

LOCAL DECISIONS – NATIONAL SCHEME

Registering health practitioners
in New South Wales:

ANNUAL REPORT SUMMARY 2013/14

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

Registering health practitioners in New South Wales

This year, for the first time, we offer this snapshot of our work registering nearly 11,000 health practitioners in New South Wales (NSW).

This short report complements the more detailed, national profile included in the 2013/14 annual report of AHPRA and the National Boards.



On 30 June 2014, there were **181,025** registered health practitioners in NSW, compared to 160,545 in 2012

16,519
people applied for registration as a health practitioner in NSW in 2014, including changes of registration type

On 30 June 2014, there were **100,440** nurses and midwives, **31,269** medical practitioners, **10,575** psychologists, **8,769** pharmacists and **6,361** dental practitioners in NSW

There are **504** dental and **19,244** medical specialists in NSW

74% of registered health practitioners in NSW are women



12 practitioners in NSW had their registration limited in some way or their application refused after a criminal history check

About the National Scheme

Who

The National Registration and Accreditation Scheme (the National Scheme) regulates more than 619,000 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. NSW is a co-regulatory jurisdiction, where the National Boards and AHPRA work with the Health Professional Councils Authority (HPCA) and the Health Care Complaints Commission (HCCC), which manage complaints.

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

What

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

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

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

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

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

When

The National Scheme started in July 2010. Since then, there has been an increase in the number of registered practitioners, from 530,115 in June 2011 to 619,509 on 30 June 2014 (including four new professions entering the scheme in 2012).

Where

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

Why

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

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Foreword from the AHPRA Chair and CEO

One in every 20 working Australians is a registered health practitioner – or 181,025 of all 7,465,500 people in NSW. All of us are patients from time to time. Directly or indirectly, regulation of health practitioners matters to all of us.

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

The National Scheme anchors local decision-making to a national policy and standards framework. It provides robust public protection, economies of scale, and consistent standards that practitioners must meet. The scheme makes it clear what members of the community can expect from the people who provide their healthcare.

NSW is a co-regulatory jurisdiction, which means that all complaints about registered health practitioners are managed by the health profession councils (supported by the Health Professional Councils Authority (HPCA), and the Health Care Complaints Commission (HCCC)).

Applications for registration in NSW are managed by the NSW AHPRA office. The decision-makers – who are board or committee members – are appointed by the state health minister (for state boards), are based in NSW and are making most decisions about local practitioners. With our co-regulatory partners in NSW and the local civil and administrative tribunal, AHPRA and the National Boards work hard to keep the NSW public safe.

More about the work of the NSW AHRA office during the year, along with state-specific data, is detailed in this report.

Performance

This year, the priority focus in NSW has been on streamlining and improving the timeliness of our management of registration applications, establishing AHPRA's national audit function and implementing a new approach to the assessment of applications for registration from internationally qualified nurses and midwives.

The national standards and robust public protections that are a cornerstone of the National Scheme were made possible when governments across Australia led a world-first reform in health practitioner regulation. We recognise and value the ongoing support of the Minister and his department,

stakeholders within the professions, the wider health sector and the community. Building understanding and confidence in our work is an important element of our trustworthiness.

Improved community engagement has been a particular focus during the past year. Our Community Reference Group continues to add value and insight into our work with notifiers and health consumers more generally.

We look forward to continuing to work in partnership with National Boards and their state boards and committees and our co-regulatory partners to serve the community of NSW.



Michael Gorton AM, AHPRA Chair



Martin Fletcher, AHPRA CEO

Foreword from AHPRA NSW State Managers, Kym Ayscough and Peter Freeman

It's been a year of significant achievement and action in the NSW AHPRA office. The model of national regulation is different in NSW and the NSW AHPRA office works in strong partnership with our co-regulatory partners, the HCCC and the HPCA.

AHPRA and the National Boards have developed a nationally consistent approach to auditing health practitioners' compliance with mandatory registration standards. Audits are an important part of the way National Boards and AHPRA can better protect the public. They help to ensure that practitioners are meeting the mandatory registration standards set by Boards and provide important assurance to the community and the Boards that they are safe to practise their profession.

The NSW AHPRA office hosts the national practitioner audit team. During 2013/14, the team has completed or started audits for each of the 14 National Boards. The audits were conducted with statistically significant sample sizes. The results revealed compliance rates of between 84% and 93% for the professions that participated in the pilot audits. Information about practitioner audits is detailed on page 118 of the 2013/14 annual report of AHPRA and the National Boards.

Working with our stakeholders

During the year we have been in regular contact with our co-regulatory partners. Notifications in NSW are handled by the HCCC and the NSW health professional councils, supported by the HPCA. We meet regularly with the HPCA to develop consistent processes in the NSW co-regulatory framework.

We have also been in regular touch with many of our important stakeholders, listening to their ideas for ways we can improve, making opportunities to respond to feedback and talking about the National Scheme. This year, we held meetings with our local professional associations, spoke regularly with the NSW branch of the Australian Medical Association (AMA), the Nursing and Midwifery Office of the Ministry of Health, and made numerous presentations to education providers to raise student awareness and understanding of the importance of regulation to their professional lives. Each year, AHPRA NSW is invited to attend the Rural Doctors' Network-hosted forum to provide an update on registration matters. The NSW team has also made itself available to respond to requests from a range of organisations seeking information about the National Scheme, including presenting to Private Healthcare Australia.

We have supported National Board stakeholder forums for occupational therapists, nurses and midwives, chiropractors, medical radiation practitioners and psychologists. These have provided very helpful opportunities for National Boards to engage directly with practitioners and listen to their concerns, while enabling AHPRA and the Boards to update practitioners about some of the important issues in regulating health practitioners in Australia.

Our work with the community will be a priority focus in 2015. More widely through our national stakeholder engagement program, we have ventured into social media initially by joining Twitter, expanded our options to participate in National Board consultations and are planning future work with non-English speaking communities. We continue to benefit from advice and challenge from our Community Reference Group and distribute information about the National Scheme with our online community of interest. This group has grown from the initial community briefings we held around Australia in 2012/13 and includes members from NSW.

Local office, national contribution

The day-to-day business of most of the team in the NSW office is to manage registrations, including new applications for registration or changes in registration type, providing the national audit function and supporting our local boards and committees.

The NSW office is also the central national assessment and processing centre for applications for registration from internationally qualified nurses and midwives. This is a great example of our local contribution to the National Scheme. It demonstrates how we are maturing as an organisation, as increasingly we harness specialist skills in key areas and apply them nationally.

On 1 July 2014, the Medical Board of Australia made changes to the competent authority pathway and the specialist pathway for international medical graduates (IMGs). The changes are designed to simplify and streamline the process for IMGs and they address many of the recommendations made in the House of Representative's *Lost in the Labyrinth – Report on the inquiry into registration processes and support for overseas trained doctors*.

AHPRA NSW led national work to implement these changes. This included working closely with departments of health across Australia, recruiters and other agencies involved in employing and recruiting IMGs to positions in Australia. The NSW team has

also been involved in a number of national projects that improve the registration processes for health practitioners, on behalf of National Boards, such as conducting writing workshops with community and hospital pharmacists to contribute to the national question bank of the Pharmacy Board registration examination.

AHPRA's new senior leadership team is also decentralised, with members based around Australia. Kym Ayscough, formerly the NSW State Manager, was appointed AHPRA's Executive Director, Regulatory Operations on 1 July 2014 and is based in the NSW office.



Kym Ayscough, AHPRA NSW State Manager to 30 June 2014; since 1 July 2014, AHPRA's Executive Director, Regulatory Operations, based in the NSW office



Peter Freeman, NSW Acting State Manager, AHPRA (since 1 July 2014)

PART 1:

Decision-making in NSW: Board and committee reports

NSW Registration Committee, Dental Board of Australia: Chair's message

The main focus of the NSW Registration Committee of the Dental Board of Australia in 2014 was on managing risk to patients. We did this by assessing the most complex applications for registration, often from overseas-trained practitioners.

Data showing the work of the local committee are detailed in this report. More comprehensive information about the work of the Dental Board of Australia nationally is included in the 2013/14 annual report of AHPRA and the National Boards. I commend it to you.

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

The NSW committee has also worked closely with AHPRA and our co-regulatory partner, the Dental Council of New South Wales, to ensure our regulatory decision-making in relation to the registration of dental practitioners ensures community confidence in dental practitioners.

The local committee provides important feedback to the National Board on its standards and policies. As Chair of the local committee, I attended a number of National Board meetings throughout the year. These meetings create opportunities to discuss how the National Board policies influence our local decision-making. The opportunities to engage with the National Board continue to grow to support the national policy framework.

Along with the National Board and its committees, the core priority for the year ahead for the NSW committee is to implement the regulatory principles. As Chair, I am also looking forward to participating in the National Board's biennial dental conference to be held in May 2015, where all committee members have a chance to discuss, reflect and learn to improve the quality of our decisions.

Working with our stakeholders has been a main priority during the year. With Kym Ayscough, the former NSW State Manager, we have engaged with education providers and I have spoken to Australian Dental Council examination candidates about jurisprudence and the role and functions of the Dental Board of Australia. The NSW Registration Committee

acknowledges the importance of stakeholder engagement and its contribution to the National Scheme.

I would also like to take this opportunity to congratulate Kym Ayscough on her appointment as Executive Director, Regulatory Operations at AHPRA.

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



Dr John Highfield, Chair, NSW Registration Committee, Dental Board of Australia



Dr John Lockwood AM, Chair, Dental Board of Australia

Members of the NSW Registration Committee

Dr John Highfield (Chair)

Associate Professor John Dale

Mr Michael Miceli

Dr Anthony Burges

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

It has been a year of considerable progress for the NSW Board of the Medical Board of Australia.

The principal regulatory activity of the NSW Board is to register medical practitioners, with reference to the national standards and policies set by the Medical Board of Australia. In effect, the NSW Board is making decisions about local practitioners within a national framework, supported by a local AHPRA office.

In working through the complexity of registration applications, the guiding principle is always to ensure public safety. During the year, the NSW Board worked with AHPRA and our co-regulatory partner, the Medical Council of NSW, to ensure we maintained public confidence in doctors who provide medical care.

Improving our relationships with our stakeholders has been another priority during the year, acknowledging their importance to the smooth functioning of the National Scheme. Kym Ayscough (as former AHPRA NSW State Manager) has been pivotal in this work, supported by other senior staff in AHPRA NSW. We continue to engage with other important local stakeholders including the NSW Ministry of Health, local health districts and hospitals, professional organisations including the NSW branch of the AMA, and the Health Education and Training Institute.

I thank my colleagues on the NSW Board and the members of the NSW Registration Committee for their energy and commitment to the people of NSW during the year. When preparing this message, formal appointments to the NSW Board, beyond 1 July 2014, were being finalised by the Minister. However, Dr Denis Smith, current Chair of the NSW Registration Committee, did not seek reappointment to the NSW Board after 30 June 2014. I would like to take this opportunity to thank Denis for his enormous contribution, over many, many years, to both the National Scheme and to the former NSW Medical Board. His experience and guidance will be sorely missed. We also extend our best wishes to Kym Ayscough in her new role as AHPRA's Executive Director, Regulatory Operations (from 1 July 2014).

This NSW report provides a summary of regulation at work in NSW over the last year. It complements the comprehensive, profession-specific information published in the annual report of AHPRA and the National Boards for 2013/14.



Dr Gregory Kesby, Chair, NSW Board of the Medical Board of Australia



Dr Joanna Flynn AM, Chair, Medical Board of Australia

Members of the NSW Board

Dr Gregory Kesby (Chair)

Dr Stephen Adelstein

Mr Antony Carpentieri

Dr Annette Caruthers

Ms Rosemary Kusuma

Dr Denis Smith

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

In 2014, the NSW Board of the Nursing and Midwifery Board of Australia continued to focus on public safety as we made decisions about individual nurses and midwives. The decisions we make in NSW are guided by the national standards and policies set by the Nursing and Midwifery Board of Australia (National Board) and by the principles for assessing applications for registration, which were recently developed jointly by the National Board and state and territory boards. These policies and regulatory guidelines inform the decisions we make in NSW about local practitioners, supported by AHPRA's NSW office.

During the year, the NSW Board has worked closely with our colleagues on the National Board and on other state and territory boards, through monthly state and territory teleconferences of board chairs, workshops on nursing and midwifery regulation, and developing principles for assessing applications for registration.

The NSW Board has also worked with AHPRA and our co-regulatory partner, the Nursing and Midwifery Council of New South Wales, to ensure our regulatory decision-making about the registration of nurses and midwives protects the public and continues to build community confidence in nurses and midwives.

These important partnerships will continue, and support a nationally consistent approach to managing and making decisions about registration issues for nurses and midwives. I am looking forward to participating in the inaugural Nursing and Midwifery Board conference to be held in November 2014.

Our work with stakeholders has been another priority during the year. The National Board held its meeting in Sydney in February 2014, which coincided with a well-attended stakeholder forum. This helped us meet and speak with our colleagues in other sectors who are interested in the important work of regulating nurses and midwives. With Kym Ayscough, the former NSW State Manager, we have engaged with the Nursing and Midwifery Office of the NSW Ministry of Health, and with nursing and midwifery education providers in NSW.

Kym Ayscough was appointed AHPRA's Executive Director, Regulatory Operations on 1 July 2014. I thank her and her team at AHPRA for their support since the start of the National Scheme. I also thank my colleagues on the NSW Board for their energy and commitment to the people of NSW during the year.

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 2013/14.



Eric Daniels, Chair, NSW Board of the Nursing and Midwifery Board of Australia



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

Members of the NSW Board

Mr Eric Daniels (Chair)

Ms Kathryn (Kate) Adams

Mr Bruce Brown

Ms Susan Hendy

Mr Steven Jeffs

Ms Betty Johnson AO

Ms Melissa Maimann

Ms Rebecca Roseby

Ms Margaret Winn (also a member of the Nursing and Midwifery Board of Australia)

Pharmacy Board of Australia: Chair's message

The Pharmacy Board of Australia (the National Board) makes decisions about the nearly 9,000 registered pharmacists in NSW. To make sure we have local knowledge informing our decisions, there are practitioner members of the Board from each state and territory and a community member from each of four states. Mr Gerard McLnerney is a practitioner member from NSW on the National Board.

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

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

Data showing the work of the Board in NSW are detailed in this report. More comprehensive information about the work of the Pharmacy Board of Australia nationally is included in the 2013/14 annual report of AHPRA and the National Boards.



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

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

2014 was a very busy year for the NSW Board of the Psychology Board of Australia.

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

The NSW Board is the local face of psychology regulation in Australia, and is made up of practitioner and community members from NSW. Our decisions are guided by the national standards and policies set by the Psychology Board of Australia (the National Board). We make all the decisions about psychologists in our region, supported by the NSW AHPRA office, in a national policy framework.

The main focus of the NSW Board during the year was on public safety, as we made decisions about individual psychologists.

Along with our interstate and national colleagues, this year we reviewed the effectiveness of our current regional board structure in dealing with the day-to-day work of regulating the psychology profession. This involved analysing the consistency of decision-making across regional boards to make sure there was no unnecessary variation in outcomes, processes or policies needed to keep the public safe. We wanted to make sure we were using resources prudently, that we were communicating effectively with the National Board about serious conduct matters and making good decisions. As a result of the review, we will be maintaining a regional board structure and working with AHPRA to support consistent, robust decision-making that reflects the regulatory principles endorsed by National Boards across the National Scheme.

The NSW Board has also worked with AHPRA and our co-regulatory partner, the Psychology Council of NSW, to ensure our regulatory decision-making in relation to the registration of psychologists ensures protection of the public and community confidence in psychologists.

Another priority in the year ahead will be continuing work with the National Board to support a smooth transition to the new overseas qualifications assessment framework. In addition to local meetings and events, an important development was the meeting of all regional psychology boards with the National Board. This provided an opportunity to share and compare regional and rural resolutions

with other jurisdictions. This has complemented our regular monthly teleconference meeting of all regional chairs with the National Board chair, to discuss local problems and share solutions.

Working with our stakeholders in this region has been another feature of the year. Each year the NSW Board conducts a public forum in a regional centre in NSW to update psychologists about developments within the National Scheme. This year the forum was conducted in Orange and was well attended by local psychologists. Members of the Psychology Council of NSW also attended this forum. The NSW Board is grateful to all psychologists who support this forum.

The NSW Board congratulates Kym Ayscough on her appointment as Executive Director, Regulatory Operations. In her previous position as AHPRA NSW State Manager, Kym provided significant assistance and support to the Board. We wish her luck in her new position. The Board also thanks Simon Milton, who in the last year resigned in his position at AHPRA. Simon started with AHPRA as a Psychology Professional Officer when the National Scheme began, and supported the Board well through the early years of the scheme.

Finally I wish to thank all the current staff at AHPRA, and to thank my colleagues on the NSW Board for their energy and commitment to the people of NSW during the year.

Members of the NSW Regional Board

Associate Professor Michael Kiernan (Chair)

Ms Trisha Cashmere

Ms Margo Gill

Mr Timothy Hewitt

Mr Robert Horton

Ms Wendy McCartney

Dr Ann Wignall

Ms Soo See Yeo



Associate Professor Michael Kiernan,
Chair, NSW Board, Psychology Board
of Australia



Professor Brin Grenyer, Chair,
Psychology Board of Australia

National Boards and committees making local decisions

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

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

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

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

to any state or territory-specific issues for their professions.

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

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

For more information about the work of National Boards during the year, read the 2013/14 annual report of AHPRA and the National Boards.

The National Board Chairs



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



Professor Charlie Xue
Chair, Chinese Medicine Board of Australia



Dr Phillip Donato OAM
Chair, Chiropractic Board of Australia



Mr Neil Hicks
Chair, Medical Radiation Practice Board of Australia



Dr Mary Russell
Chair, Occupational Therapy Board of Australia



Mr Colin Waldron
Chair, Optometry Board of Australia



Dr Robert Fendall
Chair, Osteopathy Board of Australia



Mr Paul Shinkfield
Chair, Physiotherapy Board of Australia



Ms Catherine Loughry
Chair, Podiatry Board of Australia

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PART 2: The National Scheme at work in NSW

NSW data snapshot: registration

Background

These data are drawn from the 2013/14 annual report of AHPRA and the National Boards. It looks at national data through a NSW local lens, to tell more about our work in this state in registering practitioners to keep the public safe.

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

We provide national comparisons, to see how NSW compares to the national average, and so that the relativity can be better seen. When possible, we provide a three-year history of data, so we can identify and track emerging trends over time. We also include a breakdown of data by profession in some cases.

Information about notifications and outcomes can be sourced from the HPCA.

More comprehensive data are published in the 2013/14 annual report of AHPRA and the National Boards, which also includes more comprehensive profession specific information.

Registration in NSW

Tables 1–6 provide details of registered practitioners in NSW. On 30 June 2014, there were 181,025 registered practitioners in NSW, representing 29.2% of the practitioners registered nationally. This proportion has varied little across the last three years. The proportion of each profession based in NSW varies by profession. NSW has 40.7% of the all Chinese medicine practitioners nationally, and 10.5% of all Aboriginal and Torres Strait Islander health practitioners.

Considered by registration type (Table 2), the proportion of registrants in NSW varies considerably. There are several larger groups within professions where the proportion of NSW-based practitioners is relatively high. This includes dental practitioners with limited registration (38.3% of the national total), medical radiation practitioners with provisional registration (57.1% of the national total) and nurses (41.9%) and nurses/midwives (56.3%) with non-practising registration.

Dental and medical practitioners with specialties have a slightly higher representation in NSW than the overall 29.2% of practitioners: 30.2% of Australia's dental practitioners with specialties are in NSW and

31.5% of medical practitioners with specialties are in NSW. There are five podiatric surgeons in NSW, which is 18.5% of the national total (see Table 6 for details).

Details of registration applications received in 2013/14 – including first-time applications and changes in registration – are provided in Table 7. Of all the applications received nationally, 28.1% were received in NSW. The NSW proportion of the national total of applications received has declined each year. The 2011/12 figures were inflated by the influx of applications associated with the introduction of four professions to the National Scheme.

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

Profession	NSW	National Total ⁵	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner ²	36	343	10.5%
Chinese Medicine Practitioner ²	1,737	4,271	40.7%
Chiropractor	1,619	4,845	33.4%
Dental Practitioner	6,361	20,707	30.7%
Medical Practitioner	31,269	99,379	31.5%
Medical Radiation Practitioner ²	4,812	14,387	33.4%
Midwife	699	3,230	21.6%
Nurse	89,946	327,388	27.5%
Nurse and Midwife ³	9,795	31,832	30.8%
Occupational Therapist ²	4,592	16,223	28.3%
Optometrist	1,632	4,788	34.1%
Osteopath	529	1,865	28.4%
Pharmacist	8,769	28,282	31.0%
Physiotherapist	7,578	26,123	29.0%
Podiatrist	1,076	4,129	26.1%
Psychologist	10,575	31,717	33.3%
Total 2013-14	181,025	619,509	29.2%
Total 2012-13²	172,556	592,470	29.1%
Total 2011-12	160,545	548,528	29.3%
Population as a proportion of national population⁴	7,465,500	23,319,400	32.0%

Notes:

1. Data are based on registered practitioners as at 30 June 2014
2. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.
3. Practitioners who hold dual registration as both a nurse and a midwife.
4. Based on ABS Demographics Statistics as at 30 December 2013.
5. National total also includes registrants who have no specified principal place of practice.

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

Profession	NSW	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner	36	343	10.5%
General	36	343	10.5%
Chinese Medicine Practitioner	1,737	4,271	41%
General	1,721	4,149	41.5%
Non-practising	16	122	13.1%
Chiropractor	1,619	4,845	33.4%
General	1,554	4,577	34.0%
Non-practising	65	268	24.3%
Dental Practitioner	6,361	20,707	30.7%
General	5,634	18,320	30.8%
General and Specialist	469	1,586	29.6%
Limited	124	324	38.3%
Non-practising	125	446	28.0%
Specialist	6	27	22.2%
General and Limited ¹	3	4	75.0%
Medical Practitioner	31,269	99,379	31.5%
General	10,499	32,389	32.4%
General (Teaching and Assessing)	10	34	29.4%
General (Teaching and Assessing) and Specialist	1	2	50.0%
General and Specialist	15,927	48,118	33.1%
Limited	1,279	4,347	29.4%
Limited (Public Interest - Occasional Practice)	19	399	4.8%
Non-practising	669	2,477	27.0%
Provisional	1,113	3,846	28.9%
Specialist	1,752	7,767	22.6%
Medical Radiation Practitioner	4,812	14,387	33.4%
General	4,381	13,500	32.5%
Limited	1	3	33.3%
Non-practising	38	197	19.3%
Provisional	392	687	57.1%
Midwife	699	3,230	21.6%
General	682	3,173	21.5%
Non-practising	17	57	29.8%
Nurse	89,946	327,388	27.5%
General	88,223	323,284	27.3%
General and Non-practising ²	7	13	53.8%
Non-practising	1,716	4,091	41.9%
Nurse and Midwife	9,795	31,832	30.8%
General	8,776	30,111	29.1%
General and Non-practising ³	682	1,122	60.8%
Non-practising	337	599	56.3%

Profession	NSW	National Total	% of National Total
Occupational Therapist	4,592	16,223	28.3%
General	4,446	15,599	28.5%
Limited	34	115	29.6%
Non-practising	102	471	21.7%
Provisional	10	38	26.3%
Optometrist	1,632	4,788	34.1%
General	1,592	4,654	34.2%
Limited	3	3	100.0%
Non-practising	37	131	28.2%
Osteopath	529	1,865	28.4%
General	511	1,791	28.5%
Non-practising	18	73	24.7%
Provisional ⁴		1	
Pharmacist	8,769	28,282	31.0%
General	7,868	25,455	30.9%
Limited	5	17	29.4%
Non-practising	258	964	26.8%
Provisional	638	1,846	34.6%
Physiotherapist	7,578	26,123	29.0%
General	7,298	25,093	29.1%
Limited	47	264	17.8%
Non-practising	233	766	30.4%
Podiatrist	1,076	4,129	26.1%
General	1,057	4,017	26.3%
General and Specialist	5	27	18.5%
Non-practising	14	85	16.5%
Psychologist	10,575	31,717	33.3%
General	8,905	26,219	34.0%
Non-practising	499	1,390	35.9%
Provisional	1,171	4,108	28.5%
Total	181,025	619,509	29.2%

Notes:

1. Practitioners holding general or specialist registration and limited/provisional registration for a registration subtype or division within the same profession.
2. Practitioners holding general registration in one division and non-practising registration in another division.
3. Practitioners holding general registration in one profession and non-practising registration in the other profession.
4. Osteopathy Board has introduced a category of provisional registration in 2013-14.

continued overleaf

Table 3: Registered practitioners with NSW as principal place of practice, by profession and endorsement or notation

Profession	NSW	National Total	% of National Total
Chiropractor		33	
Acupuncture		33	
Dental Practitioner	44	86	51.2%
Conscious Sedation	44	86	51.2%
Medical Practitioner	72	412	17.5%
Acupuncture	72	412	17.5%
Nurse ¹	286	1,975	14.5%
Nurse Practitioner	255	1,087	23.5%
Scheduled Medicines	31	888	3.5%
Midwife ¹	74	364	20.3%
Eligible Midwife ²	47	247	19.0%
Midwife Practitioner	1	1	100.0%
Scheduled Medicines	26	116	22.4%
Optometrist	387	1,753	22.1%
Scheduled Medicines	387	1,753	22.1%
Osteopath		2	
Acupuncture		2	
Physiotherapist		9	
Acupuncture		9	
Podiatrist	4	64	6.3%
Scheduled Medicines	4	64	6.3%
Psychologist	2,835	9,221	30.7%
Area of Practice	2,835	9,221	30.7%
Total	3,702	13,919	26.6%

Notes:

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

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

Profession	NSW	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner ¹	36	343	10.5%
Female	25	251	10.0%
Male	11	92	12.0%
Chinese Medicine Practitioner ¹	1,737	4,271	40.7%
Female	907	2,279	39.8%
Male	830	1,992	41.7%
Chiropractor	1,619	4,845	33.4%
Female	586	1,799	32.6%

Profession	NSW	National Total	% of National Total
Male	1,033	3,046	33.9%
Dental Practitioner	6,361	20,707	30.7%
Female	2,804	9,932	28.2%
Male	3,557	10,775	33.0%
Medical Practitioner	31,269	99,379	31.5%
Female	12,498	39,963	31.3%
Male	18,771	59,416	31.6%
Medical Radiation Practitioner	4,812	14,387	33.4%
Female	3,196	9,694	33.0%
Male	1,616	4,693	34.4%
Midwife	699	3,230	21.6%
Female	695	3,219	21.6%
Male	4	11	36.4%
Nurse	89,946	327,388	27.5%
Female	78,463	290,178	27.0%
Male	11,483	37,210	30.9%
Nurse and Midwife	9,795	31,832	30.8%
Female	9,595	31,242	30.7%
Male	200	590	33.9%
Occupational Therapist	4,592	16,223	28.3%
Female	4,203	14,872	28.3%
Male	389	1,351	28.8%
Optometrist	1,632	4,788	34.1%
Female	869	2,404	36.1%
Male	763	2,384	32.0%
Osteopath	529	1,865	28.4%
Female	220	986	22.3%
Male	309	879	35.2%
Pharmacist	8,769	28,282	31.0%
Female	5,240	17,015	30.8%
Male	3,529	11,267	31.3%
Physiotherapist	7,578	26,123	29.0%
Female	5,245	18,082	29.0%
Male	2,333	8,041	29.0%
Podiatrist	1,076	4,129	26.1%
Female	640	2,515	25.4%
Male	436	1,614	27.0%
Psychologist	10,575	31,717	33.3%
Female	8,290	24,996	33.2%
Male	2,285	6,721	34.0%
Total	181,025	619,509	29.2%

continued overleaf

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

Profession	NSW	National Total	% of National Total
Chinese Medicine Practitioner	1,737	4,271	40.7%
Acupuncturist	415	1,630	25.5%
Acupuncturist and Chinese Herbal Dispenser ¹	1	5	20.0%
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹	365	503	72.6%
Acupuncturist and Chinese Herbal Medicine Practitioner ¹	888	2,019	44.0%
Chinese Herbal Dispenser	34	41	82.9%
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹	11	14	78.6%
Chinese Herbal Medicine Practitioner	23	59	39.0%
Dental Practitioner	6,361	20,707	30.7%
Dental Hygienist	375	1,298	28.9%
Dental Hygienist and Dental Prosthetist ¹	2	3	66.7%
Dental Hygienist and Dental Prosthetist and Dental Therapist ¹	1	2	50.0%
Dental Hygienist and Dental Therapist ¹	54	493	11.0%
Dental Hygienist and Oral Health Therapist ¹	1	1	100.0%
Dental Prosthetist	418	1,209	34.6%
Dental Prosthetist and Dental Therapist ¹		1	
Dental Therapist	226	1,093	20.7%
Dentist	5,029	15,638	32.2%
Dental Hygienist and Dentist ¹	3	6	50.0%
Oral Health Therapist	252	963	26.2%
Medical Radiation Practitioner	4,812	14,387	33.4%
Diagnostic Radiographer	3,688	11,103	33.2%
Diagnostic Radiographer and Nuclear Medicine Technologist ¹	1	16	6.3%
Diagnostic Radiographer and Radiation Therapist ¹		2	
Nuclear Medicine Technologist	409	1,012	40.4%
Radiation Therapist	714	2,254	31.7%
Nurse	89,946	327,388	27.5%
Enrolled Nurse	13,630	61,301	22.2%
Enrolled Nurse and Registered Nurse ¹	1,074	5,022	21.4%
Registered Nurse	75,242	261,065	28.8%
Nurse and Midwife	9,795	31,832	30.8%
Enrolled Nurse and Midwife ¹	5	55	9.1%
Enrolled Nurse and Registered Nurse and Midwife ¹	8	54	14.8%
Registered Nurse and Midwife ¹	9,782	31,723	30.8%
Total	112,651	398,585	28.3%

Notes:

1. Practitioners who hold dual or multiple registration.

Table 6: Health practitioners with specialties at 30 June 2014 ¹

Profession	NSW	National Total	% of National Total
Dental Practitioner	504	1,667	30.2%
Dento-maxillofacial radiology		11	
Endodontics	41	154	26.6%
Forensic odontology	6	27	22.2%
Oral and maxillofacial surgery	53	201	26.4%
Oral medicine	8	36	22.2%
Oral pathology	7	25	28.0%
Oral surgery	39	48	81.3%
Orthodontics	186	597	31.2%
Paediatric dentistry	36	114	31.6%
Periodontics	57	214	26.6%
Prosthodontics	65	207	31.4%
Public health dentistry (Community dentistry)	4	16	25.0%
Special needs dentistry	2	17	11.8%
Medical Practitioner	19,244	61,171	31.5%
Addiction medicine	64	166	38.6%
Anaesthesia	1,345	4,495	29.9%
Dermatology	182	489	37.2%
Emergency medicine	383	1,567	24.4%
General practice	7,442	23,624	31.5%
Intensive care medicine	237	796	29.8%
Paediatric intensive care medicine		2	
No subspecialty declared	237	794	29.8%
Medical administration	102	331	30.8%
Obstetrics and gynaecology	545	1,814	30.0%
Gynaecological oncology	16	43	37.2%
Maternal-fetal medicine	13	39	33.3%
Obstetrics and gynaecological ultrasound	13	80	16.3%
Reproductive endocrinology and infertility	27	53	50.9%
Urogynaecology	10	30	33.3%
No subspecialty declared.	466	1,569	29.7%
Occupational and environmental medicine	92	300	30.7%
Ophthalmology	354	935	37.9%
Paediatrics and child health	772	2,315	33.3%
Clinical genetics	15	22	68.2%
Community child health	16	35	45.7%
General paediatrics	583	1,744	33.4%
Neonatal and perinatal medicine	42	145	29.0%
Paediatric cardiology	5	22	22.7%
Paediatric clinical pharmacology	1	1	100.0%

Profession	NSW	National Total	% of National Total
Paediatric emergency medicine	8	37	21.6%
Paediatric endocrinology	10	20	50.0%
Paediatric gastroenterology and hepatology	4	19	21.1%
Paediatric haematology	3	7	42.9%
Paediatric immunology and allergy	3	11	27.3%
Paediatric infectious diseases	4	15	26.7%
Paediatric intensive care medicine	4	5	80.0%
Paediatric medical oncology	7	18	38.9%
Paediatric nephrology	5	5	100.0%
Paediatric neurology	15	28	53.6%
Paediatric palliative medicine	1	2	50.0%
Paediatric rehabilitation medicine	4	5	80.0%
Paediatric respiratory and sleep medicine	9	23	39.1%
Paediatric rheumatology	3	11	27.3%
No subspecialty declared	30	140	21.4%
Pain medicine	82	251	32.7%
Palliative medicine	94	275	34.2%
Pathology	769	2,276	33.8%
Anatomical pathology (including cytopathology)	266	821	32.4%
Chemical pathology	23	89	25.8%
Forensic pathology	8	43	18.6%
General pathology	182	502	36.3%
Haematology	156	460	33.9%
Immunology	46	111	41.4%
Microbiology	75	211	35.5%
No subspecialty declared.	13	39	33.3%
Physician	2,806	9,089	30.9%
Cardiology	381	1,200	31.8%
Clinical genetics	33	70	47.1%
Clinical pharmacology	13	51	25.5%
Endocrinology	199	582	34.2%
Gastroenterology and hepatology	241	763	31.6%
General medicine	398	1,753	22.7%
Geriatric medicine	188	574	32.8%
Haematology	161	485	33.2%
Immunology and allergy	55	143	38.5%
Infectious diseases	88	368	23.9%
Medical oncology	158	553	28.6%
Nephrology	155	482	32.2%
Neurology	187	526	35.6%
Nuclear medicine	100	249	40.2%
Respiratory and sleep medicine	191	610	31.3%

Profession	NSW	National Total	% of National Total
Rheumatology	113	347	32.6%
No subspecialty declared.	145	333	43.5%
Psychiatry	1,018	3,329	30.6%
Public health medicine	134	435	30.8%
Radiation oncology	116	358	32.4%
Radiology	643	2,220	29.0%
Diagnostic radiology	568	1,902	29.9%
Diagnostic ultrasound	1	4	25.0%
Nuclear medicine	39	184	21.2%
No subspecialty declared.	35	130	26.9%
Rehabilitation medicine	213	454	46.9%
Sexual health medicine	52	115	45.2%
Sport and exercise medicine	40	115	34.8%
Surgery	1,759	5,422	32.4%
Cardio-thoracic surgery	57	200	28.5%
General surgery	626	1,895	33.0%
Neurosurgery	75	226	33.2%
Oral and maxillofacial surgery	23	105	21.9%
Orthopaedic surgery	414	1,313	31.5%
Otolaryngology - head and neck surgery	160	474	33.8%
Paediatric surgery	34	98	34.7%
Plastic surgery	126	428	29.4%
Urology	129	399	32.3%
Vascular surgery	70	215	32.6%
No subspecialty declared	45	69	65.2%
Podiatrist	5	27	18.5%
Podiatric Surgeon	5	27	18.5%
Total	19,753	62,865	31.4%

Notes:

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

continued overleaf

Table 7: Applications received by profession and registration type

Profession	NSW	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner ¹	20	85	23.5%
General	20	84	23.8%
Non-practising		1	
Chinese Medicine Practitioner ¹	281	696	40.4%
General	267	624	42.8%
Limited		1	
Non-practising	14	71	19.7%
Chiropractor	133	370	35.9%
General	119	318	37.4%
Limited	2	7	28.6%
Non-practising	12	45	26.7%
Dental Practitioner	527	1,907	27.6%
General	367	1,399	26.2%
Limited	96	291	33.0%
Non-practising	41	133	30.8%
Specialist	23	84	27.4%
Medical Practitioner	4,685	15,425	30.4%
General	1,588	5,152	30.8%
General (Teaching and Assessing)	2	6	33.3%
Limited	1,111	3,289	33.8%
Limited (Public Interest - Occasional Practice)		1	
Non-practising	144	439	32.8%
Provisional	1,137	3,842	29.6%
Specialist	703	2,696	26.1%
Medical Radiation Practitioner ¹	735	1,700	43.2%
General	376	1,042	36.1%
Limited	2	2	100.0%
Non-practising	27	85	31.8%
Provisional	330	571	57.8%
Midwife	487	1,704	28.6%
General	362	1,377	26.3%
Non-practising	125	327	38.2%
Nurse	5,931	24,147	24.6%
General	5,619	22,879	24.6%
Non-practising	312	1,268	24.6%
Occupational Therapist ¹	644	2,204	29.2%
General	533	1,807	29.5%
Limited	22	79	27.8%
Non-practising	88	313	28.1%
Provisional	1	5	20.0%
Optometrist	65	262	24.8%
General	56	235	23.8%

Profession	NSW	National Total	% of National Total
Limited	3	4	75.0%
Non-practising	6	23	26.1%
Osteopath	45	211	21.3%
General	31	167	18.6%
Limited	2	7	28.6%
Non-practising	11	31	35.5%
Provisional	1	6	16.7%
Pharmacist	1,049	3,313	31.7%
General	469	1,609	29.1%
Limited	15	46	32.6%
Non-practising	45	130	34.6%
Provisional	520	1,528	34.0%
Physiotherapist	639	2,332	27.4%
General	582	2,003	29.1%
Limited	31	184	16.8%
Non-practising	26	145	17.9%
Podiatrist	102	380	26.8%
General	95	348	27.3%
Non-practising	7	29	24.1%
Provisional		1	
Specialist		2	
Psychologist	1,176	4,053	29.0%
General	477	1,645	29.0%
Limited		2	
Non-practising	123	394	31.2%
Provisional	576	2,012	28.6%
Total 2013-14	16,519	58,789	28.1%
Total 2012-13	18,333	63,113	29.0%
Total 2011-12 ¹	27,464	79,355	34.6%

Notes:

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

Table 8 provides an overview of cases when a criminal history check undertaken resulted in, or contributed to, the imposition of conditions by a Board or undertakings given by a practitioner. There were 10 cases in NSW in 2013/4. In a further two cases, the criminal history check contributed to a decision to refuse registration.

continued overleaf

Table 8: Cases in 2013/14 where a criminal history check resulted in, or contributed to, imposition of conditions or undertakings, by profession

Profession	NSW	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner		1	
Chinese Medical Practitioner			
Chiropractor		1	
Dental Practitioner		1	
Medical Practitioner	4	11	36.4%
Midwife		1	
Nurse	2	48	4.2%
Pharmacist	2	8	25.0%
Physiotherapist	1	2	50.0%
Podiatrist		1	
Psychologist	1	2	50.0%
Total 2013/14	10	76	13.2%
Total 2012/13	9	27	33.3%

NOTES

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