Managing risk to the public: Regulation at work in Australia

At a glance: Regulating optometrists in 2015/16

This annual report summary provides a snapshot of our work regulating more than 5,000 registered optometrists in the financial year to 30 June 2016.


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

5,142 registered optometrists

This is 0.8% of the registrant base

Registration grew by 4.6% from 2014/15

1,652 registered students; up 3.9%

339 new applications for registration received

17 notifications (complaints or concerns) were lodged with AHPRA about optometrists

17 notifications were closed

9 complaints were made about possible statutory offences relating to optometry services

9 statutory offence matters were closed

408 criminal history checks were carried out for optometrists, resulting in:

- 5 disclosable court outcomes, and
- No regulatory action needed to be taken.


2. 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 in NSW, please refer to Table 4.

3. 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 Optometry 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.

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Message from the Chair, Optometry Board of Australia

The Optometry Board of Australia is the regulator of optometrists in Australia and acts to protect the public by ensuring that only suitably qualified and competent optometrists are registered.

We are responsible for developing and reviewing registration standards, codes and guidelines for optometrists, managing complaints and concerns raised about optometrists (except in New South Wales (NSW) and Queensland, which have co-regulatory arrangements), and approving accreditation standards and accredited programs of study. We are supported in our work by AHPRA, under the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) and within the National Scheme.

The Board takes a risk-based approach to regulation in order to keep the public safe.

The following committees advise the Board and make decisions where the Board has delegated functions under the National Law:

- Registration and Notification Committee
- Policy and Education Committee
- Finance and Risk Committee,
- Scheduled Medicines Advisory Committee.

The work we have done in partnership with AHPRA and other stakeholders in 2015/16 is outlined in the following pages. As well as sharing our main initiatives for the year, such as reviewing our committee structure and approving changes to accreditation conditions for various programs of study, this report offers unique insight into the optometry profession in Australia today.

I would like to thank all Board and committee members for their dedication, effective contributions and professional approach to the work of the Board in 2015/16. The committee Chairs have each provided leadership and enthusiasm in their roles. Furthermore, I would like to acknowledge the contributions and support from the AHPRA executive team and support staff that have ensured effective administration of the Board.

Lastly, I would like to acknowledge the Optometry Council of Australia and New Zealand (OCANZ) for their contribution to the wider accreditation functions for optometry and Optometry Australia for their contribution to the profession.

Members of the Board in 2015/16

Mr Ian Bluntish (Chair, from 30 August 2015)
Mr John Davis (until 30 August 2015)
Ms Jane Duffy
Mr Anthony Evans (from 31 August 2015)
Mr Derek Fails
Ms Adrienne Farago
Mr Garry Fitzpatrick
Ms Peta Frampton (until 30 August 2015)
Associate Professor Daryl Guest (from 31 August 2015)
Associate Professor Rosemary Knight (from 31 August 2015)
Mr Lawson Lobb (until 30 August 2015)
Mr Colin Waldron (former Chair until 30 August 2015)
Dr Ann Webber (from 31 August 2015)

During 2015/16, the Board was supported by Executive Officer Lynda Pham.

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.optometryboard.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 5,142 registered optometrists. Overseeing the registration and regulation of the profession is the Optometry 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 released a number of new registration guidelines and standards to ensure they reflect current professional requirements. Efficiency and effectiveness have been the main motivators behind committee structure changes, which aim to enhance processes and ensure timely management of complaints.

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: Optometry Board of Australia

The Board reviewed its committee structure this year, in line with the guiding principles of the National Scheme to provide efficient and effective regulation of the profession.

The Policy and Education Committee will take over the important regulatory work of the Policy, Standards and Guideline Advisory Committee and the Continuing Professional Development Accreditation Committee.

The efficiency and effectiveness measures put in place by the Board resulted in a reduction of registration fees for 2015/16. The Board lowered the registration fee for the third year in a row, while still fulfilling its regulatory obligations. The decision to reduce fees ensures practitioners are not unduly burdened, and provides sufficient income to allow the Board to meet its obligation to protect the public.

The Board approved changes to accreditation conditions of various programs of study recommended by OCANZ as part of its role. Over 2015/16, the Board was satisfied that all approved programs of study met accreditation standards for the optometry profession and continue to provide qualifications fit for the purpose of registration.

The Board continued its role in the regular review of the National Boards’ registration standards and guidelines to ensure that they remain relevant, including the revision of:

- Recency of practice registration standard, which took effect on 1 December 2015
- Guidelines on the prescription of optical appliances, which took effect on 1 June 2016, and
- Professional indemnity insurance arrangements registration standard, which took effect on 1 July 2016.

You can view these standards and guidelines on our website, at www.optometryboard.gov.au/Policies-Codes-Guidelines.

The Board is continuing to develop consultations on the endorsement for scheduled medicines and continuing professional development standards and guidelines. The revised standards and guidelines strike a balance between protecting the public and the professional obligations of practitioners.
Data snapshot: Regulation at work in 2015/16

The profession in brief

- The optometry registrant base grew by 4.6% year on year, to 5,142 in 2015/16.
- NSW was the principal place of practice for most of these practitioners (1,743); the Northern Territory (NT) was home to the least (30).
- The age bracket with the most practitioners was 25–29 (765 registrants).
- 297 practitioners were under 25 years of age; three were aged 80 or over.
- Women comprised 52% 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 optometrists have been extracted from national source data that include all 14 health professions regulated under the National Law.

In the following pages you’ll find registration data, including registrant numbers by principal place of practice, and data about notifications (complaints or concerns) received about optometrists in the year to 30 June 2016.

For a further breakdown of data from the 2015/16 annual report by AHPRA and the National Boards, including data relating to 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 complaints about health practitioners managed in NSW, and about data for 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 optometrists

There were 5,142 optometrists registered across Australia at the end of June 2016. This represents a national increase of 4.6% from the previous year. Of the registered optometrists, 2,387 optometrists also held an endorsement for scheduled medicines.

Optometrists made up 0.8% of all registered health practitioners across the National Scheme. Of the registrant base:

- 96.8% held general registration to practise optometry, with this cohort of registrants increasing by 4.6% since the previous year
- less than 0.1% held limited registration, which allows internationally qualified optometry practitioners to provide optometry services under supervision, and
- 3.1% held non-practising registration and could not practise optometry. This cohort of registrants increased by 3.2%.

The number of registered optometry students rose by 3.9%, to 1,652.

The Board received 339 new applications for registration, an increase of 30.8% on the previous year. Of these, 91.5% were for general registration and 7.0% were applying to move to the non-practising register.

See Tables 1–3 for segmentation of registration data about optometrists.

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, 408 checks were carried out for practitioners wanting to register as optometrists. The checks resulted in five disclosable court outcomes. No conditions or undertakings were imposed on any practitioner’s registration as a consequence.
For source data on domestic and international criminal history checks across all regulated health professions, please refer to page 42 of the 2015/16 annual report by AHPRA and the National Boards, which is published online at www.ahpra.gov.au/annualreport/2016.

Regulation of optometrists

In 2015/16, there were 39 notifications received nationally about optometrists (including HPCA data). This represents a decrease of 29.1% from the previous year. The number of matters received and managed by AHPRA was 17 (excluding HPCA). Notifications about optometry practitioners represent 0.3% of all notifications received by AHPRA (excluding HPCA) during the year.

On a national basis, the percentage of registered health practitioners with notifications received during the year was 1.5%. The percentage of all registered optometrists with notifications received was 0.8%. Within this small number, there has been a significant increase in the number of notifications relating to clinical care. Throughout the year, the Board highlighted the importance of maintaining clear and contemporaneous clinical records in its communications.

Immediate action was taken by the Board on matters relating to optometrists once in 2015/16 (there was also one such instance 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, or
- the practitioner’s registration was improperly obtained, or
- the practitioner or student’s registration was cancelled or suspended in another jurisdiction.

Seventeen notifications relating to a registered optometry practitioner (excluding HPCA) were closed. This represents 0.3% of all matters closed across all professions. Of the closed notifications:

- 29.4% resulted in the practitioner receiving a caution or reprimand by the Board
- none resulted in suspension or cancellation of registration, and
- 58.8% 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).

As at 30 June 2016, there were 11 open notifications about registered optometrists (excluding HPCA).

There were 19 active monitoring cases relating to registered optometrists (including HPCA). The majority of these (15 cases) related to suitability/eligibility for registration. For example, practitioners 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.

AHPRA received nine new complaints about possible statutory offences relating to optometry in 2015/16, which constitute less than 1% of all statutory offence matters received by AHPRA this year.

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.

Almost all new matters concerning optometry services related to the use of protected title or advertising concerns. Nine statutory offence matters were considered and closed.

Over 2015/16, the Board highlighted in its newsletters and communiqués that optometrists must understand their advertising obligations and that all treatment claims must be substantiated with acceptable evidence.

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

Want to know more?


Segmentation of data by state and territory is also available on the AHPRA website.

For 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>Optometrists</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>75</td>
<td>1,743</td>
<td>30</td>
<td>1,031</td>
<td>280</td>
<td>85</td>
<td>1,315</td>
<td>417</td>
<td>166</td>
<td>5,142</td>
</tr>
<tr>
<td>2014/15</td>
<td>73</td>
<td>1,663</td>
<td>29</td>
<td>985</td>
<td>259</td>
<td>80</td>
<td>1,251</td>
<td>403</td>
<td>172</td>
<td>4,915</td>
</tr>
<tr>
<td>% change from 2014/15</td>
<td>2.7%</td>
<td>4.8%</td>
<td>3.4%</td>
<td>4.7%</td>
<td>8.1%</td>
<td>6.3%</td>
<td>5.1%</td>
<td>3.5%</td>
<td>-3.5%</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>297</td>
<td>765</td>
<td>661</td>
<td>591</td>
<td>620</td>
<td>473</td>
<td>546</td>
<td>304</td>
<td>107</td>
<td>43</td>
<td>20</td>
<td>3</td>
<td>5,142</td>
<td></td>
</tr>
<tr>
<td>2014/15</td>
<td>227</td>
<td>733</td>
<td>631</td>
<td>611</td>
<td>606</td>
<td>478</td>
<td>538</td>
<td>262</td>
<td>84</td>
<td>47</td>
<td>15</td>
<td>1</td>
<td>4,915</td>
<td></td>
</tr>
</tbody>
</table>

Table 3: Registrants by gender

<table>
<thead>
<tr>
<th>Optometrists</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>75</td>
<td>1,743</td>
<td>30</td>
<td>1,031</td>
<td>280</td>
<td>85</td>
<td>1,315</td>
<td>417</td>
<td>166</td>
<td>5,142</td>
</tr>
<tr>
<td>Female</td>
<td>42</td>
<td>949</td>
<td>15</td>
<td>520</td>
<td>127</td>
<td>29</td>
<td>705</td>
<td>187</td>
<td>84</td>
<td>2,658</td>
</tr>
<tr>
<td>Male</td>
<td>33</td>
<td>794</td>
<td>15</td>
<td>511</td>
<td>153</td>
<td>56</td>
<td>610</td>
<td>230</td>
<td>82</td>
<td>2,484</td>
</tr>
<tr>
<td>Total 2014/15</td>
<td>73</td>
<td>1,663</td>
<td>29</td>
<td>985</td>
<td>259</td>
<td>80</td>
<td>1,251</td>
<td>403</td>
<td>172</td>
<td>4,915</td>
</tr>
<tr>
<td>Female</td>
<td>39</td>
<td>899</td>
<td>15</td>
<td>479</td>
<td>111</td>
<td>24</td>
<td>659</td>
<td>179</td>
<td>86</td>
<td>2,491</td>
</tr>
<tr>
<td>Male</td>
<td>34</td>
<td>764</td>
<td>14</td>
<td>506</td>
<td>148</td>
<td>56</td>
<td>592</td>
<td>224</td>
<td>86</td>
<td>2,424</td>
</tr>
</tbody>
</table>

Notes:
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>Optometrists</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>2015/16 (PPP)</td>
<td>1</td>
<td>7</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>17</td>
<td>22</td>
<td>39</td>
</tr>
<tr>
<td>2014/15 (PPP)</td>
<td>1</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>12</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>26</td>
<td>29</td>
<td>55</td>
</tr>
<tr>
<td>2014/15 (Responsible Office)</td>
<td>1</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>13</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>26</td>
<td>29</td>
<td>55</td>
</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. Matters managed by AHPRA where the conduct occurred outside NSW.
3. The number of matters referred to AHPRA and the National Board by the Office of the Health Ombudsman (OHO).
4. No PPP includes practitioners with an overseas address.
5. Matters managed by the Health Professional Councils Authority (HPCA) in NSW.
6. For 2015/16, notifications are based on the practitioner’s PPP.
7. 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>Optometrists</th>
<th>ACT</th>
<th>NSW (including HPCA)</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>1.3%</td>
<td>1.3%</td>
<td>0.7%</td>
<td>1.1%</td>
<td>1.2%</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.6%</td>
<td>0.8%</td>
<td></td>
</tr>
<tr>
<td>2014/15 (PPP)</td>
<td>1.8%</td>
<td>0.6%</td>
<td>1.2%</td>
<td>1.3%</td>
<td>1.0%</td>
<td>0.7%</td>
<td>0.2%</td>
<td>0.6%</td>
<td>1.1%</td>
<td></td>
</tr>
<tr>
<td>2014/15 (Responsible Office)</td>
<td>1.7%</td>
<td>0.6%</td>
<td>1.2%</td>
<td>1.3%</td>
<td>1.0%</td>
<td>0.7%</td>
<td>0.2%</td>
<td>0.6%</td>
<td>1.1%</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>Optometrists</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 PPP¹</th>
<th>Total 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 2015/16 (PPP)²</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Total 2014/15 (PPP)</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Total 2014/15 (Responsible Office)³</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
</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>Optometrists</th>
<th>ACT</th>
<th>NSW¹</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>No PPP²</th>
<th>Subtotal</th>
<th>HPCA³</th>
<th>Total 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16 (PPP)⁴</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td></td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>17</td>
<td></td>
<td>27</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>2014/15 (PPP)</td>
<td>2</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>12</td>
<td>3</td>
<td></td>
<td>27</td>
<td></td>
<td>26</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>2014/15 (Responsible Office)⁵</td>
<td>1</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>13</td>
<td>2</td>
<td></td>
<td>27</td>
<td></td>
<td>26</td>
<td>53</td>
<td></td>
</tr>
</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)¹

<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>12</td>
<td>17</td>
</tr>
<tr>
<td>Health or performance assessment³</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Investigation⁴</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>27</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)¹

<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>10</td>
<td>12</td>
</tr>
<tr>
<td>Health complaints entity to retain</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Caution</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Accept undertaking</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Impose conditions</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>27</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>Stream</th>
<th>Total 2015/16</th>
<th>Total 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Performance</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Prohibited practitioner/student</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suitability/eligibility²</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>16</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, 4,963 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></td>
<td></td>
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<tr>
<td>Received</td>
<td>2</td>
<td>2</td>
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<td></td>
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<tr>
<td>Practice protections (s.121–123)</td>
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<tr>
<td>Received</td>
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<tr>
<td>Advertising breach (s.133)</td>
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<tr>
<td>Closed</td>
<td>1</td>
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<td></td>
<td>3</td>
<td>4</td>
<td>4</td>
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<tr>
<td>Directing or inciting unprofessional conduct/professional misconduct (s.136)</td>
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<td>Total 2015/16 (PPP)³</td>
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<td>0</td>
<td>3</td>
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<tr>
<td>Total 2014/15 (PPP)³</td>
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</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 practitioner’s (PPP).
Australian Health Practitioner Regulation Agency

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www.ahpra.gov.au

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Brisbane QLD 4000

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Adelaide SA 5000

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Hobart TAS 7000

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