

# Annual report summary

2016/17

Your National Scheme:  
Regulating health practitioners in

# South Australia

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



Aboriginal and Torres Strait  
Islander health practice  
Chinese medicine  
Chiropractic  
Dental  
Medical  
Medical radiation practice  
Nursing and Midwifery


Occupational therapy  
Optometry  
Osteopathy  
Pharmacy  
Physiotherapy  
Podiatry  
Psychology

Australian Health Practitioner Regulation Agency

# Performance summary for 2016/17

This annual report summary offers a snapshot of our work regulating more than 50,000 registered health practitioners in South Australia (SA) for the financial year to 30 June 2017.

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



SA practitioners accounted for **7.9%** of all registered health practitioners in Australia<sup>1</sup>

**Largest practitioner contingent:**  
**12.4%** of all midwives in Australia were based in SA

**Smallest practitioner contingent:**  
**1.7%** of all osteopaths in Australia were based in SA

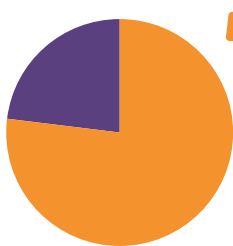


**53,823** health practitioners were registered in SA in 2016/17, compared with 53,119 the previous year



**4,858** new applications for registration were received in SA this year

That's an increase of 2.5% from 2015/16



Women comprised **77.1%** of the registered SA health workforce<sup>2</sup>



**11.6%** of all notifications (complaints or concerns) received by AHPRA during the year were about practitioners in SA, down from 13.3% in 2015/16

**800** notifications were received about registrants with a principal place of practice in SA

That's a 1% decrease in notifications, from 808 in 2015/16

**433** health practitioners with a principal place of practice in SA were being monitored for compliance with restrictions on their registration<sup>3</sup>



**52** new statutory offence complaints were received; up from 51 in 2015/16

AHPRA and the National Boards closed **871** notifications in SA this year, compared with 687 in the previous year

<sup>1</sup> This percentage represents a slight decrease in the size of the registrant base, from 8.1% in 2015/16.

<sup>2</sup> The national percentage of women in the registered health workforce is 75.8%.

<sup>3</sup> Data as at 30 June 2017. See page 26 for more information about monitoring cases relating to compliance with restrictions on registration for practitioners in SA.

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# About the National Scheme

## Who

The National Registration and Accreditation Scheme (the National Scheme) regulates almost 680,000 registered health practitioners across Australia.

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

### The 14 National Boards are:

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

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

## What

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

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

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

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

The National Scheme also sets a standardised framework for the accreditation of health practitioner education and training in Australia.

## When

The National Scheme started in July 2010. Since then, there has been an increase in the number of registered practitioners, from 530,115 in June 2011 to 678,938 on 30 June 2017.

## Where

The National Scheme operates across Australia with local offices in each capital city. Every state and territory parliament has passed a national law – the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), which came into effect on 1 July 2010 in most states and territories, and on 18 October 2010 in Western Australia.

## Why

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

For more information on the National Law, visit [www.ahpra.gov.au/about-ahpra/what-we-do/legislation](http://www.ahpra.gov.au/about-ahpra/what-we-do/legislation).

## Our regulatory principles

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

Protect the public

Take timely and necessary action

Administer the National Law

Ensure registrants are qualified

Work with stakeholders

Uphold professional standards

Identify and respond to risk

Use appropriate regulatory force

# Foreword from the AHPRA Chair and the CEO

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

In 2016/17, there was an increase of 1.3% registered health practitioners in SA, bringing the total number to 53,823. This represents 7.9% of all registered health practitioners in Australia. Members of the community can be safe in the knowledge that registered health practitioners must meet national registration standards and be adequately trained and qualified.

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

This year, AHPRA received more notifications about health practitioners than ever before, and we worked with the National Boards to respond to these promptly. SA received 800 notifications in the past year, and closed 871. We work closely with the SA Health and Community Services Complaints Commissioner (HCSCC) in the management of these concerns.

We are committed to improving the timely and efficient handling of notifications. We recognise that the notifications process can be very stressful and we have also made improvements in our information and communication with both notifiers and health practitioners subject to a notification.

The SA office engaged in two trials looking into the notifications process for complaints or concerns lodged with AHPRA about medical practitioners in their state. The insights from these trials will no doubt prove invaluable to improving the efficiency and timeliness of regulatory action across the National Scheme.

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



A stylized, handwritten signature in black ink.

**Mr Michael Gorton AM**

Chair,  
Agency Management  
Committee, AHPRA



A handwritten signature in black ink that reads "Martin Fletcher".

**Mr Martin Fletcher**

Chief Executive Officer,  
AHPRA

# Foreword from the SA State Manager

Performance was a key focus of the South Australia (SA) office in 2016/17, with significant emphasis placed upon the development and strengthening of teamwork and collaboration and promoting a culture of continuous improvement.

## Highlights for 2016/17:

- ▶ One of the benefits of the National Scheme is that it creates opportunities for AHPRA offices to work together to improve efficiencies and share resources. In SA, Northern Territory (NT) and Western Australia (WA), we have identified ways of working together that have already resulted in the improved handling of registrations and notifications.
- ▶ We delivered education sessions to final-year students in some regulated health professions to increase awareness of the National Scheme.
- ▶ We carried out trials to improve the timeliness and quality of medical notifications outcomes.

## Working in partnership with National Boards

The SA office, working closely as part of the AHPRA national operation network, supports the work of the SA Registration and Notification Committee of the Dental Board of Australia, the SA Board of the Nursing and Midwifery Board of Australia, the SA Board of the Medical Board of Australia and the NT, SA and WA Regional Board of the Psychology Board of Australia.

## Working with our stakeholders

In 2016/17, the SA office continued to develop relationships with key stakeholders through meetings with the SA Minister for Health, the Chief Executive Officer of SA Health, the Health and Community Services Complaints Commissioner, the SA Chief Medical Officer, the SA Chief Nurse, the SA branches of the Australian Medical Association, the Australian Dental Association, the Australian Nursing and Midwifery Federation, Medical Insurance Group Australia and Avant. A regulatory compact was also signed between AHPRA and SA Health with a view to formalising greater information sharing and cooperation opportunities.

Senior staff from the SA office delivered 25 education and training sessions on behalf of the National Boards to practitioners and final year students in nursing and midwifery, medicine, psychology, dentistry and occupational therapy.

## Managing local risks through decision-making

The mechanisms for managing risk are consistent in each state and territory under the National Scheme and may include some or all of the following: immediate action, imposing restriction, accepting undertakings, suspension or cancellation of registration, ongoing compliance

monitoring of practitioners and/or audits. National Boards may also refuse or impose conditions on registration while making decisions on registration applications.

In 2016/17, the SA office undertook two trials with a view to improving both the timeliness and quality of medical notification outcomes. A new model for clinical input by suitably qualified medical practitioners at the earliest opportunity and at various stages of information gathering was trialled in relation to medical performance notifications, with great effect.

An early clinical discussion trial also successfully demonstrated that notifications relating to medical practitioners can be dealt with more efficiently, with greater practitioner satisfaction and without diminishing the experience of notifiers, through the use of targeted medical practitioner-led discussions.

## Local office, national contribution

The SA office has been focused on developing good working relationships within the region (NT, SA and WA) including consistency, collaboration, sharing knowledge, expertise, partnerships and resources.

As an outcome, the Adelaide office has participated in a new national physiotherapy team, cooperating with other offices in the region to process all applications for limited registration with the Physiotherapy Board of Australia. This approach has delivered significant benefits in terms of efficiency and timeliness, with a reduction in both the number of registration papers and the duration of meeting time allocated to the consideration of such papers by the Physiotherapy Registration and Notifications Committee.

I wish to thank the dedicated team in the Adelaide office for their continued commitment to keeping the community safe and working hard to meet the objectives of the National Scheme. I thank the members of the SA boards and committees for their expertise and commitment to health regulation.



**Corey Spencer**

SA State Manager, AHPRA



## **Part 1**

Decision-making in  
South Australia: Board  
and committee reports

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

As in previous years, in 2016/17 the focus of the South Australian Registration and Notification Committee of the Dental Board of Australia (the SA committee) has been on meeting the objectives of the National Scheme by managing risk to dental patients in the state.

During the past year, the SA committee made decisions about individual registered dental practitioners after receiving a notification (complaint) about them, as well as assessing the more complex applications for registration, often from overseas-trained practitioners.

As well as National Board members from each jurisdiction, the SA committee is the local face of dental practitioner regulation in SA. Our local committee is made up of practitioners and community members from SA. The National Board sets out the national standards and policies which guide the committee's decisions. The local committee makes most delegated decisions about dental practitioners in our region, supported by the local AHPRA office, in a national policy framework.

Working with our stakeholders has been another priority this year. In my role as Chair, I have attended several National Board meetings throughout the year, providing opportunities to discuss how National Board policies influence our decision-making at the local level. With the AHPRA SA State Manager, I have attended meetings with the CEO and President of the Australian Dental Association (SA), the SA Minister for Health and with the Chief Executive Officer of SA Health. These meetings allow us to understand shared issues and bring opportunities to work together to ensure public safety.

I thank my colleagues on the SA Registration and Notification Committee and also the AHPRA staff in the SA office for their energy and commitment to the South Australian community during the year.



**Professor Richard Logan**

Chair, SA Registration and Notification Committee, Dental Board of Australia



**Dr John Lockwood AM**

Chair, Dental Board of Australia

## Members of the SA Committee in 2016/17

Professor Richard Logan (Chair)

Ms Josephine Bradley

Dr Cosimo Maiolo

Mrs Jennifer Miller

Dr Heidi Munchenberg

Ms Joanna Richardson



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

In 2016/17, the SA Board of the Medical Board of Australia continued to focus on public safety, making decisions about individual medical practitioners under two broad categories: complex applications for practitioner registration and notifications of concern about practitioners' behaviour or performance.

The decisions we make in SA are guided by the standards and policies set by the Medical Board of Australia (the National Board) and are supported by the local AHPRA office.

Together with the National Manager Investigations and local AHPRA staff, the SA Board undertook two trials during 2016/17 with a view to improving both the timeliness and quality of medical notification outcomes. A new model for clinical input by suitably qualified medical practitioners (at the earliest opportunity and at various stages of information gathering) was trialled in relation to medical performance notifications, with great effect. Equally, an Early Clinical Discussion (ECD) trial successfully demonstrated that medical performance notifications can be dealt with more quickly and with greater practitioner satisfaction with an ECD than without.

To maintain links with stakeholders, the AHPRA SA State Manager and I have attended meetings with the Chief Medical Officer of SA Health and, separately, biannually with the President and CEO of the AMA (SA). In addition to this, meetings were held with the SA Minister for Health, Chief Executive Officer of SA Health, the Health and Community Services Complaints Commissioner and with medical defence organisations MIGA and Avant, to discuss issues of local relevance to the profession.

I thank my colleagues on the SA Board for their energy and commitment to protecting the safety of the people of South Australia during the year by serving on registration and notification committees, including the immediate action committee, which deals with urgent matters. I also wish to thank the staff of AHPRA for their dedication.

This report provides a snapshot of medical regulation in our state over the last year, complementing the comprehensive information published in the annual report of AHPRA and the National Boards for 2016/17. I hope you will find it interesting and useful.



**Professor Anne Tonkin**

Chair, SA Board of  
the Medical Board of  
Australia



**Dr Joanna Flynn AM**

Chair, Medical Board of  
Australia

## Members of the SA Board in 2016/17

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

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

The SA Board of the Nursing and Midwifery Board of Australia continued to work to meet the objectives of the National Scheme in managing risk to patients.

We make decisions about individual registered nurses and midwives by reference to the Nursing and Midwifery Board of Australia (NMBA) standards, guidelines and policies to ensure nationally consistent decisions about local SA practitioners.

Data showing the work of the local SA Board are detailed in this report. This snapshot of regulation at work in our state complements the comprehensive, profession-specific information published in the annual report of AHPRA and the National Boards for 2016/17.

During the year, the SA Board has worked closely with our colleagues on the NMBA and on other state and territory Boards, particularly during the course of the NMBA's national conference, which was held in March 2017. The conference provided delegates – Board members from every state and territory and AHPRA staff – with the opportunity, through keynote addresses and workshops, to explore current issues in regulation of the profession and to gain a deeper understanding of their roles and responsibilities as part of the broader National Scheme.

Our work with stakeholders remained a priority during this past year. With the AHPRA SA State Manager, I have attended meetings with the Chief Nursing and Midwifery Officer of the SA Department of Health and Ageing. In addition to this, meetings were held with the SA Minister for Health and with the Chief Executive Officer of SA Health in order to properly understand our shared issues and to seek opportunities to work together to ensure public safety.

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



**Associate Professor  
Linda Starr**

Chair, SA Board of the  
Nursing and Midwifery  
Board of Australia



**Associate Professor  
Lynette Cusack RN**

Chair, Nursing and  
Midwifery Board of  
Australia

## Members of the SA Board in 2016/17

Associate Professor Linda Starr (Chair)

Mr Mark Bodycoat

Mrs Zinta Docherty

Ms Sally Hampel

Ms Kaaren Haywood

Ms Meredith Hobbs

Mrs Gillian Homan

Ms Paula Medway

Ms Katherine Sullivan

# Pharmacy Board of Australia: Chair's message

**The Pharmacy Board of Australia (the National Board) makes decisions about all registered pharmacists in South Australia. Regulation of pharmacists at a state and territory level is guided by the standards and policies set by the National Board.**

Practitioner membership on the Board from each state and territory helps to ensure consistency and transparency in its work to implement the National Scheme at a local level. This is supported by a public perspective which comes from community member representatives from four states. Mr Trevor Draysey is the practitioner member from SA on the Board.

To ensure local knowledge informs nationally consistent decisions, the Board has a notifications committee to make decisions about individual registered pharmacists in SA. In addition to five core members from the National Board, there are two representatives from each state and territory on this committee.

The representatives (jurisdictional members) from SA on the notifications committee are:

- ▶ Mr Vaughn Eaton, and
- ▶ Ms Aspasia Hassouros.

Other external practitioners who continue to contribute to the work of the Board are the pharmacists who have assessed the competence of intern pharmacists in the oral examinations, which enables the Board to ensure that pharmacists who are registered are competent to practise.

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

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

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

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

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



**Mr William Kelly**

Chair, Pharmacy Board of Australia

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

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

This annual report summary details the work of the Psychology Board of Australia (the National Board) and provides a snapshot of the work the Regional Board does to regulate the psychology profession in Australia.

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

The primary focus of the Regional Board is on public safety, as we make decisions about the registration of individual psychologists. Most of our work this year considered what action we needed to take to manage risk to the public as a result of a notification. Another priority was assessing complex applications for registration. Consistency has been ensured through regular teleconferences with the three other Regional Chairs and attendance at the National Registration and Accreditation Scheme combined meeting. The National Board has recently agreed that all registration matters requiring consideration by a Regional Board will be considered by the New South Wales Regional Board. The change will come into effect on 1 July 2017, and it is anticipated that this will achieve a more equitable distribution of the decision-making workload and improve consistency in decision-making.

Associate Professor Jennifer Thornton, Chair of the Regional Board, attended the WA National Scheme stakeholder consultation forum, Stage 1 amendment Bill, in February 2017. This was an opportunity to learn more about proposed changes to the National Law.

This year we say special thanks to outgoing member Emeritus Associate Professor David Leach for his valued contributions. We would like to thank all members of the Regional Board for their continued hard work and for their commitment to protecting the public by ensuring that psychologists in our region are suitably qualified and uphold the standards expected of the profession.



**Associate Professor Jennifer Thornton**

Chair, Regional Chair of the Psychology Board of Australia



**Professor Brin Grenyer**

Chair, Psychology Board of Australia

## Members of the Regional Board in 2016/17

Associate Professor Jennifer Thornton (Chair) (WA Member)

Ms Catherine Beaton (SA Member)

Ms Judith Dikstein (NT Member)

Mr Chris Franck (NT Member)

Emeritus Associate Professor David Leach (until 16 December 2016)

Mr Neil McLean (WA Member)

Mr Colby Pearce (SA Member)

Mr Theodore Sharp (WA Member)

Ms Claire Simmons (SA Member)

# National Boards and committees making local decisions

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

National Boards of these professions appoint national committees to make decisions about registration and notifications in relation to individual practitioners. These national committees comprise representatives from each state and territory. Additional members may be appointed to these committees to bring specific professional or jurisdictional expertise when needed. Using national committees is an important way to minimise the cost of regulation for professions with proportionately fewer registrants than dental, medical, pharmacy, psychology and nursing and midwifery, while maintaining the benefits provided by the National Scheme.

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

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

In 2016/17, National Boards engaged with local stakeholders in a range of ways, including:

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

For more information about the work of National Boards during the year, read the 2016/17 annual report of AHPRA and the National Boards, at [www.ahpra.gov.au/annualreport/2017](http://www.ahpra.gov.au/annualreport/2017).

## Meet the Chairs



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



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



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



**Mr Mark Marcenko**  
Chair, Medical  
Radiation Practice  
Board of Australia



**Ms Julie Brayshaw**  
Chair, Occupational  
Therapy Board of  
Australia



**Mr Ian Bluntish**  
Chair, Optometry  
Board of Australia



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



**Dr Charles Flynn**  
Chair, Physiotherapy  
Board of Australia



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



## **Part 2**

Regulating health  
practitioners in  
South Australia

# South Australia data snapshot

Five local insights for 2016/17

**As at 30 June 2017, there were 53,823 registered health practitioners with a principal place of practice in SA.**

**SA is the principal place of practice for 12.4% of all midwives in Australia.**

**4,858 new applications were received for registration in SA, an increase of 2.5% from the previous year.**

**Notifications about practitioners in SA decreased by 1% (from 808) from the previous year, to 800 new complaints received by AHPRA.**

**Of the 2,297 new statutory offence complaints received by AHPRA nationally, 52 were made about practice in SA.**

## Background

Data in this annual report summary are drawn from the 2016/17 annual report published by AHPRA and the National Boards. SA data have been extracted from national source data to highlight the work we've undertaken over the past year to keep the public safe. All data were correct as at 30 June 2017.

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

In the following pages, you'll find registration data, such as the number of practitioners in each profession whose principal place of practice (PPP) is in SA, including a breakdown by registration type, registration division (for professions with divisions), information about specialties (for dental, medical and podiatry practitioners), and endorsements or notations held. A gender breakdown of practitioners by profession is also included.

Notifications data (about complaints or concerns lodged with AHPRA) are also included, with details of notifications received and closed during the year, as well as those that remained open at the end of the reporting year. Details of mandatory reports received and immediate actions taken are included, as well as information on the rate of notifications and mandatory notifications in the jurisdiction.

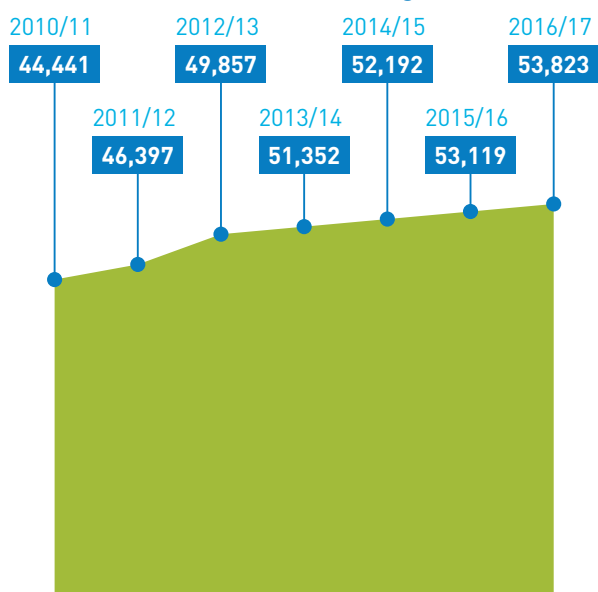
Data on statutory offence matters, tribunal and panel hearings, active monitoring cases and criminal history checks are also included.

To view the full 2016/17 annual report by AHPRA and the National Boards, visit [www.ahpra.gov.au/annualreport/2017](http://www.ahpra.gov.au/annualreport/2017).

Annual report summaries for each of the eight jurisdictions and 14 National Boards are also published on the website.

## Registration in South Australia

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



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

Tables 1–8 provide details of registered health practitioners with a PPP in SA. At 30 June 2017, the number of registered health practitioners in SA was 53,823, an increase of 704 (1.3%) from 2015/16. This jurisdiction represents 7.9% of all registered health practitioners in Australia.

The proportion of practitioners who had a principal place of practice in SA ranged from 1.7% of all registered osteopaths to 12.4% of all practitioners who registered as midwives. See Table 1.

Data also showed that in 2016/17 SA had:

- ▶ 7.8% of registered health practitioners with a recognised specialty nationally, and
- ▶ 6.5% of health practitioners with a recognised endorsement or notation nationally, which permits an expanded scope of practice within their profession.

In 2016/17, applications received for registration in SA increased by 2.5%, with 4,858 new applications. This equates to 7% of new applications received nationally during the year. Details of new registration applications received, with a breakdown of profession and registration type, are provided in Table 7. Registration application outcomes are detailed at Table 8.

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

Profession	SA	National total <sup>4</sup>	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	45	608	7.4%
Chinese medicine practitioner	182	4,860	3.7%
Chiropractor	370	5,284	7.0%
Dental practitioner	1,840	22,383	8.2%
Medical practitioner	8,046	111,166	7.2%
Medical radiation practitioner	1,178	15,683	7.5%
Midwife	572	4,624	12.4%
Nurse	30,989	357,701	8.7%
Nurse and midwife <sup>2</sup>	2,023	28,928	7.0%
Occupational therapist	1,531	19,516	7.8%
Optometrist	294	5,343	5.5%
Osteopath	38	2,230	1.7%
Pharmacist	2,175	30,360	7.2%
Physiotherapist	2,377	30,351	7.8%
Podiatrist	439	4,925	8.9%
Psychologist	1,724	34,976	4.9%
<b>Total 2016/17</b>	<b>53,823</b>	<b>678,938</b>	<b>7.9%</b>
<b>Total 2015/16</b>	<b>53,119</b>	<b>657,621</b>	<b>8.1%</b>
<b>SA's population as a proportion of national population<sup>3</sup></b>	<b>1,717,000</b>	<b>24,385,600</b>	<b>7.0%</b>

## Criminal history checks

As part of the registration process, AHPRA requested 70,544 domestic and international criminal history checks of practitioners nationally this year. Overall, 3.8% of the results indicated that the applicant had a disclosable court outcome.

In SA, 4,674 criminal history checks were carried out (compared with 4,643 in 2015/16). Of these, there were 295 disclosable court outcomes (compared with 346 in 2015/16).

In the majority of cases nationally, the applicant was granted registration because the nature of an individual's disclosable court outcome had little relevance to their ability to practise safely and competently.

No applicants had conditions imposed on their registration due to a disclosable court outcome this year, compared with 10 in 2015/16. No applicants were refused registration, compared with one in 2015/16.

See [www.ahpra.gov.au/Registration/Registration-Standards/Criminal-history](http://www.ahpra.gov.au/Registration/Registration-Standards/Criminal-history).

1 Data are based on registered practitioners as at 30 June 2017 and are segmented from data in AHPRA and the National Boards' 2016/17 annual report.  
 2 Registrants who hold dual registration as both a nurse and a midwife.  
 3 Based on Australian Bureau of Statistics (ABS) Demographics Statistics as at 30 December 2016.  
 4 National total also includes registrants who have no specified principal place of practice (PPP), including practitioners with an overseas address.



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

Profession/registration type	SA	National total	% of national total
<b>Aboriginal and Torres Strait Islander Health Practitioner</b>	<b>45</b>	<b>608</b>	<b>7.4%</b>
General	45	605	7.4%
Non-practising	0	3	0.0%
<b>Chinese medicine practitioner</b>	<b>182</b>	<b>4,860</b>	<b>3.7%</b>
General	177	4,583	3.9%
General and non-practising	0	3	0.0%
Limited	0	2	0.0%
Non-practising	5	272	1.8%
<b>Chiropractor</b>	<b>370</b>	<b>5,284</b>	<b>7.0%</b>
General	355	4,967	7.1%
Limited	0	2	0.0%
Non-practising	15	315	4.8%
<b>Dental practitioner</b>	<b>1,840</b>	<b>22,383</b>	<b>8.2%</b>
General	1,649	20,053	8.2%
General and non-practising <sup>1</sup>	0	1	0.0%
General and specialist	142	1,655	8.6%
Limited	12	58	20.7%
Non-practising	33	576	5.7%
Specialist	4	40	10.0%
<b>Medical practitioner</b>	<b>8,046</b>	<b>111,166</b>	<b>7.2%</b>
General	2,616	38,798	6.7%
General (teaching and assessing)	3	40	7.5%
General (teaching and assessing) and specialist	0	1	0.0%
General and specialist	4,110	52,264	7.9%
Limited	180	2,473	7.3%
Non-practising	133	2,762	4.8%
Provisional	414	5,495	7.5%
Specialist	590	9,333	6.3%
<b>Medical radiation practitioner</b>	<b>1,178</b>	<b>15,683</b>	<b>7.5%</b>
General	1,163	15,010	7.7%
Limited	0	1	0.0%
Non-practising	14	235	6.0%
Provisional	1	437	0.2%
<b>Midwife</b>	<b>572</b>	<b>4,624</b>	<b>12.4%</b>
General	565	4,548	12.4%
Non-practising	7	73	9.6%
Provisional	0	3	0.0%

Profession/registration type	SA	National total	% of national total
<b>Nurse</b>	<b>30,989</b>	<b>357,701</b>	<b>8.7%</b>
General	30,466	352,011	8.7%
General and non-practising <sup>1</sup>	4	27	14.8%
General and provisional	2	5	40.0%
Non-practising	501	5,421	9.2%
Provisional	16	237	6.8%
<b>Nurse and Midwife</b>	<b>2,023</b>	<b>28,928</b>	<b>7.0%</b>
General	1,915	26,835	7.1%
General and non-practising <sup>2</sup>	63	1,401	4.5%
General and provisional	1	8	12.5%
Non-practising	44	679	6.5%
Provisional	0	5	0.0%
<b>Occupational therapist</b>	<b>1,531</b>	<b>19,516</b>	<b>7.8%</b>
General	1,460	18,755	7.8%
Limited	3	69	4.3%
Non-practising	65	659	9.9%
Provisional	3	33	9.1%
<b>Optometrist</b>	<b>294</b>	<b>5,343</b>	<b>5.5%</b>
General	292	5,167	5.7%
Limited	0	4	0.0%
Non-practising	2	172	1.2%
<b>Osteopath</b>	<b>38</b>	<b>2,230</b>	<b>1.7%</b>
General	34	2,129	1.6%
Limited	0	1	0.0%
Non-practising	2	89	2.2%
Provisional	2	11	18.2%
<b>Pharmacist</b>	<b>2,175</b>	<b>30,360</b>	<b>7.2%</b>
General	2,000	27,544	7.3%
Limited	1	10	10.0%
Non-practising	46	1,097	4.2%
Provisional	128	1,709	7.5%
<b>Physiotherapist</b>	<b>2,377</b>	<b>30,351</b>	<b>7.8%</b>
General	2,308	29,114	7.9%
Limited	31	371	8.4%
Non-practising	38	866	4.4%
<b>Podiatrist<sup>3</sup></b>	<b>439</b>	<b>4,925</b>	<b>8.9%</b>
General	423	4,790	8.8%
General and specialist	3	30	10.0%
Non-practising	13	105	12.4%
<b>Psychologist</b>	<b>1,724</b>	<b>34,976</b>	<b>4.9%</b>
General	1,431	28,442	5.0%
Non-practising	98	1,695	5.8%
Provisional	195	4,839	4.0%
<b>Total</b>	<b>53,823</b>	<b>678,938</b>	<b>7.9%</b>

1 Practitioners holding general registration in one division and non-practising registration in another division.

2 Practitioners holding general registration in one profession and non-practising registration in the other profession.

3 Includes podiatric surgeons.

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

Profession/endorsement	SA	National total	% of national total
Chiropractor	0	31	0.0%
Acupuncture	0	31	0.0%
Dental practitioner	2	96	2.1%
Area of practice - conscious sedation	2	96	2.1%
Medical practitioner	33	583	5.7%
Acupuncture	33	583	5.7%
Midwife <sup>1</sup>	31	333	9.3%
Midwife Practitioner	0	1	0.0%
Scheduled Medicines	31	332	9.3%
Nurse <sup>1</sup>	134	2,676	5.0%
Nurse Practitioner	127	1,559	8.1%
Scheduled Medicines - Rural and isolated practice	7	1117	0.6%
Optometrist	182	2,717	6.7%
Scheduled Medicines	182	2,717	6.7%
Osteopath	0	2	0.0%
Acupuncture	0	2	0.0%
Physiotherapist	0	7	0.0%
Acupuncture	0	7	0.0%
Podiatrist <sup>2</sup>	7	82	8.5%
Scheduled Medicines	7	82	8.5%
Psychologist	794	11,702	6.8%
Area of Practice	794	11,702	6.8%
<b>Total</b>	<b>1,183</b>	<b>18,229</b>	<b>6.5%</b>

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

Profession/gender	SA	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	45	608	7.4%
Female	30	463	6.5%
Male	15	145	10.3%
Chinese medicine practitioner	182	4,860	3.7%
Female	100	2,683	3.7%
Male	82	2,177	3.8%
Chiropractor	370	5,284	7.0%
Female	143	2,064	6.9%
Male	227	3,220	7.0%

Profession/gender	SA	National total	% of national total
Dental practitioner	1,840	22,383	8.2%
Female	1,029	11,244	9.2%
Male	811	11,139	7.3%
Medical practitioner	8,046	111,166	7.2%
Female	3,310	46,751	7.1%
Male	4,736	64,415	7.4%
Medical radiation practitioner	1,178	15,683	7.5%
Female	871	10,664	8.2%
Male	307	5,019	6.1%
Midwife	572	4,624	12.4%
Female	571	4,608	12.4%
Male	1	16	6.3%
Nurse	30,989	357,701	8.7%
Female	27,458	315,993	8.7%
Intersex or indeterminate	0	2	0.0%
Male	3,531	41,706	8.5%
Nurse and midwife	2,023	28,928	7.0%
Female	1,982	28,419	7.0%
Male	41	509	8.1%
Occupational therapist	1,531	19,516	7.8%
Female	1,366	17,812	7.7%
Male	165	1,704	9.7%
Optometrist	294	5,343	5.5%
Female	144	2,819	5.1%
Male	150	2,524	5.9%
Osteopath	38	2,230	1.7%
Female	21	1,217	1.7%
Male	17	1,013	1.7%
Pharmacist	2,175	30,360	7.2%
Female	1,334	18,782	7.1%
Male	841	11,578	7.3%
Physiotherapist	2,377	30,351	7.8%
Female	1,546	20,489	7.5%
Male	831	9,862	8.4%
Podiatrist	439	4,925	8.9%
Female	263	2,952	8.9%
Male	176	1,973	8.9%
Psychologist	1,724	34,976	4.9%
Female	1,306	27,854	4.7%
Intersex or indeterminate	0	1	0.0%
Male	418	7,121	5.9%
<b>Total</b>	<b>53,823</b>	<b>678,938</b>	<b>7.9%</b>

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

2 Includes podiatric surgeons.

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

Profession/division	SA	National total	% of national total
Chinese medicine practitioner	182	4,860	3.7%
Acupuncturist	105	1,726	6.1%
Acupuncturist and Chinese herbal dispenser <sup>1</sup>	0	3	0.0%
Acupuncturist and Chinese herbal dispenser and Chinese herbal medicine practitioner <sup>1</sup>	10	833	1.2%
Acupuncturist and Chinese herbal medicine practitioner <sup>1</sup>	64	2,178	2.9%
Chinese herbal dispenser	1	45	2.2%
Chinese herbal dispenser and Chinese herbal medicine practitioner <sup>1</sup>	2	20	10.0%
Chinese herbal medicine practitioner	0	55	0.0%
Dental practitioner	1,840	22,383	8.2%
Dental hygienist	266	1,439	18.5%
Dental hygienist and dental prosthetist <sup>1</sup>	0	3	0.0%
Dental hygienist and dental prosthetist and dental therapist <sup>1</sup>	0	2	0.0%
Dental hygienist and dental therapist <sup>1</sup>	62	472	13.1%
Dental hygienist and dental therapist and dentist <sup>1</sup>	0	2	0.0%
Dental hygienist and dental therapist and oral health therapist <sup>1</sup>	0	3	0.0%
Dental hygienist and dentist <sup>1</sup>	0	4	0.0%
Dental hygienist and oral health therapist <sup>1</sup>	1	8	12.5%
Dental prosthetist	72	1,271	5.7%
Dental prosthetist and dental therapist <sup>1</sup>	0	1	0.0%
Dental prosthetist and dentist <sup>1</sup>	0	2	0.0%
Dental therapist	81	965	8.4%
Dental therapist and dentist <sup>1</sup>	0	1	0.0%
Dental therapist and oral health therapist <sup>1</sup>	0	6	0.0%
Dentist	1,178	16,732	7.0%
Dentist and oral health therapist <sup>1</sup>	0	2	0.0%
Oral health therapist	180	1,470	12.2%
Medical radiation practitioner	1,178	15,683	7.5%
Diagnostic radiographer	949	12,117	7.8%
Diagnostic radiographer and nuclear medicine technologist <sup>1</sup>	1	17	5.9%
Diagnostic radiographer and radiation therapist <sup>1</sup>	0	2	0.0%
Nuclear medicine technologist	78	1,145	6.8%
Radiation therapist	150	2,402	6.2%
Nurse	30,989	357,701	8.7%
Enrolled nurse (Division 2)	8,002	64,021	12.5%
Enrolled nurse (Division 2) and registered nurse (Division 1) <sup>1</sup>	776	7,264	10.7%
Registered nurse (Division 1)	22,211	286,416	7.8%
Nurse and midwife <sup>2</sup>	2,023	28,928	7.0%
Enrolled nurse and midwife <sup>1</sup>	7	70	10.0%
Enrolled nurse and registered nurse and midwife <sup>1</sup>	1	66	1.5%
Registered nurse and midwife <sup>1</sup>	2,015	28,792	7.0%
<b>Total</b>	<b>36,212</b>	<b>429,555</b>	<b>8.4%</b>

1 Practitioners who hold dual or multiple registration.

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

**Table 6: Health practitioners with specialties at 30 June 2017<sup>1</sup>**

Profession/area of specialty practice	SA	National total	% of national total
<b>Dental practitioner</b>	<b>146</b>	<b>1,745</b>	<b>8.4%</b>
Dento-maxillofacial radiology	0	10	0.0%
Endodontics	15	169	8.9%
Forensic odontology	2	25	8.0%
Oral and maxillofacial surgery	16	211	7.6%
Oral medicine	0	35	0.0%
Oral pathology	3	23	13.0%
Oral surgery	0	51	0.0%
Orthodontics	54	612	8.8%
Paediatric dentistry	13	134	9.7%
Periodontics	16	226	7.1%
Prosthodontics	23	216	10.6%
Public health dentistry (Community dentistry)	2	16	12.5%
Special needs dentistry	2	17	11.8%
<b>Medical practitioner</b>	<b>5,164</b>	<b>66,659</b>	<b>7.7%</b>
<b>Addiction medicine</b>	<b>15</b>	<b>172</b>	<b>8.7%</b>
<b>Anaesthesia</b>	<b>371</b>	<b>4,929</b>	<b>7.5%</b>
<b>Dermatology</b>	<b>45</b>	<b>540</b>	<b>8.3%</b>
<b>Emergency medicine</b>	<b>120</b>	<b>2,059</b>	<b>5.8%</b>
<b>General practice</b>	<b>1,966</b>	<b>25,240</b>	<b>7.8%</b>
<b>Intensive care medicine</b>	<b>74</b>	<b>888</b>	<b>8.3%</b>
Paediatric intensive care medicine	0	11	0.0%
No sub-specialty declared	74	877	8.4%
Medical administration	15	337	4.5%
<b>Obstetrics and gynaecology</b>	<b>150</b>	<b>1,983</b>	<b>7.6%</b>
Gynaecological oncology	4	47	8.5%
Maternal-fetal medicine	3	40	7.5%
Obstetrics and gynaecological ultrasound	3	73	4.1%
Reproductive endocrinology and infertility	7	54	13.0%
Urogynaecology	1	31	3.2%
No sub-specialty declared	132	1,738	7.6%
<b>Occupational and environmental medicine</b>	<b>31</b>	<b>310</b>	<b>10.0%</b>
<b>Ophthalmology</b>	<b>71</b>	<b>1,016</b>	<b>7.0%</b>
<b>Paediatrics and child health</b>	<b>185</b>	<b>2,698</b>	<b>6.9%</b>
Clinical genetics	0	31	0.0%
Community child health	2	62	3.2%
General paediatrics	135	1,880	7.2%

Profession/area of specialty practice	SA	National total	% of national total
Neonatal and perinatal medicine	13	181	7.2%
Paediatric cardiology	0	40	0.0%
Paediatric clinical pharmacology	0	1	0.0%
Paediatric emergency medicine	6	59	10.2%
Paediatric endocrinology	0	34	0.0%
Paediatric gastroenterology and hepatology	1	30	3.3%
Paediatric haematology	1	15	6.7%
Paediatric immunology and allergy	7	29	24.1%
Paediatric infectious diseases	2	26	7.7%
Paediatric intensive care medicine	0	6	0.0%
Paediatric medical oncology	1	34	2.9%
Paediatric nephrology	1	11	9.1%
Paediatric neurology	1	40	2.5%
Paediatric palliative medicine	0	4	0.0%
Paediatric rehabilitation medicine	1	8	12.5%
Paediatric respiratory and sleep medicine	1	34	2.9%
Paediatric rheumatology	1	11	9.1%
Paediatric nuclear medicine	0	1	0.0%
No sub-specialty declared	12	161	7.5%
<b>Pain medicine</b>	<b>28</b>	<b>287</b>	<b>9.8%</b>
<b>Palliative medicine</b>	<b>28</b>	<b>329</b>	<b>8.5%</b>
<b>Pathology</b>	<b>159</b>	<b>2,116</b>	<b>7.5%</b>
Anatomical pathology (including cytopathology)	65	914	7.1%
Chemical pathology	8	93	8.6%
Forensic pathology	5	51	9.8%
General pathology	6	112	5.4%
Haematology	44	538	8.2%
Immunology	12	117	10.3%
Microbiology	16	241	6.6%
No sub-specialty declared	3	50	6.0%
<b>Physician</b>	<b>859</b>	<b>10,165</b>	<b>8.5%</b>
Cardiology	118	1,366	8.6%
Clinical genetics	8	70	11.4%
Clinical pharmacology	11	56	19.6%
Endocrinology	36	688	5.2%
Gastroenterology and hepatology	64	874	7.3%

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

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

Profession/area of specialty practice	SA	National total	% of national total
General medicine	236	1,798	13.1%
Geriatric medicine	59	718	8.2%
Haematology	40	563	7.1%
Immunology and allergy	13	163	8.0%
Infectious diseases	30	434	6.9%
Medical oncology	49	667	7.3%
Nephrology	27	556	4.9%
Neurology	38	601	6.3%
Nuclear medicine	25	255	9.8%
Respiratory and sleep medicine	59	685	8.6%
Rheumatology	37	371	10.0%
No sub-specialty declared	9	300	3.0%
<b>Psychiatry</b>	<b>294</b>	<b>3,689</b>	<b>8.0%</b>
<b>Public health medicine</b>	<b>26</b>	<b>433</b>	<b>6.0%</b>
<b>Radiation oncology</b>	<b>19</b>	<b>386</b>	<b>4.9%</b>
<b>Radiology</b>	<b>180</b>	<b>2,464</b>	<b>7.3%</b>
Diagnostic radiology	165	2,097	7.9%
Diagnostic ultrasound	0	4	0.0%
Nuclear medicine	10	188	5.3%
No sub-specialty declared	5	175	2.9%
<b>Rehabilitation medicine</b>	<b>40</b>	<b>517</b>	<b>7.7%</b>
<b>Sexual health medicine</b>	<b>10</b>	<b>127</b>	<b>7.9%</b>
<b>Sport and exercise medicine</b>	<b>4</b>	<b>121</b>	<b>3.3%</b>
<b>Surgery</b>	<b>474</b>	<b>5,853</b>	<b>8.1%</b>
Cardio-thoracic surgery	12	203	5.9%
General surgery	164	2,024	8.1%
Neurosurgery	17	252	6.7%
Oral and maxillofacial surgery	12	133	9.0%
Orthopaedic surgery	121	1,436	8.4%
Otolaryngology - head and neck surgery	47	510	9.2%
Paediatric surgery	8	102	7.8%
Plastic surgery	43	461	9.3%
Urology	32	445	7.2%
Vascular surgery	18	238	7.6%
No sub-specialty declared	0	49	0.0%
<b>Podiatrist</b>	<b>3</b>	<b>30</b>	<b>10.0%</b>
Podiatric surgeon	3	30	10.0%
<b>Total</b>	<b>5,313</b>	<b>68,434</b>	<b>7.8%</b>

**Table 7: Applications received, by profession and registration type**

Profession/registration type	SA	National total	% of national total
<b>Aboriginal and Torres Strait Islander Health Practitioner</b>	<b>8</b>	<b>141</b>	<b>5.7%</b>
General	8	140	5.7%
Non-practising	0	1	0.0%
<b>Chinese medicine practitioner</b>	<b>6</b>	<b>629</b>	<b>1.0%</b>
General	5	446	1.1%
Limited	0	6	0.0%
Non-practising	1	177	0.6%
<b>Chiropractor</b>	<b>17</b>	<b>388</b>	<b>4.4%</b>
General	14	307	4.6%
Limited	0	2	0.0%
Non-practising	3	79	3.8%
<b>Dental practitioner</b>	<b>157</b>	<b>1,652</b>	<b>9.5%</b>
General	136	1,381	9.8%
Limited	4	30	13.3%
Non-practising	11	142	7.7%
Specialist	6	99	6.1%
<b>Medical practitioner</b>	<b>1,172</b>	<b>16,953</b>	<b>6.9%</b>
General	372	5,649	6.6%
Limited	114	1,540	7.4%
Non-practising	27	515	5.2%
Provisional	407	5,311	7.7%
Specialist	252	3,938	6.4%
<b>Medical radiation practitioner</b>	<b>89</b>	<b>1,596</b>	<b>5.6%</b>
General	82	1,130	7.3%
Non-practising	5	64	7.8%
Provisional	2	402	0.5%
<b>Midwife</b>	<b>159</b>	<b>1,848</b>	<b>8.6%</b>
General	127	1,557	8.2%
Non-practising	32	269	11.9%
Provisional	0	22	0.0%
<b>Nurse</b>	<b>2,339</b>	<b>31,412</b>	<b>7.4%</b>
General	2,126	29,687	7.2%
Non-practising	194	1,415	13.7%
Provisional	19	310	6.1%
<b>Occupational therapist</b>	<b>179</b>	<b>2,282</b>	<b>7.8%</b>
General	149	1,918	7.8%
Limited	5	102	4.9%
Non-practising	23	241	9.5%
Provisional	2	21	9.5%

Profession/registration type	SA	National total	% of national total
<b>Optometrist</b>	<b>31</b>	<b>328</b>	<b>9.5%</b>
General	31	294	10.5%
Limited	0	3	0.0%
Non-practising	0	31	0.0%
<b>Osteopath</b>	<b>4</b>	<b>258</b>	<b>1.6%</b>
General	2	205	1.0%
Limited	0	1	0.0%
Non-practising	0	39	0.0%
Provisional	2	13	15.4%
<b>Pharmacist</b>	<b>240</b>	<b>3,321</b>	<b>7.2%</b>
General	105	1,576	6.7%
Limited	2	24	8.3%
Non-practising	10	221	4.5%
Provisional	123	1,500	8.2%
<b>Physiotherapist</b>	<b>208</b>	<b>2,695</b>	<b>7.7%</b>
General	174	2,276	7.6%
Limited	20	251	8.0%
Non-practising	14	168	8.3%
<b>Podiatrist</b>	<b>35</b>	<b>468</b>	<b>7.5%</b>
General	32	434	7.4%
Limited	0	1	0.0%
Non-practising	3	33	9.1%
<b>Psychologist</b>	<b>214</b>	<b>5,018</b>	<b>4.3%</b>
General	82	1,892	4.3%
Non-practising	30	515	5.8%
Provisional	102	2,611	3.9%
<b>Total 2016/17</b>	<b>4,858</b>	<b>68,989</b>	<b>7.0%</b>
<b>Total 2015/16</b>	<b>4,741</b>	<b>65,274</b>	<b>7.3%</b>

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

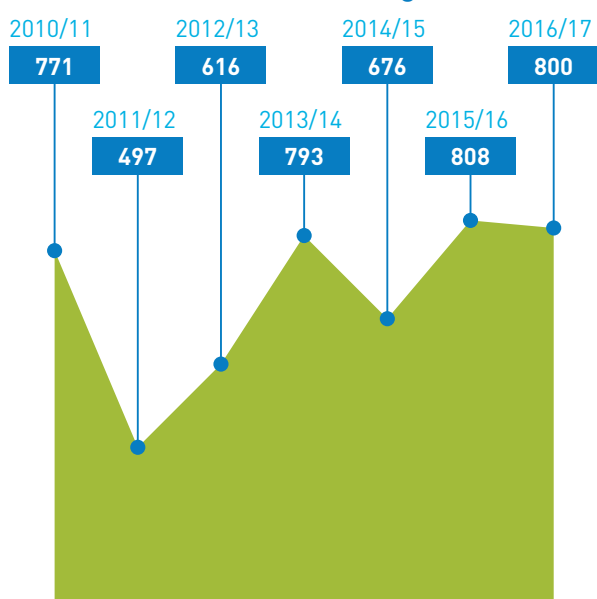
Outcome	SA	National total <sup>2</sup>	% of national total
<b>Register</b>	<b>4,519</b>	<b>59,559</b>	<b>7.6%</b>
<b>Register with conditions</b>	<b>104</b>	<b>1,505</b>	<b>6.9%</b>
<b>Register in a type other than applied for</b>	<b>10</b>	<b>117</b>	<b>8.5%</b>
<b>Register in a type other than applied for with conditions</b>	<b>15</b>	<b>130</b>	<b>11.5%</b>
<b>Refuse application</b>	<b>69</b>	<b>2,800</b>	<b>2.5%</b>
<b>Withdrawn</b>	<b>250</b>	<b>4,194</b>	<b>6.0%</b>
<b>Total 2016/17<sup>1</sup></b>	<b>4,967</b>	<b>68,305</b>	<b>7.3%</b>

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

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

## Notifications in South Australia

**Figure 2: Total notifications received by AHPRA about practitioners with a principal place of practice in SA, year by year, since the National Scheme began**



Notifications are complaints or concerns that are raised with AHPRA about registered health practitioners or students practising in Australia, excluding in NSW, where complaints are handled by the Health Professional Councils Authority (HPCA), and in Queensland, where complaints may be referred to AHPRA by the Office of the Health Ombudsman (OHO).

Tables 9-20 contain data relating to notifications about registered health practitioners with a principal place of practice (PPP) in SA. Some tables do not contain data from the HPCA in NSW, as indicated in the table headings.

Nationally, notifications received by AHPRA in 2016/17 increased by 13.9%. Notifications received about practitioners with a PPP in SA decreased by 1%, to 800 complaints, compared with 808 in the previous year. This represents 11.6% of all notifications received by AHPRA nationally.

Of the new notifications received, mandatory notifications in SA increased from 205 matters in 2015/16 to 255 matters in 2016/17. This represents 30.1% of mandatory notifications received by AHPRA nationally. See Table 9. Refer to Table 11 for the number of individual practitioners involved in mandatory notifications (noting that a practitioner may have more than one mandatory notification lodged about them in the reporting year).

There were 72 fewer open notifications in SA as at 30 June 2017 than the previous year (492, compared with 564 in 2015/16). This represents 12.3% of open matters nationally. See Table 9.

The percentage of the SA registrant base with notifications received in 2016/17 was 1.3%, which was 0.3% lower than the national percentage (1.6%).

The majority of notifications were about clinical care (315). See Table 12. Most complaints came to AHPRA directly from a patient (170) or from another practitioner (156). See Table 13.

There were 85 cases where immediate action was considered against practitioners in SA. Of those, 21 resulted in suspension of the practitioner's registration as an interim measure to protect the public while the matter was being investigated. See Table 14.

Tables 15-19 detail the outcomes of key stages in the notifications process during 2016/17. Please note that the national data in these tables do not include data for NSW because complaints in that jurisdiction are managed by the HPCA.

The majority of the 967 enquiries received about SA registrants in 2016/17 were considered to meet the criteria for a notification or statutory offence complaint (806) and an assessment commenced.

On completion of assessment of cases in 2016/17, 335 were closed and 359 were taken to a further stage. See Table 16. Refer to Table 17 for the outcomes of investigations finalised during the year.

Six cases were closed following a panel hearing and 21 were closed following a tribunal hearing. See Tables 18 and 19.

In total, 871 matters were closed in SA in 2016/17. See Table 20.

**Table 9: Notifications received or closed in 2016/17 or open at 30 June 2017, by profession (excluding HPCA)<sup>1</sup>**

Notifications	All received			Mandatory received			Closed			Open at 30 June		
	SA	National total	% of national total	SA	National total	% of national total	SA	National total	% of national total	SA	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	1	7	14.3%	1	2	50.0%	1	6	16.7%	1	2	50.0%
Chinese medicine practitioner	1	36	2.8%	0	0	0.0%	4	34	11.8%	1	16	6.3%
Chiropractor	12	103	11.7%	2	11	18.2%	9	88	10.2%	36	108	33.3%
Dental practitioner	51	526	9.7%	3	21	14.3%	82	485	16.9%	19	362	5.2%
Medical practitioner	393	3,617	10.9%	65	224	29.0%	382	3,557	10.7%	223	1,905	11.7%
Medical radiation practitioner	1	23	4.3%	1	6	16.7%	3	29	10.3%	4	17	23.5%
Midwife	9	75	12.0%	7	17	41.2%	13	86	15.1%	5	65	7.7%
Nurse	240	1,568	15.3%	155	471	32.9%	284	1,473	19.3%	153	992	15.4%
Occupational therapist	7	37	18.9%	3	4	75.0%	5	39	12.8%	3	17	17.6%
Optometrist	4	33	12.1%	0	1	0.0%	4	27	14.8%	3	17	17.6%
Osteopath	1	14	7.1%	0	0	0.0%	1	13	7.7%	0	8	0.0%
Pharmacist	31	373	8.3%	9	51	17.6%	28	355	7.9%	21	202	10.4%
Physiotherapist	14	80	17.5%	5	8	62.5%	15	83	18.1%	6	46	13.0%
Podiatrist	6	42	14.3%	1	4	25.0%	8	47	17.0%	0	17	0.0%
Psychologist	29	360	8.1%	3	27	11.1%	32	344	9.3%	17	241	7.1%
Not identified <sup>2</sup>	0	4	0.0%	0	0	0.0%	0	3	0.0%	0	1	0.0%
<b>Total 2016/17</b>	<b>800</b>	<b>6,898</b>	<b>11.6%</b>	<b>255</b>	<b>847</b>	<b>30.1%</b>	<b>871</b>	<b>6,669</b>	<b>13.1%</b>	<b>492</b>	<b>4,016</b>	<b>12.3%</b>
<b>Total 2015/16</b>	<b>808</b>	<b>6,056</b>	<b>13.3%</b>	<b>205</b>	<b>641</b>	<b>32.0%</b>	<b>687</b>	<b>5,227</b>	<b>13.1%</b>	<b>564</b>	<b>3,787</b>	<b>14.9%</b>

**Table 10: Percentage of registrant base with notifications received in 2016/17, by profession<sup>3</sup>**

Profession	SA	National total
Aboriginal and Torres Strait Islander Health Practitioner	2.2%	1.2%
Chinese medicine practitioner	0.5%	1.2%
Chiropractor	2.2%	3.1%
Dental practitioner	2.4%	3.8%
Medical practitioner	4.4%	5.1%
Medical radiation practitioner	0.1%	0.3%
Midwife <sup>4</sup>	0.3%	0.3%
Nurse <sup>5</sup>	0.7%	0.6%
Occupational therapist	0.5%	0.3%
Optometrist	1.0%	1.1%
Osteopath	2.6%	1.1%
Pharmacist	1.6%	1.8%
Physiotherapist	0.5%	0.4%
Podiatrist	1.1%	1.3%
Psychologist	1.7%	1.6%
<b>Total 2016/17</b>	<b>1.3%</b>	<b>1.6%</b>
<b>Total 2015/16</b>	<b>1.5%</b>	<b>1.5%</b>

1 All national totals include notifications managed by AHPRA only (excludes data from the HPCA in NSW).

2 Profession of registrant is not always identifiable in the early stages of a notification.

3 Percentages for each state and profession are based on registrants whose profession has been identified and whose principal place of practice is an Australian state or territory. Notifications where the profession of the registrant has not been identified and registrants whose principal place of practice is not in Australia are only represented in the state and profession totals above.

4 The registrant base used for midwives includes registrants with midwifery or with nursing and midwifery registration.

5 The registrant base for nurses includes registrants with nursing registration or with nursing and midwifery registration.



**Table 11: SA registrants involved in mandatory notifications**

Practitioners	SA	National total
Number of practitioners <sup>1</sup> 2016/17	223	1,023
Rate/10,000 practitioners <sup>2</sup> 2016/17	41.4	15.1
Number of practitioners <sup>1</sup> 2015/16	196	920
Rate/10,000 practitioners <sup>2</sup> 2015/16	36.9	14.0

**Table 12: Issues in notifications received in 2016/17**

Issue	SA	National total	% of national total
Behaviour	44	257	17.1%
Billing	9	70	12.9%
Boundary violation	34	248	13.7%
Clinical care	315	2,950	10.7%
Communication	63	496	12.7%
Confidentiality	30	159	18.9%
Conflict of interest	0	15	0.0%
Discrimination	0	6	0.0%
Documentation	42	272	15.4%
Health impairment	75	581	12.9%
Infection/hygiene	7	71	9.9%
Informed consent	6	54	11.1%
Medico-legal conduct	1	64	1.6%
National Law breach	8	178	4.5%
National Law offence	6	45	13.3%
Offence	17	214	7.9%
Offence by student	0	3	0.0%
Other	18	282	6.4%
Pharmacy/medication	96	821	11.7%
Professional conduct	0	3	0.0%
Research/teaching/assessment	0	3	0.0%
Response to adverse event	2	22	9.1%
Teamwork/supervision	12	47	25.5%
Treatment	0	1	0.0%
Not recorded	15	36	41.7%
<b>Total</b>	<b>800</b>	<b>6,898</b>	<b>11.6%</b>

**Table 13: Source of notifications received in 2016/17**

Source	SA	National total (excluding HPCA) <sup>3</sup>	% of national total (excluding HPCA)
Anonymous	11	141	7.8%
Drugs and poisons	2	20	10.0%
Education provider	2	26	7.7%
Employer	114	585	19.5%
Government department	12	169	7.1%
Health complaints entity	119	438	27.2%
Health advisory service	0	34	0.0%
Hospital	0	123	0.0%
HPCA/HCCC	0	1	0.0%
Insurance company	0	9	0.0%
Lawyer	2	44	4.5%
Medicare	0	3	0.0%
Member of the public	22	318	6.9%
Ombudsman	1	82	1.2%
Other Board	4	46	8.7%
Other practitioner	156	879	17.7%
Own motion	42	291	14.4%
Patient	170	2,406	7.1%
Police	10	56	17.9%
Relative	66	748	8.8%
Self	11	186	5.9%
Treating practitioner	25	57	43.9%
Unclassified	31	236	13.1%
<b>Total</b>	<b>800</b>	<b>6,898</b>	<b>11.6%</b>

1 Figures present the number of practitioners involved in the mandatory reports received.

2 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 national total rate.

3 The national total excludes Health Professional Councils Authority (HPCA) data as the categorisation of 'Source' differs between the HPCA and AHPRA.

**Table 14: Immediate action cases about notifications received in 2016/17 (excluding HPCA)**

Outcome	SA	National total	% of national total
Not take immediate action	22	76	28.9%
Accept undertaking	21	69	30.4%
Impose conditions	14	147	9.5%
Accept surrender of registration	0	1	0.0%
Suspend registration	21	103	20.4%
Decision pending	7	23	30.4%
<b>Total</b>	<b>85</b>	<b>419</b>	<b>20.3%</b>

**Table 15: Outcomes of enquiries received in 2016/17 (excluding HPCA)**

Outcome	SA	National total	% of national total
Moved to notification, complaint or offence	806	7,275	11.1%
Closed at lodgement	92	1,233	7.5%
Yet to be determined	69	1,497	4.6%
<b>Total</b>	<b>967</b>	<b>10,005</b>	<b>9.7%</b>

**Table 16: Outcomes of assessments finalised in 2016/17**

Outcome	SA	National total (excluding HPCA)	% of national total
<b>Outcome of decisions to take the notification further</b>			
Investigation	347	2,159	16.1%
Health or performance assessment	5	228	2.2%
Panel hearing	0	11	0.0%
Other stage	7	88	8.0%
<b>Total</b>	<b>359</b>	<b>2,486</b>	<b>14.4%</b>
<b>Outcome of notifications closed following assessment</b>			
No further action <sup>1</sup>	290	3,111	9.3%
Health complaints entity to retain	18	148	12.2%
Refer all or part of the notification to another body	1	29	3.4%
Dealt with as enquiry	0	10	0.0%
Caution	17	485	3.5%
Accept undertaking	2	44	4.5%
Impose conditions	7	200	3.5%
<b>Total</b>	<b>335</b>	<b>4,027</b>	<b>8.3%</b>

**Table 17: Outcomes of investigations finalised in 2016/17**

Outcome	SA	National total (excluding HPCA)	% of national total
<b>Outcome of decisions to take the notification further</b>			
Assessment	0	7	0.0%
Health or performance assessment	65	152	42.8%
Panel hearing	4	61	6.6%
Tribunal hearing	35	153	22.9%
Other stage	1	3	33.3%
<b>Total</b>	<b>105</b>	<b>376</b>	<b>27.9%</b>
<b>Outcome of notifications closed following investigation</b>			
No further action <sup>1</sup>	267	1,170	22.8%
Refer all or part of the notification to another body	3	25	12.0%
Caution	96	400	24.0%
Accept undertaking	32	64	50.0%
Impose conditions	66	261	25.3%
<b>Total</b>	<b>464</b>	<b>1,920</b>	<b>24.2%</b>

**Table 18: Outcomes of panel hearings finalised in 2016/17**

Outcome	SA	National total (excluding HPCA)	% of national total
No further action <sup>1</sup>	1	11	9.1%
Caution	0	28	0.0%
Reprimand	1	5	20.0%
Impose conditions	2	26	7.7%
Suspend registration	2	2	100.0%
<b>Total</b>	<b>6</b>	<b>72</b>	<b>8.3%</b>

<sup>1</sup> No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public.

**Table 19: Outcomes of matters referred to tribunal finalised in 2016/17**

Outcome	SA	National total [excluding HPCA]	% of national total
No further action <sup>1</sup>	1	15	6.7%
Caution	0	3	0.0%
Reprimand	1	16	6.3%
Fine registrant	2	11	18.2%
Accept undertaking	1	3	33.3%
Impose conditions	7	60	11.7%
Practitioner surrenders registration	1	1	100.0%
Suspend registration	7	27	25.9%
Cancel registration	1	34	2.9%
Not permitted to reapply for registration for 12 months or more	0	3	0.0%
<b>Total</b>	<b>21</b>	<b>173</b>	<b>12.1%</b>

**Table 20: Notifications closed in SA in 2016/17, by profession and stage at closure**

Profession	Assessment	Investigation	Health or performance assessment	Panel hearing	Tribunal hearing	Total 2016/17
Aboriginal and Torres Strait Islander Health Practitioner	1	0	0	0	0	1
Chinese medicine practitioner	1	3	0	0	0	4
Chiropractor	2	6	0	1	0	9
Dental practitioner	38	44	0	0	0	82
Medical practitioner	204	166	6	0	6	382
Medical radiation practitioner	0	2	1	0	0	3
Midwife	2	6	0	0	5	13
Nurse	58	181	31	5	9	284
Occupational therapist	3	2	0	0	0	5
Optometrist	2	2	0	0	0	4
Osteopath	1	0	0	0	0	1
Pharmacist	8	20	0	0	0	28
Physiotherapist	7	7	0	0	1	15
Podiatrist	4	4	0	0	0	8
Psychologist	12	20	0	0	0	32
<b>Total 2016/17</b>	<b>343</b>	<b>463</b>	<b>38</b>	<b>6</b>	<b>21</b>	<b>871</b>

<sup>1</sup> No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public.

## Monitoring and compliance

On behalf of the National Boards, AHPRA monitors health practitioners who have had 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 National Boards to manage risk to public safety.

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, or
- ▶ to make sure that any practitioner who was suspended or cancelled from the register did not practise.

The 450 active monitoring cases shown in Table 21 relate to 433 individuals with a principal place of practice in South Australia<sup>1</sup>. The majority of these cases related to nurses (192 cases). See Table 22 for the breakdown by stream.

For more information on monitoring and compliance, visit the AHPRA website at [www.ahpra.gov.au/Registration/Monitoring-and-compliance](http://www.ahpra.gov.au/Registration/Monitoring-and-compliance).

**Table 21: Active monitoring cases at 30 June 2017, by profession (excluding HPCA)**

Profession	SA	National total (excluding HPCA)	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	1	72	1.4%
Chinese medicine practitioner	42	945	4.4%
Chiropractor	7	49	14.3%
Dental practitioner	23	134	17.2%
Medical practitioner	137	1,620	8.5%
Medical radiation practitioner	8	88	9.1%
Midwife	7	155	4.5%
Nurse	192	1,553	12.4%
Occupational therapist	8	51	15.7%
Optometrist	0	15	0.0%
Osteopath	0	6	0.0%
Pharmacist	8	175	4.6%
Physiotherapist	3	64	4.7%
Podiatrist	2	14	14.3%
Psychologist	12	143	8.4%
<b>Total</b>	<b>450</b>	<b>5,084</b>	<b>8.9%</b>

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

2 Excludes cases monitored by the HPCA.

3 Includes cases to be transitioned from AHPRA to the Health Professional Councils Authority (HPCA) for Conduct, Health and Performance streams.

**Table 22: Active monitoring cases<sup>1</sup> at 30 June 2017, by stream**

Stream	SA	National total <sup>2</sup>	% of national total
Conduct <sup>3</sup>	59	356	16.6%
Health <sup>3</sup>	73	577	12.7%
Performance <sup>3</sup>	77	552	13.9%
Prohibited practitioner/student	37	256	14.5%
Suitability/eligibility	204	3,343	6.1%
<b>Total</b>	<b>450</b>	<b>5,084</b>	<b>8.9%</b>

## Statutory offence complaints

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

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

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

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

Inconsistent with the national pattern, SA received a similar number of complaints this year when compared to the previous year. In 2016/17, 52 new statutory offence complaints were made about practice in SA; there were 51 in 2015/16. SA received 2.3% of all offence complaints nationally.

There were 38 statutory offence matters closed in SA in 2016/17, which is 11 more than in 2015/16 (see Table 23). Almost all new matters in SA related to title protection or advertising concerns.

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

**Table 23: Statutory offences received and closed in SA, by profession<sup>1</sup>**

Profession	SA		National total <sup>2</sup>		% of national total	
	Received	Closed	Received	Closed	Received	Closed
Aboriginal and Torres Strait Islander Health Practitioner	2	1	3	2	66.7%	50.0%
Chinese medicine practitioner	2	1	72	38	2.8%	2.6%
Chiropractor	4	8	162	192	2.5%	4.2%
Dental practitioner	0	0	239	295	0.0%	0.0%
Medical practitioner	8	8	273	283	2.9%	2.8%
Medical radiation practitioner	0	0	4	9	0.0%	0.0%
Midwife	2	2	8	35	25.0%	5.7%
Nurse	2	2	76	80	2.6%	2.5%
Occupational therapist	0	0	9	13	0.0%	0.0%
Optometrist	0	0	23	24	0.0%	0.0%
Osteopath	4	1	252	24	1.6%	4.2%
Pharmacist	2	2	53	48	3.8%	4.2%
Physiotherapist	20	6	940	657	2.1%	0.9%
Podiatrist	0	0	20	19	0.0%	0.0%
Psychologist	6	7	116	110	5.2%	6.4%
Unknown <sup>3</sup>	0	0	47	56	0.0%	0.0%
<b>Total 2016/17<sup>4</sup></b>	<b>52</b>	<b>38</b>	<b>2,297</b>	<b>1,885</b>	<b>2.3%</b>	<b>2.0%</b>
<b>Total 2015/16<sup>4</sup></b>	<b>51</b>	<b>27</b>	<b>1,348</b>	<b>600</b>	<b>3.8%</b>	<b>4.5%</b>

## Launch of an advertising compliance and enforcement strategy

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

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

complaints under the strategy. In applying the risk threshold, 1,390 advertising offence complaints across all professions nationally were transitioned to this team for ongoing management.

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

For more information about advertising and the National Law, see [www.ahpra.gov.au/Publications/Advertising-resources](http://www.ahpra.gov.au/Publications/Advertising-resources).

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

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

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

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











## Key data for 2016/17: A national view

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

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

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

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

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

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

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

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

### Download the report

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

### Useful links

**Register of practitioners:** [www.ahpra.gov.au/registration/register-of-practitioners](http://www.ahpra.gov.au/registration/register-of-practitioners)

**Complaints portal:** [www.ahpra.gov.au/About-AHPRA/Complaints](http://www.ahpra.gov.au/About-AHPRA/Complaints)

**Court and tribunal outcomes:** [www.ahpra.gov.au/Publications/Tribunal-Decisions](http://www.ahpra.gov.au/Publications/Tribunal-Decisions)

**National restrictions library:** [www.ahpra.gov.au/Registration/Monitoring-and-compliance/National-Restrictions-Library](http://www.ahpra.gov.au/Registration/Monitoring-and-compliance/National-Restrictions-Library)

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Via the online enquiry form at the AHPRA website at [www.ahpra.gov.au/About-AHPRA/Contact-Us/Make-an-Enquiry](http://www.ahpra.gov.au/About-AHPRA/Contact-Us/Make-an-Enquiry)

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