

Annual Report Summary

2014/15

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

Local decisions – National Scheme

Regulating health
practitioners in
Queensland

QLD



Australian Health Practitioner Regulation Agency

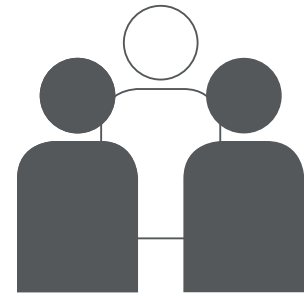
Aboriginal and Torres Strait
Islander health practice
Chinese medicine
Chiropractic
Dental
Medical
Medical radiation practice
Nursing and Midwifery
Occupational therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Regulating health practitioners in Queensland

This annual report summary offers a snapshot of our work regulating 121,788 health practitioners in Queensland. This short report complements the more detailed, national profile included in the AHPRA and National Boards' 2014/15 annual report.

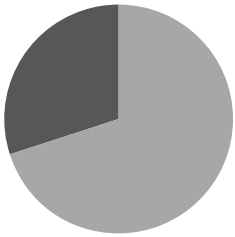


Queensland practitioners account for **19%** of Australia's registered health workforce



There are now
121,788
registered health practitioners in Queensland, compared with 117,622 in 2014

On 30 June 2015 there were **71,322** nurses and midwives, **19,919** medical practitioners, **5,794** psychologists, **5,660** pharmacists and **4,179** dental practitioners in Queensland



76% of registered health practitioners in Queensland are women

There are **328** dental and **11,969** medical specialists in Queensland, and **one** podiatric specialist.



14 mandatory notifications were recorded in the national database



12,155

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

397 complaints were about clinical care



917 notifications were referred by the Office of the Health Ombudsman (OHO) to AHPRA and the National Boards

11 Queensland practitioners had their registration limited or refused in some way after a criminal history check

There were **68** cases where immediate action was initiated against practitioners in Queensland



Notifications about practitioners in the dental, medical, nursing and midwifery and psychology professions account for **91%** of notifications in Queensland

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 121,788 of those with a principal place of practice in Queensland.

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

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

The Queensland 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 Queensland AHPRA office, boards and committees during the year, along with state-specific data, is detailed in this report.

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

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

We value the ongoing support of the Minister for Health, Mr Cameron Dick, MP, and his department, stakeholders within the professions and wider health sector and the community. Building understanding and confidence in our work is an important element of our trustworthiness.

We thank the staff within the AHPRA Queensland 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 Queensland.



Mr Martin Fletcher
Chief Executive Officer



Mr Michael Gorton AM
Chair, Agency
Management
Committee

Handwritten signatures in black ink. The signature on the left is 'Martin Fletcher' and the signature on the right is 'Michael Gorton'.

Foreword from AHPRA Queensland State Manager, Matthew Hardy

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

Highlights for 2014/15:

- ▶ Welcomed more than 4,100 additional health practitioners to the National Registration and Accreditation Scheme in Queensland, increasing the number of registered health practitioners with a principal place of practice of Queensland by 3.5% (the largest percentage increase of any jurisdiction in Australia).
- ▶ Contributed to the implementation of the government's changes to the health complaints system in Queensland.
- ▶ Worked with health and hospital services so they better understand how to use the National Register and subscription services.
- ▶ Embedded a new case management approach to how we manage complaints about health practitioners referred to a National Board by the Office of the Health Ombudsman (OHO).
- ▶ Reduced the number of open complaints about registered health practitioners from 1,166 to 917.
- ▶ Participated with education providers across Queensland to equip new graduates with knowledge and skills to successfully transition from study to practice.

Local decisions, national framework

The number of registered health practitioners in Queensland increased by 3.5% to 121,788 practitioners. This is slightly above the national average for new practitioners, which was 2.9%.

Since the introduction of co-regulatory arrangements in Queensland on 1 July 2014, AHPRA and the Boards have worked in collaboration with the OHO to undertake the shared responsibility of regulating health practitioners in the best interests of the Queensland community. The OHO is responsible for receiving all complaints relating to health service providers, and for retaining the most serious complaints about registered health practitioners and referring other matters to AHPRA and the Boards for management.

During the first year of operation, AHPRA has worked with the OHO to establish mechanisms for the sharing of information, consulting on new complaints, and the fast-tracking of health matters to Boards for consideration. AHPRA and the

National Boards continue to work closely with the OHO in order to advance emerging opportunities to improve health regulation in Queensland, including:

- ▶ establishing clear risk thresholds across AHPRA, the Boards and the OHO, so there is a common understanding of the point at which regulatory action is triggered
- ▶ smooth and timely pathways for referral of notifications, and
- ▶ effective and consistent information and data sharing so risk can be managed nationally and a comprehensive national dataset maintained.

Working with our stakeholders

During the year, we have been in regular touch with many of our important stakeholders, listening to their ideas for ways we can improve, making opportunities to respond to feedback and talking about the National Scheme.

We held meetings with our local professional associations, with key Queensland health stakeholders and a number with other important stakeholders in the Queensland medico-legal community. We attended or made presentations at a number of events, reaching more than 1,500 people, and particularly focused on students throughout the state to help raise awareness and understanding of the importance of regulation to their future professional lives.

Crucially, with the establishment of the co-regulatory arrangements from 1 July 2014, we have worked closely with the OHO to ensure a smooth transition. We have established regular meetings and liaised on a daily basis to ensure that together we provide the most appropriate and efficient response to complaints about health practitioners. We have taken a collaborative approach to streamlining processes and introducing new ways of working together to better meet the needs of the Queensland community.

The Health Ombudsman also maintains an overview of AHPRA and the National Boards' performance in Queensland in relation to the health, performance and conduct of health practitioners. We have ensured that we have used this as an opportunity for business improvement and have demonstrated our willingness to consider recommendations for change, building on the strengths that the National Scheme brings.

Improving notifications management

In December 2014, the Queensland notifications program started a pilot case management model, moving away from the functional-based approach where notifications move through stages of the notification lifecycle to different teams, to an arrangement where a notification is managed by one case manager from its creation to closure. The case management model is intended to improve the end-to-end accountability for the notification lifecycle and the experience of notifiers and practitioners.

The case management teams have been established around professions to enable case managers and case officers to develop expertise in the types of risks associated with the different contexts of practice, and the conduct and performance issues that present for the profession. It also enables improved service delivery to the delegates of the National Boards.

We continue to have a strong focus on improving the experience of both notifiers and practitioners, acknowledging that the notification process can be difficult for all parties involved.

Local office, national contribution

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

I thank the members of the Queensland boards and committees for their expertise and commitment to the people of Queensland. I also thank the staff of the AHPRA Queensland office for their dedication to the regulation of health practitioners, collaboration with staff from the OHO throughout the transition to the new complaints handling arrangements, and in supporting the National Boards and Committees throughout the year.

I leave the Queensland office to take up an appointment as National Director, Notifications. Rose Kent has been appointed as the new State Manager.



Matthew Hardy
Queensland State Manager, AHPRA

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

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

The Queensland Registration and Notification 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 dental practitioners 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 nationally is included in the 2014/15 annual report of AHPRA and the National Boards.

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

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

We have worked hard to engage with our stakeholders during the year. By open dialogue with professional associations, and through presentations and engagement with teaching institutions, the role and expectations of the Board and the responsibility that is placed on dental practitioners has been made very clear.

I thank the staff within the Queensland AHPRA office for their dedication and support of the committee's functions, as well as my colleagues on the Queensland committee for their energy and commitment to the people of Queensland during the year.

I would also like to thank the Chair of the Dental Board of Australia, 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 Robert McCray
Chair, Queensland
Registration and
Notification Committee,
Dental Board of Australia



Dr John Lockwood AM
Chair, Dental Board of
Australia

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

Dr Robert McCray (Chair)
Dr Edward Hsu
Dr Bruce Newman
Ms Neda Nikolovski
Mr Neil Roberts
Mr Stuart Unwin

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

It has been a busy and productive period for the Queensland Board of the Medical Board of Australia.

The Queensland Board's focus remains on public safety and protecting the public, as we make decisions about individual medical practitioners. These decisions fall into two broad categories: either complex applications for registration which require detailed assessment; or what action is required to manage risk to the public as a result of a notification regarding a practitioner's health, conduct or performance that is referred to us by the Office of the Health Ombudsman (OHO).

The decisions we make in Queensland are guided by the national standards and policies set by the Medical Board of Australia (the National Board). In effect, local boards are making decisions about local practitioners, supported by a local AHPRA office, within a national framework.

It has been a time of change with the establishment of the OHO in Queensland on 1 July 2014. This was a significant event in the management of notifications and complaints in Queensland and we have worked closely and collaboratively with the OHO to ensure that our objective of protecting the public remains our priority.

We have continued to focus time and effort on improving our management of notifications; and identifying opportunities to work more effectively. To support this, we work closely with the Medical Board nationally, other state and territory medical boards and AHPRA; and also continue to implement our action plan that clearly identifies our priorities and enables us to monitor allocated key performance indicators on a regular basis.

Working with our stakeholders has been another priority during the year. We consider it essential that we engage with all of our stakeholders and have made concerted efforts to engage with professional bodies, governmental agencies, tertiary education providers, health services and practitioners throughout the last 12 months.

I would like to thank my colleagues on the Queensland Board for their energy and commitment to the people of Queensland during the year. I would also like to extend my appreciation to the staff in the Queensland AHPRA office for their support as the Board deliberates on all matters before us.

This Queensland 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.



**Associate Professor
Susan Young**
Chair, Queensland
Board, Medical Board of
Australia



Dr Joanna Flynn AM
Chair, Medical Board of
Australia

Members of the Queensland Board in 2014/15

Associate Professor Susan Young (Chair)
Dr Cameron Bardsley
Dr Victoria Brazil
Dr William Coman AM
Ms Christine Foley
Ms Christine Gee
Mr David Kent
Mr Gregory McGuire
Associate Professor Eleanor Milligan
Associate Professor David Morgan OAM
Dr Susan O'Dwyer
Dr Josephine Sundin
Dr Mark Waters

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

In 2014/15, the Queensland 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 individual assessment, or deciding what action is required to manage risk to the public as a result of a notification referred to us by the Office of the Health Ombudsman.

The decisions we make in Queensland are guided by the national standards and policies set by the Nursing and Midwifery Board of Australia (the National Board) and by the principles for assessing applications for registration, which were recently developed jointly by the National Board and state and territory boards. These policies and regulatory guidelines inform the decisions we make in Queensland about local practitioners, supported by AHPRA's Queensland office.

During the year, the Queensland 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. Several members of the Queensland Board attended the conference to learn about developments in professional regulation and participate in workshop sessions with colleagues from other states and territories.

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

I also wish to acknowledge the dedication and commitment of the members of the Queensland Board.

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



Professor Patsy Yates
Chair, Queensland
Board of the Nursing
and Midwifery Board of
Australia



Dr Lynette Cusack
Chair, Nursing and
Midwifery Board of
Australia

Members of the Queensland Board in 2014/15

Professor Patsy Yates (Chair)
Adjunct Professor Veronica Casey
Mr John Chambers
Ms Tracey Duke
Ms Michelle Garner
Professor Don Gorman
Ms Susan Johnson
Mr Stanley Macionis
Ms Cathy Styles

Pharmacy Board of Australia – local representation

The Pharmacy Board of Australia (the National Board) makes decisions about all registered pharmacists in Queensland. To make sure we have local knowledge informing our decisions, there are practitioner members of the Board from each state and territory, and a community member from each of four states. Mr Brett Simmonds is the practitioner member from Queensland on the National Board.

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

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

Data showing the work of the Board in Queensland 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

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

The beginning of July 2014 saw the introduction of a co-regulatory framework in Queensland with the establishment of the Office of the Health Ombudsman (OHO). New processes for the protection of the public have necessitated a number of significant changes in relation to regulatory practice in Queensland.

While the Queensland Board of the Psychology Board of Australia is delegated to manage regulatory risk within a co-regulatory framework, the roles of the Queensland Board and the OHO are not identical. The past year has seen a transition to more serious matters being managed by the OHO. The Queensland Board receives matters referred by the OHO, which include matters related to health impairment, conduct or performance, and it retains its role in regard to registration of practitioners. Collaboration continues to strengthen and no doubt will become stronger with time so that we are able to maintain consistency nationally.

The decisions we make about psychologists in our region are guided by national standards and policies set by the Psychology Board of Australia (the National Board). We are ably supported by AHPRA's office in Queensland in achieving these goals.

The work of the National Board is detailed in the 2014/15 annual report of AHPRA and the National Boards, which provides a national snapshot of the work the National Board does to regulate the psychology profession in Australia.

A special project, the Queensland Notifications Improvement Project, was established in late 2013 to reduce the number of open cases. There has been a considerable reduction in open cases over the course of 2014/15.

We have worked with the National Board to support a smooth transition to the new overseas qualifications assessment framework. Regular meetings between members of regional boards and members of the National Board provided opportunities to share and compare regional and rural resolutions with other jurisdictions. This complements regular monthly teleconference meetings of all regional chairs with the National Board Chair to discuss local problems and share solutions.

Members of the Queensland Board have provided input into key national policies as these relate to 4+2 year training of psychologists, the guidelines for the National Psychology Exam, policy and procedures for applicants who may fail the exam three times, and the policy relating to registrants working in addition to undertaking placements.

The Immediate Action Committee met on four occasions over the past 12 months and made two decisions to restrict practice.

We have had two resignations over the past year, one being Professor Justin Kenardy and the second, Ms Rachel Phillips, who has taken up a position on the National Board.

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



Associate Professor Robert Schweitzer
Chair, Queensland Board of the Psychology Board of Australia



Professor Brin Grenyer
Chair, Psychology Board of Australia

Members of the Queensland Board in 2014/15

Associate Professor Robert Schweitzer (Chair)
Mrs Gail Hartridge
Mrs Jeanette Jifkins
Ms Susan Johnson
Professor Justin Kenardy (until 1 June 2015)
Ms Rachel Phillips
Professor Kevin Ronan
Dr Melissa Sands
Dr Haydn Till

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 Queensland

Queensland 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 Queensland lens, to tell more about our work in this state to keep the public safe.

This snapshot provides information about the number of practitioners in each profession in Queensland, including a breakdown by registration type, registration division (when this applies), 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 Queensland compares to 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 Queensland. This includes details of notifications received and closed during the year, as well as those remaining open at the end of the reporting year. Details of mandatory reports received and immediate actions taken are included, as well as information on the rate of notifications and mandatory notification within the state.

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

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

Tables 1–6 provide details of registered practitioners in Queensland. At 30 June 2015 there were 121,788 registered practitioners in Queensland, representing 19.1% of the practitioners registered nationally. This proportion has varied little across the last four years. At a profession level, the proportion of registrants within Queensland range from osteopaths with 9.2% of the registrant base nationally in Queensland, to optometrist registrants with 20% of the registrant base nationally in Queensland.

When registrant data is considered by registration type (Table 2), there are several patterns worthy of comment. In particular, in many of the professions with provisional registrants, the proportion of provisional registrants in Queensland is higher than the proportion of registrants with general registration. This applies to medical practitioners (20% of general registrants and 23.7% of provisional registrants), medical radiation practitioners (19.9% general, 21.6% provisional), pharmacists (19.8% general, 20.8% provisional) and psychologists (17.3% general, 20.2% provisional).

For those professions with divisions (Table 5), there are several divisions with quite high concentrations of practitioners in Queensland, notably Chinese medicine practitioners who are registered solely as acupuncturists (33.2% of national total) and oral health therapists (29.9% of national total).

Details of registration applications received in 2014/15 are provided in Table 7. In 2014/15, 19.8% of the applications received nationally were received in Queensland.

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

Profession	QLD	National total ⁵	% of national total
Aboriginal and Torres Strait Islander Health Practitioner ²	47	391	12.0%
Chinese Medicine Practitioner ²	830	4,494	18.5%
Chiropractor	771	4,998	15.4%
Dental Practitioner	4,179	21,209	19.7%
Medical Practitioner	19,919	103,133	19.3%
Medical Radiation Practitioner ²	2,938	14,866	19.8%
Midwife	656	3,682	17.8%
Nurse	64,564	336,099	19.2%
Nurse and Midwife ³	6,102	30,522	20.0%
Occupational Therapist ²	3,333	17,200	19.4%
Optometrist	985	4,915	20.0%
Osteopath	183	2,000	9.2%
Pharmacist	5,660	29,014	19.5%
Physiotherapist	5,097	27,543	18.5%
Podiatrist	730	4,386	16.6%
Psychologist	5,794	32,766	17.7%
Total 2014/15	121,788	637,218	19.1%
Total 2013/14	117,622	619,509	19.0%
Population as a proportion of national population⁴	4,750,500	23,625,600	20.1%

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 Queensland as the principal place of practice, by registration type

Profession/registration type	QLD	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	47	391	12.0%
General	47	390	12.1%
Non-practising		1	0.0%
Chinese Medicine Practitioner	830	4,494	18.5%
General	795	4,314	18.4%
General and Non-practising ¹		1	0.0%
Non-practising	35	179	19.6%
Chiropractor	771	4,998	15.4%
General	751	4,709	15.9%
Non-practising	20	289	6.9%
Dental Practitioner	4,179	21,209	19.7%
General	3,783	18,975	19.9%
General and Non-practising ¹		1	0.0%
General and Specialist	314	1,614	19.5%
Limited	18	83	21.7%
Non-practising	63	510	12.4%
Specialist	1	26	3.8%
Medical Practitioner	19,919	103,133	19.3%
General	6,953	34,767	20.0%
General (Teaching and Assessing)	10	40	25.0%
General (Teaching and Assessing) and Specialist		2	0.0%
General and Specialist	8,988	49,199	18.3%
Limited	548	3,455	15.9%
Non-practising	249	2,663	9.4%
Provisional	1,114	4,697	23.7%
Specialist	2,057	8,310	24.8%
Medical Radiation Practitioner	2,938	14,866	19.8%
General	2,776	13,984	19.9%
Limited		1	0.0%
Non-practising	25	248	10.1%
Provisional	137	633	21.6%
Profession/registration type	QLD	National total	% of national total
Midwife	656	3,682	17.8%
General	647	3,616	17.9%
Non-practising	9	66	13.6%
Nurse	64,564	336,099	19.2%

General	63,866	331,232	19.3%
General and Non-practising ¹	2	20	10.0%
Non-practising	696	4,847	14.4%
Nurse and Midwife	6,102	30,522	20.0%
General	5,871	28,616	20.5%
General and Non-practising ¹	148	1,253	11.8%
Non-practising	83	653	12.7%
Occupational Therapist	3,333	17,200	19.4%
General	3,189	16,500	19.3%
Limited	20	89	22.5%
Non-practising	118	570	20.7%
Provisional	6	41	14.6%
Optometrist	985	4,915	20.0%
General	968	4,758	20.3%
Limited		2	0.0%
Non-practising	17	155	11.0%
Osteopath	183	2,000	9.2%
General	176	1,917	9.2%
Non-practising	4	66	6.1%
Provisional ³	3	17	17.6%
Pharmacist	5,660	29,014	19.5%
General	5,184	26,179	19.8%
Limited	2	14	14.3%
Non-practising	96	1,006	9.5%
Provisional	378	1,815	20.8%
Physiotherapist	5,097	27,543	18.5%
General	4,951	26,442	18.7%
Limited	49	276	17.8%
Non-practising	97	825	11.8%
Podiatrist	730	4,386	16.6%
General	709	4,260	16.6%
General and Specialist	1	30	3.3%
Non-practising	20	96	20.8%
Psychologist	5,794	32,766	17.7%
General	4,652	26,843	17.3%
Non-practising	261	1,571	16.6%
Provisional	881	4,352	20.2%
Total	121,788	637,218	19.1%

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 Queensland as the principal place of practice

Profession/endorsement or notation	QLD	National total	% of national total
Chiropractor		33	0.0%
Acupuncture		33	0.0%
Dental Practitioner	19	91	20.9%
Area of Practice	19	91	20.9%
Medical Practitioner	75	486	15.4%
Acupuncture	75	486	15.4%
Midwife¹	181	487	37.2%
Eligible Midwife ²	117	304	38.5%
Midwife Practitioner		1	0.0%
Scheduled Medicines	64	182	35.2%
Nurse¹	1,111	2,229	49.8%
Area of Practice		1	0.0%
Nurse Practitioner	332	1,247	26.6%
Scheduled Medicines	779	981	79.4%
Optometrist	396	2,000	19.8%
Scheduled Medicines	396	2,000	19.8%
Osteopath		2	0.0%
Acupuncture		2	0.0%
Physiotherapist		8	0.0%
Acupuncture		8	0.0%
Podiatrist	4	68	5.9%
Scheduled Medicines	4	68	5.9%
Psychologist	1,542	10,643	14.5%
Area of Practice	1,542	10,643	14.5%
Total	3,328	16,047	20.7%

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 Queensland as the principal place of practice, by profession and gender

Profession/gender	QLD	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner¹	47	391	12.0%
Female	38	295	12.9%
Male	9	96	9.4%
Chinese Medicine Practitioner¹	830	4,494	18.5%
Female	437	2,415	18.1%
Male	393	2,079	18.9%
Chiropractor	771	4,998	15.4%
Female	263	1,877	14.0%
Male	508	3,121	16.3%
Dental Practitioner	4,179	21,209	19.7%
Female	1,984	10,331	19.2%
Male	2,195	10,878	20.2%
Medical Practitioner	19,919	103,133	19.3%
Female	7,923	42,189	18.8%
Male	11,996	60,944	19.7%
Medical Radiation Practitioner¹	2,938	14,866	19.8%
Female	1,960	10,064	19.5%
Male	978	4,802	20.4%
Midwife	656	3,682	17.8%
Female	654	3,666	17.8%
Male	2	16	12.5%
Nurse	64,564	336,099	19.2%
Female	57,419	297,792	19.3%
Male	7,145	38,307	18.7%
Nurse and Midwife	6,102	30,522	20.0%
Female	5,993	29,975	20.0%
Male	109	547	19.9%
Occupational Therapist¹	3,333	17,200	19.4%
Female	3,071	15,752	19.5%
Male	262	1,448	18.1%

Profession/gender	QLD	National total	% of national total
Optometrist	985	4,915	20.0%
Female	479	2,491	19.2%
Male	506	2,424	20.9%
Osteopath	183	2,000	9.2%
Female	78	1,077	7.2%
Male	105	923	11.4%
Pharmacist	5,660	29,014	19.5%
Female	3,482	17,616	19.8%
Male	2,178	11,398	19.1%
Physiotherapist	5,097	27,543	18.5%
Female	3,463	18,911	18.3%
Male	1,634	8,632	18.9%
Podiatrist	730	4,386	16.6%
Female	439	2,677	16.4%
Male	291	1,709	17.0%
Psychologist	5,794	32,766	17.7%
Female	4,603	25,894	17.8%
Male	1,191	6,872	17.3%
Total	121,788	637,218	19.1%

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 Queensland as the principal place of practice, by division

Profession/division	QLD	National total	% of national total
Chinese Medicine Practitioner	830	4,494	18.5%
Acupuncturist	560	1,688	33.2%
Acupuncturist and Chinese Herbal Dispenser ¹	2	2	100.0%
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹	43	631	6.8%
Acupuncturist and Chinese Herbal Medicine Practitioner ¹	217	2,068	10.5%
Chinese Herbal Dispenser	1	41	2.4%
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹		14	0.0%
Chinese Herbal Medicine Practitioner	7	50	14.0%
Dental Practitioner	4,179	21,209	19.7%
Dental Hygienist	142	1,373	10.3%
Dental Hygienist and Dental Prosthetist ¹	1	3	33.3%
Dental Hygienist and Dental Prosthetist and Dental Therapist ¹		2	0.0%
Dental Hygienist and Dental Therapist ¹	161	483	33.3%
Dental Hygienist and Dentist ¹		2	0.0%
Dental Hygienist and Oral Health Therapist ¹		6	0.0%
Dental Prosthetist	255	1,245	20.5%
Dental Prosthetist and Dental Therapist ¹		1	0.0%
Dental Prosthetist and Dentist ¹		1	0.0%
Dental Therapist	188	1,063	17.7%
Dental Therapist and Oral Health Therapist ¹		2	0.0%
Dentist	3,091	15,888	19.5%
Dentist and Oral Health Therapist ¹		1	0.0%
Oral Health Therapist	341	1,139	29.9%

Profession/gender	QLD	National total	% of national total
Medical Radiation Practitioner	2,938	14,866	19.8%
Diagnostic Radiographer	2,330	11,496	20.3%
Diagnostic Radiographer and Nuclear Medicine Technologist ¹	10	15	66.7%
Diagnostic Radiographer and Radiation Therapist ¹	1	2	50.0%
Nuclear Medicine Technologist	135	1,039	13.0%
Radiation Therapist	462	2,314	20.0%
Nurse	64,564	336,099	19.2%
Enrolled Nurse (Division 2)	12,061	61,880	19.5%
Enrolled Nurse (Division 2) and Registered Nurse (Division 1) ¹	1,131	5,585	20.3%
Registered Nurse (Division 1)	51,372	268,634	19.1%
Nurse and Midwife	6,102	30,522	20.0%
Enrolled Nurse and Midwife ¹	13	62	21.0%
Enrolled Nurse and Registered Nurse and Midwife ¹	2	59	3.4%
Registered Nurse and Midwife ¹	6,087	30,401	20.0%
Total	78,613	407,190	19.3%

Notes:

1. Practitioners who hold dual or multiple registration.

Table 6: Health practitioners with specialties at 30 June 2015¹

Profession/area of specialty practice	QLD	National total	% of national total
Dental Practitioner	328	1,693	19.4%
Dento-maxillofacial radiology	7	10	70.0%
Endodontics	26	159	16.4%
Forensic odontology	2	27	7.4%
Oral and maxillofacial surgery	46	202	22.8%
Oral medicine	6	35	17.1%
Oral pathology	5	24	20.8%
Oral surgery	4	52	7.7%
Orthodontics	120	600	20.0%
Paediatric dentistry	21	119	17.6%
Periodontics	45	221	20.4%
Prosthodontics	41	212	19.3%
Public health dentistry (Community dentistry)	2	16	12.5%
Special needs dentistry	3	16	18.8%
Medical Practitioner	11,969	62,490	19.2%
Addiction medicine	25	167	15.0%
Anaesthesia	911	4,627	19.7%
Dermatology	83	507	16.4%
Emergency medicine	378	1,687	22.4%
General practice	4,956	23,993	20.7%
Intensive care medicine	170	815	20.9%
Paediatric intensive care medicine		2	0.0%
No subspecialty declared	170	813	20.9%
Medical administration	81	334	24.3%
Obstetrics and gynaecology	371	1,871	19.8%
Gynaecological oncology	9	43	20.9%
Maternal-fetal medicine	8	40	20.0%
Obstetrics and gynaecological ultrasound	5	77	6.5%
Reproductive endocrinology and infertility	3	53	5.7%
Urogynaecology	7	30	23.3%
No subspecialty declared	339	1,628	20.8%
Occupational and environmental medicine	42	302	13.9%

Profession/area of specialty practice	QLD	National total	% of national total
Ophthalmology	161	967	16.6%
Paediatrics and child health	430	2,442	17.6%
Paediatric intensive care medicine	1	5	20.0%
Clinical genetics	3	25	12.0%
Community child health	11	43	25.6%
General paediatrics	321	1,784	18.0%
Neonatal and perinatal medicine	28	164	17.1%
Paediatric cardiology	7	31	22.6%
Paediatric clinical pharmacology		1	0.0%
Paediatric emergency medicine	12	44	27.3%
Paediatric endocrinology	6	26	23.1%
Paediatric gastroenterology and hepatology	3	23	13.0%
Paediatric haematology	2	10	20.0%
Paediatric immunology and allergy	2	17	11.8%
Paediatric infectious diseases	3	16	18.8%
Paediatric medical oncology	5	25	20.0%
Paediatric nephrology		8	0.0%
Paediatric neurology	4	31	12.9%
Paediatric palliative medicine	1	2	50.0%
Paediatric rehabilitation medicine		6	0.0%
Paediatric respiratory and sleep medicine	5	25	20.0%
Paediatric rheumatology	2	12	16.7%
No subspecialty declared	14	144	9.7%
Pain medicine	51	260	19.6%
Palliative medicine	49	297	16.5%
Pathology	351	2,009	17.5%
Anatomical pathology (including cytopathology)	164	872	18.8%
Chemical pathology	12	90	13.3%
Forensic pathology	11	48	22.9%
General pathology	20	125	16.0%
Haematology	87	487	17.9%

Profession/area of specialty practice	QLD	National total	% of national total
Immunology	12	117	10.3%
Microbiology	37	222	16.7%
No subspecialty declared	8	48	16.7%
Physician	1,568	9,423	16.6%
Cardiology	246	1,251	19.7%
Clinical genetics	7	71	9.9%
Clinical pharmacology	10	53	18.9%
Endocrinology	118	630	18.7%
Gastroenterology and hepatology	141	802	17.6%
General medicine	340	1,772	19.2%
Geriatric medicine	80	609	13.1%
Haematology	89	507	17.6%
Immunology and allergy	15	154	9.7%
Infectious diseases	52	389	13.4%
Medical oncology	94	584	16.1%
Nephrology	78	507	15.4%
Neurology	68	546	12.5%
Nuclear medicine	34	257	13.2%
Respiratory and sleep medicine	122	631	19.3%
Rheumatology	46	349	13.2%
No subspecialty declared	28	311	9.0%
Psychiatry	642	3,432	18.7%
Public health medicine	76	432	17.6%
Radiation oncology	68	366	18.6%
Radiology	429	2,280	18.8%
Diagnostic radiology	366	1,951	18.8%
Diagnostic ultrasound		4	0.0%
Nuclear medicine	51	187	27.3%
No subspecialty declared	12	138	8.7%
Rehabilitation medicine	59	473	12.5%
Sexual health medicine	17	118	14.4%
Sport and exercise medicine	12	119	10.1%

Profession/area of specialty practice	QLD	National total	% of national total
Surgery	1,039	5,569	18.7%
Cardio-thoracic surgery	42	205	20.5%
General surgery	351	1,936	18.1%
Neurosurgery	42	238	17.6%
Oral and maxillofacial surgery	30	114	26.3%
Orthopaedic surgery	277	1,342	20.6%
Otolaryngology – head and neck surgery	88	486	18.1%
Paediatric surgery	14	104	13.5%
Plastic surgery	67	443	15.1%
Urology	86	418	20.6%
Vascular surgery	41	222	18.5%
No subspecialty declared	1	61	1.6%
Podiatrist	1	30	3.3%
Podiatric surgeon	1	30	3.3%
Total	12,298	64,213	19.2%

Notes:

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

Table 7: Applications received, by profession and registration type			
Profession/registration type	QLD	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner¹	59	255	23.1%
General	59	253	23.3%
Non-practising		2	0.0%
Chinese Medicine Practitioner¹	196	1,812	10.8%
General	180	1,673	10.8%
Non-practising	16	139	11.5%
Chiropractor	43	371	11.6%
General	36	304	11.8%
Limited		5	0.0%
Non-practising	7	62	11.3%
Dental Practitioner	319	1,638	19.5%
General	267	1,378	19.4%
Limited	7	32	21.9%
Non-practising	33	142	23.2%
Specialist	12	86	14.0%
Medical Practitioner	3,339	15,861	21.1%
General	1,132	5,134	22.0%
Limited	323	2,002	16.1%
Limited (Public Interest – Occasional Practice)		1	0.0%
Non-practising	67	480	14.0%
Provisional	1,256	5,311	23.6%
Specialist	561	2,933	19.1%
Medical Radiation Practitioner¹	322	1,808	17.8%
General	182	1,164	15.6%
Non-practising	19	115	16.5%
Provisional	121	529	22.9%
Midwife	338	1,712	19.7%
General	291	1,411	20.6%
Non-practising	47	301	15.6%
Nurse	4,965	24,837	20.0%
General	4,685	23,274	20.1%
Non-practising	280	1,563	17.9%
Occupational Therapist¹	358	2,078	17.2%
General	297	1,681	17.7%

Profession/registration type	QLD	National total	% of national total
Limited	14	82	17.1%
Non-practising	46	311	14.8%
Provisional	1	4	25.0%
Optometrist	53	305	17.4%
General	47	259	18.1%
Limited	1	3	33.3%
Non-practising	5	43	11.6%
Osteopath	16	206	7.8%
General	12	173	6.9%
Limited		1	0.0%
Non-practising	1	18	5.6%
Provisional	3	14	21.4%
Pharmacist	760	3,340	22.8%
General	383	1,604	23.9%
Limited	4	32	12.5%
Non-practising	22	173	12.7%
Provisional	351	1,531	22.9%
Physiotherapist	469	2,540	18.5%
General	401	2,140	18.7%
Limited	40	206	19.4%
Non-practising	28	194	14.4%
Podiatrist	68	431	15.8%
General	57	389	14.7%
Limited		1	0.0%
Non-practising	11	37	29.7%
Specialist		4	0.0%
Psychologist	850	4,323	19.7%
General	284	1,536	18.5%
Non-practising	98	563	17.4%
Provisional	468	2,224	21.0%
Total 2014/15	12,155	61,517	19.8%
Total 2013/14	11,376	58,789	19.4%

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 Queensland

Queensland became a co-regulatory jurisdiction on 1 July 2014, with the commencement of the *Health Ombudsman Act (2013)*. The OHO receives all health complaints in Queensland, including those about registered health practitioners, and decides whether the complaint:

- ▶ is serious, in which case it must be retained by the 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.

For this, the 2014/15 summary report, AHPRA only has access to the data relating to matters referred by the OHO. This means we are not able to report on all complaints about registered health practitioners in Queensland. Further information about matters received and dealt with by the OHO is available at www.oho.qld.gov.au.

Notifications within Queensland are detailed in Tables 8–19. In 2014/15, 917 notifications were referred by OHO to AHPRA and the National Boards (Table 8). There were 1,258 notifications closed during the year and 773 notifications remained open at the end of the reporting year.

In Queensland, only 14 mandatory notifications were recorded in the national database, compared with 376 notifications the previous year. The consultation forms used for complaints in Queensland are produced by the OHO and do not indicate whether the complaint made is a voluntary or mandatory complaint.

A large proportion of notifications received (397) were about clinical care (see Table 11). In terms of the source of notifications (see Table 12), a large proportion came directly from patients (278) or their relatives (80). Employers (142) and other practitioners (113) were also a significant source of notifications.

In 2014/15 there were 68 cases where immediate action was initiated against practitioners in Queensland (Table 13). In four of these cases the registration of the practitioner was suspended, in one case the Board accepted the surrender of the practitioner's registration; 32 cases resulted in conditions imposed on registration and in 16 cases undertakings were given by the practitioner; in 13

cases the Board determined that no further action was required and a further two cases were still under consideration at the end of the reporting year.

There were 25 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 15–18 detail the outcomes of key stages in the notifications process during 2014/15; note the national data in these tables do not include data for NSW.

In notifications where assessment was finalised during the year (see Table 15), there were 729 cases closed following assessment. One third of these cases (244) were closed with some disciplinary action taken. A further 348 cases where assessment was finalised were taken to a further stage.

Of the 326 notifications where investigations were finalised during the year (Table 16), 250 notifications were closed. Of these, 121 of the cases were closed following some disciplinary action. In 76 cases the notification was taken to a further stage following finalisation of the investigation.

There were 68 cases finalised in Queensland following a panel hearing (see Table 17) and 29 cases closed following a tribunal (see Table 18).

Table 19 provides details of cases closed during the year for each profession by the stage at closure.

Registrants under active monitoring at the end of the reporting year are detailed in Tables 20 and 21. Cases in Queensland accounted for 23.8% of the registrants under active monitoring (1,186 registrants); the majority of these registrants are medical practitioners (406) or nurses (274).

Tables 22 and 23 provide details of criminal history checks undertaken during the year. There were 11 cases in Queensland 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 profession¹

Notifications	All received			Mandatory received			Closed			Open at 30 June		
	QLD	National total	% of national total	QLD	National total	% of national total	QLD	National total	% of national total	QLD	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner ⁵		7	0.0%		2	0.0%		5	0.0%		5	0.0%
Chinese Medicine Practitioner ⁵	2	22	9.1%		1	0.0%	4	27	14.8%	3	15	20.0%
Chiropractor	5	75	6.7%		4	0.0%	14	98	14.3%	7	76	9.2%
Dental Practitioner	72	766	9.4%		22	0.0%	104	849	12.2%	38	381	10.0%
Medical Practitioner	439	4,541	9.7%	7	212	3.3%	590	4,885	12.1%	399	2,212	18.0%
Medical Radiation Practitioner ⁵	7	31	22.6%		6	0.0%	5	31	16.1%	8	17	47.1%
Midwife	26	74	35.1%	1	20	5.0%	39	92	42.4%	17	57	29.8%
Nurse	276	1,733	15.9%	5	472	1.1%	316	1,755	18.0%	203	1,053	19.3%
Occupational Therapist ⁵	7	49	14.3%	1	4	25.0%	10	48	20.8%	4	19	21.1%
Optometrist	6	55	10.9%		1	0.0%	7	53	13.2%	5	20	25.0%
Osteopath	1	13	7.7%		1	0.0%		13	0.0%	1	12	8.3%
Pharmacist	39	490	8.0%		38	0.0%	74	528	14.0%	41	311	13.2%
Physiotherapist	8	97	8.2%		6	0.0%	18	115	15.7%	9	57	15.8%
Podiatrist	2	37	5.4%		2	0.0%	9	44	20.5%	2	21	9.5%
Psychologist	26	432	6.0%		42	0.0%	68	458	14.8%	35	273	12.8%
Not identified ²	1	4	25.0%					2	0.0%	1	2	50.0%
Total 2014/15	917	8,426	10.9%	14	833	1.7%	1,258	9,003	14.0%	773	4,531	17.1%
Total 2013/14^{3,4}	2,375	10,047	23.6%	376	1,145	32.8%	2,327	9,803	23.7%	1,166	5,237	22.3%

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.

Profession	QLD	National total
Aboriginal and Torres Strait Islander Health Practitioner ⁴	0.0%	1.8%
Chinese Medicine Practitioner ⁴	0.2%	0.5%
Chiropractor	0.6%	1.5%
Dental Practitioner	1.7%	3.6%
Medical Practitioner	2.2%	4.4%
Medical Radiation Practitioner ⁴	0.2%	0.2%
Midwife ²	0.4%	0.2%
Nurse ³	0.4%	0.5%
Occupational Therapist ⁴	0.2%	0.3%
Optometrist	0.6%	1.1%
Osteopath	0.5%	0.7%
Pharmacist	0.7%	1.7%
Physiotherapist	0.2%	0.4%
Podiatrist	0.3%	0.8%
Psychologist	0.4%	1.3%
Total 2014/15	0.8%	1.3%
Total 2013/14	1.7%	1.4%

Notes:

- Percentages for each state and profession are based on registrants whose profession has been identified and whose principal place of practice is an Australian state or territory. Notifications when 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.

Year	2014/15		2013/14	
Jurisdiction	No. practitioners ¹	Rate / 10,000 practitioners ²	No. practitioners ¹	Rate / 10,000 practitioners ²
Queensland	14	1.15	301	25.6
Total Australia	789	12.38	976	15.8

Notes:

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

Issue	QLD	National total	% of national total
Behaviour	21	312	6.7%
Billing	7	191	3.7%
Boundary violation	30	335	9.0%
Clinical care	397	3,442	11.5%
Communication	22	669	3.3%
Confidentiality	21	210	10.0%
Conflict of interest	2	19	10.5%
Discrimination	1	34	2.9%
Documentation	13	445	2.9%
Health impairment	152	848	17.9%
Infection/hygiene	5	86	5.8%
Informed consent	4	107	3.7%
Medico-legal conduct		51	0.0%
National Law breach	57	241	23.6%
National Law offence		94	0.0%
Offence	37	263	14.1%
Offence by student		1	0.0%
Other	23	172	13.4%
Pharmacy/medication	104	826	12.6%
Professional conduct		3	0.0%
Research/teaching/assessment	2	7	28.6%
Response to adverse event	9	22	40.9%
Teamwork/supervision	4	29	13.8%
Not recorded	6	19	31.6%
Total	917	8,426	10.9%

Table 12: Source of notifications received in 2014/15

Source	QLD	National total (excluding NSW) ¹	% of national total (excluding NSW)
Anonymous	12	106	11.3%
Drugs and poisons		27	0.0%
Education provider	5	22	22.7%
Employer	142	543	26.2%
Government department	42	92	45.7%
HCE	9	688	1.3%
Health advisory service	1	10	10.0%
Hospital	5	25	20.0%
Insurance company		9	0.0%
Lawyer	2	34	5.9%
Medicare		1	0.0%
Member of Parliament		1	0.0%
Member of the public	36	323	11.1%
Ombudsman	41	41	100.0%
Other board	29	45	64.4%
Other practitioner	113	583	19.4%
Own motion	13	222	5.9%
Patient	278	1,408	19.7%
Police	18	52	34.6%
Relative	80	361	22.2%
Self	52	114	45.6%
Treating practitioner	18	80	22.5%
Unclassified	21	97	21.6%
Total	917	4,884	18.8%

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	QLD	National total	% of national total
Not take immediate action	13	85	15.3%
Accept undertaking	16	77	20.8%
Impose conditions	32	285	11.2%
Accept surrender of registration	1	3	33.3%
Suspend registration	4	106	3.8%
Decision pending	2	22	9.1%
Total	68	578	11.8%

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

Profession	QLD	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner			
Chinese Medicine Practitioner			
Chiropractor		2	0.0%
Dental Practitioner	2	3	66.7%
Medical Practitioner	14	26	53.8%
Medical Radiation Practitioner			
Midwife			
Nurse	1	4	25.0%
Occupational Therapist			
Optometrist			
Osteopath		1	0.0%
Pharmacist	5	6	83.3%
Physiotherapist			
Podiatrist			
Psychologist	3	6	50.0%
Not identified			
Total 2014/15¹	25	48	52.1%
Total 2013/14²	46	91	50.5%

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.

Table 15: Outcome of assessments finalised in 2014/15 (excluding NSW)			
Outcome of decisions to take the notification further	QLD	National total (excluding NSW)	% of national total
Health or performance assessment	101	233	43.3%
Investigation	234	1,668	14.0%
Panel hearing	10	13	76.9%
Tribunal hearing	3	9	
Total	348	1,923	18.1%
Outcome of notifications closed following assessment			
No further action	484	2,136	22.7%
HCE to retain		435	0.0%
Refer all or part of the notification to another body	1	10	10.0%
Caution	148	322	46.0%
Accept undertaking	15	59	25.4%
Impose conditions	79	104	76.0%
Practitioner surrenders registration	2	3	
Total	729	3,069	23.8%

Table 16: Outcome of investigations finalised in 2014/15 (excluding NSW)			
Outcome of decisions to take the notification further	QLD	National total (excluding NSW)	% of national total
Assessment	1	2	50.0%
Health or performance assessment	28	145	19.3%
Panel hearing	29	166	17.5%
Tribunal hearing	18	114	15.8%
Total	76	427	17.8%
Outcome of notifications closed following investigation			
No further action	128	1,052	12.2%
Refer all or part of the notification to another body	1	11	9.1%
Caution	62	391	15.9%
Accept undertaking	14	126	11.1%
Impose conditions	45	192	23.4%
Practitioner surrenders registration			
Total	250	1,772	14.1%

Table 17: Outcome of panel hearings finalised in 2014/15 (excluding NSW)			
Outcomes	QLD	National total (excluding NSW)	% of national total
No further action	12	63	19.0%
Refer all of the notification to another body		1	0.0%
Caution	17	57	29.8%
Reprimand	2	13	15.4%
Impose conditions	37	130	28.5%
Practitioner surrenders registration		1	0.0%
Suspend registration		4	0.0%
Total	68	269	25.3%

Table 18: Outcome of tribunal hearings finalised in 2014/15 (excluding NSW)				
Outcomes	QLD	National total (excluding NSW)	% of national total	
No further action	2	13	15.4%	
Caution	1	3	33.3%	
Reprimand	6	14	42.9%	
Fine registrant	2	10	20.0%	
Accept undertaking	3	4	75.0%	
Impose conditions	5	45	11.1%	
Practitioner surrenders registration		5	0.0%	
Suspend registration	9	31	29.0%	
Cancel registration	1	24	4.2%	
Tribunal order		30	0.0%	
No permitted to reapply for registration for a period of 12 months				
Permanently prohibited from undertaking services relating to midwifery				
Total	29	179	16.2%	

Table 19: Notifications closed in 2014/15, by profession and stage at closure in Queensland						
Profession	Assessment	Investigation	Health or performance assessment	Panel hearing	Tribunal hearing	Total 2014/15
Aboriginal and Torres Strait Islander Health Practitioner						0
Chinese Medicine Practitioner	4					4
Chiropractor	2	9	1	1	1	14
Dental Practitioner	69	26	8	1		104
Medical Practitioner	370	112	47	52	9	590
Medical Radiation Practitioner	1	3			1	5
Midwife	22	9	8			39
Nurse	167	41	99	6	3	316
Occupational Therapist	6	2	2			10
Optometrist	4	2	1			7
Osteopath						0
Pharmacist	42	20	4	4	4	74
Physiotherapist	7	6	1		4	18
Podiatrist	4		3	2		9
Psychologist	31	20	8	2	7	68
Not identified ¹						0
Total 2014/15	729	250	182	68	29	1,258

Notes:

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

Table 20: Active monitoring cases at 30 June 2015, by profession (excluding NSW)

Profession	QLD	National total (excluding NSW)	% of national total
Aboriginal and Torres Strait Islander Health Practitioner		6	0.0%
Chinese Medicine Practitioner	121	882	13.7%
Chiropractor	12	60	20.0%
Dental Practitioner	47	165	28.5%
Medical Practitioner	406	1,697	23.9%
Medical Radiation Practitioner	151	533	28.3%
Midwife	19	108	17.6%
Nurse	274	1,013	27.0%
Occupational Therapist	21	71	29.6%
Optometrist	3	15	20.0%
Osteopath	1	15	6.7%
Pharmacist	61	187	32.6%
Physiotherapist	15	75	20.0%
Podiatrist	3	14	21.4%
Psychologist	52	150	34.7%
Total	1,186	4,991	23.8%

Table 21: Active monitoring cases at 30 June 2015 in Queensland and nationally, by stream

Jurisdiction ³	Conduct ²	Health ²	Performance ²	Suitability/eligibility ¹	Total 2014/15
QLD	147	331	176	532	1,186
National 2014/15	775	1,153	691	3,083	5,702
% of national total	19.0%	28.7%	25.5%	17.3%	20.8%

Notes:

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

Table 22: Cases in 2014/15 where a criminal history check resulted in, or contributed to, imposition of conditions or undertakings, by profession

Profession	QLD	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner		1	0.0%
Chinese Medical Practitioner	1	1	100.0%
Chiropractor		2	0.0%
Dental Practitioner		4	0.0%
Medical Practitioner	3	6	50.0%
Midwife			
Nurse	6	21	28.6%
Optometrist		1	0.0%
Pharmacist			
Physiotherapist			
Podiatrist			
Psychologist	1	1	100.0%
Total 2014/15	11	37	29.7%
Total 2013/14	20	76	26.3%

Table 23: Domestic and international criminal history checks in Queensland and nationally, by profession, and cases where a criminal history check resulted in, or contributed to, imposition of conditions or undertakings

State/territory ¹	QLD				National 2014/15			
Profession	Number of CHCs ²	Number of DCOs ³	CHCs resulted in conditions/undertakings	% of total national CHCs resulted in conditions/undertakings	Number of CHCs ²	Number of DCOs ³	% of DCOs resulting from CHCs	CHCs resulted in conditions/undertakings
Aboriginal and Torres Strait Islander Health Practitioner	45	16	0	0.00%	266	111	41.73%	1
Chinese Medicine Practitioner	165	16	1	100.00%	1,187	78	6.57%	1
Chiropractor	77	8	0	0.00%	664	62	9.34%	2
Dental Practitioner	336	12	0	0.00%	1,764	106	6.01%	4
Medical Practitioner	1,390	52	3	50.00%	9,298	320	3.44%	6
Medical Radiation Practitioner	360	20	0	0.00%	1,989	102	5.13%	0
Midwife	277	13	0	0.00%	1,422	55	3.87%	0
Nurse	4,846	329	6	28.57%	24,328	1,738	7.14%	21
Occupational Therapist	276	5	0	0.00%	1,626	60	3.69%	0
Optometrist	129	5	0	0.00%	618	32	5.18%	1
Osteopath	19	3	0	0.00%	266	21	7.89%	0
Pharmacist	498	16	0	0.00%	2,264	105	4.64%	0
Physiotherapist	510	17	0	0.00%	2,645	96	3.63%	0
Podiatrist	107	7	0	0.00%	738	55	7.45%	0
Psychologist	512	22	1	100.00%	2,872	159	5.54%	1
Total 2014/15	9,547	541	11	29.73%	51,947	3,100	5.97%	37
Total 2013/14⁴	11,829	721	20	26.32%	61,000	3,597	6%	76

Notes:

1. State or territory refers to the state/territory location of the preferred address as advised by the applicant/registrant. The team state is used if this information is not available.
2. Criminal history checks. Refers to both domestic and international criminal history checks submitted.
3. Disclosable court outcomes.
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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