# Local decisions: National Scheme

Regulating health practitioners in **Queensland** 

# **Annual Report Summary** 2015/16

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



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

Occupational therapy Optometry Osteopathy Pharmacy Physiotherapy Podiatry Psychology

Australian Health Practitioner Regulation Agency

This annual report summary is publicly available to download at **www.ahpra.gov.au/annualreport**.

ISSN: 2204-1249 ALLF1611 04

# At a glance: regulating health practitioners in Queensland in 2015/16

This annual report summary offers a snapshot of our work regulating almost 130,000 registered health practitioners in Queensland (Qld) for the financial year to 30 June 2016.

A more detailed national profile is published in the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards' 2015/16 annual report: <a href="http://www.ahpra.gov.au/annualreport/2016">www.ahpra.gov.au/annualreport/2016</a>.

Qld practitioners accounted for **19.4%** of all registered health practitioners in Australia **127,376** health practitioners were registered in Qld in 2015/16, compared with 121,788 the previous year

**12,957** new applications for registration were received, an increase of**6.6%** year on year





**11,877** criminal history checks were carried out for applicants in Qld. Of **651** disclosable court outcomes, **3** required regulatory action

**1,919** notifications were received about registrants with a principal place of practice in Qld



**228** new statutory offence complaints were received, an increase of **117.1%** from the previous year



**1,078** Qld practitioners were monitored for health, performance and/or conduct during the year

The majority of these were medical practitioners (**373**) or nurses (**326**)

There was a **105.5%** increase in notifications referred by the Office of the Health Ombudsman in Qld, from 934 in 2014/15

Women comprised **76%** of the registered Qld health workforce

**20.3%** of all practitioners registered as both nurses and midwives were based in Qld

**9.1%** of osteopaths were based in Qld

**19%** of all notifications (complaints or concerns) received nationally during the year were about practitioners in Qld



# **About the National Scheme**

### Who

The National Registration and Accreditation Scheme (the National Scheme) regulates almost 660,000 registered health practitioners across Australia.

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

#### The 14 National Boards are:

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

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

### What

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

Registered health practitioners can register once and practise across Australia within the scope of their registration, creating a more flexible and sustainable health workforce. The online national registers provide a onestop shop for the community about the current registration status of all registered health practitioners in Australia, including current restrictions on practice.

Agreed regulatory principles underpin the work of the National Boards and AHPRA in regulating Australia's health practitioners in the public interest. The National Scheme is responsible for the quality education of health practitioners, by setting a standardised framework for the accreditation of health practitioner education and training in Australia.

The searchable database for the registers of practitioners (also known as the public register) can be found at <a href="http://www.ahpra.gov.au/registration/">www.ahpra.gov.au/registration/</a> registers-of-practitioners.

### When

The National Scheme started in July 2010. Since then, there has been an increase in the number of registered practitioners, from 530,115 in June 2011 to 657,621 on 30 June 2016.

### Where

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

### Why

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

For more information on the National Law, see www.ahpra.gov.au/About-AHPRA/What-We-Do/ Legislation.

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## Foreword from the AHPRA Chair and CEO

The regulation of almost 660,000 registered health practitioners across 14 health professions and a federation of eight states and territories is a large and important task.

AHPRA and the National Boards rely on the local knowledge and expertise of boards, committees and our offices in each state and territory to protect the public Australia-wide. Our number one priority is patient safety while enabling a competent and flexible health workforce to meet the current and future health needs of the community.

Queensland has 127,376 registered health practitioners. This represents 19.4% of all registered Australian practitioners, with growth of 4.6% from last year – the highest increase in any jurisdiction.

The Queensland office of AHPRA and the National Boards, along with local boards and committees, continued to work closely with the Office of the Health Ombudsman (OHO) to ensure that notifications about health practitioners are managed in a way that offers the best protection to the health and safety of the Queensland community. Improvements have been made to the timeliness of notification referrals and the information collected by the OHO prior to referral, to reduce timeframes and duplication.

The number of notifications referred to AHPRA and National Boards by the OHO more than doubled this year, providing the impetus to explore new ways to manage notifications. The Queensland office continues to collaborate with the OHO to streamline operations and find opportunities to better manage the regulation of health practitioners. Many improvements have been made to the co-regulatory arrangements, and we continue to look into ways to improve processes.

AHPRA's core values of service, achievement and collaboration have provided the foundation for the work of the Queensland office in 2015/16, through efforts to streamline business processes and maximise the use of improved systems and reporting capability. Performance improvements have been driven by a highly capable and dedicated team. In partnership with local boards and committees, the Queensland office ensures timely and effective regulatory decision-making. This is consistent with our shared regulatory principles and our commitment to being a risk-based regulator.

We thank the staff of the AHPRA Queensland office, board and committee members for their hard work and commitment over the past year. While much has been achieved, there is always more to do. We look forward to continuing to work with them to protect the Queensland community.





Mil House

Mr Martin Fletcher Chief Executive Officer, AHPRA

Mr Michael Gorton AM Chair, Agency Management Committee

# Foreword from Queensland State Manager, Rose Kent

In 2015/16, AHPRA strengthened working relationships with our stakeholders to ensure the public has access to experienced, qualified health practitioners and safe healthcare in our state.

## Highlights for 2015/16

- More practitioners in Queensland: More than 5,500 additional registered health practitioners were welcomed to the National Scheme in Queensland in the past year, an increase of 4.6% (the largest percentage increase of any jurisdiction in Australia).
- A consistent approach: We worked closely with the OHO to ensure that notifications about health practitioners are managed in a way that offers the best protection of the health and safety of Queenslanders.
- Improved processes: We explored new ways to manage notifications and leveraged the benefits of being a national organisation.
- Fair dealings: We worked hard to improve the notifier and practitioner experience, acknowledging the impact that notifications have on all involved.
- Stakeholder engagement: We met regularly with key stakeholders and participated in external activities to increase understanding of registration standards and processes, notifications management and other issues related to the National Scheme.

# Local decisions, national framework

The number of registered health practitioners in Queensland increased by 4.6% to 127,376 practitioners. This is above the national average increase of 3.2%. Just over 19% of the country's 657,621 registered health practitioners have Queensland as their principal place of practice.

The OHO receives all health service complaints in Queensland, including those about registered health practitioners, and decides whether the complaint should be referred to AHPRA and the relevant National Board for management. The number of notifications referred by the OHO in 2015/16 more than doubled year on year, with a total of 1,919 complaints received. The notifications managed in the Queensland office in 2015/16 accounted for 19% of notifications received by AHPRA nationally, excluding data from the HPCA in New South Wales.

As at 30 June 2016, there were 1,078 monitoring cases, with 598 of these cases relating to health, performance and conduct issues being managed by this office. We have strengthened our approach to monitoring practitioners' compliance with restrictions placed on their practice, and have improved the quality, timeliness and accuracy of our compliance work.

### Working with our stakeholders

During the year, we have been in regular touch with many of our important stakeholders, listening to their ideas for ways we can improve, responding to feedback and taking opportunities to talk about the National Scheme.

We value these opportunities to share information about emerging trends and potential safety concerns, and the feedback we receive helps us improve our processes. We will continue to work hard to develop and maintain these important relationships.

# Managing risk through local decision-making

We have also continued to build a solid working relationship with the OHO. We meet regularly with the OHO's senior management team to share information, address concerns and look for ways to improve the way we do things. Our staff liaise on a daily basis to ensure that we collectively provide the most appropriate response to complaints about health practitioners. Many improvements have been made to the co-regulatory arrangements since they were established on 1 July 2014, however there is still more work to do to reduce duplication, improve efficiency and ensure that data are consistently captured, as well as to further develop a shared understanding of regulatory thresholds. The Health Ombudsman also maintains oversight of AHPRA and the National Boards' performance in Queensland in relation to the management of health, performance and conduct of health practitioners.

We have provided the Health Ombudsman with quarterly reports about our performance, implemented recommendations from formal reviews and provided information for annual assurance activities. We are keen to meet these requirements and use them as opportunities for business improvement, building on the strengths of the National Scheme.

### Local office, national contribution

The day-to-day business of most of the team in the Queensland office is to manage our core regulatory functions of registration, notifications and compliance, and to support our local boards and committees. I thank the staff for their dedication, commitment and hard work. Each one of them has played an important role in protecting the public and demonstrated their ability to respond to all challenges in a professional and purposeful way. I am proud of their achievements in this, my first year as State Manager.

I would also like to thank the Queensland board and committee members for their expertise and commitment to the people of Queensland. I look forward to continuing to work in partnership with them to serve the Queensland community.



Rose Kent Queensland State Manager, AHPRA

**Part 1:** Decision-making in Queensland: Board and committee reports

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

The Queensland Registration and Notification Committee of the Dental Board of Australia makes decisions about matters relating to the health, conduct and performance of registered dentists and dental specialists to support the safe and competent delivery of oral health services in the state.

The committee's membership has remained stable over the reporting period to 30 June 2016. Our primary functions are to assess complex applications for registration, and to make decisions about individual registered dental practitioners who are the subject of a complaint or concern (notification).

Committee members use their experience to delve deeply into issues identified during the assessment of notifications. We ensure consistency in the way decisions are made and how further information is sought about practitioners. As ever, the committee has taken a risk-based approach to decision-making in 2015/16, underpinned by the regulatory principles of the National Scheme. These decisions need to be timely, transparent and based on public safety as the key outcome. We often mitigate public risk by placing conditions on practitioners' registration, such as education, mentoring or supervision.

Outcomes for notifiers are given serious consideration and the committee sets out the reasons for its decisions as clearly and logically as possible, so all parties involved know that all issues have been fully considered and understood.

When considering applications for registration, the committee ensures that all relevant information is sourced and made available to support fair and robust decision-making.

Through regular communication and consultation with the Dental Board of Australia, the committee has maintained national consistency in its application of standards. The committee has maintained an open and effective relationship with the Queensland AHPRA office and has been supported by dedicated staff who understand the importance of delivering the right information to allow matters to be resolved as quickly as possible.



Dr Robert McCray Chair, Queensland Registration and Notification Committee, Dental Board of Australia



Dr John Lockwood AM Chair, Dental Board of Australia

By engaging with professional associations and educational institutions, the expectations of the National Board and the responsibilities of practitioners have been made clear.

Over the past year, members of the committee have made significant individual contributions, showing dedication and a willingness to get the job done. At the same time, AHPRA personnel have provided wonderful support, without which the committee could not function. I thank you all.

# Members of the Qld Committee in 2015/16

Dr Robert McCray (Chair) Dr Edward Hsu Dr Bruce Newman Ms Nedelijika Nikolovski Mr Neil Roberts Mr Stuart Unwin

# Queensland Board of the Medical Board of Australia: Chair's Message

It has been a busy and productive period for the Queensland Board of the Medical Board of Australia (the Board). As we make decisions about individual medical practitioners, the Board's focus remains on protecting the public by ensuring the community has access to safe healthcare.

These decisions are either complex applications for registration that require detailed assessment; action required to manage risk to protect the public as a result of a notification regarding a practitioner's health, conduct or performance that is referred to us by the OHO; or action required when a practitioner fails to comply with any restrictions placed on their practice.

The decisions we make in Queensland are guided by the national standards and policies set by the Medical Board of Australia. Local boards make decisions about local practitioners, supported by a local AHPRA office, within a national framework.

In 2015/16, we have continued to work closely and collaboratively with the OHO to ensure that our objective of protecting the public remains our number one priority.

In addition, we have continued to improve processes for managing the increasing number of notifications referred to AHPRA and the Queensland Board from the OHO. In doing so, we have identified opportunities to work more closely with the Medical Board of Australia nationally, with other state and territory medical boards and with AHPRA, to ensure we assess new notifications in a timely manner.

We continue to make progress with our Board/ AHPRA work plan, which clearly identifies our priorities and enables us to monitor performance on a regular basis.

Members of the Queensland Board undertook an evaluation exercise with the Medical Board of Australia to identify strengths of the Qld Board as well as to recognise opportunities for meeting our objectives.

Working with our stakeholders has been another priority during the year. It is essential that we engage with all of our stakeholders and we have made concerted efforts to meet with professional bodies, government agencies, tertiary education providers, health services and practitioners over the past 12 months.



Adjunct Associate Professor Susan Young Chair, Queensland Board of the Medical Board of Australia



Dr Joanna Flynn AM Chair, Medical Board of Australia

I would like to thank my colleagues on the Board for their energy and commitment to the people of Queensland during the year. I would also like to extend my appreciation to the staff in the Queensland AHPRA office for their support as the Board deliberates on all matters before us.

# Members of the Qld Board in 2015/16

Adjunct Associate Professor Susan Young (Chair)

Dr Cameron Bardsley

Professor William Coman (until 27 May 2016)

Ms Christine Foley (until 23 December 2015)

Ms Christine Gee

Mr Gregory McGuire

Associate Professor Eleanor Milligan

Associate Professor David Morgan OAM

Dr Susan O'Dwyer

Dr Josephine Sundin (until 31 December 2015)

Dr Mark Waters (until 6 October 2015)

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

In 2015/16, the Queensland Board of the Nursing and Midwifery Board of Australia (the Board) continued to focus on public safety, making decisions about individual nurses and midwives.

The decisions we make in Queensland are guided by the national standards and policies set by the Nursing and Midwifery Board of Australia (the National Board). These policies and regulatory guidelines inform the decisions we make in Queensland about local practitioners, supported by AHPRA's Queensland office.

During the year, the Queensland Board engaged in a range of activities to support a nationally consistent approach to decision-making about notifications and registration issues for nurses and midwives. The Queensland Chair attended monthly meetings with Chairs from other state and territory boards to discuss policy matters and share information about the implementation of regulatory principles. Queensland Board members also provided input into, and comments on, a number of new National Board policies.

The Queensland Board worked in collaboration with the National Board to implement its stakeholder engagement plan. A number of forums were held throughout Queensland, including a National Board stakeholder forum in Brisbane on 29 July 2015. The forum provided an opportunity for National Board representatives to review activities and seek input from stakeholders. Stakeholder forums were also held in North Queensland and Brisbane in March 2016 to provide an update on the new registration standards and National Board policies. The forums were well attended and provided opportunities to address a range of questions from Queensland nurses and midwives about regulatory matters. At a local level, the Queensland Board met with the Health Ombudsman to promote collaborative approaches to regulatory matters.

The Queensland Notification Improvement Project continues to enable detailed review of data regarding the timeliness of notifications management and to identify areas for improvement. New compliance and monitoring reports have provided Queensland Board members and AHPRA staff with high-quality data to ensure the public is protected.

Board members continue to develop knowledge and skills in regulation through activities including attendance at the National NMBA Conference in Melbourne in November 2015. The conference provided an excellent opportunity to learn about



Professor Patsy Yates Chair, Queensland Board of the Nursing and Midwifery Board of Australia



Associate Professor Lynette Cusack Chair, Nursing and Midwifery Board of Australia

developments in professional regulation and to participate in practical problem-solving workshop sessions. Board members also participated in the annual board review process, coordinated by the National Board.

I wish to acknowledge the outstanding work that AHPRA staff do to provide the Queensland Board with the support needed to ensure effective decision-making.

# Members of the Qld Board in 2015/16

Professor Patsy Yates (Chair)

Adjunct Professor Veronica Casey (until 20 September 2015)

Mr John Chambers

Ms Tracey Duke

Ms Michelle Garner

Dr Amanda Henderson (from 21 September 2015)

Ms Susan Johnson

Mr Stanley Macionis

Ms Cathy Styles (until 20 September 2015)

Ms Helen Towler (from 21 September 2015)

## Pharmacy Board of Australia: Chair's message

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

Practitioner representation from each of the states and territories on the National Board helps to ensure consistency and transparency in the Board's work to implement the National Scheme at a local level. This is supported by a public perspective, which comes from community member representatives from four states. Mr Brett Simmonds is the practitioner member from Queensland on the National Board.

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

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

- Mrs Julianna Neill, and
- Mr Peter Mayne.

Input throughout the year from stakeholders in Queensland has been important in helping the Board to complete significant work.

The National Board consulted widely before publishing revised registration standards on:

- professional indemnity insurance arrangements
- continuing professional development and related guidelines
- recency of practice
- supervised practice arrangements, and
- examinations for eligibility for general registration.

Feedback received after the publication of the Board's *Guidelines on compounding of medicines* resulted in a further period of consultation with stakeholders in relation to the expiry of compounded parenteral medicines. The National Board continues to work closely with technical experts, the Therapeutic Goods Administration and other stakeholders to finalise this guidance.



Mr William Kelly Chair, Pharmacy Board of Australia

The National Board also worked with an external service provider to create a revised training program for oral examiners. This drew on the skills and expertise of local pharmacists who support the Board through their participation as examiners for the national pharmacy examination.

Information for students and interns published on the National Board's website was reviewed and updated. New resources were also created, including PowerPoint presentations that explain the Board's requirements and can be used by local education providers.

Pharmacy professional officers support the National Board in its engagement with stakeholders in Queensland. Support includes speaking to finalyear pharmacy students, as well as intern training providers, about the Board's requirements for provisional registration and how to apply, the intern year and the national pharmacy examination. They also engage with local members of the Pharmaceutical Society of Australia.

# Queensland Board of the Psychology Board of Australia: Chair's message

As part of the National Scheme, the Qld Board of the Psychology Board of Australia (the Board) is responsible for making decisions in relation to the registration of practitioners in Queensland and managing notifications referred to AHPRA by the Office of the Health Ombudsman (OHO).

In 2015/16, we saw an increase of 234 registered psychologists, with 6,028 psychologists registered as at 30 June 2016. During the same period, 75 notifications were received from the OHO and dealt with by the Board in accordance with the guiding principles of the National Scheme to ensure the protection of the public.

The Board encouraged collaboration with the OHO to ensure efficient handling of notifications. It is pleasing that this year progress was again made in reducing timeframes for the management of matters coming before the Board.

The Board has been involved in several initiatives over the past year, with a view to enhancing governance and decision-making. The Psychology Board Training Program was part of a Psychology Board of Australia initiative to enhance understanding of roles, responsibilities and accountabilities. The program provided a valuable update on the regulatory framework for decisionmaking in psychology, in accordance with relevant legislation and the Code of Ethics adopted by the National Board. The training was augmented by the regular review of relevant tribunal and court decisions, which assists in ensuring consistency of regulatory decision-making.

I would like to express my appreciation for the support provided to the Board by AHPRA staff. I would also like to make special mention of the significant contribution made by the practitioner and community members of the Board, and appreciate the expertise they bring to decision-making.



Professor Robert Schweitzer Chair, Queensland Board of the Psychology Board of Australia



Professor Brin Grenyer Chair, Psychology Board of Australia

# Members of the Qld Board in 2015/16

Professor Robert Schweitzer (Chair)

Dr Fiona Black (from 1 February 2016)

Mrs Gail Hartridge

Mrs Jeanette Jifkins

Ms Susan Johnson

Associate Professor Gene Moyle (from 1 February 2016)

Ms Rachel Phillips (until 30 August 2015)

Professor Kevin Ronan

Dr Melissa Sands

Dr Haydn Till

# National Boards and committees: making local decisions

The remaining nine National Boards in the National Scheme have taken a different approach to decision-making about local practitioners, with national committees comprising state and territory representatives.

The committees were established to manage the risk profile, complexity and size of their professions. See the 'Meet the Chairs' panel below to find out which National Boards have national committees that oversee decision-making on a local level.

The committees are appointed by the National Boards on merit and include Board members in most cases. Additional members may be appointed to bring specific professional or jurisdictional expertise when needed. Committees are overseen by the National Boards, who support consistent and robust decision-making to keep the public safe.

Using national committees is an important way to cut the cost of regulation for these professions, while maintaining the benefits of scale and public protection provided by the National Scheme. National Boards also work closely with our network of AHPRA state and territory managers, so they can monitor and respond to any jurisdiction-specific issues for their professions. Throughout 2015/16, National Boards engaged with local stakeholders in a range of ways, including:

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

For more information about the work of National Boards during the year, read the 2015/16 annual report of AHPRA and the National Boards, at: www.ahpra.gov.au/annualreport/2016.

### Meet the Chairs



Ms Lisa Penrith Presiding Member, Aboriginal and Torres Strait Islander Health Practice Board of Australia



Professor Charlie Xue Chair, Chinese Medicine Board of Australia



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



Mr Neil Hicks Chair, Medical Radiation Practice Board of Australia



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



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



Dr Nikole Grbin Chair, Osteopathy Board of Australia



**Dr Charles Flynn** Presiding Member, Physiotherapy Board of Australia



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

**Part 2:** The National Scheme at work in Queensland

# Queensland: data snapshot

## Five insights for 2015/16

- As at 30 June 2016, there were 127,376 registered health practitioners with a principal place of practice in Queensland (Qld).
- Qld is the principal place of practice for 20.3% of practitioners who are registered as both a nurse and midwife nationally.
- 12,957 new applications were received for registration in Qld, an increase of 6.6% from the previous year.
- Complaints about practitioners in Qld increased by 105.5% year on year, to 1,919 new notifications received.<sup>1</sup>
- Of the 1,348 new statutory offence complaints received nationally, 228 were made about practitioners in Qld.

## Background

Data in this annual report summary are drawn from the 2015/16 annual report published by AHPRA and the National Boards. Qld data have been extracted from national source data to highlight the work we have undertaken in this jurisdiction to keep the public safe. All data were correct as at 30 June 2016.

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

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

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

Information on statutory offence matters, tribunal and panel hearings, active monitoring cases and criminal history checks is also included. Queensland became a co-regulatory jurisdiction on 1 July 2014 with the commencement of the *Health Ombudsman Act 2013*. The Office of the Health Ombudsman (OHO) receives all health complaints in Qld, including those about health practitioners, and decides whether the complaint:

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

This means that AHPRA only reports data relating to matters referred to us by the OHO. We are not able to report on all complaints about registered health practitioners in Qld. For more data about health complaints in Qld, visit the OHO's website: www.oho. Qld.gov.au/news-updates/our-reporting.

To view the 2015/16 AHPRA annual report in full, along with national, profession-specific data and other state and territories' data, visit <u>www.ahpra.</u> gov.au/annualreport/2016.

In early 2017, each of the 14 national boards will publish a summary report outlining their profession's performance in 2015/16.

## Registration in Queensland

Tables 1–8 provide details of registered health practitioners with a principal place of practice in Qld. At 30 June 2016, the number of registered health practitioners in Qld was 127,376, an increase of 5,588 (4.6%) from 2014/15. This jurisdiction represents 19.4% of all registered health practitioners in Australia.

At a profession level, the proportion of registrants in Qld ranged from 20.3% of all health practitioners who are registered as both nurses and midwives, to 9.1% of osteopaths nationally. See Table 1.

Data also showed that in 2015/16 Qld had:

- 19.4% of registered health practitioners with a recognised speciality nationally, and
- 21% of health practitioners with a recognised endorsement or notation nationally, which permits an expanded scope of practice within their profession.

In 2015/16, applications received for registration in Qld increased by 6.6%, with 12,957 new applications. This equates to 19.9% of new applications received nationally. Details of registration applications received, with a breakdown of profession and registration type, are provided in Table 7.

Note:

1. This increase is largely attributable to the number of cases referred to AHPRA by the Office of the Health Ombudsman (OHO) in Qld.

place of practice, by profession <sup>1</sup>				
Profession	Qld	National total²	% of national total	
Aboriginal and Torres Strait Islander Health Practitioner	103	587	17.5%	
Chinese Medicine Practitioner	862	4,762	18.1%	
Chiropractor	818	5,167	15.8%	
Dental Practitioner	4,326	21,741	19.9%	
Medical Practitioner	20,949	107,179	19.5%	
Medical Radiation Practitioner	3,061	15,303	20.0%	
Midwife	770	4,122	18.7%	
Nurse	67,703	346,387	19.5%	
Nurse and Midwife <sup>2</sup>	6,019	29,699	20.3%	
Occupational Therapist	3,544	18,304	19.4%	
Optometrist	1,031	5,142	20.1%	
Osteopath	190	2,094	9.1%	
Pharmacist	5,843	29,717	19.7%	
Physiotherapist	5,349	28,855	18.5%	
Podiatrist	780	4,655	16.8%	
Psychologist	6,028	33,907	17.8%	
Total 2015/16	127,376	657,621	<b>19.4</b> %	
Total 2014/15	121,788	637,218	<b>19.</b> 1%	
Population as a proportion of national population <sup>4</sup>	4,808,800	23,940,300	20.1%	

Table 1. Registered practitioners with Qld as the principal

#### Notes:

1. Data are based on registered practitioners as at 30 June 2016.

- 2. National total also includes registrants who have no specified principal place of practice.
- 3. Practitioners who hold dual registration as both a nurse and a midwife.
- 4. Based on Australian Bureau of Statistics demographics statistics as at 30 December 2015.

#### Table 2. Registered practitioners with Qld as the principal place of practice, by registration type

place of practice, by regis	place of practice, by registration type			
Profession/ registration type	Qld	National total	% of national total	
Aboriginal and Torres Strait Islander Health Practitioner	103	587	17.5%	
General	103	585	17.6%	
Non-practising		2	0.0%	
Chinese Medicine Practitioner	862	4,762	18.1%	
General	819	4,535	18.1%	
Non-practising	43	227	18.9%	
Chiropractor	818	5,167	15.8%	
General	795	4,875	16.3%	
Non-practising	23	292	7.9%	
Dental Practitioner	4,326	21,741	1 <b>9.9</b> %	
General	3,917	19,458	20.1%	
General and non-practising <sup>1</sup>	1	1	100.0%	
General and specialist	319	1,632	19.5%	
Limited	20	74	27.0%	
Non-practising	67	546	12.3%	
Specialist	2	30	6.7%	
Medical Practitioner	20,949	107,179	19.5%	
General	7,384	36,953	20.0%	
General (teaching and assessing)	12	36	33.3%	
General (teaching and assessing) and specialist		2	0.0%	
General and specialist	9,379	50,622	18.5%	
Limited	431	2,705	15.9%	
Non-practising	275	2,655	10.4%	
Provisional	1,329	5,408	24.6%	
Specialist	2,139	8,798	24.3%	
Medical Radiation Practitioner	3,061	15,303	20.0%	
General	2,936	14,541	20.2%	
Limited		6	0.0%	
Non-practising	20	234	8.5%	
Provisional	105	522	20.1%	

Profession/ registration type	Qld	National total	% of national total
Midwife	770	4,122	1 <b>8.7</b> %
General	761	4,050	18.8%
Non-practising	9	72	12.5%
Nurse	67,703	346,387	19.5%
General	66,870	341,071	19.6%
General and non-practising <sup>1</sup>	1	25	4.0%
Non-practising	793	5,161	15.4%
Provisional	39	130	30.0%
Nurse and Midwife	6,019	29,699	20.3%
General	5,746	27,680	20.8%
General and non-practising <sup>2</sup>	172	1,337	12.9%
General and provisional	3	6	50.0%
Non-practising	95	671	14.2%
Provisional	3	5	60.0%
Occupational Therapist	3,544	18,304	<b>19.4</b> %
General	3,395	17,552	19.3%
Limited	17	69	24.6%
Non-practising	126	643	19.6%
Provisional	6	40	15.0%
Optometrist	1,031	5,142	20.1%
General	1,017	4,977	20.4%
Limited	1	5	20.0%
Non-practising	13	160	8.1%
Osteopath	190	2,094	<b>9.</b> 1%
General	186	2,020	9.2%
Non-practising	4	66	6.1%
Provisional <sup>3</sup>		8	0.0%
Pharmacist	5,843	29,717	1 <b>9.7</b> %
General	5,348	26,948	19.8%
Limited		7	0.0%
Non-practising	116	1,035	11.2%
Provisional	379	1,727	21.9%

Profession/ registration type	Qld	National total	% of national total
Physiotherapist	5,349	28,855	18.5%
General	5,188	27,667	18.8%
Limited	45	346	13.0%
Non-practising	116	842	13.8%
Podiatrist	780	4,655	16.8%
General	762	4,524	16.8%
General and specialist	1	30	3.3%
Non-practising	17	101	16.8%
Psychologist	6,028	33,907	17.8%
General	4,816	27,627	17.4%
Non-practising	268	1,658	16.2%
Provisional	944	4,622	20.4%
Total	127,376	657,621	1 <b>9.4</b> %

Notes:

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

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

3. The Osteopathy Board introduced a category of provisional registration in 2013/14.

Table 3. Registered practitioners who hold an endorsement or notation with Qld as the principal place of practice

Profession/ endorsement or notation	Qld	National total	% of national total
Chiropractor		32	0.0%
Acupuncture		32	0.0%
Dental Practitioner	22	95	23.2%
Area of Practice	22	95	23.2%
Medical Practitioner	87	573	15.2%
Acupuncture	87	573	15.2%
Midwife <sup>1</sup>	120	342	35.1%
Eligible Midwife <sup>2</sup>	32	91	35.2%
Midwife Practitioner		1	0.0%
Scheduled Medicines	88	250	35.2%
Nurse <sup>1</sup>	1,312	2,804	46.8%
Eligible Midwife <sup>3</sup>	116	289	40.1%
Nurse Practitioner	367	1,418	25.9%
Scheduled Medicines	829	1,097	75.6%
Optometrist	469	2,387	19.6%
Scheduled Medicines	469	2,387	19.6%
Osteopath		2	0.0%
Acupuncture		2	0.0%
Physiotherapist		8	0.0%
Acupuncture		8	0.0%
Podiatrist	9	74	12.2%
Scheduled Medicines	9	74	12.2%
Psychologist	1,655	11,167	14.8%
Area of Practice	1,655	11,167	14.8%
Total	3,674	17,484	21.0%

Notes:

1. Nursing and midwifery registrants may hold dual nursing and midwifery registration and may have endorsements against each registration. Nursing and midwifery registrants may hold one or more endorsement/notation in each profession.

2. Holds notation of Eligible Midwife.

3. Holds dual registration as a nurse and a midwife, and holds notation of Eligible Midwife.

## Table 4. Registered practitioners with Qld as the principal place of practice, by profession and gender

place of placifice, by profession and gender				
Profession/gender	Qld	National total	% of national total	
Aboriginal and Torres Strait Islander Health Practitioner	103	587	17.5%	
Female	85	452	18.8%	
Male	18	135	13.3%	
Chinese Medicine Practitioner	862	4,762	18.1%	
Female	460	2,602	17.7%	
Male	402	2,160	18.6%	
Chiropractor	818	5,167	15.8%	
Female	288	1,989	14.5%	
Male	530	3,178	16.7%	
Dental Practitioner	4,326	21,741	19.9%	
Female	2,071	10,737	19.3%	
Male	2,255	11,004	20.5%	
Medical Practitioner	20,949	107,179	19.5%	
Female	8,440	44,492	19.0%	
Male	12,509	62,687	20.0%	
Medical Radiation Practitioner	3,061	15,303	20.0%	
Female	2,059	10,369	19.9%	
Male	1,002	4,934	20.3%	
Midwife	770	4,122	1 <b>8.7</b> %	
Female	768	4,107	18.7%	
Male	2	15	13.3%	
Nurse	67,703	346,387	1 <b>9.5</b> %	
Female	60,109	306,450	19.6%	
Male	7,594	39,937	19.0%	
Nurse and Midwife	6,019	29,699	20.3%	
Female	5,917	29,177	20.3%	
Male	102	522	19.5%	
Occupational Therapist	3,544	18,304	19.4%	
Female	3,270	16,749	19.5%	
Male	274	1,555	17.6%	
Optometrist	1,031	5,142	20.1%	
Female	520	2,658	19.6%	
Male	511	2,484	20.6%	

Profession/gender	Qld	National total	% of national total
Osteopath	190	2,094	<b>9.1</b> %
Female	85	1,137	7.5%
Male	105	957	11.0%
Pharmacist	5,843	29,717	1 <b>9.7</b> %
Female	3,610	18,243	19.8%
Male	2,233	11,474	19.5%
Physiotherapist	5,349	28,855	18.5%
Female	3,580	19,639	18.2%
Male	1,769	9,216	19.2%
Podiatrist	780	4,655	16.8%
Female	471	2,822	16.7%
Male	309	1,833	16.9%
Psychologist	6,028	33,907	17.8%
Female	4,816	26,909	17.9%
Male	1,212	6,998	17.3%
Total	127,376	657,621	19.4%

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

Profession/division	Qld	National total	% of national total
Chinese Medicine Practitioner	862	4,762	18.1%
Acupuncturist	569	1,722	33.0%
Acupuncturist and Chinese Herbal Dispenser <sup>1</sup>	2	2	100.0%
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner <sup>1</sup>	51	779	6.5%
Acupuncturist and Chinese Herbal Medicine Practitioner <sup>1</sup>	230	2,147	10.7%
Chinese Herbal Dispenser	2	45	4.4%
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner <sup>1</sup>		17	0.0%
Chinese Herbal Medicine Practitioner	8	50	16.0%
Dental Practitioner	4,326	21,741	19.9%
Dental Hygienist	138	1,414	9.8%
Dental Hygienist and Dental Prosthetist <sup>1</sup>	1	3	33.3%
Dental Hygienist and Dental Prosthetist and Dental Therapist <sup>1</sup>		2	0.0%
Dental Hygienist and Dental Therapist <sup>1</sup>	146	480	30.4%
Dental Hygienist and	0	0	100.0%
Dental Therapist and Dentist	2	2	
	1	1	
Dentist Dental Hygienist and Dental Therapist and			100.0%
Dentist Dental Hygienist and Dental Therapist and Oral Health Therapist Dental Hygienist and	1	1	100.0%
Dentist Dental Hygienist and Dental Therapist and Oral Health Therapist Dental Hygienist and Dentist <sup>1</sup> Dental Hygienist and	1	1	100.0% 33.3% 0.0%
Dentist Dental Hygienist and Dental Therapist and Oral Health Therapist Dental Hygienist and Dentist <sup>1</sup> Dental Hygienist and Oral Health Therapist <sup>1</sup>	1	1 3 6	100.0% 33.3% 0.0% 21.7% 0.0%

Profession/division	Qld	National total	% of national total
Dental Therapist	180	1,016	17.7%
Dental Therapist and Dentist		1	0.0%
Dental Therapist and Oral Health Therapist <sup>1</sup>		4	0.0%
Dentist	3,225	16,264	19.8%
Dentist and Oral Health Therapist <sup>1</sup>		2	0.0%
Oral Health Therapist	361	1,291	28.0%
Medical Radiation Practitioner	3,061	15,303	20.0%
Diagnostic Radiographer	2,410	11,840	20.4%
Diagnostic Radiographer and Nuclear Medicine Technologist <sup>1</sup>	10	14	71.4%
Diagnostic Radiographer and Radiation Therapist <sup>1</sup>	1	2	50.0%
Nuclear Medicine Technologist	153	1,095	14.0%
Radiation Therapist	487	2,352	20.7%
Nurse	67,703	346,387	<b>19.5</b> %
Enrolled Nurse (Division 2)	12,622	62,994	20.0%
Enrolled Nurse (Division 2) and Registered Nurse (Division 1) <sup>1</sup>	1,337	6,465	20.7%
Registered Nurse (Division 1)	53,744	276,928	19.4%
Nurse and Midwife	6,019	29,699	20.3%
Enrolled Nurse and Midwife <sup>1</sup>	16	64	25.0%
Enrolled Nurse and Registered Nurse and Midwife <sup>1</sup>	4	66	6.1%
Registered Nurse and Midwife <sup>1</sup>	5,999	29,569	20.3%
Total	81,971	417,892	19.6%

# Table 6. Health practitioners with specialties at 30 June 2016<sup>1</sup>

% of

Profession/area of specialty practice	Qld	National total	% of national total
Dental Practitioner	331	1,714	1 <b>9.3</b> %
Dento-maxillofacial radiology	6	10	60.0%
Endodontics	28	163	17.2%
Forensic odontology	2	26	7.7%
Oral and maxillofacial surgery	44	202	21.8%
Oral medicine	5	35	14.3%
Oral pathology	4	24	16.7%
Oral surgery	4	51	7.8%
Orthodontics	127	605	21.0%
Paediatric dentistry	22	130	16.9%
Periodontics	42	223	18.8%
Prosthodontics	42	213	19.7%
Public health dentistry (community dentistry)	1	16	6.3%
Special needs dentistry	4	16	25.0%
Medical Practitioner	12,491	64,463	<b>19.4</b> %
Addiction medicine	28	168	16.7%
Anaesthesia	960	4,782	20.1%
Dermatology	86	528	16.3%
Emergency medicine	443	1,904	23.3%
General practice	5,096	24,471	20.8%
Intensive care medicine	179	856	20.9%
Paediatric intensive care medicine	1	7	14.3%
No subspecialty declared	178	849	21.0%
Medical administration	86	331	26.0%

#### Note:

1. Practitioners who hold dual or multiple registration.

Profession/area of specialty practice	Qld	National total	% of national total
Obstetrics and gynaecology	379	1,932	19.6%
Gynaecological oncology	9	46	19.6%
Maternal-fetal medicine	8	40	20.0%
Obstetrics and gynaecological ultrasound	5	76	6.6%
Reproductive endocrinology and infertility	3	54	5.6%
Urogynaecology	8	31	25.8%
No subspecialty declared	346	1,685	20.5%
Occupational and environmental medicine	40	308	13.0%
Ophthalmology	165	991	16.6%
Paediatrics and child health	460	2,555	18.0%
Paediatric intensive care medicine	3	6	50.0%
Clinical genetics	4	26	15.4%
Community child health	12	52	23.1%
General paediatrics	336	1,825	18.4%
Neonatal and perinatal medicine	28	174	16.1%
Paediatric cardiology	7	36	19.4%
Paediatric clinical pharmacology		1	0.0%
Paediatric emergency medicine	17	51	33.3%
Paediatric endocrinology	8	32	25.0%
Paediatric gastroenterology and hepatology	3	24	12.5%
Paediatric haematology	2	11	18.2%
Paediatric immunology and allergy	2	20	10.0%
Paediatric infectious diseases	3	19	15.8%
Paediatric medical oncology	5	27	18.5%
Paediatric nephrology	1	11	9.1%
Paediatric neurology	5	35	14.3%
Paediatric palliative medicine	1	2	50.0%

Profession/area of specialty practice	Qld	National total	% of national total
Paediatric rehabilitation medicine	1	8	12.5%
Paediatric respiratory and sleep medicine	8	27	29.6%
Paediatric rheumatology	2	12	16.7%
No subspecialty declared	12	156	7.7%
Pain medicine	56	276	20.3%
Palliative medicine	51	312	16.3%
Pathology	363	2,073	17.5%
Anatomical pathology (including cytopathology)	169	892	18.9%
Chemical pathology	13	95	13.7%
Forensic pathology	13	48	27.1%
General pathology	19	123	15.4%
Haematology	90	513	17.5%
Immunology	12	118	10.2%
Microbiology	39	231	16.9%
No subspecialty declared	8	53	15.1%
Physician	1,663	9,779	17.0%
Cardiology	269	1,313	20.5%
Clinical genetics	8	72	11.1%
Clinical pharmacology	10	55	18.2%
Endocrinology	115	658	17.5%
Gastroenterology and hepatology	151	836	18.1%
General medicine	363	1,785	20.3%
Geriatric medicine	94	661	14.2%
Haematology	90	532	16.9%
Immunology and allergy	16	159	10.1%
Infectious diseases	58	408	14.2%
Medical oncology	104	626	16.6%
Nephrology	78	522	14.9%
Neurology	72	567	12.7%
Nuclear medicine	32	261	12.3%
Respiratory and sleep medicine	125	651	19.2%
Rheumatology	49	365	13.4%
No subspecialty declared	29	308	9.4%

Profession/area of specialty practice	Qld	National total	% of national total
Psychiatry	670	3,565	18.8%
Public health medicine	82	434	18.9%
Radiation oncology	73	380	19.2%
Radiology	442	2,368	18.7%
Diagnostic radiology	377	2,023	18.6%
Diagnostic ultrasound		4	0.0%
Nuclear medicine	51	186	27.4%
No subspecialty declared	14	155	9.0%
Rehabilitation medicine	63	497	12.7%
Sexual health medicine	18	123	14.6%
Sport and exercise medicine	11	119	9.2%
Surgery	1,077	5,711	18.9%
Cardio-thoracic surgery	40	201	19.9%
General surgery	354	1,974	17.9%
Neurosurgery	47	247	19.0%
Oral and maxillofacial surgery	29	123	23.6%
Orthopaedic surgery	297	1,394	21.3%
Otolaryngology – head and neck surgery	92	498	18.5%
Paediatric surgery	15	103	14.6%
Plastic surgery	70	450	15.6%
Urology	86	434	19.8%
Vascular surgery	45	229	19.7%
No subspecialty declared	2	58	3.4%
Podiatrist	1	30	3.3%
Podiatric surgeon	1	30	3.3%
Total	12,823	66,207	19.4%

#### Note:

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

# Table 7. Applications received, by profession and registration type Profession/ registration type Qld

Profession/ registration type	Qld	% of national total	
Aboriginal and Torres Strait Islander Health Practitioner	77	269	28.6%
General	77	268	28.7%
Non-practising		1	0.0%
Chinese Medicine Practitioner	95	742	12.8%
General	66	546	12.1%
Non-practising	29	196	14.8%
Chiropractor	47	394	11 <b>.9</b> %
General	41	340	12.1%
Limited	1	3	33.3%
Non-practising	5	51	9.8%
Dental Practitioner	329	1,536	21.4%
General	281	1,280	22.0%
Limited	11	46	23.9%
Non-practising	24	143	16.8%
Specialist	13	67	19.4%
Medical Practitioner	3,606	16,203	22.3%
General	1,127	5,280	21.3%
Limited	287	1,720	16.7%
Non-practising	70	393	17.8%
Provisional	1,402	5,453	25.7%
Specialist	720	3,357	21.4%
Medical Radiation Practitioner	317	1,722	18.4%
General	214	1,160	18.4%
Limited		6	0.0%
Non-practising	4	82	4.9%
Provisional	99	474	20.9%
Midwife	318	1,715	18.5%
General	250	1,401	17.8%
Non-practising	61	297	20.5%
Provisional	7	17	41.2%
Nurse	5,518	28,854	1 <b>9.</b> 1%
General	5,152	27,031	19.1%
Non-practising	291	1,513	19.2%
Provisional	75	310	24.2%

Profession/ registration type	Qld	National total	% of national total
Occupational Therapist	393	2,200	1 <b>7.9</b> %
General	322	1,799	17.9%
Limited	15	81	18.5%
Non-practising	53	287	18.5%
Provisional	3	33	9.1%
Optometrist	58	399	14.5%
General	57	365	15.6%
Limited	1	6	16.7%
Non-practising		28	0.0%
Osteopath	25	207	12.1%
General	19	163	11.7%
Non-practising	2	28	7.1%
Provisional	4	16	25.0%
Pharmacist	704	3,324	21.2%
General	330	1,622	20.3%
Limited	4	29	13.8%
Non-practising	32	151	21.2%
Provisional	338	1,522	22.2%
Physiotherapist	481	2,505	1 <b>9.2</b> %
General	410	2,101	19.5%
Limited	36	244	14.8%
Non-practising	35	160	21.9%
Podiatrist	79	445	1 <b>7.8</b> %
General	71	408	17.4%
Non-practising	8	36	22.2%
Specialist		1	0.0%
Psychologist	910	4,759	<b>19.</b> 1%
General	339	1,773	19.1%
Non-practising	80	529	15.1%
Provisional	491	2,457	20.0%
Total 2015/16	12,957	65,274	1 <b>9.9</b> %
Total 2014/15	12,155	61,517	<b>19.8</b> %

# Table 8. Outcome of applications for registration finalisedin 2015/16

Outcome	Qld	National total²	% of national total
Register	11,560	57,260	20.2%
Register with conditions	270	1,716	15.7%
Register in a type other than applied for	15	150	10.0%
Register in a type other than applied for with conditions	31	130	23.8%
Refuse application	250	2,706	9.2%
Withdrawn	761	3,823	19.9%
Other	40	191	20.9%
Total 2015/16 (PPP) <sup>1</sup>	12,927	65,976	1 <b>9.6</b> %

Notes:

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

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

Table 9. Domestic and international criminal history checks in Qld and nationally, by profession, and cases where a criminal history check resulted in, or contributed to, imposition of conditions or undertakings

State/territory <sup>1</sup>			Qld				National	2015/16	
Profession	Number of CHCs <sup>2</sup>	Number of DCOs <sup>3</sup>	% of DCOs resulting from CHCs	Conditions/undertakings resulting from CHCs	% of total national CHCs resulted in conditions/ undertakings	Number of CHCs <sup>2</sup>	Number of DCOs <sup>3</sup>	% of DCOs resulting from CHCs	Conditions/undertakings resulting from CHCs
Aboriginal and Torres Strait Islander Health Practitioner	97	30	30.9%		0.0%	396	193	48.7%	1
Chinese Medicine Practitioner	173	15	8.7%		0.0%	933	60	6.4%	
Chiropractor	118	14	11.9%		0.0%	787	66	8.4%	
Dental Practitioner	416	18	4.3%	1	100.0%	1,992	96	4.8%	1
Medical Practitioner	2,028	51	2.5%		0.0%	11,891	267	2.2%	
Medical Radiation Practitioner	255	14	5.5%		0.0%	1,728	61	3.5%	
Midwife	152	15	9.9%		0.0%	859	52	6.1%	
Nurse	6,444	408	6.3%	1	16.7%	36,140	1,977	5.5%	6
Occupational Therapist	425	11	2.6%		0.0%	2,288	66	2.9%	
Optometrist	65		0.0%		0.0%	408	5	1.2%	
Osteopath	19	3	15.8%		0.0%	185	15	8.1%	
Pharmacist	525	14	2.7%	1	100.0%	2,516	86	3.4%	1
Physiotherapist	492	14	2.8%		0.0%	2,702	94	3.5%	
Podiatrist	128	6	4.7%		0.0%	814	54	6.6%	
Psychologist	540	38	7.0%		0.0%	3,059	183	6.0%	1
Total 2015/16	11,877	651	5.5%	3	30.0%	66,698	3,275	<b>4.9</b> %	10
Total 2014/15	9,547	541	<b>5.7</b> %	11	<b>29.7</b> %	51,947	3,100	6.0%	37

Notes:

1. For 2015/16, figures are reported by principal place of practice. For 2014/15, figures are reported by the state/territory location of the preferred address as advised by the applicant/registrant. Where this can't be identified, the location of the office assessing the application is used.

2. Criminal history checks. Refers to both domestic and international criminal history checks submitted. International criminal history checks started in 2014/15.

3. Disclosable court outcomes.

### Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal history checks. A common criminal history standard is used across all 14 National Boards.

Nationally, AHPRA undertook 66,698 domestic and international criminal record checks of registrants in 2015/16, an increase of 28.4% from the previous year. The increase is largely due to a new approach to checking international criminal history, which was introduced in 2014/15.

In 2015/16, there were 11,877 criminal history checks carried out for applicants with a principal place of practice in Qld. Of those, 651 resulted in disclosable court outcomes. See Table 9, on page 24.

Table 10 provides an overview of cases where a criminal history check resulted in, or contributed to, the imposition of conditions by a Board or undertakings given by a practitioner. There were three such cases in Qld in 2015/16; eight fewer than in 2014/15.

Table 10. Cases in 2015/16 where a criminal history check resulted in, or contributed to, imposition of conditions or undertakings, by profession

Profession	Qld	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner		1	0.0%
Chinese Medicine Practitioner		0	0.0%
Chiropractor		0	0.0%
Dental Practitioner	1	1	100.0%
Medical Practitioner		0	0.0%
Medical Radiation Practitioner		0	0.0%
Midwife		0	0.0%
Nurse	1	6	16.7%
Occupational Therapist		0	0.0%
Optometrist		0	0.0%
Osteopath		0	0.0%
Pharmacist	1	1	100.0%
Physiotherapist		0	0.0%
Podiatrist		0	0.0%
Psychologist		1	0.0%
Total 2015/16	3	10	30.0%
Total 2014/15	11	37	<b>29.7</b> %

### Notifications in Queensland

Notifications are complaints or concerns that are raised with AHPRA about registered health practitioners or students practising in Australia, excluding New South Wales, where complaints are handled by the Health Professional Councils Authority (HPCA) and Queensland, where complaints may be referred to AHPRA by the OHO. For more information, see 'Background' on page 15.

Tables 11–23 contain data relating to notifications about registered health practitioners with a principal place of practice (PPP) in Qld. These data relate to matters referred to us by the OHO. Some tables do not include data from the HPCA in NSW, as indicated in the table headings.

Nationally, notifications received in 2015/16 increased by 19.7% (including those managed by the HPCA in NSW). Notifications received about practitioners with a PPP in Qld increased by 105.5%, to 1,919 complaints, compared with 934 in the previous year. This represents 19% of all notifications received nationally (including HPCA data).

Of the new notifications received, mandatory notifications in Qld decreased from 16 in 2014/15 to 15 in 2015/16; this represents 1.5% of mandatory notifications nationally in 2015/16.

Due to the significant increase in matters referred to AHPRA by the OHO, there was also an increase of 72% in the number of open notifications (1,288 at end of June 2016, compared with 749 at the end of the 2014/15 year). This represents 22.2% of all open notifications nationally.

The percentage of the Qld registrant base with notifications received in 2015/16 was 1.5%, which was consistent with national figures.

A large proportion of notifications (863) were about clinical care. See Table 14.

Notifications received came largely from the patient (769) or another practitioner (248).

There were 109 cases where immediate action was initiated against practitioners in Qld. In 86 of these cases the registration of the practitioner was suspended or restricted in order to protect the public. Three decisions were pending as at 30 June 2016. In the remaining 20 cases the Board determined that no further action was required<sup>1</sup>. See Table 16.

As at 30 June 2016, there were nine open notifications in Qld that were received before the National Law took effect in 2010. All of these matters are awaiting a tribunal determination. See Table 17.

Tables 18–22 detail the outcomes of key stages in the notifications process during 2015/16; note the national data in these tables do not include data for NSW, because complaints in that jurisdiction are managed by the HPCA.

The majority of the 1,948 enquiries received about Qld registrants in 2015/16 were considered to meet the criteria for a notification (1,836) and an assessment commenced.

On completion of assessment of cases in 2015/16, 971 cases were closed and 739 cases were taken to a further stage. See Table 19.

Forty-two cases were closed following a panel hearing and 47 following a tribunal hearing. See Tables 21 and 22.

In total, 1,372 matters were closed in Qld in 2015/16. See Table 23.

Note:

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

Table 11. Notifications received or closed in 2015/16 or remaining open at 30 June 2016, by profession												
Notifications	٨	ll receive	d	Mand	latory rec	eived		Closed		Оро	en at 30 Ju	une
Profession	QId	National total	% of national total	QId	National total	% of national total	QId	National total	% of national total	ald	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner		5	0.0%		1	0.0%		9	0.0%		1	0.0%
Chinese Medicine Practitioner	10	54	18.5%		4	0.0%	9	36	25.0%	4	33	12.1%
Chiropractor	24	146	16.4%		10	0.0%	13	101	12.9%	18	126	14.3%
Dental Practitioner	167	1,025	16.3%	2	27	7.4%	98	794	12.3%	106	621	17.1%
Medical Practitioner	1,058	5,371	19.7%	6	272	2.2%	729	4,714	15.5%	710	2,882	24.6%
Medical Radiation Practitioner	11	48	22.9%		7	0.0%	10	38	26.3%	9	27	33.3%
Midwife	35	103	34.0%		16	0.0%	31	83	37.3%	23	82	28.0%
Nurse	417	1,942	21.5%	7	519	1.3%	319	1,762	18.1%	290	1,226	23.7%
Occupational Therapist	12	59	20.3%		2	0.0%	8	56	14.3%	8	25	32.0%
Optometrist	7	39	17.9%		1	0.0%	6	44	13.6%	6	15	40.0%
Osteopath	2	23	8.7%		1	0.0%	1	27	3.7%	2	9	22.2%
Pharmacist	68	570	11.9%		38	0.0%	68	537	12.7%	40	330	12.1%
Physiotherapist	23	102	22.5%		5	0.0%	15	93	16.1%	15	67	22.4%
Podiatrist	10	57	17.5%		5	0.0%	6	49	12.2%	6	28	21.4%
Psychologist	75	528	14.2%		72	0.0%	59	484	12.2%	51	316	16.1%
Unknown <sup>1</sup>		10	0.0%		0	0.0%		12	0.0%		1	0.0%
Total 2015/16 (PPP)²	1,919	10,082	1 <b>9.0</b> %	15	980	1.5%	1,372	8,839	15.5%	1,288	5,789	22.2%
Total 2014/15 (PPP)²	934	8,426	11.1%	16	833	1 <b>.9</b> %	1,240	9,003	13.8%	749	4,531	16.5%
Total 2014/15 (Responsible Office) <sup>3</sup>	917	8,426	10.9%	14	833	1.7%	1,258	9,003	14.0%	773	4,531	17.1%

Notes:

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

2. For 2015/16, notifications are based on the state or territory of the practitioner's principal place of practice (PPP).

3. Prior to the above, notifications were based on the location of the AHPRA state or territory office that handled the notification (Responsible Office).

Table 12. Percentage of registrant base with notifications
received in 2015/16, by profession <sup>1</sup>

Profession	Qld	National total
Aboriginal and Torres Strait Islander Health Practitioner	0.0%	0.9%
Chinese Medicine Practitioner	1.2%	1.1%
Chiropractor	2.9%	2.8%
Dental Practitioner	3.9%	4.7%
Medical Practitioner	5.1%	5.0%
Medical Radiation Practitioner	0.4%	0.3%
Midwife <sup>2</sup>	0.5%	0.3%
Nurse <sup>3</sup>	0.6%	0.5%
Occupational Therapist	0.3%	0.3%
Optometrist	0.7%	0.8%
Osteopath	1.1%	1.1%
Pharmacist	1.2%	1.9%
Physiotherapist	0.4%	0.4%
Podiatrist	1.3%	1.2%
Psychologist	1.2%	1.6%
Total 2015/16 (PPP) <sup>4</sup>	1.5%	1.5%
Total 2014/15 (PPP) <sup>4</sup>	0.8%	1.3%
Total 2014/15 (Responsible Office) <sup>4</sup>	0.8%	1.3%

Notes:

- 1. Percentages are based on registrants whose profession and principal place of practice (PPP) have been identified.
- 2. The registrant base for midwives includes registrants with midwifery or with nursing and midwifery registration.
- 3. The registrant base used for nurses includes registrants with midwifery or with nursing and midwifery registration.
- 4. For 2015/16, notifications are based on the practitioner's PPP. Prior to this, notifications were based on the state or territory where the notification was handled (Responsible Office).

Issue	Qld	National total	% of national total
Behaviour	47	374	12.6%
Billing	12	178	6.7%
Boundary violation	43	344	12.5%
Clinical care	863	4,208	20.5%
Communication	76	668	11.4%
Confidentiality	43	248	17.3%
Conflict of interest	3	20	15.0%
Discrimination	2	27	7.4%
Documentation	60	436	13.8%
Health impairment	271	932	29.1%
Infection/hygiene	9	87	10.3%
Informed consent	17	116	14.7%
Medico-legal conduct	5	146	3.4%
National Law breach	86	299	28.8%
National Law offence	2	277	0.7%
Offence	86	329	26.1%
Offence by student		9	0.0%
Other	55	170	32.4%
Pharmacy/medication	210	1,062	19.8%
Research/teaching/ assessment	5	20	25.0%
Response to adverse event	11	43	25.6%
Teamwork/supervision	13	65	20.0%
Not recorded		24	0.0%

1,919

10,082

19.0%

Table 13. Registrants involved in mandatory notifications, by jurisdiction								
Year         2015/16 (PPP)1         2014/15 (PPP)1         2014/15 (Responsible Office)2								
Jurisdiction	No. practitioners <sup>3</sup>	Rate/10,000 practitioners <sup>4</sup>				Rate/10,000 practitioners <sup>4</sup>		
Qld	14	1.1	16	1.3	14	1.1		
Total Australia	Total Australia         920         14.0         789         12.4         789         12.4							

Total

Notes:

1. Principal place of practice (PPP).

- 2. State or territory where the notification is handled for registrants, including those registrants who do not reside in Australia.
- 3. Figures represent the number of practitioners involved in the mandatory reports received.
- 4. Practitioners with no PPP are not represented in the calculation of a rate for each state, but are included in the calculation of the Total Australia rate.

Source	Qld	National total (excluding HPCA) <sup>1</sup>	% of national total (excluding HPCA)
Anonymous	20	112	17.9%
Drugs and poisons	1	24	4.2%
Education provider	9	21	42.9%
Employer	117	568	20.6%
Government department	52	155	33.5%
Health complaints entity	8	434	1.8%
Health advisory service	17	28	60.7%
Hospital	58	71	81.7%
Insurance company	2	14	14.3%
Lawyer	21	44	47.7%
Member of Parliament		2	0.0%
Member of the public	93	340	27.4%
Ombudsman	34	35	97.1%
Other Board	24	39	61.5%
Other practitioner	248	741	33.5%
Own motion	56	329	17.0%
Patient	769	2,022	38.0%
Police	51	93	54.8%
Relative	176	596	29.5%
Self	100	182	54.9%
Treating practitioner	12	58	20.7%
Unclassified	51	148	34.5%
Total	1,919	6,056	31.7%

Note:

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

## Table 16. Immediate action cases about notifications received in 2015/16

Outcome	Qld	National total	% of national total
Not take immediate action	20	139	14.4%
Accept undertaking	13	67	19.4%
Impose conditions	53	405	13.1%
Accept surrender of registration	1	13	7.7%
Suspend registration	19	106	17.9%
Decision pending	3	19	15.8%
Total	109	749	14.6%

## Table 17. Notifications under previous legislation open at 30 June 2016, by profession (excluding HPCA)

Profession	Qld	National total <sup>1</sup>	% of national total
Aboriginal and Torres Strait Islander Health Practitioner		0	0.0%
Chinese Medicine Practitioner		0	0.0%
Chiropractor		2	0.0%
Dental Practitioner		0	0.0%
Medical Practitioner	5	7	71.4%
Medical Radiation Practitioner		0	0.0%
Midwife		0	0.0%
Nurse		0	0.0%
Occupational Therapist		0	0.0%
Optometrist		0	0.0%
Osteopath		0	0.0%
Pharmacist	3	3	100.0%
Physiotherapist		0	0.0%
Podiatrist		0	0.0%
Psychologist	1	2	50.0%
Total 2015/16	9	14	64.3%
Total 2014/15	25	38	65.8%

Note:

1. Of the 14 open matters in the national total for 2015/16, 13 are lodged with a tribunal.

Table 18. Outcome of enquiries received in 2015/16 (excluding HPCA)

Outcome	Qld	National total	% of national total
Moved to notification, complaint or offence	1,836	6,214	29.5%
Closed at lodgement	25	1,576	1.6%
Yet to be determined	87	374	23.3%
Total	1,948	8,164	<b>23.9</b> %

Table 19. Outcome of assessments finalised in 2015/16 (excluding HPCA)					
Outcome of decisions to take the notification further	Qld	National total (excluding HPCA)	% of national total		
Health or performance assessment	177	295	60.0%		
Investigation	548	1,975	27.7%		
Panel hearing	13	16	81.3%		
Tribunal hearing	1	3	33.3%		
Total	739	2,289	32.3%		
Outcome of notifications closed following assessment					
No further action	626	2,358	26.5%		
Health complaints entity to retain	2	109	1.8%		
Refer all or part of the notification to another body	8	33	24.2%		
Dealt with as enquiry	1	47	2.1%		
Managed as a complaint by a co-regulator	4	5	80.0%		
Managed as an offence under Part 7 of the National Law	1	7	14.3%		
Caution	189	367	51.5%		
Accept undertaking	21	46	45.7%		
Impose conditions	117	164	71.3%		
Practitioner surrenders registration	2	2	100.0%		
Total	971	3,138	30.9%		

# Table 20. Outcome of investigations finalised in 2015/16 (excluding HPCA)

Outcome of decisions to take the notification further	Qld	National total (excluding HPCA)	% of national total
Assessment	3	16	18.8%
Health or performance assessment	15	116	12.9%
Panel hearing	34	79	43.0%
Tribunal hearing	8	100	8.0%
Total	60	311	1 <b>9.3</b> %
Outcome of notifications closed following investigation			
No further action	122	838	14.6%
Health complaints entity to retain		8	0.0%
Refer all or part of the notification to another body	5	11	45.5%
Dealt with as enquiry	1	1	100.0%
Managed as a complaint by a co-regulator	3	5	60.0%
Caution	37	272	13.6%
Accept undertaking	5	72	6.9%
Impose conditions	24	189	12.7%
Suspend registration		1	0.0%
Total	197	1,397	14.1%

Table 21. Outcome of panel hearings finalised in 2015/16 (excluding HPCA)

Outcome	Qld	National total (excluding HPCA)	% of national total
No further action	6	32	18.8%
Accept undertaking		1	0.0%
Caution	10	39	25.6%
Reprimand	3	11	27.3%
Impose conditions	23	88	26.1%
Practitioner surrenders registration		1	0.0%
Suspend registration		1	0.0%
Total	42	173	24.3%

## Table 22. Outcome of tribunal hearings finalised in 2015/16 (excluding HPCA)

Outcome	Qld	National total (excluding HPCA)	% of national total
No further action	3	18	16.7%
Caution	1	3	33.3%
Reprimand	5	21	23.8%
Fine registrant		5	0.0%
Accept undertaking	1	2	50.0%
Impose conditions	4	28	14.3%
Practitioner surrenders registration		3	0.0%
Suspend registration	20	44	45.5%
Cancel registration	9	34	26.5%
Not permitted to reapply for registration for a period of 12 months	3	8	37.5%
Withdrawn	1	9	11.1%
Total	47	175	<b>26.9</b> %

#### Table 23. Notifications closed in 2015/16, by profession and stage at closure in Qld

Profession	Assessment	Investigation	Health or performance assessment	Panel hearing	Tribunal hearing	Total 2015/16
Aboriginal and Torres Strait Islander Health Practitioner						0
Chinese Medicine Practitioner	7		1		1	9
Chiropractor	7	3	1	2		13
Dental Practitioner	81	13	2	2		98
Medical Practitioner	524	108	34	29	34	729
Medical Radiation Practitioner	6	1	3			10
Midwife	22	1	7		1	31
Nurse	210	45	56	3	5	319
Occupational Therapist	6	1		1		8
Optometrist	6					6
Osteopath	1					1
Pharmacist	51	14	1		2	68
Physiotherapist	11	2	2			15
Podiatrist	5	1				6
Psychologist	35	7	2	11	4	59
Not identified <sup>1</sup>						0
Total 2015/16	972	196	109	48	47	1,372

Notes:

1. Practitioner profession may not have been identified in notifications closed at an early stage.

### Monitoring and compliance

AHPRA's monitoring and compliance team monitors health practitioners and students with restrictions on their registration, or whose registration has been suspended or cancelled.

Monitoring ensures practitioners are complying with restrictions placed on their registration. Each case is assigned to one of five streams, where the below affects a practitioner or student's ability or performance:

- health: physical or mental impairment, disability, condition or disorder (including substance abuse or dependence)
- performance: deficiencies in knowledge, skill, judgement or care
- conduct: where they have a criminal history or have demonstrated a lesser standard of professional care than expected
- suitability/eligibility: they do not hold an approved or equivalent qualification; lack English-language skills; do not meet the requirements for recency of practice or do not meet approved registration standards, or
- prohibited practitioner/student: they are subject to a cancellation order, surrender of registration or change to non-practising registration or suspension.

At 30 June 2016, there were 1,078 cases under active compliance monitoring in Qld.

Qld accounted for 21.7% of all cases nationally under active monitoring. The majority of these registrants were medical practitioners (373) or nurses (326). See Tables 24 and 25.

## Table 24. Active monitoring cases at 30 June 2016, by profession (excluding HPCA)

Profession	Qld	National total (excluding HPCA)	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	19	73	26.0%
Chinese Medicine Practitioner	128	954	13.4%
Chiropractor	12	46	26.1%
Dental Practitioner	43	141	30.5%
Medical Practitioner	373	1,767	21.1%
Medical Radiation Practitioner	35	109	32.1%
Midwife	22	144	15.3%
Nurse	326	1,274	25.6%
Occupational Therapist	12	36	33.3%
Optometrist	2	17	11.8%
Osteopath	1	9	11.1%
Pharmacist	52	178	29.2%
Physiotherapist	13	60	21.7%
Podiatrist	4	21	19.0%
Psychologist	36	134	26.9%
Total	1,078	4,963	21.7%

Table 25: Active monitoring cases at 30 June 2016 in Qld and nationally, by stream											
Jurisdiction	Conduct <sup>1</sup>	Health <sup>1</sup>	Performance <sup>1</sup>	Prohibited practitioner/ student	Suitability/ eligibility²	Total 2015/16					
Qld	141	284	173	43	437	1,078					
National 2015/16 <sup>3</sup>	709	1,000	677	219	3,129	5,734					
% of national total	19.9%	28.4%	25.6%	19.6%	14.0%	18.8%					

Notes:

1. Includes cases to be transitioned from AHPRA to HPCA for Conduct, Health and Performance streams.

2. AHPRA performs monitoring of compliance cases in 'suitability/eligibility' matters for NSW registrations.

3. Includes cases monitored by the HPCA.

### Statutory offence complaints

To protect the public, the National Law sets out the following types of statutory offences:

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

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

Nationally, AHPRA received 1,348 statutory offence complaints during 2015/16; 166% higher than in

2014/15. This significant increase was largely due to a series of complaints made by a number of organisations about alleged advertising breaches (75% of all complaints). Of these, 57.3% were about chiropractic services, 16% were about dental services and 13.1% were about medical services.

In 2015/16, 228 new statutory offence complaints were made about Qld-based practitioners, an increase of 117.1% from 2014/15. Qld received 16.9% of all offence complaints received nationally. See Table 26.

Eighty-seven statutory offences were closed in 2015/16; 7.4% fewer than 2014/15. Almost all new matters in Qld related to title protection or advertising concerns.

Table 26: Offences received and closed by profession and jurisdiction <sup>1</sup>											
Destaurier	QL	National total <sup>2</sup>		% of national total							
Profession	Received	Closed	Received	Closed	Received	Closed					
Aboriginal and Torres Strait Islander Health Practitioner			0	0	0.0%	0.0%					
Chinese Medicine Practitioner	7		26	12	26.9%	0.0%					
Chiropractor	115	11	601	68	19.1%	16.2%					
Dental Practitioner	30	29	196	157	15.3%	18.5%					
Medical Practitioner	35	19	202	128	17.3%	14.8%					
Medical Radiation Practitioner			8	7	0.0%	0.0%					
Midwife		1	33	6	0.0%	16.7%					
Nurse	5	7	54	40	9.3%	17.5%					
Occupational Therapist			6	5	0.0%	0.0%					
Optometrist	3	1	9	9	33.3%	11.1%					
Osteopath	2	2	12	25	16.7%	8.0%					
Pharmacist	2	2	13	13	15.4%	15.4%					
Physiotherapist	20	5	66	40	30.3%	12.5%					
Podiatrist	2	1	26	17	7.7%	5.9%					
Psychologist	7	9	83	64	8.4%	14.1%					
Unknown <sup>3</sup>			13	9	0.0%	0.0%					
Total 2015/16 (PPP) <sup>4</sup>	228	87	1,348	600	1 <b>6.9</b> %	14.5%					
Total 2014/15 (PPP)4	105	94	506	518	20.8%	18.1%					

Notes:

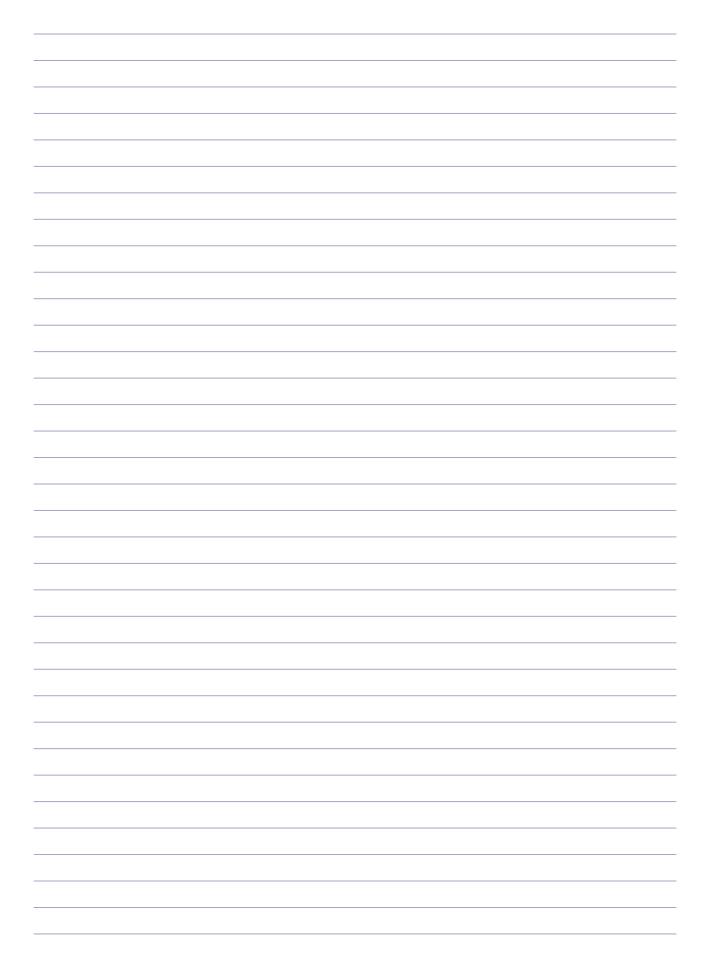
1. This table captures offence complaints by principal place of practice (PPP) and includes all offences from sections 113–116 of the National Law, not only offences about advertising, title and practice protection.

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

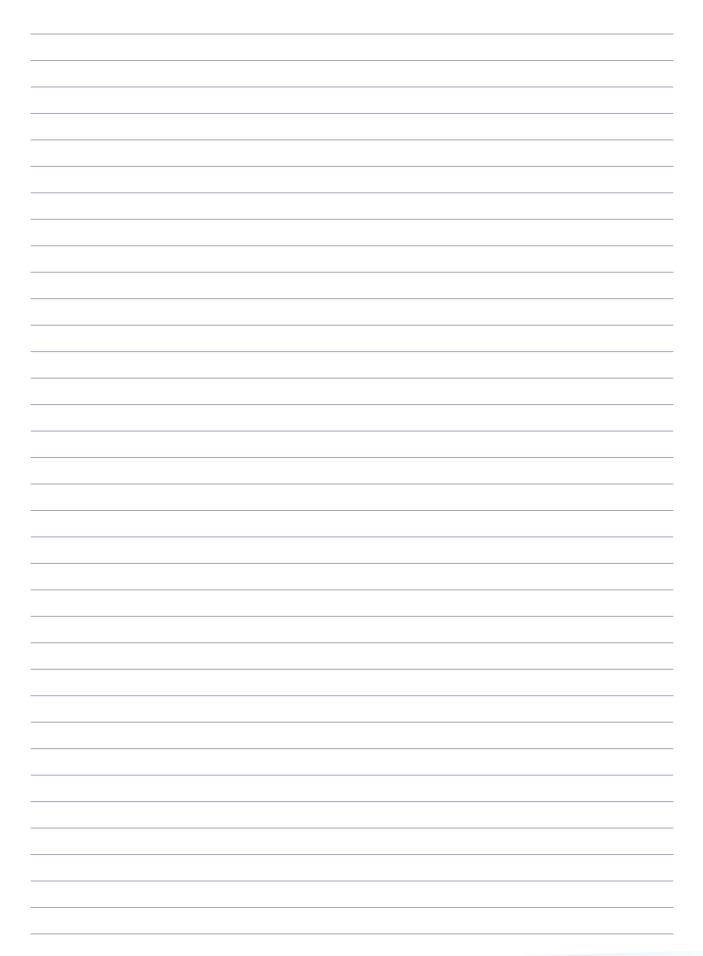
3. AHPRA also receives offence complaints about unregistered persons where there is no PPP recorded. Only registered practitioners have a designated PPP.

4. Based on state and territory of the practitioner's PPP.

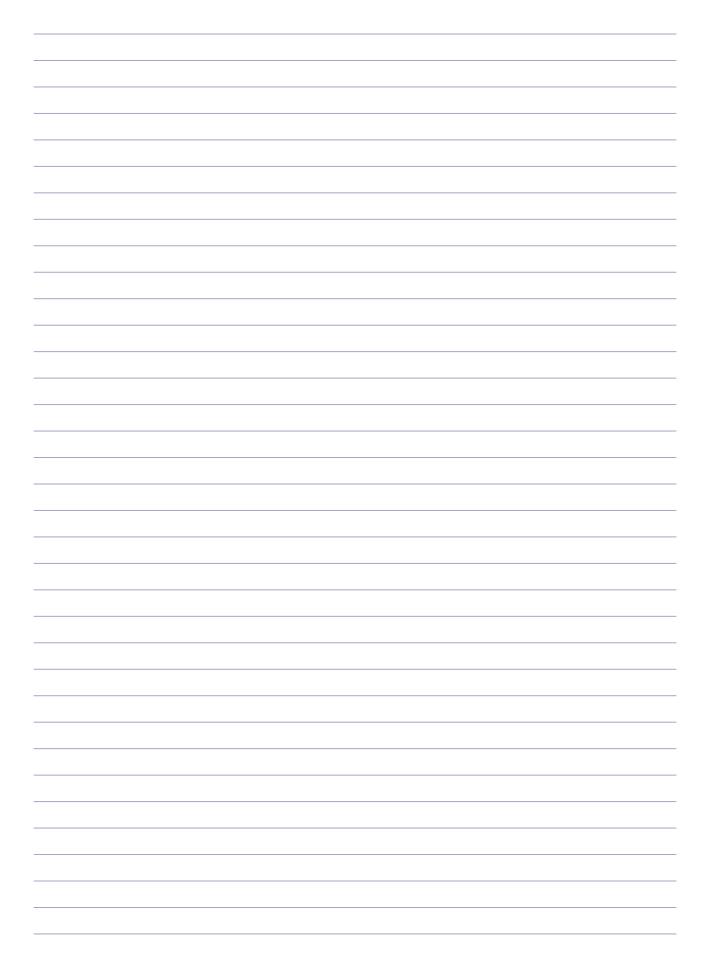
## Notes



## Notes



## Notes



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Annual report online www.ahpra,gov.au/annualreport

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#### PUBLISHED

Australian Health Practitioner Regulation Agency Melbourne, December 2016 ISSN: 2204-1249

#### ACKNOWLEDGEMENTS

Thank you to all AHPRA contributors.

#### PRINTED

Cover printed on Precision Offset 310 gsm Internals printed on Precision Offset 120 gsm



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