Managing risk to the public:  
Regulation at work in Australia

At a glance: Regulating podiatrists in 2015/16

This annual report summary provides a snapshot of our work regulating more than 4,600 registered podiatrists in the financial year to 30 June 2016.


657,621 health practitioners in 14 professions registered in Australia in 2015/16

4,655 registered podiatrists

This is 0.7% of the registrant base

Registration grew by 6.1% from 2014/15

61% women
39% men

1,718 registered students; down 3.6%²

42 notifications (complaints or concerns)³ were lodged with AHPRA about podiatrists

445 new applications for registration received

27 notifications were closed⁴

814 criminal history checks were carried out for podiatrists, resulting in:
54 disclosable court outcomes;
No regulatory action needed to be taken.

26 complaints were made about possible statutory offences relating to podiatry services
17 statutory offence matters were closed

1. Unless stated otherwise, the term podiatrists includes podiatric surgeons.
3. This figure refers only to matters managed by AHPRA. For total notifications received about the profession, including matters managed by the Health Professional Councils Authority (HPCA) in NSW, please refer to Table 4.
4. This figure represents complaints managed and closed by AHPRA, and excludes matters managed by the HPCA.
About this report

This report provides a profession-specific view of the work of the Podiatry Board of Australia (the Board) to manage risk to the public and regulate the profession in the public interest in 2015/16.

The Board has worked in close partnership with the Australian Health Practitioner Regulation Agency (AHPRA) to provide all Australians with a safe, qualified and competent workforce under the National Registration and Accreditation Scheme (the National Scheme).

Information included in this report is drawn from the data published in the 2015/16 annual report by AHPRA and the National Boards and was correct as at 30 June 2016.

Whenever possible, historical data are provided to show trends over time, as well as comparisons between states and territories.

For a wider context, and to compare the profession against national data from all 14 professions regulated by National Boards under the National Scheme, this report should be read in conjunction with the 2015/16 annual report. Download the report from www.ahpra.gov.au/annualreport/2016.
Message from the Chair, Podiatry Board of Australia

In 2015/16, the Board continued to work with AHPRA and our other key partners in the National Scheme to effectively regulate the podiatry profession in Australia.

The Board’s primary focus is patient safety, and setting appropriate professional standards for the podiatry profession is an important part of this. Three revised registration standards were approved by Ministerial Council, and the Board approved revised Guidelines for infection prevention and control. We analysed data regarding complaints and concerns (notifications) made to the Board about podiatrists and podiatric surgeons to inform our ongoing regulatory work.

One of the key objectives of the National Scheme is to facilitate the provision of quality education and training of health practitioners, and we thank the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) for its commitment to effectively delivering its core function of assessing and accrediting podiatry courses to ensure that graduates are qualified and competent to practise safely.

The Board could not do its work without the support of AHPRA – on behalf of the Board, I thank Mr Martin Fletcher, CEO, and all AHPRA staff for their ongoing hard work and support.

I would like to acknowledge and thank all Board members, who, through their hard work, dedication and collective wisdom, ensured the effective delivery of podiatry regulation in Australia in 2015/16.

Ms Catherine Loughry was reappointed to serve her second term as Chair of the Podiatry Board of Australia in August 2015. It is her third term as a practitioner member.

Ms Catherine Loughry
Chair, Podiatry Board of Australia

Members of the Board in 2015/16
Ms Catherine Loughry (Chair)
Mr Ebenezer Banful
Dr Paul Bennett
Mr Mark Bodycoat (until 30 August 2015)
Dr Janice Davies (from 31 August 2015)
Associate Professor Laurie Foley (until 30 August 2015)
Mr Mark Gilheany (until 30 August 2015)
Ms Ann Herriot (from 4 May 2015)
Miss Julia Kurowski (from 30 March 2016)
Mrs Kathryn Storer (from 31 August 2015)
Dr Paul Tinley
Ms Annabelle Williams (until 30 August 2015)
Dr Cylie Williams (from 31 August 2015)

During 2015/16, the Board was supported by Executive Officer Jenny Collis.

More information about the work of the Board, including codes, guidelines and information on registration standards, can be found on the Board website at www.podiatryboard.gov.au.
Message from the Agency Management Committee Chair and the AHPRA CEO

Since the National Scheme began six years ago, AHPRA has worked in partnership with the National Boards to ensure that the community has access to a safe and competent health workforce across 14 registered health professions Australia-wide.

We rely on the expertise and insights of the National Boards to make decisions about the 657,621 health practitioners currently registered in Australia in the interests of the Australian public. It’s a role that Board members commit to with dedication and passion, and the community can be assured that its safety is always their number-one priority.

As at 30 June 2016, there were 4,655 registered podiatrists. Overseeing the registration and regulation of the profession is the Podiatry Board of Australia, with valuable input from professional and community groups.

The Board upholds the values of the National Scheme by taking a risk-based approach to regulatory decision-making and policy implementation, with a continued focus on finding ways to improve effectiveness, efficiencies and timeliness.

In 2015/16, the Board published three revised registration standards and focused on ensuring practitioners were kept abreast of changes with a targeted communications program.

We’d like to thank Board members for their continued commitment to ensuring a competent and flexible health workforce that meets the current and future health needs of the community.

We look forward to continuing to work in partnership with the Board.
Year in review: Podiatry Board of Australia

In 2015/16, three revised registration standards for podiatrists and podiatric surgeons were approved by the Australian Health Workforce Ministerial Council and progressively came into effect, with one of these taking effect by 30 June 2016.

The revised standard for continuing professional development, the new standard for professional indemnity insurance arrangements and the recency of practice standard took effect from 1 December 2015, 1 July 2016 and 1 December 2016, respectively.

The Board has been working closely with AHPRA to implement the new registration standards and keep practitioners informed about the timing and content of the revised standards. In addition to publicising the changes in its regular newsletters and communications, the Board gave presentations about the new standards at an association conference in Melbourne and a registrant forum in Darwin.

AHPRA’s analysis of the 213 notifications made to the Board since the National Scheme began in 2010 revealed a relatively high incidence of issues relating to systems and processes for infection prevention and control. It is critical that podiatrists and podiatric surgeons make preventing and controlling infection an integral part of all aspects of their professional practice. The Board expects practitioners to practise in a way that maintains and enhances public health and safety by ensuring that the risk of spreading infection is prevented or minimised.

The Board published revised Guidelines on infection prevention and control, which describe the obligations of registered podiatrists and podiatric surgeons in this critical area of maintaining safe healthcare practice. The guidelines adopt the National Health and Medical Research Council’s (NHMRC’s) Australian guidelines for the prevention and control of infection in healthcare. Practitioners must be familiar with and practise within the recommendations of the NHMRC guidelines as they apply to the practice setting/s in which they work. The Board also published a self-audit tool that practitioners can use to check whether their workplace hygiene complies with the revised guidelines.

AHPRA continued to conduct registration compliance audits of randomly selected practitioners during the year and the Board was pleased with the high level of compliance recorded across the profession.

The Board regularly engaged with its stakeholders, including ANZPAC, the Australasian Podiatry Council and its member associations, and the Podiatrists Board of New Zealand.
Data snapshot: Regulation at work in 2015/16

The profession in brief

- The podiatry registrant base grew by 6% year on year, to 4,655 in 2015/16.
- Victoria was the principal place of practice for most podiatrists (1,481); the Northern Territory (NT) was home to the least (24).
- The age bracket with the most practitioners was 25–29 (991 registrants).
- 411 practitioners were under 25 years of age; four were aged 80 or over.
- Women comprised 61% of the profession.

About our data

Data in this Board summary are drawn from the 2015/16 annual report, published by AHPRA and the National Boards. Data relating to podiatry have been extracted from national source data that include all 14 health professions currently regulated under the Health Practitioner Regulation National Law as in force in each state and territory (the National Law).

In the following pages you’ll find registration data, including registrant numbers by age, gender and principal place of practice, and data about notifications (complaints or concerns) received about podiatrists and podiatric surgeons in the financial year to 30 June 2016. Data about statutory offence complaints are also included.

For a further breakdown of data from the 2015/16 annual report by AHPRA and the National Boards, including data on other professions and summary reports by state and territory, go to www.ahpra.gov.au/annualreport/2016.

Notifications data

Notifications are complaints or concerns that are lodged with AHPRA about registered health practitioners or students practising in Australia. Our data generally excludes complaints handled by co-regulatory jurisdictions, such as in:

- NSW, where complaints about health practitioners with this state as their principal place of practice (PPP) are not managed by the Board and AHPRA, unless the conduct occurred outside NSW. Complaints about health practitioners where the conduct occurred in NSW are handled by the Health Professional Councils Authority (HPCA) and the Health Care Complaints Commission (HCCC), and
- Queensland, where complaints are received and managed by the Office of the Health Ombudsman (OHO) and may be referred to AHPRA and the relevant National Board. We are not able to report on all complaints about health practitioners in Queensland because we only have access to data relating to matters referred to us by OHO.

Note that some NSW regulatory data published in this report may vary from data published in the HPCA’s annual report. This is due to subsequent data review by the HPCA after submission of initial data to AHPRA. For more information about how complaints about health practitioners are managed in NSW, and for data about complaints made in the state, please refer to the HPCA website.

For data relating to complaints in Queensland that have not been referred to AHPRA, please refer to the OHO website.

Registration of podiatrists

There were 4,655 registered podiatrists and podiatric surgeons in Australia as at 30 June 2016, which represents a national increase of 6.1% from the previous year.

Podiatrists and podiatric surgeons made up 0.7% of all registered health practitioners across the National Scheme. Of all registered podiatrists:

- 97.2% held general registration to practise as a podiatrist, with this cohort of registrants increasing by 6.2% compared with the previous year
- 0.6% held both general registration and specialist registration to practise podiatric surgery, with the number of registrants in this category unchanged from 2014/15, and
- 2.2% held non-practising registration and could not practise podiatry; an increase of 5.2%.

At the end of 2015/16 there were 1,718 registered podiatry students, a decrease of 3.6% from the previous year.

The Board received 445 new applications for registration; an increase of 3.3% from the previous year. Of these, 91.7% were for general registration and 8.1% were applications to move to the non-practising register.

See Tables 1–3 for segmentation of registration data about podiatrists and podiatric surgeons.

As a standard part of the registration process, applicants for initial registration as a health practitioner in Australia must undergo a criminal record check. AHPRA requested 66,698 domestic and international criminal history checks for
practitioners across all professions in 2015/16. Of these, 814 checks were carried out for practitioners wanting to register as podiatrists or podiatric surgeons. The checks found 54 disclosable court outcomes, and resulted in no instances where conditions or undertakings were imposed on a practitioner’s registration.

For source data on domestic and international criminal history checks, as well as more registration information across all regulated health professions, refer to the 2015/16 annual report by AHPRA and the National Boards at www.ahpra.gov.au/annualreport/2016.

**Regulation of podiatrists**

In 2015/16, there were 57 notifications received nationally about podiatrists and podiatric surgeons (including HPCA data). This represents an increase of 54.1% from 2014/15. The number of matters received and managed by AHPRA was 42 (excluding HPCA). Notifications about podiatrists and podiatric surgeons represent 0.7% of all notifications received by AHPRA (excluding HPCA) this year.

On a national basis, the percentage of registered health practitioners with notifications received during 2015/16 was 1.5%. The percentage of all registered podiatrists with notifications was 1.2%, which is 0.3% lower than the national percentage across all registered professions.

Immediate action was taken on matters relating to podiatrists or podiatric surgeons twice in 2015/16 (compared with three such instances in 2014/15). 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. Immediate action limits a practitioner’s registration by suspending or imposing conditions on it, or accepting an undertaking or surrender of the registration from the practitioner or student. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

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,
- the practitioner’s registration was improperly obtained, or
- the practitioner or student’s registration was cancelled or suspended in another jurisdiction.

Twenty-seven notifications relating to registered podiatrists and podiatric surgeons (excluding HPCA) were closed during the year. This represents 0.5% of all matters closed across all professions. Of the closed notifications:
- 22.2% resulted in conditions being imposed or an undertaking accepted by the Board
- 11.1% resulted in the practitioner receiving a caution or reprimand by the Board
- none resulted in suspension or cancellation of registration, and
- 59.3% resulted in no further action being taken by the Board (no further action is taken when, based on the available information, the Board determines there is no risk to the public that requires regulatory action).

At the end of 2015/16, there were 22 open notifications.

There were 24 active monitoring cases about registered podiatrists (including HPCA). The majority of these (12 cases) related to suitability/eligibility for registration. For example, they may not have held an approved or equivalent qualification; lacked English language skills; did not meet requirements for recency of practice; or did not meet approved registration standards.

Statutory offences are breaches of the National Law, committed by registered health practitioners and unregistered individuals. There are a number of offences created under the National Law, including:
- unlawful use of a protected title
- performing a restricted act
- holding out (claims by individuals or organisations as to registration), and
- unlawful advertising.

AHPRA received 26 new complaints about possible statutory offences relating to podiatry in 2015/16. These complaints constitute 1.9% of all statutory offence matters received by AHPRA for the year. Almost all new matters related to advertising concerns. Seventeen statutory offence matters were considered and closed.

See Tables 4–11 for segmentation of notifications and statutory offence data relating to podiatrists.

**Want to know more?**


Segmentation of data by state and territory is also available.

For more information on the National Law as it applies to each state and territory, see www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation.
Table 1: Registrant numbers at 30 June 2016*

<table>
<thead>
<tr>
<th>Podiatrists</th>
<th>ACT</th>
<th>NSW</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>No PPP</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>61</td>
<td>1,268</td>
<td>24</td>
<td>780</td>
<td>427</td>
<td>104</td>
<td>1,481</td>
<td>442</td>
<td>68</td>
<td>4,655</td>
</tr>
<tr>
<td>2014/15</td>
<td>58</td>
<td>1,167</td>
<td>20</td>
<td>730</td>
<td>417</td>
<td>98</td>
<td>1,391</td>
<td>446</td>
<td>59</td>
<td>4,386</td>
</tr>
<tr>
<td>% change from 2014/15</td>
<td>5.2%</td>
<td>8.7%</td>
<td>20.0%</td>
<td>6.8%</td>
<td>2.4%</td>
<td>6.1%</td>
<td>6.5%</td>
<td>-0.9%</td>
<td>15.3%</td>
<td>6.1%</td>
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Notes:
*Blank fields in all tables denote zeros.
1. No PPP (principal place of practice) includes practitioners with an overseas address.

Table 2: Registrants by age

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<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>411</td>
<td>991</td>
<td>787</td>
<td>585</td>
<td>463</td>
<td>366</td>
<td>253</td>
<td>115</td>
<td>43</td>
<td>16</td>
<td>10</td>
<td>4</td>
<td></td>
<td>4,655</td>
</tr>
<tr>
<td>2014/15</td>
<td>398</td>
<td>912</td>
<td>733</td>
<td>576</td>
<td>431</td>
<td>346</td>
<td>221</td>
<td>112</td>
<td>36</td>
<td>22</td>
<td>9</td>
<td>7</td>
<td></td>
<td>4,386</td>
</tr>
</tbody>
</table>

Table 3: Registrants by gender

<table>
<thead>
<tr>
<th>Podiatrists</th>
<th>ACT</th>
<th>NSW</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>No PPP</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 2015/16</td>
<td>61</td>
<td>1,268</td>
<td>24</td>
<td>780</td>
<td>427</td>
<td>104</td>
<td>1,481</td>
<td>442</td>
<td>68</td>
<td>4,655</td>
</tr>
<tr>
<td>Female</td>
<td>33</td>
<td>731</td>
<td>13</td>
<td>471</td>
<td>259</td>
<td>66</td>
<td>936</td>
<td>272</td>
<td>41</td>
<td>2,822</td>
</tr>
<tr>
<td>Male</td>
<td>28</td>
<td>537</td>
<td>11</td>
<td>309</td>
<td>148</td>
<td>38</td>
<td>545</td>
<td>170</td>
<td>27</td>
<td>1,833</td>
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<tr>
<td>Total 2014/15</td>
<td>58</td>
<td>1,167</td>
<td>20</td>
<td>730</td>
<td>417</td>
<td>98</td>
<td>1,391</td>
<td>446</td>
<td>59</td>
<td>4,386</td>
</tr>
<tr>
<td>Female</td>
<td>30</td>
<td>690</td>
<td>11</td>
<td>439</td>
<td>253</td>
<td>63</td>
<td>875</td>
<td>280</td>
<td>36</td>
<td>2,677</td>
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<tr>
<td>Male</td>
<td>28</td>
<td>477</td>
<td>9</td>
<td>291</td>
<td>164</td>
<td>35</td>
<td>516</td>
<td>166</td>
<td>23</td>
<td>1,709</td>
</tr>
</tbody>
</table>

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

Table 4: Notifications received by state or territory

<table>
<thead>
<tr>
<th>Podiatrists</th>
<th>ACT</th>
<th>NSW (including HPCA complaints)</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>No PPP</th>
<th>Subtotal</th>
<th>HPCA</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16 (PPP)</td>
<td>10</td>
<td>5</td>
<td>2</td>
<td>15</td>
<td>8</td>
<td>2</td>
<td>42</td>
<td>15</td>
<td>57</td>
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<tr>
<td>2014/15 (PPP)</td>
<td>2</td>
<td>3</td>
<td>11</td>
<td>4</td>
<td>20</td>
<td>17</td>
<td>37</td>
<td></td>
<td></td>
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<tr>
<td>2014/15 (Responsible Office)</td>
<td>2</td>
<td>3</td>
<td>11</td>
<td>4</td>
<td>20</td>
<td>17</td>
<td>37</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Notes:
1. Data relating to notifications (complaints or concerns) are based on the state or territory of the practitioner’s PPP (principal place of practice).
2. The number of matters referred to AHPRA and the National Board by the Office of the Health Ombudsman (OHO).
3. No PPP includes practitioners with an overseas address.
4. Matters managed by the Health Professional Councils Authority (HPCA) in NSW.
5. For 2015/16, notifications are based on the practitioner’s PPP.
6. Prior to this, notifications were based on the state or territory where the notification was handled (Responsible Office).

Table 5: Percentage of registrant base with notifications received, by state or territory

<table>
<thead>
<tr>
<th>Podiatrists</th>
<th>ACT</th>
<th>NSW (including HPCA complaints)</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>No PPP</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16 (PPP)</td>
<td>1.2%</td>
<td>1.3%</td>
<td>1.2%</td>
<td>1.9%</td>
<td>1.0%</td>
<td>1.8%</td>
<td>2.9%</td>
<td></td>
<td>1.2%</td>
<td></td>
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<tr>
<td>2014/15 (PPP)</td>
<td>1.5%</td>
<td>0.3%</td>
<td>0.7%</td>
<td>0.8%</td>
<td>0.9%</td>
<td></td>
<td>0.8%</td>
<td></td>
<td>0.8%</td>
<td></td>
</tr>
<tr>
<td>2014/15 (Responsible Office)</td>
<td>1.5%</td>
<td>0.3%</td>
<td>0.7%</td>
<td>0.8%</td>
<td>0.9%</td>
<td></td>
<td></td>
<td></td>
<td>0.8%</td>
<td></td>
</tr>
</tbody>
</table>

Notes:
1. Health Professional Councils Authority.
2. No PPP (principal place of practice) includes practitioners with an overseas address.
3. For 2015/16, notifications are based on the practitioner’s PPP.
4. Prior to this, notifications were based on the state or territory where the notification was handled (Responsible Office).
### Table 6: Immediate action cases by state or territory (excluding HPCA)

<table>
<thead>
<tr>
<th>Podiatrists</th>
<th>ACT</th>
<th>NSW</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>No PPP</th>
<th>Total 2014/15</th>
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<tbody>
<tr>
<td>Total 2015/16 (PPP)</td>
<td></td>
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<td>Total 2014/15 (Responsible Office)</td>
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</tbody>
</table>

Notes:
1. No PPP (principal place of practice) includes practitioners with an overseas address.
2. For 2015/16, notifications are based on the practitioner’s PPP.
3. Prior to this, notifications were based on the state or territory where the notification was handled (Responsible Office).

### Table 7: Notifications closed, by state or territory

<table>
<thead>
<tr>
<th>Podiatrists</th>
<th>ACT</th>
<th>NSW</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>No PPP</th>
<th>Subtotal</th>
<th>HPCA</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 2015/16 [PPP]</td>
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<tr>
<td>Total 2015/15 (PPP)</td>
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<tr>
<td>Total 2015/15 (Responsible Office)</td>
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</tbody>
</table>

Notes:
1. Matters managed by AHPRA where the conduct occurred outside NSW.
2. No PPP (principal place of practice) includes practitioners with an overseas address.
3. Matters managed by the Health Professional Councils Authority (HPCA) in NSW.
4. For 2015/16, notifications are based on the practitioner’s PPP.
5. Prior to this, notifications were based on the state or territory where the notification was handled (Responsible Office).

### Table 8: Notifications closed, by stage at closure (excluding HPCA)

<table>
<thead>
<tr>
<th>Stage at closure</th>
<th>Total 2015/16</th>
<th>Total 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment²</td>
<td>19</td>
<td>17</td>
</tr>
<tr>
<td>Health or performance assessment³</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Investigation</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Panel hearing</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Tribunal hearing</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>31</td>
</tr>
</tbody>
</table>

Notes:
1. Excludes matters managed by the Health Professional Councils Authority (HPCA) in NSW.
2. Closed after initial assessment of the matter.
3. 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).

### Table 9: Notifications closed, by outcome at closure (excluding HPCA)

<table>
<thead>
<tr>
<th>Outcome at closure</th>
<th>Total 2015/16</th>
<th>Total 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>No further action²</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td>Health complaints entity to retain</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Caution</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Accept undertaking</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Impose conditions</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Cancel registration</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>31</td>
</tr>
</tbody>
</table>

Notes:
1. Excludes matters managed by the Health Professional Councils Authority (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 10: Active monitoring cases at 30 June 2016, by stream (including HPCA)¹

<table>
<thead>
<tr>
<th>Podiatrists</th>
<th>Conduct</th>
<th>Health</th>
<th>Performance</th>
<th>Prohibited practitioner/student</th>
<th>Suitability/eligibility²</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 2015/16</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>12</td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>Total 2014/15</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>6</td>
<td>15</td>
</tr>
</tbody>
</table>

Notes:
1. AHPRA reports by stream, rather than registrants being monitored, because a registrant may have restrictions [conditions or undertakings] in more than one stream. For example, nationally, 4,763 cases monitored by AHPRA relate to 4,861 registrants.
2. AHPRA performs monitoring of compliance cases for ‘suitability/eligibility’ stream matters for NSW registrations.

Table 11: Statutory offence complaints received and closed, by type of offence and jurisdiction¹

<table>
<thead>
<tr>
<th>Offence</th>
<th>ACT</th>
<th>NSW</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>No PPP²</th>
<th>Total 2015/16</th>
<th>Total 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title protections (s.113–120)</td>
<td>Received</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Closed</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Practice protections (s.121–123)</td>
<td>Received</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Advertising breach (s.133)</td>
<td>Received</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>20</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Closed</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>12</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Directing or inciting unprofessional conduct/professional misconduct (s.136)</td>
<td>Received</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Closed</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Other offence</td>
<td>Received</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>8</td>
<td>5</td>
<td>4</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Closed</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>6</td>
<td>3</td>
<td>0</td>
<td>17</td>
</tr>
</tbody>
</table>

Notes:
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. AHPRA also receives offence complaints about unregistered persons where there is no PPP recorded. Only registered practitioners have a designated PPP.
3. Based on state and territory of the practitioners’ principal place of practice [PPP].
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