medication	54	826	6.5%
Professional conduct	1	3	33.3%
Research/teaching/assessment		7	0.0%
Response to adverse event	2	22	9.1%
Teamwork/supervision	3	29	10.3%
Not recorded		19	0.0%
<b>Total</b>	<b>781</b>	<b>8,426</b>	<b>9.3%</b>

**Table 12: Source of notifications received in 2014/15**

Source	WA	National total (excluding NSW) <sup>1</sup>	% of national total (excluding NSW)
Anonymous	20	106	18.9%
Drugs and poisons		27	0.0%
Education provider		22	0.0%
Employer	90	543	16.6%
Government department	16	92	17.4%
HCE	29	688	4.2%
Health advisory service	1	10	10.0%
Hospital	6	25	24.0%
Insurance company	3	9	33.3%
Lawyer	8	34	23.5%
Medicare	1	1	100.0%
Member of Parliament		1	0.0%
Member of the public	22	323	6.8%
Ombudsman		41	0.0%
Other board	2	45	4.4%
Other practitioner	93	583	16.0%
Own motion	50	222	22.5%
Patient	303	1,408	21.5%
Police	3	52	5.8%
Relative	84	361	23.3%
Self	12	114	10.5%
Treating practitioner	7	80	8.8%
Unclassified	31	97	32.0%
<b>Total</b>	<b>781</b>	<b>4,884</b>	<b>16.0%</b>

Notes:

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

**Table 13: Immediate action cases about notifications received in 2014/15**

Outcomes	WA	National total	% of national total
Not take immediate action	7	85	8.2%
Accept undertaking	12	77	15.6%
Impose conditions	40	285	14.0%
Accept surrender of registration	1	3	33.3%
Suspend registration	15	106	14.2%
Decision pending	3	22	13.6%
<b>Total</b>	<b>78</b>	<b>578</b>	<b>13.5%</b>

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

Profession	WA	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner			
Chinese Medicine Practitioner			
Chiropractor		2	0.0%
Dental Practitioner		3	0.0%
Medical Practitioner	3	26	11.5%
Medical Radiation Practitioner			
Midwife			
Nurse	1	4	25.0%
Occupational Therapist			
Optometrist			
Osteopath		1	0.0%
Pharmacist		6	0.0%
Physiotherapist			
Podiatrist			
Psychologist	1	6	16.7%
Not identified			
<b>Total 2014/15<sup>1</sup></b>	<b>5</b>	<b>48</b>	<b>10.4%</b>
<b>Total 2013/14<sup>2</sup></b>	<b>10</b>	<b>91</b>	<b>11.0%</b>

Notes:

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

Outcomes	WA	National total (excluding NSW)	% of national total
Moved to notification	781	4,884	16.0%
Closed at lodgement	94	1,097	8.6%
<b>Total</b>	<b>875</b>	<b>5,981</b>	<b>14.6%</b>

Outcome of decisions to take the notification further	WA	National total (excluding NSW)	% of national total
Health or performance assessment	19	233	8.2%
Investigation	402	1,668	24.1%
Panel hearing	1	13	7.7%
Tribunal hearing	3	9	0.0%
<b>Total</b>	<b>425</b>	<b>1,923</b>	<b>22.1%</b>

Outcome of notifications closed following assessment	WA	National total (excluding NSW)	% of national total
No further action	286	2,136	13.4%
HCE to retain		435	0.0%
Refer all or part of the notification to another body	2	10	20.0%
Caution	18	322	5.6%
Accept undertaking		59	0.0%
Impose conditions	2	104	1.9%
Practitioner surrenders registration	1	3	0.0%
<b>Total</b>	<b>309</b>	<b>3,069</b>	<b>10.1%</b>

Outcome of decisions to take the notification further	WA	National total (excluding NSW)	% of national total
Assessment		2	0.0%
Health or performance assessment	21	145	14.5%
Panel hearing	21	166	12.7%
Tribunal hearing	39	114	34.2%
<b>Total</b>	<b>81</b>	<b>427</b>	<b>19.0%</b>

Outcome of notifications closed following investigation	WA	National total (excluding NSW)	% of national total
No further action	272	1,052	25.9%
Refer all or part of the notification to another body	1	11	9.1%
Caution	64	391	16.4%
Accept undertaking	1	126	0.8%
Impose conditions	44	192	22.9%
Practitioner surrenders registration			
<b>Total</b>	<b>382</b>	<b>1,772</b>	<b>21.6%</b>

Outcomes	WA	National total (excluding NSW)	% of national total
No further action	19	63	30.2%
Refer all of the notification to another body		1	0.0%
Caution	18	57	31.6%
Reprimand		13	0.0%
Impose conditions	12	130	9.2%
Practitioner surrenders registration		1	0.0%
Suspend registration		4	0.0%
<b>Total</b>	<b>49</b>	<b>269</b>	<b>18.2%</b>

**Table 19: Outcome of tribunal hearings finalised in 2014/15 (excluding NSW)**

Outcomes	WA	National total (excluding NSW)	% of national total
No further action	4	15	26.7%
Caution		3	0.0%
Reprimand	2	15	13.3%
Fine registrant	6	12	50.0%
Accept undertaking		5	0.0%
Impose conditions	19	53	35.8%
Practitioner surrenders registration		6	0.0%
Suspend registration	13	33	39.4%
Cancel registration	7	24	29.2%
Not permitted to reapply for registration for 12 months or more	7	9	77.8%
Proceedings withdrawn	2	4	50.0%
<b>Total</b>	<b>60</b>	<b>179</b>	<b>33.5%</b>

**Table 20: Notifications closed in 2014/15, by profession and stage at closure in WA**

Profession	Health or performance assessment					Total 2014/15
	Assessment	Investigation	Panel hearing	Tribunal hearing		
Aboriginal and Torres Strait Islander Health Practitioner			1			1
Chinese Medicine Practitioner				1		1
Chiropractor	2	10		1		13
Dental Practitioner	16	30	1	1	2	50
Medical Practitioner	202	202	7	33	26	470
Medical Radiation Practitioner		1				1
Midwife	2	5				7
Nurse	61	84	8	5	16	174
Occupational Therapist		1				1
Optometrist		2				2
Osteopath						0
Pharmacist	9	22	2	2	11	46
Physiotherapist	3	4	1			8
Podiatrist	1	2				3
Psychologist	13	19		7	4	43
Not identified <sup>1</sup>						0
<b>Total 2014/15</b>	<b>309</b>	<b>382</b>	<b>20</b>	<b>49</b>	<b>60</b>	<b>820</b>

Notes:

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

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

Profession	WA	National total (excluding NSW)	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	1	6	16.7%
Chinese Medicine Practitioner	70	882	7.9%
Chiropractor	8	60	13.3%
Dental Practitioner	15	165	9.1%
Medical Practitioner	213	1,697	12.6%
Medical Radiation Practitioner	13	533	2.4%
Midwife	29	108	26.9%
Nurse	138	1,013	13.6%
Occupational Therapist	15	71	21.1%
Optometrist	3	15	20.0%
Osteopath	1	15	6.7%
Pharmacist	14	187	7.5%
Physiotherapist	12	75	16.0%
Podiatrist	2	14	14.3%
Psychologist	20	150	13.3%
<b>Total</b>	<b>554</b>	<b>4,991</b>	<b>11.1%</b>

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

Jurisdiction <sup>3</sup>	Conduct <sup>2</sup>	Health <sup>2</sup>	Performance <sup>2</sup>	Suitability/eligibility <sup>1</sup>	Total 2014/15
WA	55	74	82	343	554
<b>National 2014/15</b>	<b>775</b>	<b>1,153</b>	<b>691</b>	<b>3,083</b>	<b>5,702</b>
<b>% of national total</b>	<b>7.1%</b>	<b>6.4%</b>	<b>11.9%</b>	<b>11.1%</b>	<b>9.7%</b>

Notes:

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

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

Profession	WA	Total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	1	1	100.0%
Chinese Medical Practitioner		1	0.0%
Chiropractor	1	2	50.0%
Dental Practitioner	1	4	25.0%
Medical Practitioner	1	6	16.7%
Midwife			
Nurse	5	21	23.8%
Optometrist		1	0.0%
Pharmacist			
Physiotherapist			
Podiatrist			
Psychologist		1	0.0%
<b>Total 2014/15</b>	<b>9</b>	<b>37</b>	<b>24.3%</b>
<b>Total 2013/14</b>	<b>14</b>	<b>76</b>	<b>18.4%</b>

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

State/territory <sup>1</sup>	WA				National 2014/15			
Profession	Number of CHCs <sup>2</sup>	Number of DCOs <sup>3</sup>	CHCs resulted in conditions/undertakings	% of total national CHCs resulted in conditions/undertakings	Number of CHCs <sup>2</sup>	Number of DCOs <sup>3</sup>	% of DCOs resulting from CHCs	CHCs resulted in conditions/undertakings
Aboriginal and Torres Strait Islander Health Practitioner	68	35	1	100.00%	266	111	41.73%	1
Chinese Medicine Practitioner	62	6	0	0.00%	1,187	78	6.57%	1
Chiropractor	103	14	1	50.00%	664	62	9.34%	2
Dental Practitioner	181	26	1	25.00%	1,764	106	6.01%	4
Medical Practitioner	977	45	1	16.67%	9,298	320	3.44%	6
Medical Radiation Practitioner	207	14	0	0.00%	1,989	102	5.13%	0
Midwife	139	7	0	0.00%	1,422	55	3.87%	0
Nurse	2,613	224	5	23.81%	24,328	1,738	7.14%	21
Occupational Therapist	267	19	0	0.00%	1,626	60	3.69%	0
Optometrist	33	3	0	0.00%	618	32	5.18%	1
Osteopath	10	2	0	0.00%	266	21	7.89%	0
Pharmacist	227	22	0	0.00%	2,264	105	4.64%	0
Physiotherapist	346	19	0	0.00%	2,645	96	3.63%	0
Podiatrist	96	8	0	0.00%	738	55	7.45%	0
Psychologist	408	32	0	0.00%	2,872	159	5.54%	1
<b>Total 2014/15</b>	<b>5,737</b>	<b>476</b>	<b>9</b>	<b>24.32%</b>	<b>51,947</b>	<b>3,100</b>	<b>5.97%</b>	<b>37</b>
<b>Total 2013/14<sup>4</sup></b>	<b>7,383</b>	<b>627</b>	<b>14</b>	<b>18.42%</b>	<b>61,000</b>	<b>3,597</b>	<b>6%</b>	<b>76</b>

Notes:

1. State or territory refers to the state/territory location of the preferred address as advised by the applicant/registrant. The team state is used if this information is not available.
2. Criminal history checks. Refers to both domestic and international criminal history checks submitted.
3. Disclosable court outcomes.
4. 2013/14 figures refer only to domestic criminal history checks. International criminal history checks started in 2014/15.



## Keeping the public safe: monitoring

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

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

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

**Supervision** – restrictions that allow the practice of a health profession to occur only under the supervision of another health practitioner (usually registered in the same profession).

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

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

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

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

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

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

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

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

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## PUBLISHED

Australian Health Practitioner Regulation Agency  
Melbourne, December 2015  
ISSN 2204-1265

## ACKNOWLEDGEMENTS

Thank you to all AHPRA contributors.

## PRINTED

Cover printed on Precision Offset 310 gsm  
Internals printed on Precision Offset 120 gsm



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