2017/18

Medical Board of Australia

Annual report summary

Our National Scheme: For safer healthcare

Medical Board of Australia | AHPRA

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At a glance: The medical profession

115,113 medical practitioners, up **3.6%** from 2016/17

That's **16.4%** of all registered health practitioners

Male: **57.3%**

Female: **42.7%**

3,749 notifications lodged with AHPRA about medical practitioners

5.1% of all registered medical practitioners had notifications made about them

10 notifications were made about students

3,703 notifications closed this year:

- **7.8%** resulted in accepting an undertaking or conditions being imposed on a medical practitioner's registration
- **6.7%** resulted in a medical practitioner receiving a caution or reprimand by the Board
- **1.0%** resulted in suspension or cancellation of registration
- **0.2%** resulted in a fine
- **80.2%** resulted in no further action being taken
- The remaining **4.1%** were referred to another body or retained by a health complaints entity

Immediate action[1] was taken **148** times; **32** resulted in suspension of registration

255 mandatory notifications were made:

- **188** about standards
- **43** about impairment
- **5** about alcohol or drugs
- **19** about sexual misconduct

890 medical practitioners were monitored by AHPRA for health, performance and/or conduct during the year

1,692 cases were being monitored for compliance with restrictions on their registration by AHPRA as at 30 June 2018:

- **100** on the grounds of conduct
- **205** for health reasons
- **230** for performance
- **85** prohibited practitioners/students
- **1,072** for suitability/eligibility for registration

176 statutory offence complaints were made about medical practitioners;
191 were closed

- Almost **two-thirds** of new matters related to title and practice protection
- The **majority** of the remaining matters related to advertising breaches

[1] Immediate action is an interim step the Board can take to suspend or cancel a medical practitioner's registration while a complaint is being considered. Refer to the 2017/18 annual report by the Australian Health Practitioner Regulation Agency (AHPRA) for more data on immediate action.

Message from the Chair

This report about the medical profession in Australia is drawn from the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards' 2017/18 annual report.

The Professional Performance Framework, launched in November 2018, laid the foundations for our regulatory approach in the years ahead. The Framework will help ensure that all registered medical practitioners in Australia practise competently and ethically throughout their working lives and provide safe care to patients. The Framework aims to support medical practitioners to maintain and enhance their professional skills and knowledge and remain fit to practise medicine. It is integrated, builds on existing initiatives and is evidence-based. We will continue to work with our stakeholders and the medical profession to implement it in the years ahead.

The number of complaints and notifications about doctors increased again in 2017/18, consistent with international trends. The Medical Board of Australia (the Board) and AHPRA continued our work during the year to address this challenge: to improve timeliness, to improve the experience for both notifiers and practitioners who are subject to a complaint and to ensure that we concentrate our efforts where there is most risk to patients.

Most (80%) notifications about doctors do not lead to the Board taking any regulatory action; however we know that doctors find it very, very stressful to be the subject of a complaint. To try to reduce this distress, we are doing more to communicate better about the notifications process and the likely outcomes and to reduce the time it takes us to finalise straightforward matters. We regularly gather feedback from those involved in the process and use this to improve our approach and communication.

The development of the national training survey progressed during the year. The national training survey has wide support from junior doctors and other stakeholders and is being designed to better understand and improve the quality of medical education in Australia. We will be encouraging all doctors in training in Australia to take part in the survey, which starts with the registration renewal cycle in September 2019.

With our partners, we continue to work to support better health outcomes for Aboriginal and Torres Strait Islander people, through our Aboriginal and Torres Strait Islander health strategy. Its vision is 'Patient safety for Aboriginal and Torres Strait Islander peoples in Australia's health system is the norm, as defined by Aboriginal and Torres Strait Islander peoples'. We have made an enduring commitment to implement the strategy in the years ahead.

In these pages we outline more about our regulatory work to maintain professional standards and manage risk to patients and to ensure that the trust patients have in doctors is well founded. After nearly 30 years in medical regulation, I am retiring as Chair of the Medical Board of Australia. I look forward to reading more about the work of the Board in years ahead under the leadership of Professor Anne Tonkin. I thank all those who have served on the National Board and the State and Territory Boards since 2010, when the National Scheme commenced, for their dedication, wisdom and guidance and the AHPRA leadership and staff who have worked in partnership with the Medical Board for their commitment to patient safety and effective regulation, particularly Dr Joanne Katsoris, who has been Executive Officer for the Medical Board since the start of the Scheme.

Dr Joanna Flynn AM

Chair, Medical Board of Australia

Medical Board of Australia

Members of the Board

Dr Joanna Flynn AM (Chair)

Associate Professor Stephen Adelstein

Professor Belinda Bennett

Mr Mark Bodycoat

Associate Professor Stephen Bradshaw AM

Ms Prudence Ford

Dr Samuel Goodwin

Dr Fiona Joske

Professor Constantine Michael AO

Dr Susan O'Dwyer

Professor Anne Tonkin

Ms (Michelle) Fearn Wright

Committees

The Board has appointed a number of regulatory committees. These include:

- Notifications Committees in all states and territories except New South Wales
- Registration Committees in all states and territories
- Immediate Action Committees in all states and territories except New South Wales
- Health committees in Victoria and Western Australia
- Sexual Boundaries Notifications Committee
- Queensland Triage and Assessment Committee
- Western Triage and Assessment Committee

The Board has appointed a number of working groups that include external members to advise on a number of projects. These are:

- Revalidation Expert Advisory Group
- National Training Survey Steering Committee
- National Training Survey Advisory Group
- Professional Performance Framework Implementation Working Group

The Board has also appointed a Finance Committee.

For more information about the Board and its Committees in 2017/18, please refer to the appendices.

Executive and policy support

Dr Joanne Katsoris

Executive Officer, Medical

Dr Katsoris supports the Medical Board of Australia. She works in AHPRA's National Office in Melbourne.

Executive Officers provide a vital link between the National Boards and AHPRA.

For more information about the Board, visit the Board's website.

About us

The Medical Board of Australia (the Board) works in partnership with AHPRA to protect the public. Together, we regulate the medical profession by ensuring that only medical practitioners who are suitably trained and qualified are registered to practise in Australia.

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

Visit the Board's website.

For more information about the National Scheme and AHPRA, visit the AHPRA website.

About this report

This annual report summary provides a profession-specific view of AHPRA and the Board's work to regulate the medical profession and manage risk to the public in 2017/18. Information provided in this report is drawn from data published in the 2017/18 annual report published by AHPRA and the National Boards. All data are correct as at 30 June 2018.

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

For information about our data please read 'An important note about our data' in *Regulating the workforce*.

Profession-specific summaries for 14 National Boards will be available to download from the AHPRA website.

Our regulatory principles

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

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

For more information, download AHPRA's 2017/18 annual report.

Medical Board of Australia: Year in review

A number of major initiatives were actioned by the Board in 2017/18. Here are the highlights:

Professional Performance Framework

In 2017, the Board designed the Professional Performance Framework (the Framework) to help ensure that all registered medical practitioners in Australia practise competently and ethically throughout their working lives and provide safe care to patients.

The Framework builds on the findings of the Expert Advisory Group on revalidation (EAG), which was appointed to advise the Board on approaches to support medical practitioners to maintain and enhance their professional skills and knowledge and remain fit to practise medicine.

The EAG, chaired by Professor Elizabeth Farmer, delivered its final report to the Board in August 2017. The Board accepted the evidence provided by the EAG and its recommendations, including to not adopt the term 'revalidation', as this does not accurately describe the Board's approach. The Framework is the Board's response to the EAG final report.

The Framework is integrated, builds on existing initiatives and is evidence-based. It has five pillars:

1. Strengthened continuing professional development (CPD) requirements
2. Active assurance of safe practice
3. Strengthened assessment and management of medical practitioners with multiple substantiated complaints
4. Guidance to support practitioners – regularly updated professional standards that support good medical practice
5. Collaborations to foster a culture of medicine that is focused on patient safety, based on respect and encourages doctors to take care of their own health and wellbeing.

The Board has started working with the profession and others in the health sector to implement the Framework. During 2017/18, the Board held two stakeholder workshops, first to announce the Framework and later to discuss implementation issues. The Board is committed to ongoing consultation about the various elements of the Framework, many of which will involve ongoing partnerships and a shared commitment to constructive change.

National training survey

During 2018, the Board started work on the national training survey. The national training survey is being designed to better understand and improve the quality of medical education in Australia. It will gather feedback from doctors in training in Australia (and in time their supervisors) to:

- better understand the quality of medical training in Australia
- identify how best to improve medical training in Australia, and
- recognise and deal with potential issues in medical training that could impact on patient safety, including environment and culture, unacceptable behaviours and poor supervision.

The Board is working with experts in the medical education and training sector in Australia on this important project and has set up two groups to guide this work:

A Steering Committee to manage the hands-on work to develop and deliver the survey, and

An Advisory Group to make sure the survey is strengthened by input from doctors in training and other experts including specialist colleges, employers and jurisdictions, the Australian Medical Council and the Australian Medical Association (AMA).

All doctors in training in Australia will be encouraged to do the survey. This includes interns, hospital medical officers, resident medical officers, non-accredited trainees, postgraduate trainees, principal house officers, registrars and specialist trainees.

The national training survey will start during the 2019 renewal and will be undertaken annually. We will run a survey for supervisors in future years.

The Board will continue to work with stakeholders as we develop the survey.

Intern preparedness survey

In 2017/18, the Board and the Australian Medical Council partnered to conduct an intern preparedness survey. The survey examined the extent to which medical school had prepared interns for the role and responsibilities of being an intern.

The findings of the first survey are published on the Board's website. The data from the survey will be used to better align medical training with the real demands of being an intern.

External review of specialist colleges

The Board and AHPRA commissioned an independent review of specialist medical colleges' assessment of international medical graduates (IMGs) for specialist recognition in 2016/17. This was in line with one of the recommendations of the Snowball review of the National Scheme.

The independent review by Deloitte Access Economics, was designed to evaluate and report on the performance of specialist colleges in applying standard assessments of IMG applications and to see whether colleges are meeting benchmarks set by the Board for timeframes for completion of assessments. Deloitte's report, delivered in 2017/18, found areas of excellence, widespread compliance with guidelines set by the Board and identified some areas for improvement.

The Board's response to the recommendations is published at Guides and reports.

The Board will establish a working group of its National Specialist IMG Committee, to review all elements of the *Good practice guidelines for the assessment of international medical graduates* (the *Good practice guidelines*), advise how to further improve the assessment process for specialist IMGs and address the findings of the review.

The working group, that will include external appointees and college representatives, will start work in mid-2018 and consult with the profession, the community and other stakeholders.

The Board will keep working with colleges to improve processes to assess specialist IMGs and encourage opportunities for shared learning and progressive improvements.

Improvements in managing notifications

The majority (80.2% in 2017/18) of notifications end up with a decision to take 'no further action'. Despite this, most medical practitioners find it very stressful to be the subject of a notification. Many notifiers also find the process difficult and are often dissatisfied with the results. We know this anecdotally and from our research with people involved in the notifications process.

During 2017/18, the Board worked with AHPRA to introduce a range of measures to improve the management of notifications by reducing the time involved, closing matters early if they do not pose a risk to the public and concentrating resources on high-risk matters. The measures introduced included:

- employing 13 medical practitioners part-time from a range of specialties to provide clinical advice to inform the management of notifications
- centralising the triage of notifications, establishing committees of Board members who consider all notifications as they arrive and decide whether investigation is necessary; the Board also established a Notifications Committee: Assessment, made up of Board members from all states and territories who will undertake this triage function from 1 July 2018
- introducing specialised case management of complex cases to provide input into the investigation
- establishing 'fast-track' teams that investigate matters that only need a small amount of additional information to complete the investigation – these teams do not investigate complex matters
- starting work to better understand and quantify the risk associated with each notification, to inform the management of the notification
- supporting projects to gather feedback from notifiers and practitioners and make changes to our processes and our documentation communication to improve their experience, and
- commissioning research into vexatious complaints, which confirmed that these are very rare.

Sexual boundaries

The Board and AHPRA have continued to implement the recommendations in the *Independent review of the use of chaperones to protect patients in Australia*.

The Board has established a Sexual Boundaries Notifications Committee, made up of community and practitioner members with training in sexual boundary violations and related issues. The committee considers all notifications where there has been an allegation of sexual misconduct. During the 2017/18 year, the committee audited all practitioners with conditions imposed on their registration as a result of a notification alleging a sexual boundary violation.

Over the year, the Board also reviewed and consulted on *Sexual boundaries: Guidelines for doctors*. The revised guidelines describe the standards that doctors are expected to meet. The revised guidelines will be finalised in the year ahead.

Doctors' health advisory and referral services

The Board has been funding a network of doctors' health advisory and referral services for the past three years. The funding is around $2 million annually and is derived from the registration fees of all medical practitioners.

This national network of services is run at arm's length from the Board and AHPRA and is coordinated by Doctors' Health Services Pty Ltd, a wholly owned subsidiary of the Australian Medical Association (AMA). Doctors and medical students in all states and territories have access to help and support through this network of services.

AHPRA, on behalf of the Board, extended the contract with the AMA for a further three years, ensuring ongoing services to medical practitioners and medical students in need of this support.

Registration standards, codes, guidelines and list of specialties

The Board has continued to work on a number of registration standards, codes and guidelines during the year. The list of specialties, fields of specialty practice and related titles was also revised.

Registration standards

The Ministerial Council approved the following registration standards on 1 September 2017. The standards were effective from 15 February 2018.

- Registration standard for specialist registration
- Registration standard for granting general registration to medical practitioners who hold an Australian Medical Council certificate

Revised list of medical specialties, fields of specialty practice and related titles

The Ministerial Council approved a revised list of medical specialties, fields of specialty practice and related titles to include the field of paediatric emergency medicine in the specialty of emergency medicine. The revised list took effect from 1 June 2018.

Guidelines

Good medical practice – a code of conduct for doctors in Australia was reviewed and the Board has started to consult with stakeholders on the revised version.

Guidelines for regulating medical practitioners who provide complementary and unconventional medicine and emerging treatments – the Board has also been developing these guidelines and will be consulting on them in 2018/19.

Guideline for informing a National Board about where you practise – this guideline responds to changes in the National Law. All Boards consulted on this guideline.

Policy

All the National Boards, including the Medical Board, agreed on a common policy that determines when and in what circumstances a reprimand will be removed from the register.

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

Communication, engagement and stakeholder relations

Newsletters

The Board published 11 editions of the Medical Board update in 2017/18. The Board's electronic newsletter provides information to medical practitioners about their current obligations and issues in contemporary medical practice.

Media

The Board welcomes ongoing interest in its work. We receive regular requests for commentary on issues from the media. During the year there was particular interest in the Professional Performance Framework, on the work arising from the chaperone review and on the inquiry about how Mr Shyam Acharya, who stole a medical practitioner's identity, could have been registered to practise from 2003–2014. We also receive regular requests for commentary about individual practitioners though our ability to provide information on individuals is limited by law.

Meetings with stakeholders

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

- Australian Medical Association
- Australian Medical Council
- Medical Council of New Zealand
- Specialist colleges through the Council of Presidents of Medical Colleges, and
- Medical Council of New Zealand.

During the year the Board held two stakeholder forums on the Professional Performance Framework – the first to announce the framework and the second to discuss implementation issues. The Board also convened a meeting with specialist colleges to discuss the review by Deloitte of the specialist pathway.

For the fourth consecutive year we also met with representatives of the AMA to discuss initiatives that we have introduced to improve the notifications process.

The Medical Board engages with both national and local stakeholders. While the National Board's focus is on national stakeholders, state and territory Boards engage at a local level with regular meetings with health complaints entities, state and territory AMAs, doctors' health programs, postgraduate medical councils, employers and supervisors and many others.

Internal engagement

We have a program on internal stakeholder engagement to promote consistency of decision-making and to respond to feedback from our decision-makers. This includes:

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

Engagement with other Boards

All Boards regularly engage with each other, particularly on any proposed registration standards, codes or guidelines.

During 2017/18, the Medical and Pharmacy Boards worked to develop a joint statement that describes good practice when prescribing and dispensing compounded medicines.

Accreditation

The Australian Medical Council (AMC) is the accreditation authority for the medical profession. Representatives of the Board, AHPRA and the AMC meet regularly, including an annual meeting of Directors of the AMC with the full Board.

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

- medical schools and their programs of study, and
- specialist medical colleges and their programs of study.

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

See Table 1 for information on specialist colleges whose programs of study were approved in 2017/18, and Table 2 for information on medical schools whose programs were approved.

The AMC also reviews and accredits authorities that accredit intern training programs in each state and territory (see Table 3).

The AMC monitors medical schools, specialist colleges and authorities that accredit intern training programs and provides monitoring reports to the Board.

Table 1: Specialist colleges: programs of study approved

Provider	Program	Approved	Expiry
Australasian College for Emergency Medicine	Fellowship of the Australasian College for Emergency Medicine	13 December 2017	30 September 2018
Australian College of Rural and Remote Medicine	Fellowship of the Australian College of Rural and Remote Medicine	13 December 2017	31 March 2022
The Royal Australasian College of Surgeons	Fellowship of The Royal Australasian College of Surgeons	13 December 2017	31 March 2022
The Royal Australian and New Zealand College of Psychiatrists	Fellowship of The Royal Australian and New Zealand College of Psychiatrists	13 December 2017	31 March 2020
Australasian College of Dermatologists	Fellowship of the Australasian College of Dermatologists	28 March 2018	31 March 2022
Royal Australasian College of Dental Surgeons	Fellowship of the Royal Australasian College of Dental Surgeons (oral and maxillofacial surgery)	28 March 2018	31 March 2023

Table 2: Medical schools: programs of study approved

Provider	Program	Approved	Expiry
Macquarie University	Doctor of Medicine 4-year program	26 July 2017	31 March 2023
University of Notre Dame Australia (Sydney)	Bachelor of Medicine / Bachelor of Surgery (MBBS) 4-year graduate entry program	22 November 2017	31 March 2022
	Doctor of Medicine (MD) 4-year graduate entry program	22 November 2017	31 March 2024
Western Sydney University	Bachelor of Medicine / Bachelor of Surgery (MBBS) 5-year program	13 December 2017	31 March 2024
	Bachelor of Clinical Sciences / Doctor of Medicine (BClinSci/MD) 5-year program	13 December 2017	31 March 2024
Monash University	Bachelor of Medical Science (BMedSci) / Doctor of Medicine (MD) 4- and 5-year programs	28 February 2018	31 March 2024
	Bachelor of Medicine / Bachelor of Surgery (MBBS) (Hons) 4- and 5-year programs	28 February 2018	31 March 2022
University of Adelaide	Bachelor of Medicine/Bachelor of Surgery (MBBS) 6-year program	28 March 2018	31 March 2022
University of Notre Dame Australia (Fremantle)	Bachelor of Medicine/Bachelor of Surgery (MBBS) 4-year program	28 March 2018	31 March 2020

Table 3: Intern training accreditation authorities approved

Provider	Program	Approved	Expiry
Northern Territory Medical Education and Training Centre	Intern training	26 July 2017	31 March 2021
Health Education and Training Institute (HETI)	Intern training	2 May 2018	31 March 2023

The Accreditation Systems Review was undertaken during the reporting period. Australian Health Ministers commissioned a review of accreditation systems under the National Scheme reflecting recommendations from the Independent Review of the National Registration and Accreditation Scheme for health professionals.

The Boards and AHPRA provided feedback to the reviewers.

During 2017/18, the Board and AHPRA started a process to consider accreditation arrangements from mid-2019 when the current term of assignment of accreditation function ends.

Work for the Board conducted by AHPRA

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

Examples of work done by AHPRA for the Board in 2017/18 include:

- Continuing to work with the Board to implement the recommendations of the *Independent review of the use of chaperones to protect patients in Australia*. During this year, the Board completed an audit of all medical practitioners with chaperone conditions. Links from the Register to serious disciplinary decisions by courts and tribunals on the public register were also published. While the Board agreed to link to all public decisions, the policy position was refined during the 2018/19 reporting period to link only when there has been an adverse finding.
- Successful prosecutions of individuals and companies for offences in the National Law. For example, prosecuting individuals who are claiming to be registered medical practitioners when they are not and for breaches of advertising provisions.
- The development of a range of resources to support advertisers to meet their legal obligations. These include a self-assessment tool and testimonial tool as well as the publication of examples of advertising.
- Auditing compliance of practitioners with registration standards.
- Commissioning work into vexatious notifications.
- A range of measures in the management of notifications to better understand the practitioner and notifier experience, to focus on regulatory risk and to reduce investigation timeframes.
- A communication campaign aimed at final year medical students to ensure that they can meet the Board's English language registration standard.
- Improvements to systems to further streamline registration processes.

Future work

Much of the Board's work is done over many reporting years. In 2018/19 the Board is expected to focus on:

- implementation of the Professional Performance Framework and in particular:
  - revision of the registration standard for continuing professional development
  - obtaining advice for health checks for practitioners aged 70 and over
- the national training survey in preparation to run it during the 2019 renewal process
- the review of *Good medical practice – a code of conduct for doctors in Australia*
- finalising and implementing the *Sexual boundaries: Guidelines for doctors*
- developing and consulting on *Guidelines for regulating medical practitioners who provide complementary and unconventional medicine and emerging treatments*
- revising the *Good Practice Guidelines for the specialist international medical graduate assessment process*
- finalising and publishing guidelines on recognising new or amended medical specialties
- further improvements in the management of notifications, including the establishment of a national committee made up of Board members to assess all notifications and ongoing support of case-management models, and
- working with other stakeholders on the Aboriginal and Torres Strait Islander health strategy.

Registering the medical workforce

In brief

115,113 registered medical practitioners in 2017/18; up from 111,166 in 2016/17.

Medical practitioners comprise 16.4% of the total registrant base.

0.4% identified as being Aboriginal and/or Torres Strait Islander (399 practitioners).

Women comprised 42.7% of the profession – a slight increase from the previous year.

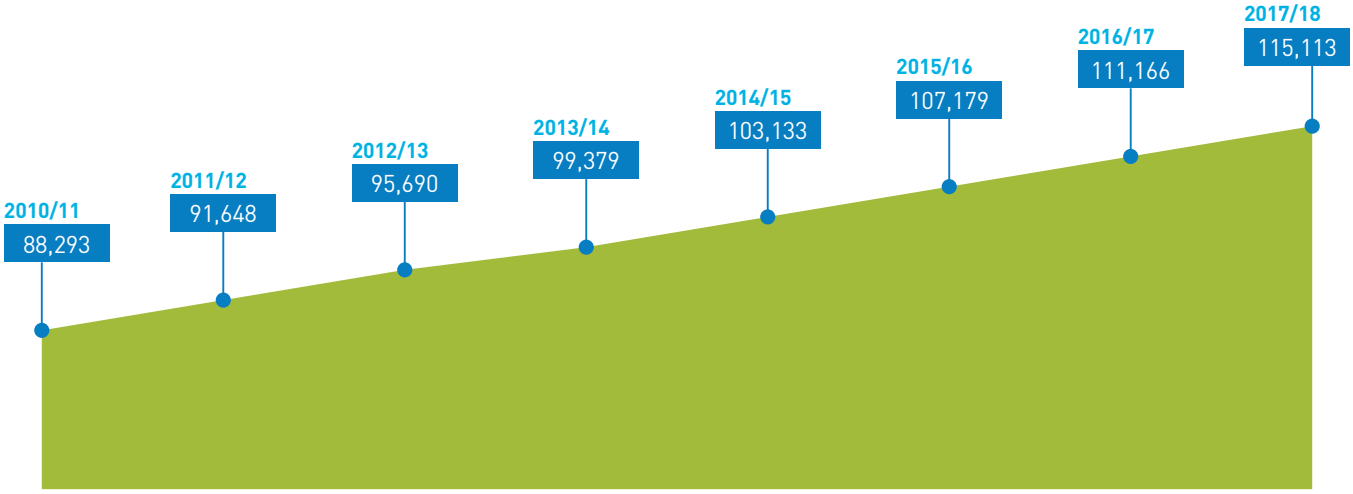
Under the National Law, as in force in each state and territory, there is a range of registration categories that can be granted to enable a registrant to practise medicine in Australia. Different requirements apply to different types of registration:

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

Individuals can practise and use a title protected under the National Law once they have provided evidence that they are eligible to hold registration, and registration has been granted.

Find out more about registration with the Medical Board of Australia.

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



Registration

As at 30 June 2018, there were 115,113 medical practitioners registered under the National Scheme. This represents a 3.6% increase from 2016/17, which is consistent with previous years. NSW, Victoria and Queensland were the principal place of practice for 75% of all medical practitioners.

Of the 702,741 registered health practitioners across the 15 professions, 16.4% were medical practitioners.

More than 97.5% of all registered medical practitioners held a form of practising registration (see Table 7). There was a 1.4% increase from the previous year in the number of medical practitioners moving to non-practising registration, and the number of medical practitioners with limited registration increased slightly.

Of all registered medical practitioners, 55.5% had specialist registration (see Table 7).

Tables 4–8 segment data relating to the registration of medical practitioners in 2017/18.

Applications for registration

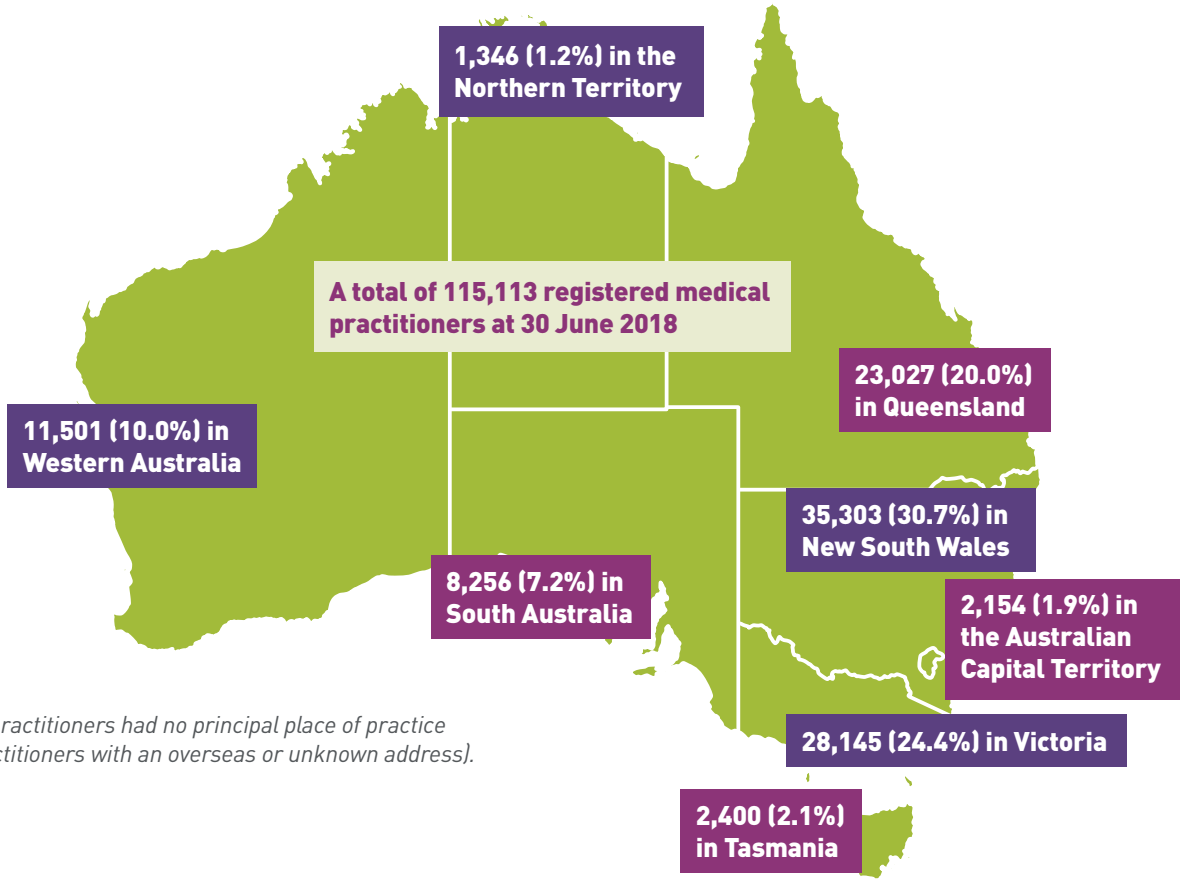
AHPRA received 17,121 applications for registration as a medical practitioner in 2017/18. In partnership with AHPRA, the Board considers every application for registration carefully and assesses it against the requirements for registration, including checking whether the applicant has a criminal history and their English language proficiency.

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

Of the applications finalised, 3.6% resulted in conditions being imposed on registration or the refusal of registration, in order to protect the public.

For more information, download the 2017/18 annual report by AHPRA and the National Boards.

Figure 2: Number and percentage of medical practitioners with a principal place of practice in each state and territory



2,981 (2.6%) practitioners had no principal place of practice (includes practitioners with an overseas or unknown address).

Renewals

Once on the register, medical practitioners must apply to renew registration(s) each year. They must make a number of declarations, including that they have met relevant registration requirements (such as continuing professional development, professional indemnity insurance and recency of practice) and they do not have an impairment. Registrants are also required to provide other information, including details of any change in their criminal history, complaints to a registration authority and whether their right to practise at a hospital or other facility has been withdrawn or restricted because of their conduct, performance or health.

As with new applications for registration, the Board may impose conditions on registration or refuse renewal.

A total of 100,859 medical practitioners renewed their registration in 2017/18, with the proportion of medical practitioners renewing online increasing to 98.6%, up 0.3% from the previous year.

Register of practitioners

AHPRA, in conjunction with the Boards, is required to keep up-to-date and publicly accessible *Registers of health practitioners* (Register) so that information about the registration of any health practitioner is easy to find.

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

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

During the year, the Medical Board of Australia started to publish links to disciplinary decisions by courts and tribunals on the register. The Board decided to introduce links to public tribunal decisions, in the interests of transparency and on the recommendation of the *Independent review of the use of chaperones to protect patients in Australia*.

Practitioner audits

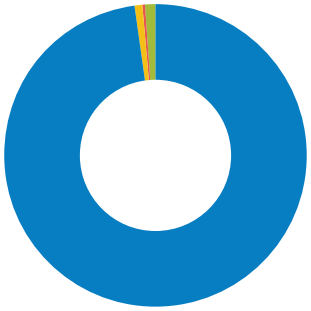
AHPRA conducts regular audits of random samples of health practitioners across all professions on behalf of the National Boards. Audits provide assurance that practitioners are meeting the registration requirements for their profession. During an audit, a practitioner is required to provide evidence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

In 2017/18, AHPRA audited 7,193 practitioners across all 15 regulated health professions. For all audits initiated and completed this year, 98.0% of medical practitioners had complied with the registration standards being audited.

See AHPRA's 2017/18 annual report for more information about the audit process.

For more information about registration, visit the Board's website.

Figure 3: Audit outcomes for the medical profession



- **98.0% compliant**: fully compliant with the registration standards
- **0.7% compliant (education)**: compliant through education in one or more standard
- **0.2% non-compliant**: non-compliant with one or more standard
- **1.1% no audit action required**: practitioners who changed registration type to non-practising or surrendered their registration after being advised that they were subject to audit

Table 4: Number of registered medical practitioners as at 30 June 2018

Medical practitioners	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[1]	Total
2017/18 total	**2,154**	**35,303**	**1,346**	**23,027**	**8,256**	**2,400**	**28,145**	**11,501**	**2,981**	**115,113**
2016/17 total	2,097	34,255	1,259	22,109	8,046	2,298	27,030	11,135	2,937	**111,166**
% change from 2016/17	2.7%	3.1%	6.9%	4.2%	2.6%	4.4%	4.1%	3.3%	1.5%	**3.6%**
% of medical practitioners with a PPP in the state or territory	1.9%	30.7%	1.2%	20.0%	7.2%	2.1%	24.4%	10.0%	2.6%	**100.0%**
Medical practitioners as a % of all health practitioners in the state or territory	17.5%	17.5%	18.1%	16.6%	15.0%	15.8%	15.4%	16.2%	16.4%	**16.4%**
All health practitioners 2017/18	12,297	202,033	7,419	139,056	55,060	15,188	182,674	70,859	18,155	**702,741**

[1] No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 5: Registered medical practitioners, by age

Medical practitioners	<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
2017/18 total	**821**	**12,813**	**16,605**	**15,563**	**14,353**	**12,355**	**10,691**	**10,089**	**8,482**	**6,030**	**3,994**	**1,984**	**1,333**	**115,113**
2016/17 total	896	12,563	15,377	15,050	13,794	11,881	10,551	9,856	8,243	5,766	3,879	1,946	1,364	**111,166**
Age bracket as % of all medical practitioners	0.7%	11.1%	14.4%	13.5%	12.5%	10.7%	9.3%	8.8%	7.4%	5.2%	3.5%	1.7%	1.2%	**100.0%**
All registered health practitioners 2017/18	27,649	88,553	102,709	85,716	76,383	76,601	68,203	71,750	58,315	29,621	11,528	3,777	1,936	**702,741**
Medical practitioners as % of all registered health practitioners	3.0%	14.5%	16.2%	18.2%	18.8%	16.1%	15.7%	14.1%	14.5%	20.4%	34.6%	52.5%	68.9%	**16.4%**

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

Medical practitioners	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[1]	Total 2017/18	Total 2016/17	% change 2016/17-2017/18
2017/18 total	**2,154**	**35,303**	**1,346**	**23,027**	**8,256**	**2,400**	**28,145**	**11,501**	**2,981**	**115,113**	**111,166**	**3.6%**
Female	1,007	15,095	668	9,582	3,475	1,031	12,202	4,983	1,145	**49,188**	46,751	5.2%
Male	1,147	20,208	678	13,445	4,781	1,369	15,942	6,518	1,836	**65,924**	64,415	2.3%
Intersex or indeterminate	0	0	0	0	0	0	1	0	0	**1**	0	100.0%

[1] No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

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

Medical practitioners	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[1]	Total 2017/18	Total 2016/17	% change 2016/17-2017/18
2017/18 total	**2,154**	**35,303**	**1,346**	**23,027**	**8,256**	**2,400**	**28,145**	**11,501**	**2,981**	**115,113**	**111,166**	**3.6%**
General	790	12,694	560	8,409	2,671	734	9,608	4,072	814	**40,352**	38,798	4.0%
General (teaching and assessing)	0	10	0	11	1	3	12	2	0	**39**	40	-2.5%
General (teaching and assessing) and specialist	0	1	0	0	0	0	0	0	0	**1**	1	0.0%
General and specialist	1,002	17,481	498	10,321	4,172	1,171	13,989	4,727	733	**54,094**	52,264	3.5%
Limited	38	706	46	348	189	83	742	294	30	**2,476**	2,473	0.1%
Non-practising	34	722	11	282	144	53	532	208	816	**2,802**	2,762	1.4%
Provisional	106	1,530	100	1,230	475	116	1,216	670	71	**5,514**	5,495	0.3%
Specialist	184	2,159	131	2,426	604	240	2,046	1,528	517	**9,835**	9,333	5.4%

[1] No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 8: Medical practitioners by specialty and principal place of practice at 30 June 2018

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[1]	Total 2017/18	Total 2016/17	% change 2016/17-2017/18
Medical practitioner[2]	**1,305**	**21,111**	**675**	**13,757**	**5,232**	**1,509**	**17,355**	**6,749**	**1,338**	**69,031**	**66,659**	**3.6%**
Addiction medicine	4	70	2	31	15	6	29	16	4	**177**	172	2.9%
Anaesthesia	82	1,522	37	1,048	382	119	1,208	564	144	**5,106**	4,929	3.6%
Dermatology	6	196	2	96	46	6	149	44	9	**554**	540	2.6%
Emergency medicine	43	604	47	543	131	49	558	251	75	**2,301**	2,059	11.8%
General practice	475	7,833	305	5,553	1,990	659	6,204	2,727	234	**25,980**	25,240	2.9%
Intensive care medicine	23	261	13	205	69	18	218	79	36	**922**	888	3.8%
Paediatric intensive care medicine	0	3	0	5	0	1	4	1	0	**14**	11	27.3%
No subspecialty declared	23	258	13	200	69	17	214	78	36	**908**	877	3.5%
Medical administration	10	105	4	83	15	8	69	25	12	**331**	337	-1.8%
Obstetrics and gynaecology	39	586	16	412	149	41	558	180	52	**2,033**	1,983	2.5%
Gynaecological oncology	0	14	0	11	4	1	12	4	0	**46**	47	-2.1%
Maternal-fetal medicine	1	12	1	11	3	0	9	4	1	**42**	40	5.0%
Obstetrics and gynaecological ultrasound	0	13	0	3	3	0	44	3	2	**68**	73	-6.8%
Reproductive endocrinology and infertility	0	26	0	4	7	1	14	2	0	**54**	54	0.0%
Urogynaecology	1	10	0	9	1	0	7	4	0	**32**	31	3.2%
No subspecialty declared	37	511	15	374	131	39	472	163	49	**1,791**	1,738	3.0%
Occupational and environmental medicine	18	90	1	42	28	5	64	47	9	**304**	310	-1.9%
Ophthalmology	15	378	7	168	71	23	257	81	20	**1,020**	1,016	0.4%
Paediatrics and child health	44	926	39	545	194	44	705	318	76	**2,891**	2,698	7.2%
Clinical genetics	0	19	0	5	1	0	9	2	0	**36**	31	16.1%
Community child health	3	28	0	15	2	1	14	4	1	**68**	62	9.7%
General paediatrics	28	665	27	372	137	36	479	200	38	**1,982**	1,880	5.4%
Neonatal and perinatal medicine	7	55	1	34	14	3	54	31	4	**203**	181	12.2%
Paediatric cardiology	0	9	1	11	0	0	10	5	6	**42**	40	5.0%
Paediatric clinical pharmacology	0	1	0	0	0	0	0	0	0	**1**	1	0.0%
Paediatric emergency medicine	0	13	1	21	6	0	17	12	1	**71**	59	20.3%
Paediatric endocrinology	1	14	1	9	2	0	3	5	1	**36**	34	5.9%
Paediatric gastroenterology and hepatology	0	6	0	6	1	0	11	6	3	**33**	30	10.0%
Paediatric haematology	0	5	0	5	1	0	4	3	1	**19**	15	26.7%
Paediatric immunology and allergy	1	9	0	4	9	0	10	2	0	**35**	29	20.7%
Paediatric infectious diseases	0	7	1	7	2	0	6	5	2	**30**	26	15.4%
Paediatric intensive care medicine	0	3	0	4	0	0	0	0	0	**7**	6	16.7%
Paediatric medical oncology	0	9	0	11	1	0	12	8	1	**42**	34	23.5%
Paediatric nephrology	0	4	0	1	2	0	4	2	0	**13**	11	18.2%
Paediatric neurology	0	17	0	6	2	1	9	2	3	**40**	40	0.0%
Paediatric palliative medicine	0	1	0	2	0	0	2	0	0	**5**	4	25.0%
Paediatric rehabilitation medicine	0	4	0	2	1	0	0	2	0	**9**	8	12.5%
Paediatric respiratory and sleep medicine	2	15	0	11	1	0	5	7	0	**41**	34	20.6%
Paediatric rheumatology	0	3	0	2	1	0	3	3	1	**13**	11	18.2%
Paediatric nuclear medicine	0	1	0	0	0	0	0	0	0	**1**	1	0.0%
No subspecialty declared	2	38	7	17	11	3	53	19	14	**164**	161	1.9%

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[1]	Total 2017/18	Total 2016/17	% change 2016/17-2017/18
Pain medicine	5	99	0	60	31	11	62	34	2	**304**	287	5.9%
Palliative medicine	4	120	4	63	26	13	79	35	6	**350**	329	6.4%
Pathology	52	737	11	407	158	44	472	235	40	**2,156**	2,116	1.9%
Anatomical pathology (including cytopathology)	20	318	7	194	66	19	204	98	14	**940**	914	2.8%
Chemical pathology	4	25	1	13	10	2	18	14	4	**91**	93	-2.2%
Forensic pathology	0	11	0	16	5	2	15	5	0	**54**	51	5.9%
General pathology	1	48	0	20	4	3	19	6	2	**103**	112	-8.0%
Haematology	12	177	2	100	43	13	143	48	13	**551**	538	2.4%
Immunology	6	49	0	14	10	0	21	20	1	**121**	117	3.4%
Microbiology	7	89	1	42	17	5	45	36	3	**245**	241	1.7%
No subspecialty declared	2	20	0	8	3	0	7	8	3	**51**	50	2.0%
Physician	203	3,223	94	1,859	874	198	3,087	883	224	**10,645**	10,165	4.7%
Cardiology	21	457	10	287	115	22	373	93	47	**1,425**	1,366	4.3%
Clinical genetics	0	32	0	7	9	0	20	3	0	**71**	70	1.4%
Clinical pharmacology	0	16	0	10	13	0	12	5	3	**59**	56	5.4%
Endocrinology	14	242	7	135	40	11	225	56	5	**735**	688	6.8%
Gastroenterology and hepatology	24	280	5	171	64	16	263	75	22	**920**	874	5.3%
General medicine	30	385	27	403	237	41	536	152	35	**1,846**	1,798	2.7%
Geriatric medicine	13	257	2	110	63	12	244	87	4	**792**	718	10.3%
Haematology	11	179	3	102	40	16	175	43	16	**585**	563	3.9%
Immunology and allergy	8	64	1	15	12	2	33	27	4	**166**	163	1.8%
Infectious diseases	10	111	13	69	33	9	170	38	11	**464**	434	6.9%
Medical oncology	14	217	4	118	51	15	237	44	17	**717**	667	7.5%
Nephrology	13	181	14	98	28	10	182	43	15	**584**	556	5.0%
Neurology	10	231	1	86	39	8	207	44	13	**639**	601	6.3%
Nuclear medicine	8	107	0	30	25	7	60	22	1	**260**	255	2.0%
Respiratory and sleep medicine	12	232	1	134	62	13	190	70	10	**724**	685	5.7%
Rheumatology	11	122	2	54	37	9	112	30	7	**384**	371	3.5%
No subspecialty declared	4	110	4	30	6	7	48	51	14	**274**	300	-8.7%
Psychiatry	60	1,163	25	749	302	77	1,062	352	82	**3,872**	3,689	5.0%
Public health medicine	32	131	22	79	26	10	77	42	13	**432**	433	-0.2%
Radiation oncology	13	142	3	76	18	9	100	25	8	**394**	386	2.1%
Radiology	58	721	2	484	175	45	649	264	137	**2,535**	2,464	2.9%
Diagnostic radiology	44	629	2	413	160	41	517	229	116	**2,151**	2,097	2.6%
Diagnostic ultrasound	0	0	0	1	0	0	3	0	0	**4**	4	0.0%
Nuclear medicine	6	38	0	51	10	2	69	11	3	**190**	188	1.1%
No subspecialty declared	8	54	0	19	5	2	60	24	18	**190**	175	8.6%
Rehabilitation medicine	7	237	2	73	38	11	142	15	10	**535**	517	3.5%
Sexual health medicine	4	57	1	21	10	2	25	8	1	**129**	127	1.6%
Sport and exercise medicine	12	44	1	11	4	2	39	10	1	**124**	121	2.5%
Surgery	96	1,866	37	1,149	480	109	1,542	514	143	**5,936**	5,853	1.4%
Cardio-thoracic surgery	4	57	0	42	12	3	60	16	9	**203**	203	0.0%
General surgery	29	669	20	375	164	32	548	161	52	**2,050**	2,024	1.3%
Neurosurgery	7	81	1	52	16	7	68	19	5	**256**	252	1.6%
Oral and maxillofacial surgery	3	35	2	34	13	2	36	15	5	**145**	133	9.0%
Orthopaedic surgery	26	452	6	321	125	28	329	139	37	**1,463**	1,436	1.9%
Otolaryngology – head and neck surgery	7	167	2	98	45	9	126	43	13	**510**	510	0.0%
Paediatric surgery	4	36	0	16	9	2	24	8	3	**102**	102	0.0%
Plastic surgery	5	133	2	73	43	10	148	48	6	**468**	461	1.5%
Urology	8	135	1	91	34	12	127	40	7	**455**	445	2.2%
Vascular surgery	3	77	2	47	19	4	65	20	3	**240**	238	0.8%
No subspecialty declared	0	24	1	0	0	0	11	5	3	**44**	49	-10.2%

[1] No principal place of practice (No PPP) includes practitioners with an overseas or unknown address. 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.

[2] 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.

Regulating the workforce

In brief: Notifications, monitoring and offences

3,749 notifications (complaints or concerns) were lodged with AHPRA about medical practitioners in 2017/18.

This equates to more than 51.5% of all complaints about health practitioners received by AHPRA.

5.1% of all medical practitioners were the subject of a notification (compared with 1.6% of all registered health practitioners).

Immediate action was taken 148 times; 32 resulted in suspension of a medical practitioner's registration while a notification was investigated.

255 mandatory notifications were made.

3,703 notifications were closed.

890 medical practitioners were monitored by AHPRA for health, performance and/or conduct during the year.

176 statutory offence complaints were made about medical practitioners – almost two-thirds related to title and practice protection.

An important note about our data

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

The notification process is different in New South Wales and Queensland:

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

Wherever possible in the tables in this report, HPCA data are given in separate columns and the data have been checked by the HPCA (correct as at time of publication). Please refer to the HPCA's 2017/18 annual report on their website, as data may have been subsequently reconciled.

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

- is serious, in which case it must be retained by OHO for investigation
- should be referred to AHPRA and the relevant National Board for management, or
- can be closed, or managed by way of conciliation or local resolution.

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

What is a notification?

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

Some complaints are treated differently under the National Law, as they are considered 'statutory offences'. AHPRA and the Board can prosecute individuals who commit these offences. For data about statutory offences concerning medical practitioners in 2017/18, see *Statutory offences*.

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

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

Standards of clinical care continue to be the primary reason people make a notification. There has been a small increase in the number of notifications about medication issues and a slight decrease in the number of communication issues.

We also received 10 notifications about students who were studying to become a medical practitioner during the year. Usually, these complaints and concerns are lodged by education providers. See the 2017/18 annual report for data relating to notifications about students across all regulated health professions.

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

Notifications received

This year, AHPRA received the highest number of notifications (7,276) in any single financial year since the National Scheme began, with over 51.5% (3,749) of those relating to medical practitioners. This is 3.6% more than the number received in relation to medical practitioners in 2016/17 (3,617) and 19.1% more than the number received in 2015/16 (3,147).

Almost all jurisdictions had an increase in notifications made about medical practitioners, with Victoria (1,203) and Queensland (1,094) accounting for 61.3% of notifications nationally relating to medical practitioners in 2017/18.

Notifications closed

The Board assessed and completed slightly more notifications about medical practitioners in 2017/18 than in 2016/17. This represents the highest number of closures (3,703) for the Board since the start of the National Scheme. These closures accounted for more than 52% of all closed notifications across all professions nationally. Of notifications that were closed, 19.8% resulted in some form of regulatory action being taken by the Board.

There were 1,948 open notifications about medical practitioners as at 30 June 2018.

Tables 9–25 show data about notifications in 2017/18 and those that remained open as at 30 June 2018.

Figure 4: Total notifications received by AHPRA about medical practitioners, year by year, since the National Scheme began

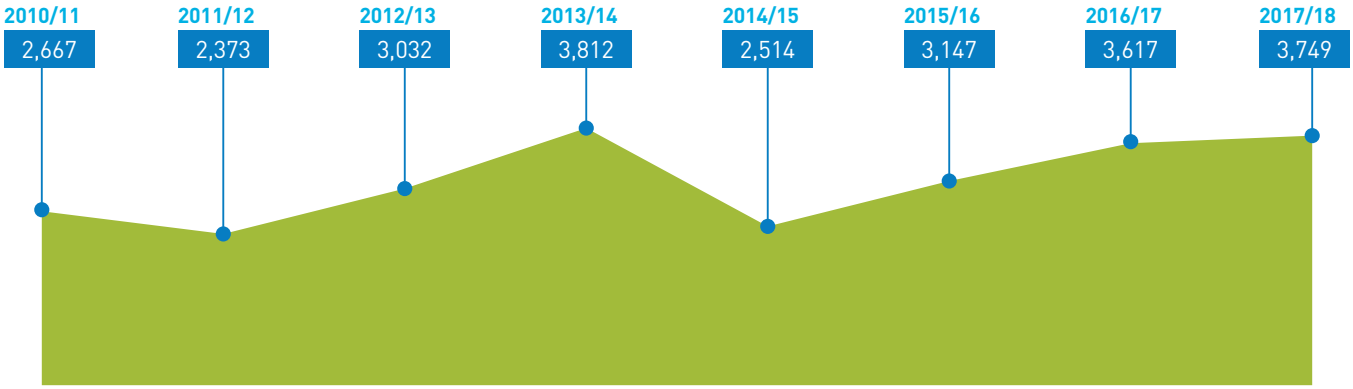


Figure 5: How AHPRA and the Board manage notifications

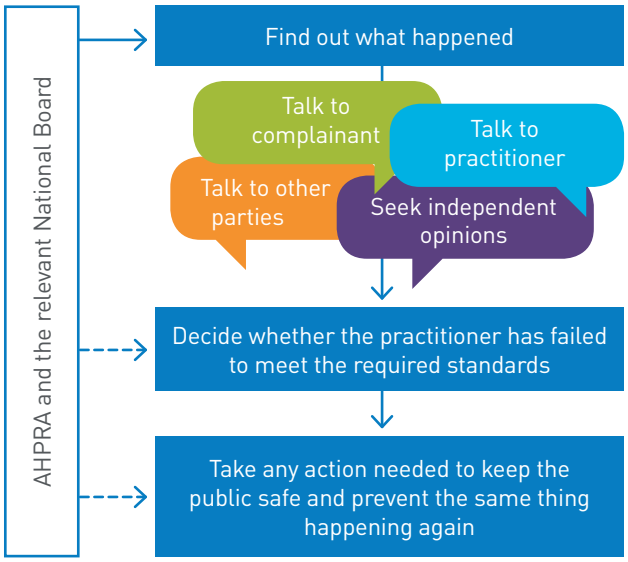


Figure 6: Source of notifications lodged with AHPRA about medical practitioners

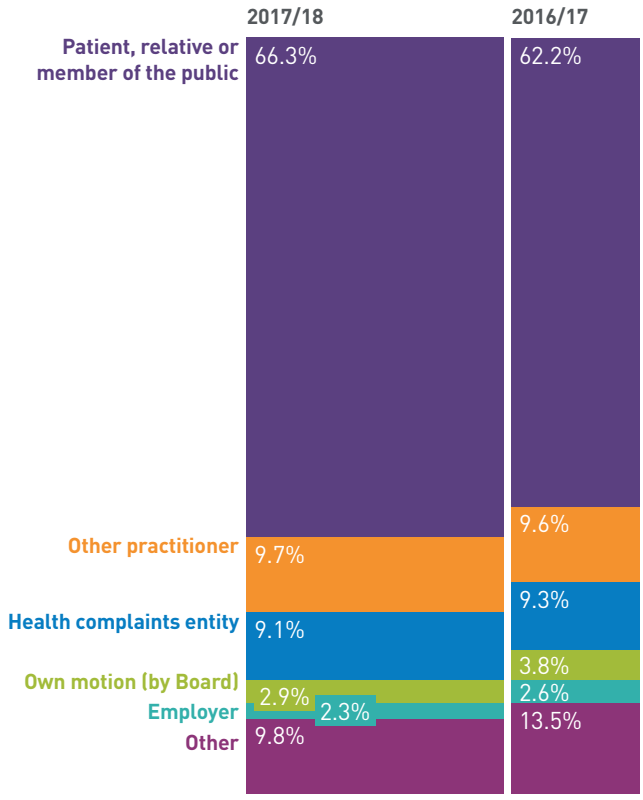
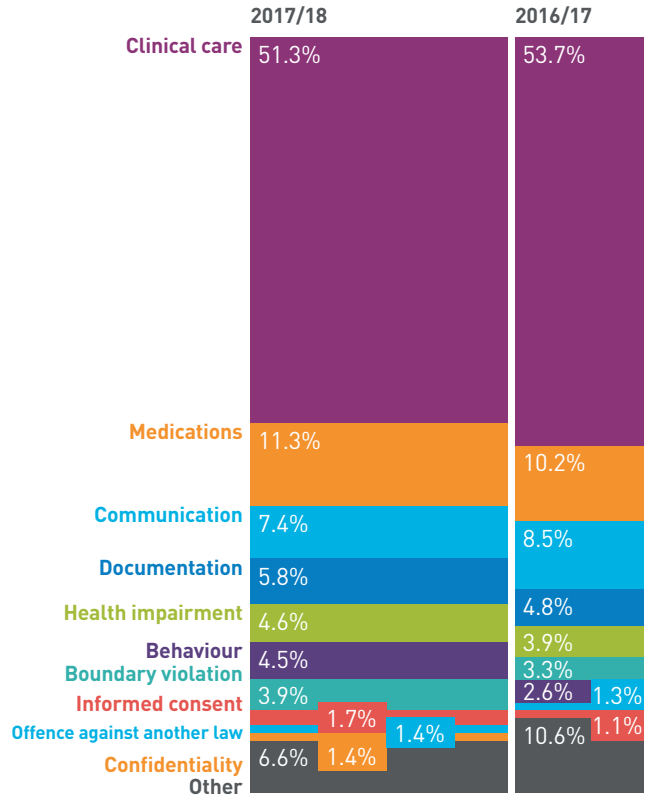


Figure 7: The most common types of complaint lodged with AHPRA about medical practitioners



Mandatory notifications

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

Notifiable conduct by registered health practitioners is defined as:

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

AHPRA received a total of 908 mandatory notifications in 2017/18, with over 28% (255) relating to medical practitioners. Of mandatory notifications closed, 37.7% resulted in some form of regulatory action being taken by the Board. This compares with 18.6% of voluntary notifications resulting in regulatory action.

Most mandatory notifications related to 'a serious departure from accepted standards of practice' by a medical practitioner.

For information about the *Guidelines for mandatory notifications*, visit the Board's website.

Tables 15–18 show data about mandatory notifications in 2017/18.

Taking immediate action

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

In 2017/18, the Board considered immediate action on 232 occasions. The Board took immediate action on 148 occasions (in 76 cases, usually after the practitioner had made submissions, the Board did not consider it was necessary to take immediate action). Immediate action was considered on 6.2% of all notifications received this year, compared with 5.3% of all notifications received in 2015/16.

Tables 19 and 20 show data about immediate action in 2017/18.

Tribunals, panels and appeals

Tribunals

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

Tribunals in each state and territory:

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

Of the 77 matters relating to medical practitioners that were decided by tribunals in the year, more than 98% resulted in some form of disciplinary action or the surrender of registration.

Panels

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

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

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

Of the 18 matters relating to medical practitioners that were decided by panels during the year, just over 66% resulted in some form of regulatory action being taken against the individual medical practitioner.

Appeals

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

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

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

There were 13 appeals lodged nationally about decisions made by the Board under the National Law in 2017/18. In the previous year 35 appeals were lodged. In 2017/18, 28 appeals were finalised.

Please refer to the main annual report by AHPRA and the National Boards for data relating to appeals in 2017/18.

Tables 24–25 show data about tribunals and panels in 2017/18.

Compliance

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

At 30 June 2018, there were 1,659 individual medical practitioners (comprising 1,692 monitoring cases) being actively monitored.[1]

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

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

The 1,692 monitoring cases of medical practitioners represent 33.4% of all monitoring cases across the 15 professions in the National Scheme. The majority of these cases were being monitored for suitability/eligibility.

For more information on monitoring and compliance, visit the AHPRA website.

Tables 26 and 27 show data about monitoring cases in 2017/18.

Statutory offences

The National Law sets out four types of statutory offences:

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

Breaches of the National Law that constitute a statutory offence can put individuals and the community at risk. These offences may be committed by registered health practitioners, unregistered individuals or corporate entities and are covered under Part 7 of the National Law. For more information on monitoring and compliance, visit the AHPRA website.

AHPRA received 176 new offence complaints about the medical profession in 2017/18. Statutory offence complaints about medical practitioners accounted for 30.3% of all statutory offences received nationally across all professions. In 2016/17, 273 complaints about the medical profession were received. This higher number was largely due to complaints about alleged advertising breaches.

Concerns about unlawful advertising are now managed in two ways: serious-risk advertising complaints, advertising complaints by corporate entities and unregistered persons are managed as statutory offences, and low- to moderate-risk advertising offences by registrants are managed under the *Advertising compliance and enforcement strategy*.

This year, there was a 32.5% decrease in the number of offence complaints closed (191), down from 283 in 2016/17. This reflects the relatively smaller number of complaints received in 2017/18.

Table 28 shows data about statutory offences in 2017/18.

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

Table 9: Notifications received about medical practitioners, including matters closed in 2017/18 and those remaining open at 30 June 2018, by state or territory (including HPCA)

Medical practitioners[1]	ACT	NSW[2]	NT	QLD[3]	SA	TAS	VIC	WA	No PPP[4]	Subtotal	HPCA[5]	Total
Notifications received	**121**	**63**	**69**	**1094**	**501**	**124**	**1203**	**544**	**30**	**3,749**	**2,599**	**6,348**
% of all medical notifications	1.9%	1.0%	1.1%	17.2%	7.9%	2.0%	19.0%	8.6%	0.5%	**59.1%**	40.9%	**100.0%**
Mandatory received	13	7	12	4	50	10	116	38	5	**255**	88	**343**
% of all medical notifications	3.8%	2.0%	3.5%	1.2%	14.6%	2.9%	33.8%	11.1%	1.5%	**74.3%**	25.7%	**100.0%**
Notifications closed	98	59	73	1097	552	130	1125	544	25	**3,703**	2,313	**6,016**
% of all medical notifications	1.6%	1.0%	1.2%	18.2%	9.2%	2.2%	18.7%	9.0%	0.4%	**61.6%**	38.4%	**100.0%**
Open at 30 June 2018	54	37	35	705	171	58	620	254	14	**1,948**	1,355	**3,303**
% of all medical notifications	1.6%	1.1%	1.1%	21.3%	5.2%	1.8%	18.8%	7.7%	0.4%	**59.0%**	41.0%	**100.0%**

1 Data relating to notifications (complaints or concerns) are based on the state or territory of the practitioner's principal place of practice (PPP).

2 Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

3 Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman (OHO) in Queensland.

4 No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

5 Matters managed by the Health Professional Councils Authority (HPCA) in NSW.

Table 10: Notifications received by state and territory, year-on-year comparison (including HPCA)

Medical practitioners	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[1]	Subtotal	HPCA[2]	Total
2017/18	**121**	**63**	**69**	**1,094**	**501**	**124**	**1,203**	**544**	**30**	**3,749**	**2,599**	**6,348**
2016/17	114	51	84	1,141	393	185	1,140	476	33	**3,617**	2,296	**5,913**
% change from 2016/17 to 2017/18	6.1%	23.5%	-17.9%	-4.1%	27.5%	-33.0%	5.5%	14.3%	-9.1%	**3.6%**	13.2%	**7.4%**
All notifications[3] received 2017/18	209	111	147	2,079	992	251	2,414	972	101	**7,276**	4,610	**11,886**
All notifications[3] received 2016/17	242	96	169	2,046	800	329	2,230	900	86	**6,898**	4,111	**11,009**
Medical as % of all notifications received 2017/18	1	56.8%	46.9%	52.6%	50.5%	49.4%	49.8%	56.0%	29.7%	**51.5%**	56.4%	**53.4%**
Medical as % of all notifications received 2016/17	47.1%	53.1%	49.7%	55.8%	49.1%	56.2%	51.1%	52.9%	38.4%	**52.4%**	55.9%	**53.7%**

1 No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

2 Matters managed by the HPCA in NSW.

3 'All notifications' are the total number of notifications lodged with AHPRA about registered health practitioners in the health professions regulated in the National Scheme.

Table 11: Percentage of practitioners with notifications received, by state or territory (including HPCA)

Medical practitioners	ACT	NSW (including HPCA complaints)[1]	NT	QLD (including OHO complaints)[2]	SA	TAS	VIC	WA	No PPP[3]	Total
Total medical practitioners 2017/18	**5.4%**	**5.7%**	**4.3%**	**7.2%**	**5.4%**	**4.4%**	**3.6%**	**4.0%**	**0.7%**	**5.1%**
Total medical practitioners 2016/17	5.2%	5.5%	5.9%	7.7%	4.4%	6.8%	3.7%	3.8%	1.1%	**5.1%**
All registered practitioners 2017/18	1.6%	1.8%	1.8%	2.1%	1.6%	1.5%	1.1%	1.2%	0.3%	**1.6%**
All registered practitioners 2016/17	1.9%	1.7%	2.2%	2.2%	1.3%	1.9%	1.1%	1.2%	0.5%	**1.6%**

1 Matters managed by the HPCA in NSW.

2 Includes matters managed by OHO in Queensland, not just those matters referred to AHPRA by OHO.

3 No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 12: Open notifications at 30 June 2018, by state or territory (including HPCA)

Medical practitioners	ACT	NSW[1]	NT	QLD	SA	TAS	VIC	WA	No PPP[2]	Subtotal	HPCA[3]	Total
2017/18	**54**	**37**	**35**	**705**	**171**	**58**	**620**	**254**	**14**	**1,948**	**1,355**	**3,303**
2016/17	34	26	38	710	223	67	547	250	10	**1,905**	1,175	**3,080**
% change 2016/17 to 2017/18	59%	42%	-8%	-1%	-23%	-13%	13.3%	2%	40%	**2%**	15%	**7%**
All cases open 2017/18	102	77	67	1,448	435	121	1,345	554	38	**4,187**	2,541	**6,728**
All cases open 2016/17	107	60	90	1,431	492	141	1,125	537	33	**4,016**	2,282	**6,298**
Medical as % of all open cases 2017/18	52.9%	48.1%	52.2%	48.7%	39.3%	47.9%	46.1%	45.8%	36.8%	**46.5%**	53.3%	**49.1%**
Medical as % of all open cases 2016/17	31.8%	43.3%	42.2%	49.6%	45.3%	47.5%	48.6%	46.6%	30.3%	**47.4%**	51.5%	**48.9%**

1 Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

2 No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

3 Matters managed by the HPCA in NSW.

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

Notifications	ACT	NSW[1]	NT	QLD[2]	SA	TAS	VIC	WA	No PPP[3]	Subtotal	HPCA[4]	Total
Closed matters relating to medical practitioners in 2017/18	**98**	**59**	**73**	**1,097**	**552**	**130**	**1,125**	**544**	**25**	**3,703**	**2,313**	**6,016**
Closed matters relating to medical practitioners in 2016/17	126	63	75	1,139	382	165	1,130	447	30	**3,557**	2,097	**5,654**
% change from 2016/17 to 2017/18	-22%	-6%	-3%	-4%	45%	-21%	0%	22%	-17%	**4%**	10%	**6%**
All notifications[5] closed in 2017/18	211	114	168	2,065	1,049	265	2,197	953	83	**7,105**	4,240	**11,345**
All notifications[5] closed in 2016/17	237	102	149	1,901	871	284	2,192	859	74	**6,669**	3,744	**10,413**
2017/18: medical practitioners as % of all notifications closed	46.4%	51.8%	43.5%	53.1%	52.6%	49.1%	51.2%	57.1%	30.1%	**52.1%**	54.6%	**53.0%**
2016/17: medical practitioners as % of all notifications closed	53.2%	61.8%	50.3%	59.9%	43.9%	58.1%	51.6%	52.0%	40.5%	**53.3%**	56.0%	**54.3%**

1 Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

2 Matters referred to AHPRA and the National Board by OHO in Queensland.

3 No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

4 Matters managed by the HPCA in NSW.

5 'All notifications' are the total number of notifications closed about registered health practitioners in the 15 health professions regulated in the National Scheme.

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

	2017/18		2016/17	
Stage at closure	Medical practitioners	All registrants	Medical practitioners	All registrants
Assessment[1]	**2,435**	4,431	2,438	4,141
Health or performance assessment[2]	**119**	419	94	362
Investigation	**1,055**	2,039	919	1,919
Panel hearing	**16**	47	25	72
Tribunal hearing	**78**	169	81	175
Total[3]	**3,703**	**7,105**	3,557	6,669

1 Closed after initial assessment of the matter.

2 Performance assessments are carried out by a Board-selected assessor whose scope of practice is similar to that of the practitioner being assessed (assessors are not Board members or AHPRA staff).

3 Excludes matters managed by the HPCA in NSW.

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

	2017/18				2016/17			
	Number of practitioners[1]			Rate / 10,000 practitioners	Number of practitioners[1]			Rate / 10,000 practitioners
Profession	AHPRA	HPCA[2]	Total		AHPRA	HPCA[2]	Total	
Medical practitioners	**203**	**77**	**280**	**24.3**	189	64	253	22.8
All registrants	**793**	**332**	**1,125**	**16.0**	747	276	1,023	15.1

1 The number of practitioners involved in the mandatory reports received.

2 Matters managed by the HPCA in NSW.

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

Notifications	ACT	NSW[1]	NT	QLD	SA	TAS	VIC	WA	No PPP[2]	Subtotal	HPCA[3]	Total
2017/18	**13**	**7**	**12**	**4**	**50**	**10**	**116**	**38**	**5**	**255**	**88**	**343**
2016/17	6	2	4	4	65	20	86	35	2	**224**	70	**294**
% change from 2016/17 to 2017/18	117%	250%	200%	0%	-23%	-50%	35%	9%	150%	**14%**	26%	**17%**
All mandatory notifications[4] received 2017/18	28	17	27	8	260	42	372	132	22	**908**	362	**1,270**
All mandatory notifications[4] received 2016/17	32	7	15	13	255	73	335	111	6	**847**	295	**1,142**
Medical as % of all mandatory notifications received 2017/18	46.4%	41.2%	44.4%	50.0%	19.2%	23.8%	31.2%	28.8%	22.7%	**28.1%**	24.3%	**27.0%**
Medical as % of all mandatory notifications received 2016/17	18.8%	28.6%	26.7%	30.8%	25.5%	27.4%	25.7%	31.5%	33.3%	**26.4%**	23.7%	**25.7%**

1 Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

2 No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

3 Matters managed by the HPCA in NSW.

4 Closed after initial assessment of the matter.

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

Outcome		Grounds for notification[1]				Total 2017/18	Total 2016/17
		Standards	Impairment	Sexual misconduct	Alcohol or drugs		
End matter	No further action	56	9	3		**68**	57
	Dealt with as enquiry					**0**	1
	Caution	6				**6**	13
	Accept undertaking		2			**2**	1
	Impose conditions	3				**3**	0
Total closed after assessment		**65**	**11**	**3**	**0**	**79**	**72**
Refer to further stage	Refer to health or performance assessment	6	13		3	**22**	12
	Refer to investigation	118	18	16	2	**154**	110
	Refer to other stage					**0**	4
Total referred to further stage		**124**	**31**	**16**	**5**	**176**	**126**
Total assessments finalised 2017/18		**189**	**42**	**19**	**5**	**255**	
Total assessments finalised 2016/17		**147**	**33**	**13**	**5**		**198**

[1] Excludes matters managed by the HPCA in NSW.

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

Table 18: Outcomes at closure for mandatory notifications closed in 2017/18 (excluding HPCA)

Outcome	Total 2017/18	Total 2016/17
No further action[1]	**147**	128
Impose conditions	**28**	29
Caution	**23**	40
Accept undertaking	**16**	15
Suspend registration	**5**	4
Fine registrant	**3**	0
Cancel registration	**4**	1
Reprimand	**4**	1
Refer all or part of the notification to another body	**6**	3
Total	**236**	**221**

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

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

Medical practitioner	ACT	NSW[1]	NT	QLD	SA	TAS	VIC	WA	No PPP[2]	Subtotal	HPCA[3]	Total
2017/18	**7**	**5**	**10**	**37**	**30**	**13**	**79**	**48**	**3**	**232**	**118**	**350**
2016/17	3	0	5	28	45	7	41	30	1	**160**	91	**251**
% change from 2016/17 to 2017/18	133.3%	500.0%	100.0%	32.1%	-33.3%	85.7%	92.7%	60.0%	200.0%	**45.0%**	29.7%	**39.4%**

[1] Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

[2] No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

[3] Matters managed by the HPCA in NSW.

Table 20: Outcomes of immediate actions (excluding HPCA)

Outcome[1]	2017/18		2016/17	
	Medical practitioners	All registrants	Medical practitioners	All registrants
Not take immediate action	**76**	**173**	48	76
Accept undertaking	**51**	**113**	34	69
Impose conditions	**65**	**174**	45	147
Accept surrender of registration	**0**	**1**	0	1
Suspend registration	**32**	**126**	23	103
Decision pending	**8**	**22**	10	23
Total	**232**	**609**	**160**	**419**

[1] Excludes matters managed by the HPCA in NSW.

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

Outcome	2017/18		2016/17	
	Medical practitioners	All registrants	Medical practitioners	All registrants
No further action[1]	**2,970**	5,116	2,714	4,572
Refer all or part of the notification to another body	**23**	71	31	54
HCE to retain	**128**	174	130	159
Caution or reprimand	**249**	816	393	946
Accept undertaking	**64**	158	62	149
Impose conditions	**225**	686	199	706
Fine registrant	**8**	12	3	11
Suspend registration	**16**	37	13	30
Practitioner surrender	**0**	5	0	5
Cancel registration	**20**	30	9	34
Not permitted to reapply for registration for 12 months or more	**0**	0	3	3
Total	**3,703**	**7,105**	**3,557**	**6,669**

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

Table 22: Outcomes of assessments finalised (excluding HPCA)

Outcome	2017/18		2016/17	
	Medical practitioners	All registrants	Medical practitioners	All registrants
Outcome of decisions to take the notification further				
Investigation	**1,241**	2,327	1,092	2,159
Health or performance assessment	**63**	267	49	228
Panel hearing	**1**	2	3	11
Tribunal hearing	**0**	0	0	0
Other stage	**10**			
Subtotal	**1,315**	**2,629**	**1,185**	**2,486**
Outcome of notifications closed following assessment				
No further action[1]	**2,133**	3,589	1,951	3,111
HCE to retain	**127**	173	123	148
Refer all or part of the notification to another body	**8**	18	19	29
Dealt with as enquiry	**0**	1	7	10
Caution	**94**	417	207	485
Accept undertaking	**14**	28	21	44
Impose conditions	**49**	168	54	200
Accept surrender of registration	**0**	1	0	0
Subtotal	**2,425**	**4,395**	**2,382**	**4,027**
Total	**3,740**	**7,024**	**3,567**	**6,513**

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

Table 23: Outcomes of investigations finalised (excluding HPCA)

Outcome	2017/18		2016/17	
	Medical practitioners	All registrants	Medical practitioners	All registrants
Outcome of decisions to take the notification further				
Investigation	2	4	5	7
Health or performance assessment	56	144	63	152
Panel hearing	14	31	17	61
Tribunal hearing	84	211	77	153
Other stage	10	14	3	3
Subtotal	166	404	165	376
Outcome of notifications closed following assessment				
No further action[1]	774	1,306	642	1,170
Refer all or part of the notification to another body	12	25	12	25
Caution	129	343	163	400
Accept undertaking	31	84	29	64
Impose conditions	104	284	70	261
Suspend registration	0	1	0	0
Subtotal	1,050	2,043	916	1,920
Total investigations finalised	1,216	2,447	1,081	2,296

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

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

Outcome	2017/18		2016/17	
	Medical practitioners	All registrants	Medical practitioners	All registrants
No further action[1]	6	12	5	11
Caution	8	16	13	28
Reprimand	0	5	2	5
Impose conditions	4	16	5	26
Suspend registration	0	0	0	2
Total	18	49	25	72

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

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

Outcome	2017/18		2016/17	
	Medical practitioners	All registrants	Medical practitioners	All registrants
No further action[1]	1	5	14	15
Fine registrant	8	12	3	11
Caution or reprimand	15	27	4	19
Accept undertaking	0		2	3
Impose conditions	17	31	34	60
Accept surrender of registration	0	1		1
Suspend registration	16	36	12	27
Cancel registration	20	30	9	34
Not permitted to reapply for registration for 12 months or more	0	0	3	3
Refer all or part of the notification to another body	0	26	0	0
Total	77	168	81	173

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

Table 26: Monitoring cases at 30 June 2018, by state or territory (excluding HPCA)

Monitoring cases[1]	ACT	NSW[2]	NT	QLD	SA	TAS	VIC	WA	No PPP[3]	Total[4]
Medical practitioner 2017/18	**26**	**443**	**40**	**331**	**128**	**42**	**417**	**235**	**30**	**1,692**
Medical practitioner 2016/17	29	440	25	336	137	38	348	240	27	**1,620**
All practitioners 2017/18	90	1,315	81	1,045	460	103	1,178	657	136	**5,065**
All practitioners 2016/17	113	1,353	53	1,069	450	107	1,138	666	135	**5,084**
Medical as % of all practitioners 2017/18	28.9%	33.7%	49.4%	31.7%	27.8%	40.8%	35.4%	35.8%	22.1%	**33.4%**
Medical as % of all practitioners 2016/17	25.7%	32.5%	47.2%	31.4%	30.4%	35.5%	30.6%	36.0%	20.0%	**31.9%**

1 AHPRA reports on monitoring cases established rather than by individual registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. In 2017/18, there were 1,692 cases about medical practitioners, which relate to 1,659 individual registrants.

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

3 No principal place of practice (No PPP) includes practitioners with an overseas or unknown address. AHPRA also receives offence complaints about unregistered person where a PPP is not recorded.

Table 27: Monitoring cases at 30 June 2018, by stream (excluding HPCA)

Monitoring cases[1]	Conduct	Health	Performance	Prohibited practitioner/student	Suitability/ eligibility[2]	Total
Medical practitioner 2017/18	**100**	**205**	**230**	**85**	**1,072**	**1,692**
Medical practitioner 2016/17	126	216	213	55	1,010	**1,620**
All registered practitioners 2017/18	275	564	561	315	3,350	**5,065**
All registered practitioners 2016/17	356	577	552	256	3,343	**5,084**
Medical as % of all registered practitioners 2017/18	36.4%	36.3%	41.0%	27.0%	32.0%	**33.4%**
Medical as % of all registered practitioners 2016/17	35.4%	37.4%	38.6%	21.5%	30.2%	**31.9%**

1 AHPRA reports on monitoring cases established rather than by individual registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. In 2017/18, there were 1,692 cases about medical practitioners, which relate to 1,659 individual registrants.

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

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

Type of offence[1]		ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[2]	Total 2017/18	Total 2016/17
Title protections (s. 113–120)	**Received**	3	28	0	8	0	1	29	4	41	**114**	**97**
	Closed	3	34	2	9	3	1	26	4	32	**114**	**108**
Practice protections (s. 121–123)	**Received**	0	0	0	0	0	1	0	0	0	**1**	**4**
	Closed	0	0	0	0	0	1	0	0	0	**1**	**9**
Advertising breach (s. 133)	**Received**	0	7	0	8	1	1	8	11	13	**49**	**164**
	Closed	0	8	0	7	1	0	12	9	27	**64**	**157**
Directing or inciting unprofessional conduct/professional misconduct (s. 136)	**Received**	0	0	0	3	0	0	0	0	2	**5**	**3**
	Closed	0	0	0	3	0	0	0	0	2	**5**	**4**
Other offence	**Received**	0	0	0	1	1	0	3	0	2	**7**	**5**
	Closed	0	0	0	1	1	0	3	0	2	**7**	**5**
Total 2017/18	**Received**	**3**	**35**	**0**	**20**	**2**	**3**	**40**	**15**	**58**	**176**	
	Closed	**3**	**42**	**2**	**20**	**5**	**2**	**41**	**13**	**63**	**191**	
Total 2016/17	**Received**	**1**	**76**	**2**	**34**	**8**	**2**	**49**	**12**	**89**		**273**
	Closed	**1**	**63**	**1**	**58**	**8**	**3**	**46**	**8**	**95**		**283**

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 No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Appendices

Appendix 1: Structure of the National Board

Committees and working groups in operation during 2017/18:

State and territory boards

All states and territories

National committees

Finance Committee

Queensland Triage and Assessment Committee

Western Triage and Assessment Committee

National Training Survey Advisory Group

National Training Survey Steering Committee (from 28 February 2018)

Professional Performance Framework Implementation Working Group

Sexual Boundaries Notifications Committee (commenced 6 July 2017)

State and territory/regional committees

Health Committee in Vic and WA

Immediate Action Committee (excluding NSW)

Notifications Committees (excluding NSW)

Registration Committee (all jurisdictions)

Working groups

Revalidation Expert Advisory Group

National Training Survey Advisory Group

National Training Survey Steering Committee (from 28 February 2018)

Professional Performance Framework Implementation Working Group

Continuing Professional Development Advisory Group

See Appendix 3 for member lists in 2017/18.

Appendix 2: Approved registration standards, codes and guidelines

Registration standards are submitted for approval by the Ministerial Council in accordance with the National Law.

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

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

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

Registration standard, code or guideline	Approved by	Date of approval	Status
Granting general registration to medical practitioners who hold an Australian Medical Council certificate registration standard	Ministerial Council	1 September 2017	Effective from 15 February 2018
Registration standard for specialist registration	Ministerial Council	1 September 2017	Effective from 1 June 2018
Revised list of medical specialties, fields of specialty practice and related titles	Ministerial Council	27 March 2018	Effective 1 June 2018

Appendix 3: Board and national committee members

The Medical Board of Australia values the contribution of its Board and committee members across Australia. Together, we make decisions to protect the public Australia-wide. In 2017/18, we held 80 National Board and committee meetings and 837 state Board and committee meetings. Members of these Boards and committees appointed for the entire or part of the 2017/18 year were as follows:

Australian Capital Territory

Dr Kerrie Bradbury (Chair)
Dr Emma Adams
Dr Tobias Angstmann
Ms Vicki Brown
Ms Catherine Gauthier
Dr Janelle Hamilton
Mr Robert Little
Mr Donald Malcolmson
Professor Peter Warfe
Dr Jill Van Acker

New South Wales

Dr Stephen Adelstein (Chair)
Dr Sergio Diez Alvarez
Dr Jennifer Davidson
Dr Amanda Mead
Dr Robyn Napier OAM
Professor Abdullah Omari
Ms Jebby Phillips
Professor Allan Spigelman
Mr John Stubbs

Northern Territory

Dr Charles Kilburn (Chair)
Mrs Lea Aitken
Mr John Boneham
Mrs Julia Christensen
Dr Tamsin Cockayne
Dr Henry Duncan
Ms Annette Flaherty
Dr Paul Helliwell
Dr Verushka Krigovsky
Dr Hemanshu Patel
Dr Christine Watson

Queensland

Dr Susan O'Dwyer (Chair)
Dr Cameron Bardsley
Dr Patrick Clancy
Ms Christine Gee
Dr Genevieve Goulding
Dr Maria Ho
Dr Robert Ivers
Professor Eleanor Milligan
Ms Megan O'Shannessy
Dr Philip Richardson
Mr George Seymour
Dr Susan Young

South Australia

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

Tasmania

Dr Andrew Mulcahy (Chair)
Dr Brian Bowring AM
Mr David Brereton
Dr Anelisa Chequer De Souza
Dr Kristen Fitzgerald
Dr Fiona Joske
Mr Fergus Leicester
Ms Leigh Mackey
Ms Elizabeth Maclaine-Cross
Dr Gavin Mackie
Dr Colin Merridew
Dr Phillip Moore
Dr Kim Rooney
Dr David Saner
Mrs Joan Wylie

Victoria

Dr Debra O'Brien (Chair)
Mrs Jennifer Barr
Dr Christine Bessell
Dr John Carnie PSM
Dr Anthony Cross
Mrs Paula Davey
Dr Arya Dissanayake
Mr Kevin Ekendahl
Dr Susan Gould
Ms Jennifer Jaeger
Ms Louise Johnson
Associate Professor Abdul Khalid
Dr Alison Lilley
Associate Professor Solomon Menahem
Dr Pamela Montgomery
Mr Simon Phipps
Dr Ines Rio
Dr Miriam Weisz
Dr Abhishek Verma

Western Australia

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

Non-Board members appointed to committees

ACT

Mr John Peter Alati

QLD

Dr Jeanette Best
Ms Heather Eckersley
Professor Harry McConnell
Mr Geoff Rowe
Dr Samuel Stevens
Dr Maria Tessa Ho

SA

Dr Carolyn Edmonds
Dr Harshita Pant
Ms Patricia Rayner
Dr Melanie Turner

WA

Dr Frank Kubicek
Dr Steven Patchett

Finance Committee

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

Continuing Professional Development Advisory Group

Professor Kathryn Leslie (Chair)
Mr John Biviano
Dr Claire Blizard
Professor Richard Doherty
Dr Joanne Katsoris
Dr Alexandra Markwell
Dr Bruce Mugford
Dr Sukhpal Sandhu
Professor Anne Tonkin

Professional Performance Framework Implementation Working Group

Dr Joanna Flynn (Chair)
Mr Mark Bodycoat
Associate Professor David Hillis
Dr Joanne Katsoris
Professor Anne Tonkin

National Training Survey Advisory Group

Associate Professor Stephen Adelstein (Chair)
Dr Mohamed Abdeen
Dr Anthony Bartone
Ms Helen Craig
Dr James Edwards
Dr Kali Hayward
Dr Daniel Heredia
Mr Warwick Hough
Dr Kym Jenkins
Associate Professor Alison Jones
Dr Joanne Katsoris
Dr Greg Kesby
Ms Alana Killen
Professor Robyn Langham
Mr John McGurk
Dr Susan O'Dwyer
Dr Annette Pantle
Dr Andrew Singer
Professor Richard Tarala
Professor Susan Wearne
Dr Christopher Wilson
Ms (Michelle) Fearn Wright
Dr John Zorbas

National Training Survey Steering Committee

Associate Professor Stephen Adelstein (Chair)
Dr Joanne Katsoris
Dr Linda McPherson
Dr Bavahuna Manoharan
Dr Susan O'Dwyer
Ms Rosa Romano
Ms (Michelle) Fearn Wright
Mr Adam Young

Revalidation Expert Advisory Group

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

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For more information about AHPRA and the National Boards' work in 2017/18, please see the annual report.

Useful links

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Court and tribunal outcomes

National restrictions library

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South Australia
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Tasmania
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