

Occupational therapy regulation at work in Australia

2014/15

Regulating occupational therapists in the National
Registration and Accreditation Scheme

Managing risk to the public

Regulating occupational
therapists

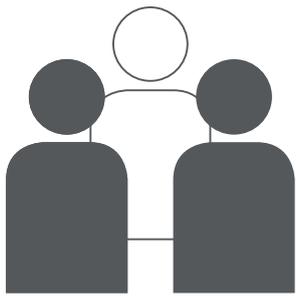


Occupational Therapy
Board of Australia | AHPR



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Occupational Therapy Board in 2014/15
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Highlights



Over 1,000 participants at breakfast forum and webinars on registration requirements



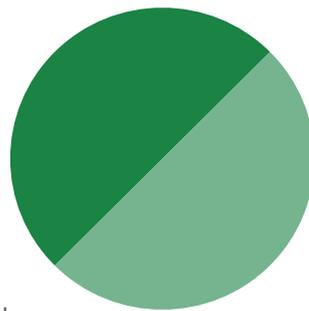
Reduction in registration fees

Regulatory decision-making workshops held

17,200
registered occupational therapists in Australia on 30 June 2015

6% increase in number of registered occupational therapists compared to 2013/14

28% of registered occupational therapists based in New South Wales, 24% based in Victoria



51% of occupational therapists aged under 35

88 registrants holding limited registration on 30 June 2015



56% of the 36 notifications closed during the year (outside of New South Wales) were closed following an assessment

49 notifications about occupational therapists received, relating to 0.3% of practitioners

One immediate action case, compared to two last year



In 69% of notifications closed no further action was required

73 occupational therapists under active monitoring on 30 June 2015 - 81% due to suitability/eligibility and 14% due to health concerns

About this report

This report provides a profession-specific view of the Occupational Therapy Board of Australia's work to manage risk to the public and regulate the profession in the public interest.

The Board has worked in close partnership with the Australian Health Practitioner Regulation Agency (AHPRA) to bring out the best of the National Registration and Accreditation Scheme (National Scheme) for all Australians.

The data in this report are drawn from data published in the 2014/15 [annual report](#) of AHPRA and the National Boards, reporting on the National Registration and Accreditation Scheme.

This report looks at these data through a profession-specific lens. Wherever possible, historical data are provided to show trends over time, as well as comparisons between states and territories.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with 2014/15 [annual report](#) of AHPRA and the National Boards.

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Message from the Presiding Member, Occupational Therapy Board of Australia

During 2014/15 the Occupational Therapy Board of Australia (the Board) continued its program of engagement and informing the profession. A number of breakfast forums and webinars were undertaken to ensure that occupational therapists understand their registration requirements. The webinars, which attracted more than a thousand participants, included topics that were informed by practitioner focus groups.

In its February 2015 meeting, the Board noted the resignation of inaugural Chair Dr Mary Russell. Board members expressed their sincere gratitude for her tireless work, leadership and support through the first years of the National Scheme.

This last year also saw us reduce practitioner fees, oversee practitioner audits, and start a review of our profession-specific registration standards for recency of practice, professional indemnity insurance and continuing professional development. We engaged in regulatory decision-making workshops that included the New South Wales Occupational Therapy Council, started a project analysing practitioner notifications, and undertook a project to develop a new set of threshold competency standards for the profession.



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

Message from the Agency Management Committee Chair and the AHPRA CEO

The National Boards, with the support of AHPRA, maintain professional standards for practitioners and manage risk to patients. This past year we have seen huge steps taken to ensure we are fulfilling our core purpose of protecting the public in the most effective and efficient ways possible.

We have seen the introduction of new co-regulatory arrangements in Queensland this year, and the National Boards and AHPRA have built positive working relationships with the Office of the Health Ombudsman to ensure the protection of the health and safety of the Queensland public.

The National Boards have worked to help improve the experience of notifiers, and to ensure timely outcomes for notifiers and practitioners. This has resulted in a significant reduction in the time it takes AHPRA and the National Boards to assess notifications.

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

A key strength of the National Scheme has been the regular interaction between all National Boards, particularly through their Chairs. This has facilitated cross-profession approaches to common regulatory issues, and cross-profession consultation and collaboration. The National Boards and AHPRA have continued to work closely together this year to test and implement new ways of doing things.

We have had some significant achievements during the past year, through the hard work and dedication of board and committee members, and AHPRA staff. More information is detailed in the 2014/15 [annual report](#) of AHPRA and the National Boards.



Mr Martin Fletcher
Chief Executive Officer,
AHPRA



Mr Michael Gorton AM
Chair, Agency
Management
Committee

Major outcomes/achievements in 2014/15

Committees

The Board has undertaken detailed strategic work and business planning to ensure the delivery of the Board's functions under the Health Practitioner Regulation National Law (the National Law). This has included the establishment of committees that exercise delegated functions under the National Law and ensure good governance and accountability of the Board's activities.

The Board's Registration and Notifications Committee (RNC) is an example of such ongoing work. The RNC has held 18 meetings during 2014/15 to assess and decide on complex registration applications and to consider notifications about occupational therapists.

Other committees and working groups of the Board meet as needed, and include:

- ▶ Finance and Governance Working Group
- ▶ Communications Working Group
- ▶ Registration Standards, Codes and Guidelines Working Group
- ▶ Immediate Action Committee (IAC)
- ▶ Panel members and RNC Advisors

To assist the Board with its activities, the Board has also finalised a list of persons to provide a pool from which members may be selected for panel hearings for notifications in either health and performance, or professional conduct matters.

Active engagement with the profession

The Board has continued to engage with occupational therapists through the year. Focus groups were conducted in early 2015 seeking feedback from the profession about the Board's recency of practice registration standard. The Board listened to this feedback and initiated a significant piece of work in this area. Throughout 2014/15 the Board has also sought wider engagement with the profession through webinars on a range of topics including how practitioners can meet registration standards.

Stakeholder breakfast forums were successfully held in Queensland (March) and Victoria (July)

to engage with the profession and provide an opportunity to discuss regulation and the integration of registration standards, codes and guidelines into daily practice. The forums are offered to all registered practitioners, and those interested in the National Scheme. The Board has also actively engaged with its key stakeholders, including:

- ▶ Occupational Therapy Association
- ▶ Occupational Therapy Council (Australia & New Zealand) Ltd
- ▶ Australia and New Zealand Council on Occupational Therapy Education (ANZCOTE)
- ▶ Australian Health Ministers Advisory Council
- ▶ Occupational Therapy Council of New South Wales

Registration standards, codes and guidelines

The following registration standards were approved and published in 2014/15:

- ▶ English language skills registration standard (*revised standard*)
- ▶ Criminal history registration standard (*revised standard*)

Priorities for the coming year

The Board will be managing a number of significant projects over the coming year, including a project to examine alternative pathways for occupational therapists to demonstrate their competence to return to practice after a period of absence from the profession, and a project to develop a new set of threshold competency standards for the occupational therapy profession. As part of progressing these pieces of work, the Board will be actively seeking feedback and input from the profession and its stakeholders.

Over the coming financial year, the Board will be undertaking a number of streams of work to strengthen its engagement with the profession. The Board will be assessing how it can best engage with both registrants and new graduates to better educate the profession on their obligations once registered.

Board-specific registration, notifications, and monitoring and compliance data 2014/15

Registration

On 30 June 2015, there were 17,200 occupational therapists registered in Australia, of which 51% were aged under 35. New South Wales (NSW) is the state with the largest number of registered practitioners (4,846 practitioners), followed by Victoria with 4,209 practitioners.

Notifications

Nationally, a total of 49 notifications were received about occupational therapists. The notifications related to 0.3% of practitioners. Thirty-three of these notifications were lodged outside NSW and most (21 notifications) were lodged in Victoria.

It is important to note that for matters considered jointly by health complaints entities and AHPRA, only matters within the National Boards' jurisdiction have been included in this report. Note also that Queensland became a co-regulatory jurisdiction on 1 July in 2014, with the commencement of the Health Ombudsman Act. AHPRA only has access to data relating to matters referred by the Office of the Health Ombudsman. We are unable to report on all complaints about registered health practitioners in Queensland.

There were 48 notifications closed during the year; 36 of these were notifications outside NSW. The majority (20) of the notifications outside NSW were closed after an assessment, and 12 cases were closed after an investigation; four cases were closed following a health or performance assessment.

In most cases the Board determined that no further action was required (25) or that the case should be retained and managed by the health complaints entity that had originally received the notification (one case). For the remaining cases a caution was issued in six cases, conditions were imposed in three cases and in one case the Board accepted undertakings given by the practitioner.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

- ▶ because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- ▶ the practitioner's registration was improperly obtained, or
- ▶ the practitioner or student's registration was cancelled or suspended in another jurisdiction.

In relation to students, the Board must reasonably believe that they:

- ▶ have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more, or
- ▶ have or may have an impairment, or
- ▶ have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

Immediate action was initiated in relation to one practitioner in Western Australia during 2014/15. Integrated data for all professions including outcomes of immediate actions are published from page 36 in the 2014/15 [annual report](#) of AHPRA and the National Boards. More information about immediate action is published on our website under [Notifications](#).

Monitoring and compliance

AHPRA, on behalf of the National Boards, monitors health practitioners and students with restrictions placed on their registration, or with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports Boards to manage risk to public safety.

At 30 June 2015, there were 73 registrants under active monitoring, including 59 registrants being monitored in relation to suitability/eligibility. Practitioners are monitored for suitability/eligibility because they:

- ▶ do not hold an approved or substantially equivalent qualification in the profession

- ▶ lack the required competence in the English language
- ▶ do not meet the requirements for recency of practice, or
- ▶ do not fully meet the requirements of any other approved registration standard.

As at 30 June 2015, there were 88 registrants holding limited registration. Registrants holding limited registration include internationally qualified practitioners who are undertaking a period of supervised practice to determine their suitability/eligibility to apply for general registration.

Occupational Therapist	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
2014/15	296	4,846	156	3,333	1,357	279	4,209	2,504	220	17,200
2013/14	261	4,592	137	3,174	1,298	263	3,976	2,397	125	16,223
% change from prior year	13.41%	5.53%	13.87%	5.01%	4.55%	6.08%	5.86%	4.46%	76.00%	6.02%

*Principal place of practice

Occupational Therapist	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Total
2014/15	1,678	3,808	3,356	2,496	1,884	1,407	1,114	858	414	156	27	2		17,200
2013/14	1,261	3,687	3,242	2,332	1,820	1,362	1,076	846	411	156	26	4		16,223

Occupational Therapist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	1		7	2		21	2	33	16	49
2013/14	2	2	12	5		11	2	34	9	43

Occupational Therapist	QLD	VIC	WA	Total
2014/15			1	1
2013/14	1	1		2

Occupational Therapist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	0.3%		0.2%	0.1%		0.5%	0.1%	0.3%	0.3%	0.3%
2013/14	0.8%	1.5%	0.4%	0.4%		0.3%	0.1%	0.3%	0.2%	0.3%

Table OT6: Notifications closed by state or territory											
Occupational Therapist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total 2014/15	Total 2013/14
2014/15	1	1	10	6		17	1	36	12	48	
2013/14	2	1	8	7	1	11	2	32	9		41

Table OT7: Stage at closure for notifications closed under the National Scheme (excluding NSW)		
Stage at closure	Total 2014/15	Total 2013/14
Assessment	20	22
Health or performance assessment	4	1
Investigation	12	8
Panel hearing		
Tribunal hearing		1
Total	36	32

Table OT8: Outcome at closure for notifications closed under the National Scheme (excluding NSW)		
Outcome at closure	Total 2014/15	Total 2013/14
No further action	25	26
Health complaints entity to retain	1	4
Caution	6	1
Impose conditions	3	1
Accept undertaking	1	
Total	36	32

Table OT9: Active monitoring cases at 30 June 2015, by state or territory (including NSW)					
Profession	Conduct	Health	Performance	Suitability / eligibility ¹	Total 2014/15
Occupational Therapist		10	4	59	73

Note:

1. AHPRA performs monitoring of compliance cases for 'suitability/eligibility' stream matters for NSW registrations.

Keeping the public safe: monitoring

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

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

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

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

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

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

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

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

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

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

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

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

Statutory offences: advertising, practice and title protection

Concerns raised about advertising, title and practice protection during the year were managed by AHPRA's statutory compliance team.

Concerns raised about advertising during the year are reported on page 55 of the [annual report](#) of AHPRA and the National Boards.

More detail about our approach to managing statutory offences is reported from page 54 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal record checks. National Boards may also require criminal record checks at other times. Applicants seeking registration must disclose any criminal history information when

they apply for registration, and practitioners renewing their registration are required to disclose if there has been a change to their criminal history status within the preceding 12 months.

While a failure to disclose a criminal history by a registered health practitioner does not constitute an offence under the National Law, such a failure may constitute behaviour for which the Board may take health, conduct or performance action. The criminal record check is undertaken by an independent agency, which provides a criminal history report. AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. The criminal history reports are used as one part of assessing an applicant's suitability to hold registration.

More detailed information about criminal record checks is published from page 32 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

Working across the professions

A key strength of the National Scheme is the regular interaction between National Boards. This has facilitated cross-profession approaches to common regulatory issues and supported joint consultation and collaboration.

While the National Scheme is a multi-profession scheme operating within a single statutory framework and with one supporting organisation (AHPRA), a range of regulatory approaches – which are tailored to professions with different risk profiles and professional characteristics – are being explored with National Boards.

Policy development to address the objectives and guiding principles of the National Law is an important part of AHPRA's support for National Boards, including development and review of registration standards, codes and guidelines, and the coordination of cross-profession policy projects such as a revised approach to international criminal history checks.

Standards, codes and guidelines

The core registration standards (English language skills, professional indemnity insurance, criminal history, recency of practice and continuing professional development) required under the National Law, together with each Board's code of conduct or equivalent, are the main way National Boards define the minimum national standards they expect of practitioners, regardless of where they practise in Australia.

Five core registration standards for all 14 health professions regulated under the National Scheme

- ▶ Continuing professional development
- ▶ Criminal history
- ▶ English language skills
- ▶ Professional indemnity insurance arrangements
- ▶ Recency of practice.

National Boards have developed common guidelines for advertising regulated health services and for mandatory notifications. Most National Boards have a similar code of conduct. This commonality facilitates the National Law's guiding principles of efficiency, effectiveness and fairness. It also helps consumers to understand what they can expect from their health practitioners.

The standards, together with the code of conduct and guidelines developed by National Boards to provide guidance to the professions, bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and help inform Board decision-making when concerns are raised about practitioners' conduct, health or

performance. An approved registration standard, code or guideline may be used in disciplinary proceedings as evidence of what constitutes appropriate professional conduct for the profession.

Our work on professional standards in 2014/15

During 2014/15, there were 15 public consultations undertaken by National Boards on 17 registration standards and 13 guidelines.

All National Boards consulted on draft guidelines for the regulatory management of registered health practitioners and students infected with blood-borne viruses. The consultation was open from July to September 2014. A Twitter chat was held on this consultation.

A number of registration standards for the 14 currently regulated health professions were submitted for approval by the Australian Health Workforce Ministerial Council (AHWMC) during 2014/15, in accordance with the National Law.

The revised criminal history registration standard for all 14 Boards and the revised English language skills registration standard for 13 Boards were approved by the AHWMC in March 2015, as well as standards and guidelines for some of the individual Boards.

This work has focused on continuing to build the evidence base for National Board policy and reviewing the structure and format of registration standards, guidelines and codes consistent with good practice.

See Appendix 3 of the 2014/15 [annual report](#) of AHPRA and the National Boards for a full list of registration standards approved by Ministerial Council during 2014/15.

Stakeholder engagement and improving our communications

The National Boards and AHPRA continue to work closely with two external advisory groups, the Community Reference Group and the Professions Reference Group. Communiqués from both groups are published on the AHPRA website after each meeting. Both groups provide feedback on how we can continue improving the way we communicate so that we can engage more effectively with our stakeholders.

AHPRA refreshed the homepages across all 15 National Board and AHPRA websites to make important information easier to find, and included new information for employers and practitioners as tabs on the login window. Following feedback from the Community Reference Group, AHPRA included the Register of practitioners search on the homepage, and introduced brightly coloured 'tiles' to highlight important topics.

The National Boards and AHPRA continue to strengthen work with governments on matters of shared interest relevant to the National Scheme. The work with governments covers a broad spectrum of activities, including contributing to public and regulatory policy development through making joint AHPRA and National Board submissions as much as possible to government consultations, including the independent review of the operation of the National Scheme. AHPRA also brief health ministers on local and national issues relevant to the regulation of health practitioners in Australia, and raise issues with, and receive the collective views of, the Australian Health Ministers' Advisory Council's (AHMAC) Health Workforce Principal Committee (HWPC) on draft regulatory policies, guidelines and standards, and other matters to inform advice to health ministers.

This year the National Boards and AHPRA strengthened partnerships with regulatory counterparts, including health complaints entities, co-regulatory bodies and accreditation councils, to ensure more consistent and effective regulatory decision-making and outcomes that are responsive to the national and local environment, and we learn from and share our experience with international regulators.

Establishing a shared set of regulatory principles

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

We invited feedback on the principles in a formal consultation, which included surveying members of the public and practitioners, as well as board and committee members, and AHPRA staff. The response to the surveys was overwhelming, with more than 800 members of the public providing feedback to the online survey, in addition to more than 140 board/committee members and AHPRA staff members. The vast majority of respondents supported the principles. In the coming year we will continue to work to embed the regulatory principles in all that we do.

The regulatory principles are set out in Appendix 1 of the [2014/15 annual report](#) of AHPRA and the National Boards.

Collaboration to improve accreditation

The National Boards, AHPRA and the accreditation authorities have worked collaboratively to identify opportunities for improvement, aspects of accreditation that need greater consistency of approach (such as reporting of accreditation decisions), as well as areas within accreditation that lend themselves to cross-professional approaches. Steady progress continues and further cross-profession initiatives – such as work on inter-professional learning and embedding models for simulated learning environments in clinical training – are being implemented or are planned, with the aim of further demonstrating good practice in accreditation of health profession education. The Accreditation Liaison Group (ALG) is the primary vehicle for collaboration on accreditation.

Managing risk through improved international criminal history checks

In February 2015, a new procedure for checking international criminal history, which provides greater public protection, was introduced.

Under the National Law, National Boards must consider the criminal history of an applicant who applies for registration, including any overseas criminal history. The new approach requires certain applicants and practitioners to apply for an international criminal history check from an AHPRA-approved supplier.

More than 4,200 international criminal history checks across the 14 health professions were undertaken since the procedure changed. From these, 10 positive criminal history results were identified. When a positive criminal history is identified, the National Board or its delegate considers whether the health practitioner's criminal history is relevant to the practice of their profession.

Members of the Occupational Therapy Board of Australia in 2014/15

Dr Mary Russell (Chair – until February 2015)

Ms Julie Brayshaw (Presiding Member from March 2015)

Mr Jim Carmichael

Ms Louise Johnson

Mrs Kate MacRae

Ms Roxane Marcelle-Shaw

Dr Katherine Moore

Mrs Terina Saunders

Ms Louisa Scott

During 2014/15, the Board was supported by Executive Officers Mr Paul Fisher and Ms Vathani Shivanandan.

More information about the work of the Board is available at: www.occupationaltherapyboard.gov.au

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www.ahpra.gov.au

Annual report and summaries online:

www.ahpra.gov.au/annualreport

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