Your National Scheme:

For safer healthcare

Medical Board of Australia

Annual report summary 2016/17

Medical Board of Australia | AHPRA

At a glance: The medical profession in 2016/17

111,166 medical practitioners, up **3.7%** from 2015/16

That's **16.4%** of total health practitioner registrant base

20,057 registered students, up **1.5%** from last year

3,617 notifications lodged with AHPRA about medical practitioners

5.1% of medical practitioners had notifications made about them

2 notifications were made about students

Male: 57.9%

Female: 42.1%

1,565 medical practitioners were being actively monitored for compliance with restrictions on their registration[1]

3,557 notifications closed this year

7.3% resulted in accepting an undertaking or conditions being imposed on a medical practitioner's registration

11% resulted in a medical practitioner receiving a caution or reprimand by the Board

0.6% resulted in suspension or cancellation of registration

76.3% resulted in no further action being taken

Most of the remaining **4.7%** were retained by a health complaints entity

273 statutory offence complaints were made; **283** were closed

Over 60% of new matters related to advertising breaches, and the majority of the remaining matters related to title protection

Immediate action was taken **102** times; **23** resulted in suspension of registration

224 mandatory notifications were made (**161** about standards, **41** about impairment, **5** about alcohol or drugs, and **17** about sexual misconduct)

1 Data at 30 June 2017. See page 21 for information about monitoring cases relating to compliance with restrictions on registration for medical practitioners.

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Message from the Chair, Medical Board of Australia

This report summarises data relating to the medical profession in Australia, which have been drawn from the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards' 2016/17 annual report. It offers a unique insight into the regulatory landscape.

Medical regulators around the world are facing rising numbers of complaints about doctors. As reflected in this annual report summary, 2016/17 saw an increase in the number of notifications (complaints or concerns) lodged about medical practitioners under the National Scheme in Australia.

The Medical Board of Australia (the Board) and AHPRA are addressing this challenge in two ways. We are re-examining how we triage and respond to complaints so our efforts are targeted and proportionate. In triaging complaints, we are focusing our effort on dealing with serious concerns about risks to patient safety and also bringing quickly to a close the less serious matters that require no regulatory action. Bringing appropriate clinical input into the initial assessment of a notification is key to both of these approaches.

The Board is also exploring revalidation as another tool to address the challenge of increasing complaints and ensure that doctors are practising safely. We have consulted widely on the interim report of our Expert Advisory Group and will be releasing its final report and our plans to improve patient safety at the end of November 2017.

Over the following pages, we outline more about our work on revalidation and other works conducted by the Board during the year.

Dr Joanna Flynn AM
Chair of the Medical Board of Australia

The Medical Board of Australia

Members of the Board in 2016/17

Dr Joanna Flynn AM, Chair
Associate Professor Stephen Adelstein
Professor Belinda Bennett
Mr Mark Bodycoat
Associate Professor Stephen Bradshaw AM
Ms Prudence Ford
Dr Samuel Goodwin
Dr Fiona Joske
Professor Constantine Michael AO
Dr Susan O'Dwyer
Professor Anne Tonkin
Ms (Michelle) Fearn Wright

Committees

A number of committees support the Board, including a national Finance Committee, Health committees in Victoria and Western Australia, Immediate Action Committees and Notifications Committees in all states except New South Wales (NSW) and Registration Committees in all states and territories.

For more information about the Board and its Committees in 2016/17, please refer to the appendices.

Executive and policy support

Dr Joanne Katsoris
Executive Officer, Medical

Dr Katsoris supports the Medical Board of Australia. She works in AHPRA's National Office in Melbourne. Executive Officers provide a vital link between the National Boards and AHPRA.

About us

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

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

Visit the Board's website at www.medicalboard.gov.au.

For more information about the National Scheme and AHPRA, visit www.ahpra.gov.au/About-AHPRA.

About this report

This annual report summary provides a profession-specific view of AHPRA and the Board's work to manage risk to the public in 2016/17. Information provided in this report is drawn from data published in the 2016/17 annual report published by AHPRA and the National Boards. All data are correct as at 30 June 2017.

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

Please see page 18 for information about our data.

Profession-specific summaries for all 14 National Boards in the National Scheme are available to download from www.ahpra.gov.au/annual report/2017.

Annual report summaries that segment the registrant base by state and territory are also published online.

Our regulatory principles

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

- Protect the public
- Take timely and necessary action
- Administer the National Law
- Ensure registrants are qualified
- Work with stakeholders
- Uphold professional standards
- Identify and respond to risk
- Use appropriate regulatory force

For more information, download AHPRA's 2016/17 annual report from www.ahpra.gov.au/annual report/2017

The Medical Board of Australia: Year in review

A number of major initiatives were actioned by the Board in 2016/17. Here are the highlights:

Spotlight on: Revalidation

The Board is committed to developing a process that supports medical practitioners to maintain and enhance their professional skills and knowledge, and to remain fit to practise medicine. The Board has been using the term 'revalidation' for this process and in 2015/16, it appointed an Expert Advisory Group (EAG) to advise it on options for revalidation that are tailored to the Australian healthcare sector. During 2016/17, the EAG delivered their interim report that identified a two-part approach:

1. Maintaining and enhancing the performance of all doctors practising in Australia though efficient, effective, contemporary, evidence-based continuing professional development relevant to their scope of practice, and
2. Proactively identifying doctors at risk of poor performance and those who are already performing poorly, assessing their performance and when appropriate, supporting remediation of their practice.

The Board consulted on the proposal in the EAG's interim report over a four-month period. We:

- received 116 submissions that are published online
- met with all the specialist medical colleges, the Council of Presidents of Medical Colleges and the Australian Medical Association
- held forums in each state and territory, attended by more than 400 stakeholders
- heard from more than 1000 doctors and community members in our online discussion forum and our online survey, and
- met twice with the Consultative Committee that the Board had established to provide feedback on issues related to the introduction of revalidation in Australia.

The EAG has been analysing the feedback and is scheduled to deliver their report in 2017/18.

Independent review of the use of chaperones

In August 2016, the Board and AHPRA commissioned the Independent review of the use of chaperones to protect patients in Australia. The review was triggered by the concerns of patients whose doctors abused their trust. It was undertaken by Professor Ron Paterson, who was asked to consider whether, and if so in what circumstances, it is appropriate to impose a chaperone condition on the registration of a health practitioner to protect patients while allegations of sexual misconduct are investigated. The reviewer was also asked to recommend whether changes to regulatory practice, and the National Law, are needed to better protect patients and public.

The report recommended three areas for regulatory reform:

1. No longer using chaperones as an interim restriction while allegations of sexual misconduct are investigated
2. Establishing a specialist team within AHPRA working with the Board to improve our handling of sexual misconduct complaints, and
3. Strengthening monitoring and providing more information to patients in the exceptional cases when chaperone conditions are in place.

AHPRA and the Board accepted all of the recommendations in the report and have been working to implement them.

Social research

The Board commissioned independent social research, related to its work on revalidation, to better understand what the public expects doctors to do to demonstrate ongoing fitness and competence, and what medical practitioners believe they need to do to maintain and enhance their knowledge and skills.

The research analysed feedback from 3,000 doctors and 1,000 members of the community. Key findings were:

- 90% of the community trust doctors and nurses, 85% trust pharmacists and 7% trust politicians
- Doctors and the community agree that the most important attributes for building confidence and trust with patients are effective communication and doctors explaining their diagnosis and treatment
- 39% of doctors and 72% of the community think doctors' practice should be reviewed at least every five years
- 40% of doctors and 5% of the community think doctors should only be reviewed if there are concerns about their practice, and
- More than half the doctors surveyed support demonstrating their capacity to provide high-quality medical care as a requirement of registration renewal.

International Association of Medical Regulatory Authorities conference

In September 2016, AHPRA and the Board hosted the very successful International Association of Medical Regulatory Authorities (IAMRA) 12th International Conference on Medical Regulation in Melbourne. The overarching theme of the conference was 'Medical regulation – making a difference', a theme which is central to the work of the Board and AHPRA.

More than 490 participants from over 40 countries gathered with one aim: to make a difference to patient safety through regulation. The three-day conference featured over 105 presentations and 25 international keynote speakers. The Board and AHPRA were well represented, with a number of Board members and staff presenting, chairing and participating in panel sessions, or speaking to delegates about our work at the information booth.

Review of the performance of specialist colleges

The Snowball review of the National Registration and Accreditation Scheme recommended that the Board 'evaluate and report on the performance of specialist colleges in applying standard assessments of international medical graduate (IMG) applications and apply benchmarks for timeframes for completion of assessments'. Australia's health ministers accepted this recommendation and the Board committed to appointing an external reviewer. The Board selected Deloitte Access Economics after an open, competitive tender process.

The review will examine each college's current performance against benchmarks for the specialist pathway the Board has set. It will review the extent to which college processes align with the Board's *Good practice guidelines* for the specialist IMG assessment process that define good practice in the assessment of specialist IMGs. The review will also consider whether elements of the current specialist IMG assessment process can be improved, evaluate current performance benchmarks and recommend methods for future monitoring of colleges' performance.

Deloitte Access Economics will seek input from external stakeholders including specialist IMGs and employers.

The review will continue throughout 2017 and the Board will consider the report in early 2018.

Taking action on bullying and harassment

Bullying and harassment are serious problems in the medical profession and have a direct impact on patient safety.

Setting clear standards and holding doctors to account against them is the job of regulators. Getting clear about the roles and responsibilities of colleges, employers and regulators in dealing with these problems so that everyone knows what the standard is, and what to do if someone fails to meet it, is one of the things we will do with others.

The Board has committed to taking action on bullying and harassment by:

- Strengthening the Board's *Good medical practice - a code of conduct for doctors in Australia* about bullying and harassment, and making the standards of acceptable behaviour for doctors clear
- Taking the lead in developing and implementing a national survey of trainees which will give them a voice, be a safe place for them to provide feedback on their training experience and enable systemic issues such as potential hotspots of bullying and harassment to be identified. AHPRA and the Board will work with health departments, employers, medical colleges, and the Australian Medical Council to develop the governance and funding arrangements to make this happen
- Commissioning research on vexatious complaints to understand how and why people are driven to make them, and what we can do about it. The data we have now indicate this is a small problem with a big impact when it happens. We will publish what we learn and act on it, and
- Strengthening *Good medical practice – a code of conduct for doctors in Australia* on vexatious complaints and establishing a clear benchmark to enable the Board to take further action about a medical practitioner who makes complaints purely to damage another registered practitioner.

Doctors' health programs

From 2016/17, doctors and medical students in all states and territories can access help and support through the expanded network of doctors' health advisory and referral services.

The national network of services is coordinated by Doctors' Health Services Pty Ltd, a wholly owned subsidiary of the Australian Medical Association (AMA), and is funded by the Board.

The Board has significantly boosted resources to doctors' health, sourced from within existing Board funds from registration fees paid by medical practitioners. The partnership with the AMA enables the health programs to be administered at arm's length from the Board and AHPRA.

The support services can be accessed via drs4drs.com.au.

Taking a multi-profession approach to regulation

The Board works cooperatively with the other health practitioner boards as we regulate our respective professions in the public interest. We share regulatory principles and the Boards consult with each other on registration standards, codes and guidelines and provide feedback where it is necessary. We share our resources and aim where possible to take a common approach. For example, in 2016/17, Boards agreed to a common multi-faceted, risk-based advertising compliance strategy.

During this year, the Board worked with the Pharmacy Board to develop a statement to remind medical practitioners and pharmacists about their respective responsibilities in the prescribing and dispensing of compounded medicines.

Improving processes

The Board has supported a number of improvements in the management of notifications. While we are closing more notifications than previously, the increasing number of incoming notifications means that the number of open notifications is increasing. We have developed a range of strategies to be more effective as we manage notifications. These strategies include:

- prioritising the closure of older notifications
- reviewing notifications that have been put on hold pending other external proceedings (such as criminal investigations)
- increased scrutiny by state and territory boards of notifications that remain open after nine and 12 months
- supporting triage and assessment processes in Queensland and South Australia to deal with notifications more quickly, and
- recruiting medical clinical advisors to inform the management of notifications.

Communication, engagement and stakeholder relations

The Board published 11 editions of the *Medical Board Update* in 2016/17. The Board's electronic newsletter provides information to medical practitioners about their current obligations and issues in contemporary medical practice. This year we have focused on summarising and publishing tribunal cases to ensure that the profession is aware of lessons to be learned.

There is a great deal of public interest in the work of the Board. Over the course of the year, the Board, via the Chair, has held interviews, recorded podcasts, participated in media conferences and had television appearances to discuss a range of issues including the health of doctors, mandatory reporting and issues about sexual misconduct.

The Board has an active program of stakeholder engagement that includes regular meetings with:

- The Australian Medical Association
- The Australian Medical Council
- The Medical Council of New South Wales
- The specialist colleges through the Council of Presidents of Medical Colleges
- The Medical Council of New Zealand

Senior leaders from the Board, AHPRA and the AMA met on 5 April 2017 for the third consecutive year to discuss how notifications are managed in the National Scheme.

The Board also ran an extensive program of external stakeholder engagement during 2016/17, particularly in relation to revalidation as it consulted on the Revalidation Expert Advisory Group's interim report. We met with the AMA, all the specialist colleges and stakeholders in every state and territory.

Other stakeholder meetings held by the Board include:

- A joint meeting of specialist colleges, the Australian Medical Council and the Medical Council of New Zealand in February 2017, and
- A joint meeting with the Australian Medical Council and providers of pre-employment structured clinical interviews.

While the National Board tends to deal with national stakeholders, state and territory boards focus on their local stakeholders, with meetings with state and territory AMAs, doctors' health programs, postgraduate medical councils, employers and supervisors, and many others.

There has been considerable internal stakeholder engagement as the Board promotes consistency of decision-making and responds to issues by decision-makers. This includes:

- monthly meetings with state and territory board chairs
- planning days with state and territory board chairs
- a registration issues workshop
- the annual Medical Board of Australia conference, and
- feedback on the Board's standards, codes and guidelines to inform reviews.

Planning and research

The Board develops a regulatory workplan annually that forms part of the Health Professions Agreement which details the fees payable by health practitioners, the annual budget of the National Board and the services provided by AHPRA that enable the National Boards to carry out their functions under the National Law. The workplan is consistent with the strategy of the National Scheme. Key initiatives for 2016/17 included:

- revalidation
- social research
- implementing the *Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures*, and
- running the 2016 IAMRA conference.

In 2016/17, the Board with AHPRA commissioned the *Independent review of the use of chaperones to protect patients in Australia* and have accepted all of its recommendations.

Participation in inquiries, reviews and consultations

There were a number of reviews in 2016/17 that were relevant to the Board and AHPRA. We appeared before the following inquiries:

- Senate Committee Affairs References Committee on the complaints mechanism administered under the National Law
- Senate Community Affairs References Committee inquiry into 'Growing evidence of an emerging tick-borne disease that causes a Lyme-like illness for many Australian patients', and
- Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee inquiry into the performance of the Queensland Health Ombudsman's functions pursuant to section 179 of the Health Ombudsman Act 2013.

The Board also contributed to submissions to the above inquiries and into the Accreditation Services Review, the Therapeutics Goods Administration on the regulation of autologous cell and tissue products and proposed consequential changes to the classification of biologicals, and to requests from international regulators.

Policy and accreditation

The Australian Medical Council (AMC) is the accreditation authority for the medical profession. During this reporting period, the Board extended the AMC's appointment until 30 June 2019. This was in the context of the Accreditation Systems Review, which is due to be completed by the end of 2017.

Representatives of the Board, AHPRA and the AMC meet regularly, including an annual meeting of Directors of the AMC with the full Board.

The AMC develops accreditation standards that are approved by the Board and against which they assess medical schools and specialist colleges. The AMC is therefore responsible for accreditation of:

1. medical schools and their programs of study, and
2. specialist medical colleges and their programs of study.

The Board considers the AMC's accreditation report and decides whether to approve the accredited program of study for registration.

See Table 1 (below) for information on specialist colleges whose programs of study were approved in 2016/17, and Table 2 on page 10 for information on medical schools whose programs were approved.

The AMC provided monitoring reports on six medical schools and 11 specialist colleges in 2016/17.

The AMC also reviews and accredits authorities that accredit intern training programs in each state and territory (see Table 3). The AMC provided monitoring reports on six intern training accreditation providers.

Table 1: Specialist colleges: programs of study approved in 2016/17

Provider	Program	Approved	Expiry
Australasian College of Dermatologists	Fellowship of The Australasian College of Dermatologists	22 February 2017	31 March 2018
Royal College of Pathologists of Australasia	Fellowship of the Royal College of Pathologists of Australasia	29 March 2017	31 March 2023

Table 2: Medical schools: programs of study approved in 2016/17

Provider	Program	Approved	Expiry
James Cook University	Bachelor of Medicine / Bachelor of Surgery (MBBS) 6 year program	28 September 2016	31 March 2021
Deakin University	Bachelor of Medicine / Bachelor of Surgery (MBBS) 4 year program	28 September 2016	31 March 2019
University of Melbourne	Doctor of Medicine (MD) 4 year program	28 September 2016	31 March 2021
Curtin University	Bachelor of Medicine / Bachelor of Surgery (MBBS) 5 year program	23 November 2016	31 March 2023
Monash University	Bachelor of Medical Science (BMedSc) / Doctor of Medicine (MD) 4 year program	23 November 2016	31 March 2018
	Bachelor of Medical Science (BMedSc) / Doctor of Medicine (MD) 5 year program	23 November 2016	31 March 2018
	Bachelor of Medicine / Bachelor of Surgery (MBBS) (Hons) 4 year program	23 November 2016	31 March 2018
	Bachelor of Medicine / Bachelor of Surgery (MBBS) (Hons) 5 year program	23 November 2016	31 March 2018
University of Newcastle/ University of New England	Bachelor of Medical Science (BMedSc) and Doctor of Medicine (MD) 5 year program	23 November 2016	31 March 2023
University of Notre Dame Australia (Fremantle)	Bachelor of Medicine / Bachelor of Surgery (MBBS) 4 year program	23 November 2016	31 March 2018
	Doctor of Medicine (MD) 4 year program	23 November 2016	31 March 2023
University of Queensland	Bachelor of Medicine / Bachelor of Surgery (MBBS) 4 year program	22 February 2017	31 March 2021
	Doctor of Medicine (MD) 4 year program	22 February 2017	31 March 2021
University of Wollongong	Bachelor of Medicine / Bachelor of Surgery (MBBS) 4 year program	22 February 2017	31 March 2023
	Doctor of Medicine (MD) 4 year program	22 February 2017	31 March 2023
University of Western Australia	Bachelor of Medicine / Bachelor of Surgery (MBBS) 4 and a half year program	22 February 2017	31 March 2021
	Bachelor of Medicine / Bachelor of Surgery (MBBS) 6 year program	22 February 2017	31 March 2021

Providers of pre-employment structured clinical interviews

The AMC also accredits pre-employment structured clinical interview (PESCI) providers. PESCI providers assess international medical graduates' suitability for high risk, non-specialist positions. The AMC provided monitoring reports on five PESCI providers.

During 2016/17, the AMC and the Board worked on a process for the recognition of medical specialties and accreditation standards for acupuncture. These are likely to be published in 2017/18.

The Board also agreed to partner with the AMC to conduct a survey of all interns in Australia, to find out how well they think their training prepared them for the workplace. The survey will be run in August 2017 and the results will be published.

Table 3: Intern training and accreditation authorities: programs of study approved in 2016/17

Provider	Program	Approved	Expiry
Health Leaders Australia trading as Queensland Prevocational Medical Accreditation	Intern training accreditation authority	29 March 2017	31 March 2019
Northern Territory Medical Education and Training Centre	Intern training accreditation authority	31 May 2017	31 March 2021

Approved registration standards, codes and guidelines

It is good regulatory practice for standards, codes and guidelines to be reviewed regularly.

Registration standards

During this reporting period, the Board revised the following registration standards:

- *Registration standard for specialist registration* – submitted to Ministers for approval
- *Registration standard for granting general registration to Australian Medical Council certificate holders* – submitted to Ministers for approval, and
- *Registration standard for acupuncture* – consultation will proceed in 2017/18.

The Board also implemented the following registration standards:

- *Registration standard: Continuing professional development*, and
- *Registration standard: Recency of practice*.

Codes

The Board committed to a review of Good medical practice: a code of conduct for doctors in Australia, particularly with a view towards strengthening advice about bullying and harassment, and vexatious complaints. Consultation on the proposed changes will proceed in 2017/18.

Guidelines

The Board reviewed the Guidelines on sexual boundaries – consultation will proceed in 2017/18.

The Board implemented the Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures.

The Board has also started work on a guideline for medical practitioners who provide complementary and unconventional medicine and emerging treatments. Consultation will proceed in 2017/18.

For more information on registration standards, codes, guidelines and policies, visit the Board's website.

Work for the Board conducted by AHPRA

The Board and AHPRA work in partnership to deliver on the objectives of the National Scheme. AHPRA provides policy and administrative support to the Board and performs a range of functions, as specified in the Health Professions Agreement.

Examples of work done by AHPRA for the Board in 2016/17 include:

- Cleansing of the Register of practitioners during the 2016/17 renewal period. Medical practitioners were required to confirm that their qualifications entered on the register are correct. AHPRA verified qualification changes and updated the register. The Specialists register was originally constructed using data from a range of sources and it was therefore important to verify the accuracy of the entries.
- Developing an online notification form that makes it easier to make a complaint or raise a concern about a medical practitioner.
- Working with the Board to implement the recommendations in the *Independent review of the use of chaperones to protect patients in Australia*.
- The successful prosecution of Mr Shyam Acharya (who claimed to be a UK-based doctor) for knowingly and recklessly holding out as a medical practitioner.
- Developing an advertising compliance and enforcement strategy for the National Scheme that explains how National Boards and AHPRA will manage advertising complaints and compliance, including the regulatory powers available to deal with breaches of the National Law.

Future works

Much of the Board's work is done over many reporting years. The Board is expected to focus in 2017/18 on:

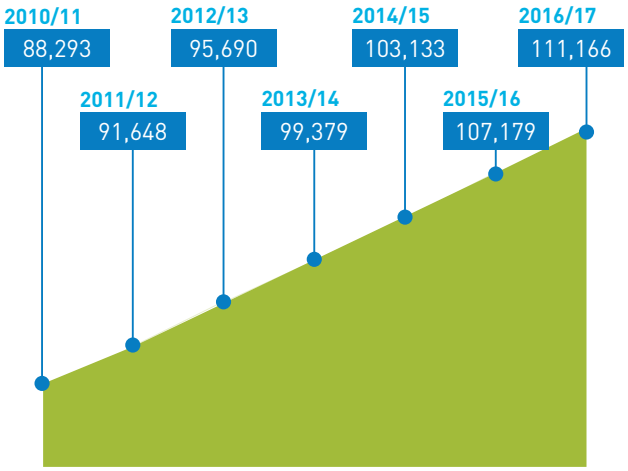
- outcomes from the Expert Advisory Group's report on revalidation
- the development of a national training survey for all medical trainees and their supervisors
- improvements in the way that notifications are managed to reduce time frames and improve communication with notifiers and practitioners
- guidelines for medical practitioners who provide complementary, unconventional and emerging treatments
- resources to support international medical graduates to transition to working in Australia
- resources to support all medical practitioners to meet their professional responsibilities, and
- exploring better ways of working nationally, including establishing national triage processes.

Registering the medical workforce in 2016/17

In brief: Registration of medical practitioners

- 111,166 registered medical practitioners in 2016/17; up from 107,179 in 2015/16.
- Medical practitioners comprise 16.4% of the total registrant base.
- 20,057 registered medical students; up 1.5% from the previous year.
- 0.3% identified as being Aboriginal and/or Torres Strait Islander (348 practitioners).
- Women comprised 42.1% of the profession – a slight increase from the previous year.

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



Under the National Law, as in force in each state and territory, there is a range of registration categories under which a registrant can practise medicine in Australia. Different categories apply to different types of registration:

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

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

Find out more about registration at www.medicalboard.gov.au/Registration**.**

Registration in 2016/17

As at 30 June 2017, there were 111,166 medical practitioners registered under the National Scheme. This represents a 3.7% increase from 2015/16, which is consistent with previous years. NSW, Victoria and Queensland were the principal place of practice for 75% of all medical practitioners.

Of the 678,938 registered health practitioners across the 14 professions, 16.4% were medical practitioners.

More than 97.5% of all registered medical practitioners held some form of practising registration (see Table 7).

There was a 4% increase from the previous year in the number of medical practitioners moving to non-practising registration, and the number of medical practitioners with limited registration continued to decrease. This reduction in limited registration could reflect Australia's diminishing reliance on international medical graduates (IMGs) as the number of Australian graduates increases.

Of registered medical practitioners, 55.4% had specialist registration (see Table 7).

Tables 4–8 segment data relating to the registration of medical practitioners in 2016/17.

Applications for registration

AHPRA received 16,920 applications for registration as a medical practitioner in 2016/17. In partnership with AHPRA, the Board considers every application for registration carefully and assesses it against the requirements for registration, including checking whether the applicant has a criminal history and their English language proficiency.

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

Of the applications received, 3.2% resulted in conditions being imposed on registration or the refusal of registration, in order to protect the public.

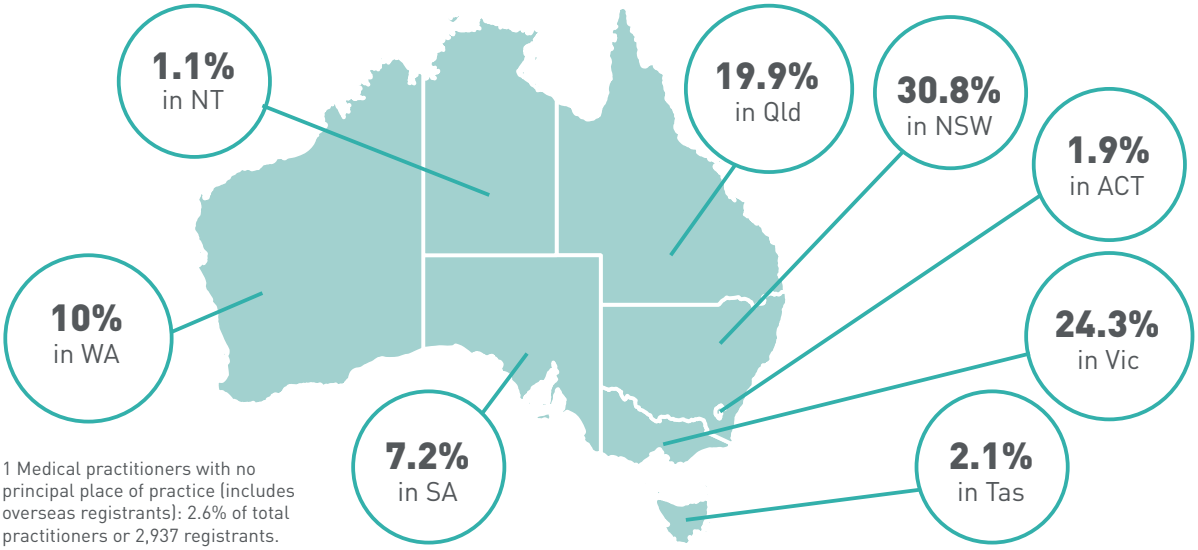
For more information, download the 2016/17 annual report by AHPRA and the National Boards.

Renewals

Once on the register, medical practitioners must apply to renew registration(s) each year and make declarations on the relevant registration requirements. As with new applications for registration, the Board may impose conditions on registration or refuse renewal.

A total of 96,988 medical practitioners renewed their registration in 2016/17, with the proportion of medical practitioners renewing online increasing to 98.3%, up 0.6% from the previous year.

Figure 2: Percentage of medical practitioners with a principal place of practice in each state and territory[1]



1 Medical practitioners with no principal place of practice (includes overseas registrants): 2.6% of total practitioners or 2,937 registrants.

Practitioner audits

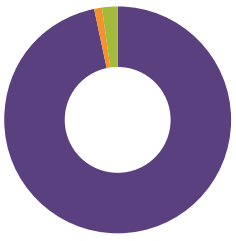
AHPRA conducts regular audits of random samples of health practitioners across all professions on behalf of the National Boards. Audits provide assurance that practitioners are meeting the registration requirements for their profession. During an audit, a practitioner is required to provide evidence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

In 2016/17, AHPRA audited 6,314 practitioners across all 14 regulated health professions. For all audits initiated and completed this year, 98.8% of medical practitioners were found to be in compliance with the registration standards being audited.

See AHPRA's 2016/17 annual report for more information about the audit process.

For more information about registration, visit the Board's website: www.medicalboard.gov.au/Registration.

Figure 3: Audit outcomes for the medical profession in 2016/17



97.75% Compliant: fully compliant with the registration standards

1% Compliant (education): compliant through education in one or more standard

0.1% Non-compliant: non-compliant with one or more standard

2% No audit action required: practitioners who changed registration type to non-practising or surrendered their registration after being advised that they were subject to audit

The *Register of practitioners*

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

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

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

The *Register* was built with data from multiple sources when the National Scheme began. This year, AHPRA requested data during the medical renewal campaign to fix inconsistencies on the *Register* in the recording of practitioners' qualifications and date of first registration.

This resulted in 7.5% of medical practitioners providing further information that enabled AHPRA to improve the accuracy of our data. This remediation work will continue in 2017/18 and extend to all other health professions.

Table 4: Registrant numbers as at 30 June 2017

Registrants	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[1]	Total
2016/17 total registered medical practitioners	2,097	34,255	1,259	22,109	8,046	2,298	27,030	11,135	2,937	111,166
2015/16 total registered medical practitioners	2,042	33,236	1,177	20,949	7,858	2,236	26,061	10,756	2,864	107,179
% change from 2015/16	2.7%	3.1%	7.0%	5.5%	2.4%	2.8%	3.7%	3.5%	2.5%	3.7%
% of medical practitioners with a PPP in the state or territory	1.9%	30.8%	1.1%	19.9%	7.2%	2.1%	24.3%	10.0%	2.6%	100.0%
Medical practitioners as a % of all registered health practitioners in the state or territory	17.7%	17.4%	17.8%	16.6%	14.9%	15.8%	15.4%	16.1%	16.7%	16.4%
All registered health practitioners 2016/17	11,845	196,605	7,083	133,103	53,823	14,522	175,354	69,012	17,591	678,938

Table 5: Registered medical practitioners by age

Medical practitioners	U–25	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–74	75–79	80+	Total
2016/17	896	12,563	15,377	15,050	13,794	11,881	10,551	9,856	8,243	5,766	3,879	1,946	1,364	111,166
2015/16	1,542	12,697	14,536	14,516	13,177	11,185	10,406	9,654	7,563	5,532	3,373	1,747	1,251	107,179
Age bracket as % of all medical practitioners	0.8%	11.3%	13.8%	13.5%	12.4%	10.7%	9.5%	8.9%	7.4%	5.2%	3.5%	1.8%	1.2%	100.0%
All registered health practitioners 2016/17	26,073	85,071	95,700	80,655	75,316	75,186	68,215	72,475	55,722	28,217	10,734	3,662	1,912	678,938
Medical practitioners as % of all registered practitioners	3.4%	14.8%	16.1%	18.7%	18.3%	15.8%	15.5%	13.6%	14.8%	20.4%	36.1%	53.1%	71.3%	16.4%

Table 6: Medical practitioners by principal place of practice and gender

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[1]	Total 2016/17	Total 2015/16	% change 2015/16–2016/17
Medical practitioners	2,097	34,255	1,259	22,109	8,046	2,298	27,030	11,135	2,937	111,166	107,179	3.7%
Female	970	14,378	615	9,075	3,310	964	11,569	4,750	1,120	46,751	44,492	5.1%
Male	1,127	19,877	644	13,034	4,736	1,334	15,461	6,385	1,817	64,415	62,687	2.8%

Table 7: Medical practitioners by principal place of practice and registration type

Registration type	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[1]	Total 2016/17	Total 2015/16	% change 2015/16–2016/17
Medical practitioners	2,097	34,255	1,259	22,109	8,046	2,298	27,030	11,135	2,937	111,166	107,179	3.7%
General	768	12,318	547	7,950	2,616	697	9,224	3,883	795	38,798	36,953	5.0%
General (teaching and assessing)		12		11	3	3	10	1		40	36	11.1%
General (teaching and assessing) and specialist		1								1	2	-50.0%
General and specialist	955	16,996	457	9,838	4,110	1,112	13,511	4,567	718	52,264	50,622	3.2%
Limited	33	676	46	396	180	80	702	331	29	2,473	2,705	-8.6%
Non-practising	36	702	8	278	133	55	521	209	820	2,762	2,655	4.0%
Provisional	120	1,498	81	1,347	414	116	1,165	693	61	5,495	5,408	1.6%
Specialist	185	2,052	120	2,289	590	235	1,897	1,451	514	9,333	8,798	6.1%

1 No principal place of practice (No PPP) will include practitioners with an overseas address.

Table 8: Medical practitioners by specialty and principal place of practice at 30 June 2017

Profession[1]	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[2]	Total 2016/17	Total 2015/16	% change 2015/16 – 2016/17
Medical practitioner	**1,257**	**20,521**	**618**	**13,112**	**5,164**	**1,442**	**16,723**	**6,503**	**1,319**	**66,659**	**64,463**	**3.4%**
Addiction medicine	4	68	4	29	15	6	29	13	4	**172**	**168**	**2.4%**
Anaesthesia	80	1,478	37	1,007	371	112	1,151	549	144	**4,929**	**4,782**	**3.1%**
Dermatology	6	189	2	93	45	7	144	44	10	**540**	**528**	**2.3%**
Emergency medicine	39	524	39	472	120	48	509	234	74	**2,059**	**1,904**	**8.1%**
General practice	456	7,690	280	5,365	1,966	632	6,006	2,612	233	**25,240**	**24,471**	**3.1%**
Intensive care medicine	23	250	9	193	74	16	206	79	38	**888**	**856**	**3.7%**
Paediatric intensive care medicine		4		2		1	4			**11**	**7**	**57.1%**
No sub-specialty declared	23	246	9	191	74	15	202	79	38	**877**	**849**	**3.3%**
Medical administration	10	110	3	82	15	6	74	25	12	**337**	**331**	**1.8%**
Obstetrics and gynaecology	36	579	15	387	150	43	539	179	55	**1,983**	**1,932**	**2.6%**
Gynaecological oncology		16		10	4	1	12	4		**47**	**46**	**2.2%**
Maternal-fetal medicine	1	12	1	8	3		9	5	1	**40**	**40**	**0.0%**
Obstetrics and gynaecological ultrasound		13		4	3		48	3	2	**73**	**76**	**-3.9%**
Reproductive endocrinology and infertility		27		3	7	1	14	2		**54**	**54**	**0.0%**
Urogynaecology	1	9		7	1		8	5		**31**	**31**	**0.0%**
No sub-specialty declared	34	502	14	355	132	41	448	160	52	**1,738**	**1,685**	**3.1%**
Occupational and environmental medicine	15	90	1	42	31	7	64	49	11	**310**	**308**	**0.6%**
Ophthalmology	15	378	5	168	71	22	255	82	20	**1,016**	**991**	**2.5%**
Paediatrics and child health	47	857	33	498	185	44	668	294	72	**2,698**	**2,555**	**5.6%**
Clinical genetics		17		5			8	1		**31**	**26**	**19.2%**
Community child health	2	26		13	2	1	13	4	1	**62**	**52**	**19.2%**
General paediatrics	31	622	23	351	135	35	462	188	33	**1,880**	**1,825**	**3.0%**
Neonatal and perinatal medicine	7	47		30	13	3	47	29	5	**181**	**174**	**4.0%**
Paediatric cardiology		9	1	9			10	5	6	**40**	**36**	**11.1%**
Paediatric clinical pharmacology		1								**1**	**1**	**0.0%**
Paediatric emergency medicine		13		18	6		10	11	1	**59**	**51**	**15.7%**
Paediatric endocrinology	1	14		9			5	5		**34**	**32**	**6.3%**
Paediatric gastroenterology and hepatology		6		4	1		11	5	3	**30**	**24**	**25.0%**
Paediatric haematology		4		3	1		5	2		**15**	**11**	**36.4%**

1 The data above record the number of practitioners with registration in the specialist fields listed. Note that individual practitioners may be registered to practise in more than one specialist field.
2 No principal place of practice (No PPP) will include practitioners with an overseas address.

Profession[1]	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[2]	Total 2016/17	Total 2015/16	% change 2015/16 – 2016/17
Paediatric immunology and allergy	1	8		4	7		9			**29**	**20**	**45.0%**
Paediatric infectious diseases		4	1	7	2		7	4	1	**26**	**19**	**36.8%**
Paediatric intensive care medicine		3		3						**6**	**6**	**0.0%**
Paediatric medical oncology		5		9	1		10	7	2	**34**	**27**	**25.9%**
Paediatric nephrology		4		1	1		4	1		**11**	**11**	**0.0%**
Paediatric neurology		20		5	1	1	8	3	2	**40**	**35**	**14.3%**
Paediatric palliative medicine		1		1			2			**4**	**2**	**100.0%**
Paediatric rehabilitation medicine		4		2	1			1		**8**	**8**	**0.0%**
Paediatric respiratory and sleep medicine	2	11		10	1		4	6		**34**	**27**	**25.9%**
Paediatric rheumatology		3		2	1		2	3		**11**	**12**	**-8.3%**
Paediatric nuclear medicine		1								**1**	**0**	**100.0%**
No sub-specialty declared	3	34	8	12	12	4	51	19	18	**161**	**156**	**3.2%**
Pain medicine	5	93		58	28	12	54	34	3	**287**	**276**	**4.0%**
Palliative medicine	5	110	4	59	28	12	72	33	6	**329**	**312**	**5.4%**
Pathology	49	726	12	386	159	43	470	235	36	**2,116**	**2,073**	**2.1%**
Anatomical pathology (including cytopathology)	18	311	6	178	65	19	202	100	15	**914**	**892**	**2.5%**
Chemical pathology	4	26	1	14	8	2	19	16	3	**93**	**95**	**-2.1%**
Forensic pathology		10	1	15	5	2	13	5		**51**	**48**	**6.3%**
General pathology	1	50		19	6	4	24	6	2	**112**	**123**	**-8.9%**
Haematology	11	178	3	98	44	11	139	45	9	**538**	**513**	**4.9%**
Immunology	6	46		12	12		21	19	1	**117**	**118**	**-0.8%**
Microbiology	7	87	1	41	16	5	45	36	3	**241**	**231**	**4.3%**
No sub-specialty declared	2	18		9	3		7	8	3	**50**	**53**	**-5.7%**
Psychiatry	59	1,122	22	706	294	65	1,014	330	77	**3,689**	**3,565**	**3.5%**
Public health medicine	29	135	23	78	26	10	77	43	12	**433**	**434**	**-0.2%**
Radiation oncology	13	136	2	79	19	9	100	20	8	**386**	**380**	**1.6%**
Radiology	52	708	4	456	180	48	634	254	128	**2,464**	**2,368**	**4.1%**
Diagnostic radiology	40	618	3	394	165	43	507	220	107	**2,097**	**2,023**	**3.7%**
Diagnostic ultrasound							4			**4**	**4**	**0.0%**
Nuclear medicine	4	40		49	10	2	69	11	3	**188**	**186**	**1.1%**
No sub-specialty declared	8	50	1	13	5	3	54	23	18	**175**	**155**	**12.9%**
Physician	195	3,087	83	1,743	859	180	2,933	857	228	**10,165**	**9,779**	**3.9%**
Cardiology	18	438	8	270	118	23	357	89	45	**1,366**	**1,313**	**4.0%**
Clinical genetics		30		7	8		20	4	1	**70**	**72**	**-2.8%**
Clinical pharmacology	1	15		10	11		11	5	3	**56**	**55**	**1.8%**
Endocrinology	14	228	7	122	36	10	213	55	3	**688**	**658**	**4.6%**

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

2 No principal place of practice (No PPP) will include practitioners with an overseas address.

Profession[1]	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[2]	Total 2016/17	Total 2015/16	% change 2015/16 – 2016/17
Gastroenterology and hepatology	23	263	4	161	64	15	254	70	20	**874**	**836**	**4.5%**
General medicine	31	387	22	380	236	37	521	142	42	**1,798**	**1,785**	**0.7%**
Geriatric medicine	13	227	2	101	59	12	217	81	6	**718**	**661**	**8.6%**
Haematology	11	182	3	97	40	11	165	41	13	**563**	**532**	**5.8%**
Immunology and allergy	7	62	1	16	13	2	31	26	5	**163**	**159**	**2.5%**
Infectious diseases	10	104	11	63	30	7	160	37	12	**434**	**408**	**6.4%**
Medical oncology	12	200	2	110	49	12	224	42	16	**667**	**626**	**6.5%**
Nephrology	14	168	14	90	27	10	173	42	18	**556**	**522**	**6.5%**
Neurology	10	219	2	77	38	7	193	45	10	**601**	**567**	**6.0%**
Nuclear medicine	7	104		29	25	6	59	23	2	**255**	**261**	**-2.3%**
Respiratory and sleep medicine	10	218	2	130	59	13	177	68	8	**685**	**651**	**5.2%**
Rheumatology	9	120	1	49	37	7	109	30	9	**371**	**365**	**1.6%**
No sub-specialty declared	5	122	4	31	9	8	49	57	15	**300**	**308**	**-2.6%**
Rehabilitation medicine	6	234	2	66	40	8	138	14	9	**517**	**497**	**4.0%**
Sexual health medicine	4	57	1	19	10	1	26	7	2	**127**	**123**	**3.3%**
Sport and exercise medicine	11	41	1	11	4	2	40	10	1	**121**	**119**	**1.7%**
Surgery	98	1,859	36	1,115	474	109	1,520	506	136	**5,853**	**5,711**	**2.5%**
Cardio-thoracic surgery	5	56		41	12	4	62	15	8	**203**	**201**	**1.0%**
General surgery	28	664	20	364	164	35	538	159	52	**2,024**	**1,974**	**2.5%**
Neurosurgery	8	77		51	17	6	69	19	5	**252**	**247**	**2.0%**
Oral and maxillofacial surgery	3	30	2	34	12	2	32	14	4	**133**	**123**	**8.1%**
Orthopaedic surgery	26	453	7	310	121	26	325	136	32	**1,436**	**1,394**	**3.0%**
Otolaryngology (head and neck surgery)	8	166	2	94	47	9	125	45	14	**510**	**498**	**2.4%**
Paediatric surgery	4	36		16	8	2	23	8	5	**102**	**103**	**-1.0%**
Plastic surgery	5	134	2	68	43	10	146	48	5	**461**	**450**	**2.4%**
Urology	7	135	1	88	32	11	123	41	7	**445**	**434**	**2.5%**
Vascular surgery	4	78	1	47	18	4	65	18	3	**238**	**229**	**3.9%**
No sub-specialty declared		30	1	2			12	3	1	**49**	**58**	**-15.5%**

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

2 No principal place of practice (No PPP) will include practitioners with an overseas address.

Regulating the workforce: Complaints about medical practitioners in 2016/17

In brief: Notifications about medical practitioners

- 3,617 notifications (complaints or concerns) were lodged with AHPRA about medical practitioners in 2016/17.
- This equates to more than 61% of all complaints about health practitioners received by AHPRA.
- 5.1% of the medical registrant base were the subject of a notification (compared with 1.6% of all registered health practitioners).
- Immediate action was taken 102 times; 23 resulted in suspension of a medical practitioner's registration while a notification was investigated.
- 224 mandatory notifications were made.
- 3,557 notifications were closed.
- 1,000 medical practitioners were monitored for health, performance and/or conduct during the year.
- 273 statutory offence complaints were made – over 60% related to advertising.

An important note about our data

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

The notification process is different in NSW and Queensland:

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

Wherever possible in the tables in this report, HPCA data are given in separate columns and the data have been checked by the HPCA (correct as at time of publication). Please refer to the HPCA's 2016/17 annual report on their website, as data may have been subsequently reconciled.

Queensland became a co-regulatory jurisdiction on 1 July 2014 with the commencement of the Health Ombudsman Act. The OHO receives all health complaints in Queensland, including those about registered medical 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.

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

What is a notification?

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

Some complaints are treated differently under the National Law, as they are considered 'statutory offences'. AHPRA and the Board can prosecute individuals who commit these offences. For data about statutory offences concerning medical practitioners in 2016/17, see page 27.

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

Anyone can notify AHPRA about a registered medical practitioner's health, performance or conduct. While registered medical practitioners and employers have mandatory reporting obligations under the National Law, most of the complaints or concerns we receive are made voluntarily by patients or their families.

Standards of clinical care continue to be the primary reason people make a notification, but there has been an increase in the number of notifications about communication and pharmacy/medication issues.

We also received two notifications about students who were studying to become a medical practitioner during the year. Usually, these complaints and concerns are lodged by education providers. See the 2016/17 annual report for data relating to notifications about students in all regulated health professions.

For more information about the notifications process, visit the AHPRA website.

Notifications received in 2016/17

This year, AHPRA received the highest number of notifications (6,898) in any single financial year since the National Scheme began, with over 52.4% (3,617) of those relating to medical practitioners. This is 14.9% more than the number received in relation to medical practitioners in 2015/16 (3,147) and 43.9% more than in 2014/15 (a total of 2,514 notifications).

Almost all jurisdictions had an increase in notifications made about medical practitioners, with Victoria (1,140) and Queensland (1,141) accounting for over 38% of notifications nationally relating to medical practitioners in 2016/17.

Notifications closed in 2016/17

The Board assessed and completed 30.9% more notifications about medical practitioners in 2016/17 than in 2015/16. Despite the high volume of new notifications received, this represents the highest number of closures (3,557) for the Board since the start of the National Scheme. These closures accounted for more than 53% of all closed notifications across all professions nationally. Of notifications that were closed, 23.7% resulted in some form of regulatory action being taken by the Board.

There were 1,905 open notifications about medical practitioners as at 30 June 2017.

Tables 9–28 show data about notifications in 2016/17 and those that remained open as at 30 June 2017.

Figure 4: How AHPRA and the Board manage notifications

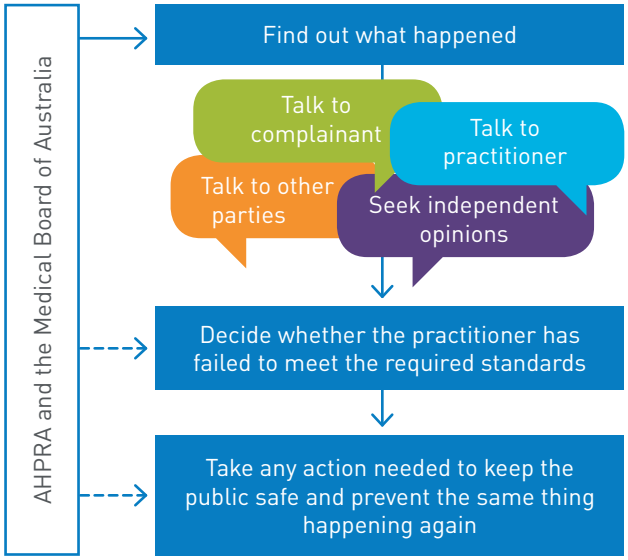


Figure 5: Total notifications received by AHPRA about medical practitioners, year by year, since the National Scheme began

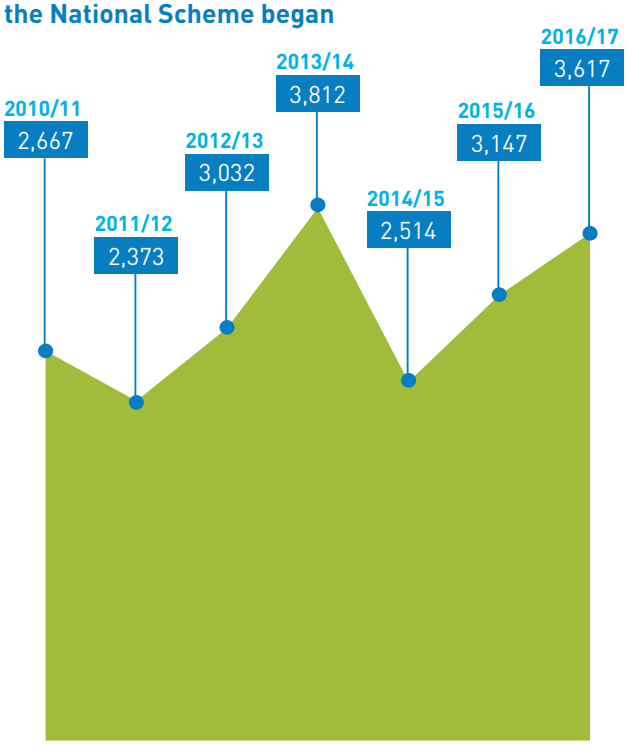


Figure 6: Source of notifications lodged about medical practitioners

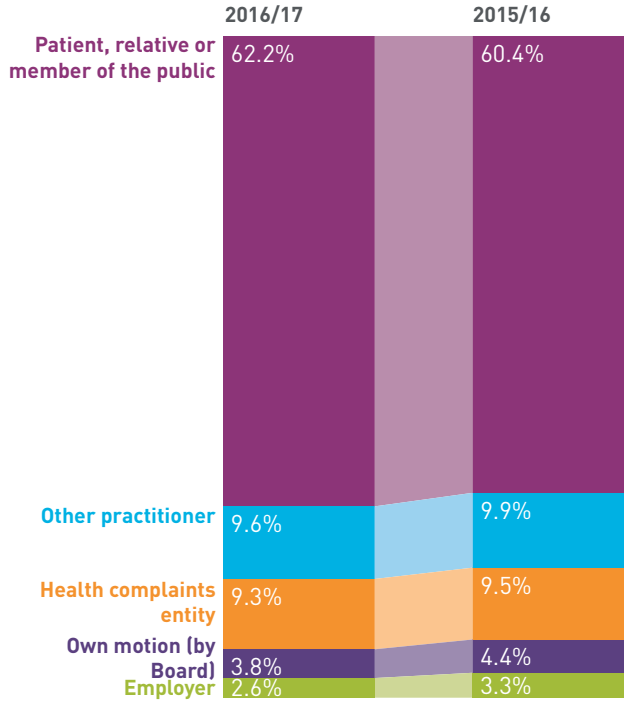
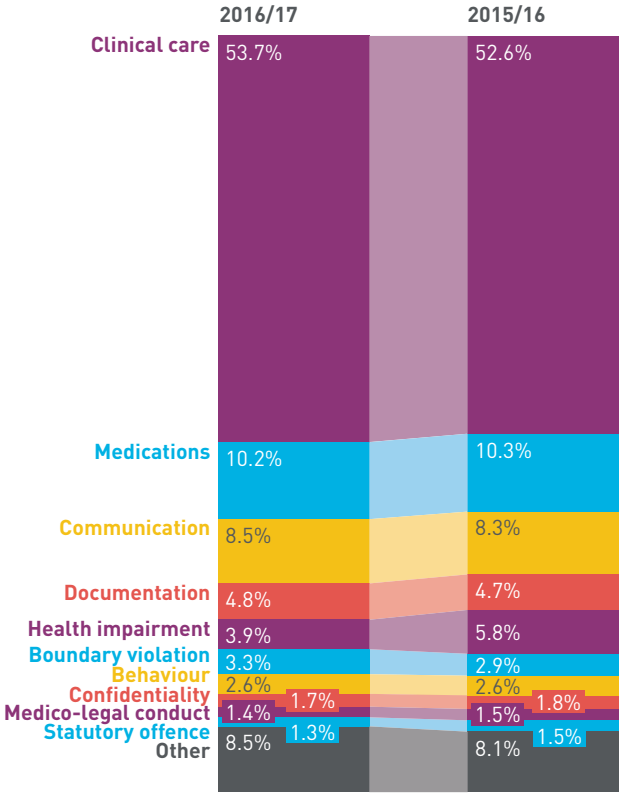


Figure 7: The most common types of complaint lodged with AHPRA about medical practitioners



Mandatory notifications

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

Notifiable conduct by registered health practitioners is defined as:

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

AHPRA received 847 mandatory notifications about medical practitioners in 2016/17, with over 26% (224) relating to notifiable conduct of medical practitioners. Of mandatory notifications completed 40.7% resulted in some form of regulatory action being taken against the medical practitioner. Most mandatory notifications related to a serious departure from accepted standards of practice by a medical practitioner. This compares with 22.5% of voluntary notifications resulting in regulatory action.

Most mandatory notifications related to a serious departure from accepted standards of practice by a medical practitioner. For information about the *Guidelines for mandatory notifications,* visit the Board's website.

Tables 15–18 show data about mandatory notifications in 2016/17.

Taking immediate action

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

In 2016/17, the Board took immediate action on 102 occasions. Despite the increase in new notifications received, the number of immediate actions taken was lower than in the previous year. Immediate action was considered on 4.4% of all notifications received this year, compared with 5.3% of all notifications received in 2015/16.

Tables 19 and 20 show data about immediate action in 2016/17.

Tribunals, panels and appeals

Tribunals

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

Tribunals in each state and territory:

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

Of the 81 matters relating to medical practitioners that were decided by tribunals in the year, more than 80% resulted in some form of disciplinary action or the surrender of registration, while the proportion of matters withdrawn or resulting in no further action remained consistent with previous years.

Panels

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

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

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

Of the 25 matters relating to medical practitioners that were decided by panels during the year, 80% resulted in some form of regulatory action being taken against the individual medical practitioner.

Appeals

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

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

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

There were 35 appeals lodged nationally about decisions made by the Board under the National Law in 2016/17. Forty appeals were lodged the previous year.

The National Scheme's regulatory principles apply to all regulatory decision-making. The principles are designed to encourage a responsive, risk-based approach to regulation across all professions to ensure the public is safe. The low proportion of successful appeals that resulted in an amended/substituted decision demonstrates that the regulatory principles continue to have a positive impact on regulatory decision-making.

Please refer to the main annual report by AHPRA and the National Boards for data relating to appeals in 2016/17.

Tables 23–25 show data about tribunals and panels in 2016/17.

Compliance

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

At 30 June 2017, there were 1,565 individual medical practitioners (comprising 1,620 monitoring cases) being actively monitored[1].

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

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

The 1,620 monitoring cases of medical practitioners represent 31.9% of all monitoring cases across all 14 professions in the National Scheme. The majority of these cases were being monitored for suitability/eligibility.

It should be noted that despite increasing volumes of notifications received and high closure rates, this has not translated into a peak in monitoring cases for the Board. For more information on monitoring and compliance, visit the AHPRA website.

Tables 26 and 27 show data about monitoring cases in 2016/17.

Statutory offences

The National Law sets out four types of statutory offences:

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

Breaches of the National Law that constitute a statutory offence can put individuals and the community at risk. These offences may be committed by registered health practitioners, unregistered individuals or corporate entities and are covered under Part 7 of the National Law. For more information, see www.ahpra.gov.au/Notifications/Make-a-complaint/What-is-an-offence.

AHPRA received 273 new offence complaints about the medical profession in 2016/17, which is an increase of 35.1% when compared with 2015/16. The increase was largely due to a 23.3% increase in complaints about alleged advertising breaches. Statutory offence complaints about medical practitioners accounted for 11.9% of all statutory offences received nationally across all professions.

This year, there was a 121.1% increase in the number of offence complaints closed (283, up from 128 in 2015/16).

Table 28 shows data about statutory offences in 2016/17.

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

Table 9: Notifications received about medical practitioners, including matters closed in 2016/17 and those remaining open at 30 June 2017, by state or territory

Medical practitioners[1]	ACT	NSW[2]	NT	QLD[3]	SA	TAS	VIC	WA	No PPP[4]	Subtotal	HPCA[5]	Total
Notifications received	**114**	**51**	**84**	**1141**	**393**	**185**	**1140**	**476**	**33**	**3,617**	2,296	**5,913**
% of all medical notifications	1.9%	0.9%	1.4%	19.3%	6.6%	3.1%	19.3%	8.1%	0.6%	**61.2%**	38.8%	**100.0%**
Mandatory notifications received	6	2	4	4	65	20	86	35	2	**224**	70	**294**
% of all medical notifications	2.0%	0.7%	1.4%	1.4%	22.1%	6.8%	29.3%	11.9%	0.7%	**76.2%**	23.8%	**100.0%**
Notifications closed	126	63	75	1139	382	165	1130	447	30	**3,557**	2,097	**5,654**
% of all medical notifications	2.2%	1.1%	1.3%	20.1%	6.8%	2.9%	20.0%	7.9%	0.5%	**62.9%**	37.1%	**100.0%**
Open at 30 June 2017	34	26	38	710	223	67	547	250	10	**1,905**	1,175	**3,080**
% of all medical notifications	1.1%	0.8%	1.2%	23.1%	7.2%	2.2%	17.8%	8.1%	0.3%	**61.9%**	38.1%	**100.0%**

Table 10: Notifications received by state and territory; year-on-year comparison

Medical practitioners	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[4]	Subtotal	HPCA[5]	Total
2016/17	**114**	**51**	**84**	**1,141**	**393**	**185**	**1,140**	**476**	**33**	**3,617**	2,296	**5,913**
2015/16	105	58	54	1,058	379	131	953	382	27	**3,147**	2,224	**5,371**
% change from 2015/16 to 2016/17	8.6%	-12.1%	55.6%	7.8%	3.7%	41.2%	19.6%	24.6%	22.2%	**14.9%**	3.2%	**10.1%**
All notifications[6] received 2016/17	242	96	169	2,046	800	329	2,230	900	86	**6,898**	4,111	**11,009**
All notifications received 2015/16	206	94	123	1,919	808	242	1,886	718	60	**6,056**	4,026	**10,082**
Medical as % of all notifications received 2016/17	47.1%	53.1%	49.7%	55.8%	49.1%	56.2%	51.1%	52.9%	38.4%	**52.4%**	55.9%	**53.7%**
Medical as % of all notifications received 2015/16	51.0%	61.7%	43.9%	55.1%	46.9%	54.1%	50.5%	53.2%	45.0%	**52.0%**	55.2%	**53.3%**

Table 11: Percentage of practitioners with notifications received, by state or territory

Registrants	ACT	NSW (including HPCA complaints)[5]	NT	QLD (including OHO complaints)[7]	SA	TAS	VIC	WA	No PPP[4]	Total
Total medical practitioners 2016/17	**5.2%**	**5.5%**	**5.9%**	**7.7%**	**4.4%**	**6.8%**	**3.7%**	**3.8%**	**1.1%**	**5.1%**
Total medical practitioners 2015/16	5.1%	6.9%	4.6%	5.1%	4.8%	5.9%	3.7%	3.6%	0.9%	**5.0%**
All registered practitioners 2016/17	1.9%	1.7%	2.2%	2.2%	1.3%	1.9%	1.1%	1.2%	0.5%	**1.6%**
All registered practitioners 2015/16	1.8%	2.2%	1.8%	1.5%	1.5%	1.7%	1.1%	1.1%	0.4%	**1.5%**

Table 12: Open notifications at 30 June 2017, by state or territory

Medical practitioners	ACT	NSW[2]	NT	QLD	SA	TAS	VIC	WA	No PPP[4]	Subtotal	HPCA[5]	Total
2016/17	**34**	**26**	**38**	**710**	**223**	**67**	**547**	**250**	**10**	**1,905**	1,175	**3,080**
2015/16	52	29	28	710	209	53	528	223	11	**1,843**	1,039	**2,882**
% change 2015/16 to 2016/17	-35%	-10%	36%	0%	7%	26%	3.6%	12%	-9%	**3%**	13%	**7%**
All cases open 2016/17	107	60	90	1,431	492	141	1,125	537	33	**4,016**	2,282	**6,298**
All cases open 2015/16	110	49	68	1,288	564	106	1,082	495	25	**3,787**	2,002	**5,789**
Medical as % of all open cases 2016/17	31.8%	43.3%	42.2%	49.6%	45.3%	47.5%	48.6%	46.6%	30.3%	**47.4%**	51.5%	**48.9%**
Medical as % of all open cases 2015/16	47.3%	59.2%	41.2%	55.1%	37.1%	50.0%	48.8%	45.1%	44.0%	**48.7%**	51.9%	**49.8%**

1 Data relating to notifications (complaints or concerns) are based on the state or territory of the practitioner's principal place of practice (PPP).
2 Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.
3 Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman (OHO) in Queensland.
4 No principal place of practice (No PPP) will include practitioners with an overseas address.
5 Matters managed by the Health Professional Councils Authority (HPCA) in NSW.
6 'All notifications' are the total number of notifications lodged with AHPRA about registered health practitioners in the 14 health professions regulated in the National Scheme.
7 Includes matters managed by the OHO in Queensland, not just those matters referred to AHPRA by the OHO.

Table 13: Notifications closed, by state or territory (including HPCA)

Notifications	ACT	NSW[1]	NT	QLD[2]	SA	TAS	VIC	WA	No PPP[3]	Subtotal	HPCA[4]	Total
Closed matters relating to medical practitioners in 2016/17	**126**	**63**	**75**	**1,139**	**382**	**165**	**1,130**	**447**	**30**	**3,557**	2,097	**5,654**
Closed matters relating to medical practitioners in 2015/16	109	65	69	729	340	136	876	369	25	**2,718**	1,996	**4,714**
% change from 2015/16 to 2016/17	16%	-3%	9%	56%	12%	21%	29%	21%	20%	**31%**	5%	**20%**
All notifications[5] closed in 2016/17	237	102	149	1,901	871	284	2,192	859	74	**6,669**	3,744	**10,413**
All notifications closed in 2015/16	206	105	144	1,372	687	251	1,745	654	63	**5,227**	3,612	**8,839**
2016/17: medical as % of all notifications closed	53.2%	61.8%	50.3%	59.9%	43.9%	58.1%	51.6%	52.0%	40.5%	**53.3%**	56.0%	**54.3%**
2015/16: medical as % of all notifications closed	52.9%	61.9%	47.9%	53.1%	49.5%	54.2%	50.2%	56.4%	39.7%	**52.0%**	55.3%	**53.3%**

Table 14: Notifications closed, by stage at closure (excluding HPCA)

	2016/17		2015/16	
Stage at closure	**Medical registrants**	**All health practitioners**	**Medical registrants**	**All health practitioners**
Assessment[6]	**2,438**	**4,141**	**1,739**	**3,147**
Health or performance assessment[7]	**94**	**362**	**108**	**341**
Investigation	**919**	**1,919**	**689**	**1,386**
Panel hearing	**25**	**72**	**86**	**179**
Tribunal hearing	**81**	**175**	**96**	**174**
Total[8]	**3,557**	**6,669**	**2,718**	**5,227**

Table 15: Medical practitioners with mandatory notifications (including HPCA)

	2016/17				2015/16			
	No. practitioners[9]			Rate/10,000 practitioners	No. practitioners[9]			Rate/10,000 practitioners
Profession	**AHPRA**	**HPCA[4]**	**Total**		**AHPRA**	**HPCA[4]**	**Total**	
Medical practitioners	**189**	64	**253**	22.8	**171**	85	**256**	23.9
All registrants	**747**	276	**1,023**	15.1	**605**	315	**920**	14.0

Table 16: Mandatory notifications received, by state or territory (including HPCA)

Medical practitioners	ACT	NSW[1]	NT	QLD[2]	SA	TAS	VIC	WA	No PPP[3]	Subtotal	HPCA[4]	Total
2016/17	**6**	**2**	**4**	**4**	**65**	**20**	**86**	**35**	**2**	**224**	70	**294**
2015/16	12	3		6	43	11	72	37	3	**187**	85	**272**
% change from 2015/16 to 2016/17	-50%	-33%	400%	-33%	51%	82%	19%	-5%	-33%	**20%**	-18%	**8%**
All mandatory notifications[5] received 2016/17	32	7	15	13	255	73	335	111	6	**847**	295	**1,142**
All mandatory notifications received 2015/16	44	9	1	15	205	35	224	100	8	**641**	339	**980**
Medical as % of all mandatory notifications received 2016/17	18.8%	28.6%	26.7%	30.8%	25.5%	27.4%	25.7%	31.5%	33.3%	**26.4%**	23.7%	**25.7%**
Medical as % of all mandatory notifications received 2015/16	27.3%	33.3%	0.0%	40.0%	21.0%	31.4%	32.1%	37.0%	37.5%	**29.2%**	25.1%	**27.8%**

1 Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.
2 Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman in Queensland.
3 No principal place of practice (No PPP) will include practitioners with an overseas address.
4 Matters managed by the Health Professional Councils Authority (HPCA) in NSW.
5 'All notifications' are the total number of notifications lodged with AHPRA about registered health practitioners in the 14 health professions regulated in the National Scheme.
6 Closed after initial assessment of the matter.
7 Performance assessments are carried out by a Board-selected assessor whose scope of practice is similar to that of the practitioner being assessed (assessors are not Board members or AHPRA staff).
8 Excludes matters managed by the HPCA in NSW.
9 The number of practitioners involved in the mandatory reports received.

Table 17: Outcomes of assessment for mandatory notifications, by grounds for the notification (excluding HPCA)

Outcome		Grounds for notification[1]					Total 2016/17[1]	Total 2015/16[1]
		Standards	Impairment	Sexual misconduct	Alcohol or drugs	Not classified		
End matter	No further action	43	9	4	1		57	30
	Health compliants entity to retain						0	1
	Dealt with as enquiry	1					1	1
	Caution	12	1				13	12
	Accept undertaking		1				1	1
Total closed after assessment		**56**	**11**	**4**	**1**		**72**	**45**
Refer to further stage	Refer to health or performance assessment	2	9		1		12	17
	Refer to investigation	85	13	9	3		110	86
	Refer to other stage	4					4	0
Total referred to further stage		**91**	**22**	**9**	**4**		**126**	**103**
Total assessments finalised in 2016/17		**147**	**33**	**13**	**5**	**0**	**198**	
Total assessments finalised in 2015/16		**104**	**33**	**5**	**1**	**5**		**148**

Table 18: Outcomes at closure for mandatory notifications closed in 2016/17 (excluding HPCA)

Outcome	Total 2016/17[1]	Total 2015/16[1]
No further action[2]	128	97
Impose conditions	29	39
Caution	40	25
Accept undertaking	15	12
Suspend registration	4	9
Fine registrant	0	4
Cancel registration	1	4
Reprimand	1	2
Withdrawn	0	1
Health complaints entity (HCE) to retain	0	1
Refer all or part of the notification to another body	3	1
Not permitted to reapply for registration for 12 months or more	0	1
Total	221	196

Table 19: Immediate action cases by state or territory (including HPCA)

Medical practitioners	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[3]	Subtotal	HPCA	Total
2016/17	3		5	28	45	7	41	30	1	160	91	251
2015/16	7	3	1	42	34	4	58	16	2	167	101	268
% change from 2015/16 to 2016/17	-57.1%	-300.0%	400.0%	-33.3%	32.4%	75.0%	-29.3%	87.5%	-50.0%	-4.2%	-9.9%	-6.3%

Table 20: Outcomes of immediate actions (excluding HPCA)

Outcome	2016/17[1]		2015/16[1]	
	Medical registrants	All registrants	Medical registrants	All registrants
Not take immediate action	48	76	36	66
Accept undertaking	34	69	39	67
Impose conditions	45	147	66	229
Accept surrender of registration		1	3	6
Suspend registration	23	103	9	74
Decision pending	10	23	14	22
Total	160	419	167	464

1 Excludes matters managed by the HPCA in NSW.
2 No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.
3 No PPP will include practitioners with an overseas address.

Table 21: Outcomes at closure for notifications closed (excluding HPCA)

Outcome	2016/17[1]		2015/16[1]	
	Medical practitioners	All registrants	Medical practitioners	All registrants
No further action[2]	2,714	4,572	1,936	3,466
Refer all or part of the notification to another body	31	54	34	53
Health complaints entity to retain	130	159	89	120
Caution or reprimand	393	946	329	719
Accept undertaking	62	149	68	181
Impose conditions	199	706	205	580
Fine registrant	3	11	5	5
Suspend registration	13	30	30	46
Accept surrender of registration		5		6
Cancel registration	9	34	13	34
Not permitted to reapply for registration for 12 months or more	3	3	5	8
Proceedings withdrawn			4	9
Total	3,557	6,669	2,718	5,227

Table 22: Outcomes of assessments finalised (excluding HPCA)

	2016/17[1]		2015/16[1]	
	Medical practitioners	All registrants	Medical practitioners	All registrants
Outcome of decisions to take the notification further				
Investigation	1,092	2,159	932	1,975
Health or performance assessment	49	228	71	295
Panel hearing	3	11	9	16
Tribunal hearing			2	3
Other stage	41	88		
Subtotal	1,185	2,486	1,014	2,289
Outcome of notifications closed following assessment				
No further action[2]	1,951	3,111	1,375	2,358
Health complaints entity to retain	123	148	82	109
Refer all or part of the notification to another body	19	29	23	33
Dealt with as enquiry	7	10	13	47
Managed as a complaint by a co-regulator			3	5
Managed as an offence under Part 7 of the National Law				7
Caution	207	485	157	367
Accept undertaking	21	44	19	46
Impose conditions	54	200	61	164
Accept surrender of registration				2
Subtotal	2,382	4,027	1,733	3,138
Total assessments finalised	3,567	6,513	2,747	5,427

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

Table 23: Outcomes of investigations finalised (excluding HPCA)

	2016/17[1]		2015/16[1]	
	Medical practitioners	All registrants	Medical practitioners	All registrants
Outcome of decisions to take the notification further				
Assessment	5	7	9	16
Health or performance assessment	63	152	41	116
Panel hearing	17	61	34	79
Tribunal hearing	77	153	42	100
Other stage	3	3		
Subtotal	165	376	126	311
Outcome of notifications closed following investigation				
No further action[2]	642	1,170	446	838
Refer all or part of the notification to another body	12	25	7	11
Dealt with as enquiry				1
Managed as a complaint by a co-regulator			4	5
Health complaints entity to retain			6	8
Caution	163	400	129	272
Accept undertaking	29	64	32	72
Impose conditions	70	261	68	189
Suspend registration			1	1
Subtotal	916	1,920	693	1,397
Total investigations finalised	1,081	2,296	819	1,708

Table 24: Outcomes from panel hearings finalised (excluding HPCA)

	2016/17[1]		2015/16[1]	
Outcome	Medical practitioners	All registrants	Medical practitioners	All registrants
No further action[2]	5	11	18	32
Caution	13	28	22	39
Reprimand	2	5	7	11
Accept undertaking			1	1
Impose conditions	5	26	31	88
Accept surrender of registration				1
Suspend registration		2	1	1
Total	25	72	80	173

Table 25: Outcomes from tribunal hearings finalised (excluding HPCA)

	2016/17[1]		2015/16[1]	
Outcome	Medical practitioners	All registrants	Medical practitioners	All registrants
No further action[2]	14	15	12	18
Fine registrant	3	11	5	5
Caution or reprimand	4	19	10	24
Accept undertaking	2	3	1	2
Impose conditions	34	60	18	28
Accept surrender of registration		1		3
Suspend registration	12	27	29	44
Cancel registration	9	34	13	34
Not permitted to reapply for registration for 12 months or more	3	3	5	8
Proceedings withdrawn			4	9
Total	81	173	97	175

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

Table 26: Monitoring cases at 30 June 2017, by state or territory (excluding HPCA)

Monitoring cases[1]	ACT	NSW[2]	NT	QLD	SA	TAS	VIC	WA	No PPP[3]	Total[4]
Medical practitioners 2016/17	**29**	**440**	**25**	**336**	**137**	**38**	**348**	**240**	**27**	**1,620**
Medical practitioners 2015/16	34	503	22	373	163	41	368	242	21	**1,767**
All registered practitioners 2016/17	113	1,353	53	1,069	450	107	1,138	666	135	**5,084**
All registered practitioners 2015/16	117	1,381	55	1,078	452	105	1,032	635	108	**4,963**
Medical as % of all registered practitioners 2016/17	25.7%	32.5%	47.2%	31.4%	30.4%	35.5%	30.6%	36.0%	20.0%	**31.9%**
Medical as % of all registered practitioners 2015/16	29.1%	36.4%	40.0%	34.6%	36.1%	39.0%	35.7%	38.1%	19.4%	**35.6%**

Table 27: Monitoring cases at 30 June 2017, by stream (excluding HPCA)

	Stream					
Monitoring cases[1]	Conduct	Health	Performance	Prohibited practitioner/student	Suitability/ eligibility[2]	Total[4]
Medical practitioners 2016/17	**126**	**216**	**213**	**55**	**1,010**	**1,620**
Medical practitioners 2015/16	164	244	232	52	1,075	**1,767**
All registered practitioners 2016/17	356	577	552	256	3,343	**5,084**
All registered practitioners 2015/16	402	663	550	219	3,129	**4,963**
Medical as % of all registered practitioners 2016/17	35.4%	37.4%	38.6%	21.5%	30.2%	**31.9%**
Medical as % of all registered practitioners 2015/16	40.8%	36.8%	42.2%	23.7%	34.4%	**35.6%**

Table 28: Statutory offence complaints received and closed, by type of offence and jurisdiction

Type of offence[5]		ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[3]	Total 2016/17	Total 2015/16
Title protections (s.113–120)	**Received**	1	26	2	9	3		18	5	33	**97**	**60**
	Closed	1	23	1	18	1		17	4	43	**108**	**47**
Practice protections (s.121–123)	**Received**		1					1		2	**4**	**4**
	Closed		1		1			5		2	**9**	**2**
Advertising breach (s.133)	**Received**		49		23	3	2	28	7	52	**164**	**133**
	Closed		39		36	5	3	24	4	46	**157**	**76**
Directing or inciting unprofessional conduct/professional misconduct (s.136)	**Received**				1	1				1	**3**	**1**
	Closed				1	1				2	**4**	**0**
Other offence	**Received**				1	1		2		1	**5**	**4**
	Closed				2	1				2	**5**	**3**
Total 2016/17	**Received**	**1**	**76**	**2**	**34**	**8**	**2**	**49**	**12**	**89**	**273**	
	Closed	**1**	**63**	**1**	**58**	**8**	**3**	**46**	**8**	**95**	**283**	
Total 2015/16	**Received**	**1**	**50**	**1**	**35**	**11**	**5**	**27**	**8**	**64**		**202**
	Closed	**1**	**36**	**1**	**19**	**7**	**5**	**9**	**14**	**36**		**128**

1 AHPRA reports on monitoring cases established rather than by individual registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. In 2016/17, there were 1,620 cases about medical practitioners, which relate to 1,565 individual registrants.

2 AHPRA performs monitoring of compliance cases in 'suitability/eligibility' stream matters for NSW registrations. These cases also may include cases that are to be transitioned from AHPRA to the HPCA for conduct, health and performance streams. These do not refer to Health Professional Councils Authority (HPCA) managed monitoring cases.

3 No principal place of practice (No PPP) will include practitioners with an overseas address. AHPRA also receives offence complaints about unregistered persons where there is no PPP recorded. Only registered practitioners have a designated PPP.

4 Excludes matters managed by the HPCA in NSW.

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

Appendices

Appendix 1: Structure of the National Board

National committees of the Medical Board of Australia	State and territory boards	State and territory/regional committees
Finance Committee*	All states and territories	Health Committee in Vic and WA Immediate Action Committees (excluding NSW) Notifications Committees (excluding NSW) Registration Committees (all jurisdictions) Queensland Triage and Assessment Committee

**See Appendix 3 for member lists in 2016/17*

Appendix 2: Approved registration standards, codes and guidelines

Registration standards are submitted for approval by the Australian Health Workforce Ministerial Council (AHWMC) in accordance with the National Law.

Codes and guidelines are developed and approved by the relevant Board in accordance with the National Law.

Prior to approval, there must be public consultations on the proposed registration standards, codes and guidelines.

Procedures for the development of registration standards, codes and guidelines can be found on the AHPRA website.

Registration standard, code or guidelines	Approved by	Date of approval	Status
Registration standard for limited registration for area of need	AHWMC	7 September 2015	Commenced on 1 July 2016
Registration standard for limited registration for postgraduate training or supervised practice	AHWMC	7 September 2015	Commenced on 1 July 2016
Registration standard for limited registration for teaching or research	AHWMC	7 September 2015	Commenced on 1 July 2016
Registration standard for limited registration in public interest	AHWMC	7 September 2015	Commenced on 1 July 2016
Registration standard for continuing professional development	AHWMC	7 September 2015	Commenced on 1 October 2016
Registration standard for recency of practice	AHWMC	7 September 2015	Commenced on 1 October 2016
Guidelines – Short-term training in a medical specialty for international medical graduates who are not qualified for general or specialist registration	MBA	24 September 2014	Commenced on 1 July 2016
Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures	MBA	23 March 2016	Commenced on 1 October 2016

Appendix 3: Board and national committee members in 2016/17

The Medical Board of Australia values the contribution of our Board and committee members across Australia. Together, we make decisions to protect the public Australia-wide. In 2016/17, we held 27 national Board and committee meetings and 809 state Board and committee meetings. Members of these Boards and committees were as follows:

Australian Capital Territory

Dr Kerrie Bradbury (Chair)
Dr Emma Adams
Dr Tobias Angstmann
Dr Bryan Asman (until 30 June 2017)
Ms Vicki Brown
Dr Janelle Hamilton
Mr Robert Little
Mr Donald Malcolmson
Professor Peter Warfe

New South Wales

Dr Stephen Adelstein (Chair)
Dr Jennifer Davidson
Dr Sergio Diez Alvarez
Ms Rosemary Kusuma
Dr Robyn Napier OAM
Dr Mark Nicholls
Ms Jebby Phillips
Professor Allan Spigelman
Mr John Stubbs

Northern Territory

Dr Charles Kilburn (Chair)
Mrs Lea Aitken (from 13 July 2016)
Mr John Boneham
Mrs Julia Christensen (from 13 July 2016)
Dr Tamsin Cockayne (from 13 July 2016)
Dr Paul Helliwell
Mr Garett Hunter (until 19 July 2016)
Dr Verushka Krigovsky
Dr Hemanshu Patel (from 13 July 2016)
Ms Diane Walsh (until 28 Nov 2016)
Dr Christine Watson

Queensland

Dr Susan Young (Chair until 12 Dec 2016)
Dr Susan O'Dwyer (Chair from 13 Dec 2016)
Dr Cameron Bardsley
Dr Patrick Clancy (from 13 Dec 2016)
Professor William Coman (until 20 July 2016)
Ms Christine Gee
Dr Genevieve Goulding (from 31 Aug 2016)
Dr Maria Ho (from 31 Aug 2016)
Dr Robert Ivers (from 13 Dec 2016)
Mr Gregory McGuire (until 15 Dec 2016)
Professor Eleanor Milligan
A/Professor David Morgan OAM (until 15 Dec 2016)
Ms Megan O'Shannessy (from 31 Aug 2016)
Dr Philip Richardson (from 13 Dec 2016)
Mr George Seymour (from 13 Dec 2016)

South Australia

Professor Anne Tonkin (Chair)
Dr Daniel Cehic
Mr Paul Laris
Professor Guy Maddern
Ms Louise Miller-Frost
Dr Rakesh Mohindra
Dr Bruce Mugford
Dr Lynne Rainey
Dr Leslie Stephan
Ms Katherine Sullivan
Mr Thomas Symonds
Dr Mary White

Tasmania

Dr Andrew Mulcahy (Chair)
Dr Brian Bowring AM
Mr David Brereton
Dr Kristen Fitzgerald
Dr Fiona Joske
Mr Fergus Leicester
Ms Leigh Mackey
Dr Colin Merridew
Dr Phillip Moore
Dr Kim Rooney
Dr David Saner
Mrs Joan Wylie

Victoria

Dr Peter Dohrmann (Chair)
Dr Christine Bessell
Dr John Carnie PSM
Mrs Paula Davey
Dr Arya Dissanayake
Mr Kevin Ekendahl
Ms Jennifer Jaeger
Dr William Kelly
A/Professor Abdul Khalid
Dr Alison Lilley
Dr Debra O'Brien (from 26 August 2016)
Mr Simon Phipps
Dr Miriam Weisz
Dr Bernadette White (until 22 July 2016)

Western Australia

Professor Constantine Michael AO (Chair)
Ms Maria Ciffolilli
Dr Mark Edwards
Dr Daniel Heredia
Dr Michael Levitt
Dr Michael McComish
Professor Kenneth McKenna
Professor Stephan Millett
Mr John Pintabona
Ms Virginia Rivalland
Professor Bryant Stokes AM
Adjunct Professor Peter Wallace OAM

Finance Committee

Ms Prudence Ford (Chair)
Mr Mark Bodycoat
A/Professor Stephen Bradshaw AM
Dr Joanna Flynn AM
Ms Fearn (Michelle) Wright

National Specialist International Medical Graduate Committee

Dr Joanna Flynn AM (Chair)
Ms Kym Ayscough
Dr Terry Brown
Dr Peter Dohrmann
Mr Robert Embury
Mr Ian Frank AM
Professor Gavin Frost
Dr Patrick Giddings
Ms Lynne Gillam (from 29 Mar 2017)
Dr Paul Helliwell
Dr Fiona Joske
Dr Joanne Katsoris
Dr Paddy Phillips PSM (until 14 June 2017)
Ms Tarja Saastamoinen (until 2 Sept 2016)
Dr Andrew Singer
Dr Christine Tippett
Ms Patti Warn
Dr Richard Willis (until 7 Dec 2016)

Revalidation Expert Advisory Group

Professor Elizabeth Farmer (Chair)
Professor Richard Doherty
Dr Robert Herkes
Professor Michael Hollands
Professor Brian Jolly
Professor Katherine Leslie
Professor Peter Procopis
Professor Pauline Stanton

Revalidation Consultative Committee

Dr Joanna Flynn AM (Chair)
Dr Claire Blizard
Professor Christine Bennett
Dr Raymond Blackman
Dr Penny Browne
Ms Samantha Clausen
Professor Michael Cleary
Ms Darlene Cox
Dr Grant Davies
Ms Sue Dawson
Professor Elizabeth Farmer
Professor Michael Harrison
Dr Paul Helliwell
Professor Malcolm Hopwood
Professor Robyn Langham
Dr Linda MacPherson
Dr Gino Pecoraro
Dr John Sammut
Professor Napier Thomson AM
Ms Helen Townley
Ms Patricia Warn

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For more information about AHPRA and the National Boards' work in 2016/17, please see the annual report, available from the AHPRA website.

Useful links

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

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

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

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

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