

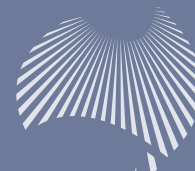
Medical regulation at work in Australia

2014/15

Regulating medical practitioners in the National
Registration and Accreditation Scheme

Managing risk to the public

Regulating medical
practitioners



Medical Board of Australia | AHPRA

Download this summary of the work of the
Medical Board in 2014/15 from www.ahpra.gov.au
or go to www.medicalboard.gov.au

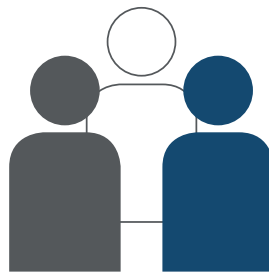
Highlights

Improved timelines for assessing notifications



Guidelines for supervised practice for international medical graduates approved

National health program for doctors launched

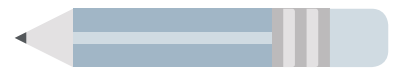


Approved the education programs of eight universities and seven specialist colleges

103,133

medical practitioners registered in Australia on 30 June 2015; an increase of 3.8% compared to 2013/14

41% of registered medical practitioners are female



4,541 notifications lodged about medical practitioners; **2,514** outside NSW

57,511 medical practitioners held specialist registration on 30 June 2015

199 immediate actions taken nationally, a **19%** decrease compared to last year

82% of immediate actions led to regulatory action



54% of all notifications were about medical practitioners, who make up **16%** of all practitioners



212 mandatory notifications made (including NSW), compared to **351** last year

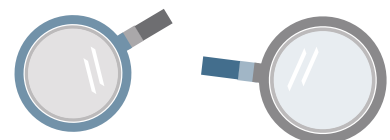
Of **2,954** notifications closed, **58%** closed after assessment, **30%** after investigation

No further regulatory action taken in **66%** of cases

92% of tribunal hearings resulted in disciplinary action

1,697 medical practitioners under active monitoring on 30 June 2015

74% of panel hearings resulted in disciplinary action



About this report

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

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

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

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

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

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Message from the Chair, Medical Board of Australia

This last year has seen a continued focus on measuring and improving our performance in the management of notifications.

The new system for managing health complaints in Queensland started on 1 July 2014 and has made it difficult to compare data from year to year. However, we have made significant progress in streamlining our processes and improving communication with both notifiers and practitioners who are the subject of notifications. This will continue to be a major priority.

In the past year we have reduced the average time to finalise notifications which are closed after assessment from 111 days in 2013/14 to 67 days in 2014/15. We have reduced the average time to move notifications which required further investigation from assessment to the next stage of the process from 56 days in 2013/14 to 47 days in 2014/15.

This year we joined forces with the Australian Medical Association (AMA) to launch a national health program for medical practitioners and medical students in Australia. The service will be accessible to all medical practitioners and medical students, no matter where they live.

Discussions about revalidation have continued this year and we commissioned international research to establish the evidence base for the validity of revalidation in other countries; to identify best practice; to investigate the effectiveness of revalidation in supporting safe practice; and to develop a range of models for the Australian context for the Board to consider. We will progress this work further in 2015/16.

State and territory board members carry out the most important work of medical regulation: dealing with notifications and applications for registration. This work requires compassion, knowledge, judgement and common sense. I would like to acknowledge the contributions of all my colleagues on the national and state and territory boards.

Our partnership with AHPRA is vital to the success of our work and I appreciate the responsiveness and commitment of Dr Joanne Katsoris, Executive Officer, Medical Board of Australia, Martin Fletcher, AHPRA CEO, and all the AHPRA staff who work with board members to develop and deliver medical regulation in Australia.



Dr Joanna Flynn AM
Chair, Medical Board
of Australia

Message from the Agency Management Committee Chair and AHPRA CEO

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

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

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

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

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

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



Mr Martin Fletcher
Chief Executive Officer,
AHPRA



Mr Michael Gorton AM
Chair, Agency
Management
Committee

Medical Board report

Overview

The Medical Board of Australia (the Board) is appointed by the Ministerial Council and is made up of 12 members: eight registered medical practitioners, one from each jurisdiction, and four community members. The Ministerial Council appointed the current Board from August 2012. There was one Board member vacancy in the 2014/15 year.

The Board, supported by AHPRA, is responsible for administering the Health Practitioner Regulation National Law as in force in each state and territory (the National Law). Specific roles of the Board include to:

- ▶ develop registration standards, codes and guidelines
- ▶ approve accreditation standards and programs of study which qualify an individual for registration
- ▶ register medical practitioners and students, and oversee the assessment of international medical graduates (IMGs)
- ▶ oversee the management of notifications and make decisions about individual practitioners (this is done by state and territory boards), and
- ▶ negotiate the Health Profession Agreement with AHPRA.

The National Law enables a National Board to establish a committee, known as a state or territory board, so there is an effective and timely local response in that jurisdiction. The Medical Board has established boards in every jurisdiction and has delegated many of its powers to those boards. State and territory board members are appointed by the local Health Minister. The National Board has also appointed committees to help state and territory boards to manage their workloads. While most of the committee members are drawn from the state and territory boards, the Board has also appointed some non-board members.

The Board has established a Registration Committee in every state and territory. It has also established the following committees in all states except New South Wales (NSW):

- ▶ Immediate Action Committee
- ▶ Health Committee, and
- ▶ Notifications Committee.

The Board has also established a:

- ▶ **Finance Committee** to provide advice to the Board on its financial position, the financial outlook for future years and the implications for medical practitioner fees. It is made up of National Board members.
- ▶ **National Specialist International Medical Graduates (IMG) Committee** to provide the Board with policy advice on the assessment of specialist IMGs. This committee includes representatives from the Board, AHPRA, specialist medical colleges, the Australian Medical Council (AMC), consumer groups, jurisdictional governments, the Commonwealth Government, Health Workforce Australia and recruiters of IMGs.
- ▶ **Working group on good practice guidelines** to develop guidelines for specialist colleges on good practice in the specialist IMG assessment process. This group is chaired by Dr Christine Tippett and includes a representative from Committee of Presidents of Medical Colleges, and other individuals who have experience in specialist IMG assessment.
- ▶ **Medical Notifications Taskforce** to develop a framework to guide decision-making to ensure that the response to notifications about medical practitioners is consistent, appropriate and effective in protecting the public. It is made up of national and state and territory board members, and AHPRA staff.

Major outcomes/achievements 2014/15

Nationally consistent doctors' health programs

In 2014/15, the Medical Board of Australia joined forces with the AMA to launch a national health program for medical practitioners and medical students in Australia.

The service is likely to be delivered by existing health programs and will be available to all medical practitioners and medical students, no matter where in Australia they live.

The program will be funded within existing Board resources from registration fees, but it will be run at arm's length from the Board. A subsidiary company of the AMA, Doctors Health Services Pty Limited, will ensure agreed services are delivered by service providers in every state and territory. Full services will be progressively delivered over the next 18 months.

The service will provide:

- ▶ confidential health-related triage, advice and referral services for registered medical practitioners and medical students
- ▶ follow-up services for medical practitioners and medical students who need it, including support and advocacy in returning to work
- ▶ education, awareness-raising and advice about health issues for medical practitioners and medical students
- ▶ a physical office from which to provide services, or an alternative service arrangement
- ▶ training to support doctors to treat other doctors, and
- ▶ facilitation of support groups for medical practitioners and students with significant health problems.

Revalidation

Discussions about revalidation have continued this year. Revalidation is the process by which doctors demonstrate that they are keeping their skills up to date throughout their professional lives, so that they can provide safe and ethical care to patients. During the year, the Board commissioned international research to:

- ▶ establish the evidence base for the validity of revalidation (or similar) in countries comparable to Australia
- ▶ identify best practice and any gaps in knowledge for revalidation processes
- ▶ establish the validity of evidence about the effectiveness of revalidation in supporting safe practice, and

- ▶ develop a range of models for the Australian context for the Board to consider.

The research report is expected to be delivered early in the 2015/16 year, when the Board will consider the research findings and recommendations, and decide on next steps.

The Board plans to continue to engage and consult with stakeholders from the profession and the community about revalidation.

Cosmetic medical and surgical procedures

The Board developed a regulation impact statement and launched a consultation on the best way to protect consumers seeking cosmetic medical and surgical procedures provided by medical practitioners. The Board consulted on four potential options – doing nothing, boosting consumer education, providing broad guidance to practitioners, or providing more comprehensive guidance to practitioners. In 2015/16 the Board will analyse the hundreds of submissions received and consider the best next steps to take to manage risk to patients in this area.

Implemented changes to the pathways for registration

During 2014/15 the Board implemented changes to the pathways to registration to streamline the registration of IMGs.

The main change to the specialist pathway is that internationally qualified specialists now apply directly to the relevant college to have their qualifications, training and experience assessed. Previously, applicants applied through the AMC. This change has resulted in better communication between colleges and applicants. Communication between colleges, the AMC and AHPRA and the Board has been streamlined with the use of a secure portal.

Major changes were made to the competent authority pathway so that eligible practitioners apply for provisional registration, rather than limited registration, and most are eligible for general registration after 12 months of supervised practice.

The implementation of the changes was smooth and effective with a great deal of preparatory work done in the preceding reporting period.

Preparations for the 2016 IAMRA conference

The Board and AHPRA will be hosting the 2016 conference of the International Association of Medical Regulatory Authorities (IAMRA) in Melbourne. Preparations for the IAMRA conference started in this reporting period with the appointment of professional conference organisers and the establishment of a local organising committee and international program committee.

Consultations

In 2014/15 the Board completed consultations on:

- ▶ Draft guidelines – public consultation on draft guidelines for the regulatory management of registered health practitioners and students infected with blood-borne viruses.

Released: 24 July 2014

Closed: 26 September 2014

- ▶ Draft guidelines – supervised practice for international medical graduates.

Released: 18 November 2014

Closed: 30 January 2015

- ▶ Consultation paper and regulation impact statement – registered medical practitioners who provide cosmetic medical and surgical procedures.

Released: 17 March 2015

Closed: 29 May 2015

Registration standards and guidelines

During 2014/15 the following registration standards were approved by the Australian Health Workforce Ministerial Council (AHWMC) in accordance with the National Law:

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

The Medical Board approved the following guidelines:

- ▶ Guidelines – supervised practice for international medical graduates

Accreditation

An important objective of the National Scheme is to facilitate the provision of high-quality education and training of health practitioners. The accreditation function is the primary way of achieving this.

The National Law defines the respective roles of the Board and its appointed accreditation authority, the AMC, in the accreditation of medical schools and medical specialist colleges.

The AMC is the appointed accreditation authority for the medical profession and is responsible for developing accreditation standards for the approval of the Board. Accreditation standards are used to assess whether a program of study, and the education provider of the program, gives people who complete the program the knowledge, skills and professional attributes to practise the profession.

Approval of programs of study and providers

Based on the accreditation advice from the AMC, the Board approved the following programs of study and providers during 2014/15:

Medical schools:

University of Otago

- ▶ Bachelor of Medicine/Bachelor of Surgery (MBChB) (six-year course) approved to 31 March 2019

University of Queensland

- ▶ Bachelor of Medicine/Bachelor of Surgery (four-year course) and Doctor of Medicine (four-year course) approved to 31 March 2017

University of Newcastle/University of New England

- ▶ Bachelor of Medicine (BMed) (five-year course) approved to 31 March 2019

University of Sydney

- ▶ Bachelor of Medicine/Bachelor of Surgery (four-year course) and Doctor of Medicine (four-year course) to 31 March 2016

Monash University

- ▶ Bachelor of Medicine/Bachelor of Surgery (MBBS Hons) (four-year course) and Bachelor of Medicine/Bachelor of Surgery (MBBS Hons) (five-year course) approved name change for courses approved to 31 December 2017

University of Adelaide

- ▶ Bachelor of Medicine/Bachelor of Surgery (MBBS) (six-year course) approved to 31 March 2018

Griffith University

- ▶ Doctor of Medicine (four-year course) approved to 31 March 2021
- ▶ Bachelor of Medicine/Bachelor of Surgery (four-year course) approved to 31 December 2017

Flinders University

- ▶ Doctor of Medicine (four-year course) approved to 31 March 2021
- ▶ Bachelor of Medicine/Bachelor of Surgery (four-year course) approved to 31 December 2017

Specialist colleges

- ▶ Royal Australasian College of Medical Administrators approved to 31 March 2019
- ▶ Australasian College of Sports Physicians approved to 31 March 2019
- ▶ Royal Australian and New Zealand College of Radiologists approved to 31 March 2020

- ▶ Royal Australian and New Zealand College of Psychiatrists approved to 31 March 2018:
 - 2003 Fellowship Program
 - 2012 Fellowship Program
- ▶ Royal Australasian College of Physicians approved to 31 March 2021
- ▶ Australian College of Rural and Remote Medicine approved to 31 March 2018
- ▶ Australasian College for Emergency Medicine approved to 31 March 2018

Stakeholder engagement

Publication of the *Medical Board Update*

In 2014/15 the Board published 11 editions of the *Medical Board Update*. The Update is the Board's electronic newsletter that is sent to all medical practitioners for whom we have an email address (>95% of medical practitioners). It includes the latest news and developments, information on the current obligations for medical practitioners, issues in contemporary medical practice, and lessons to be drawn from our investigations and hearings. Analysis of statistics about newsletter use indicate an 'open rate' of 42%, compared to an international benchmark for government organisations of 26.77%; and a 'click-through rate' of 32%, compared to an international benchmark of 3.67%. The Board is encouraged that medical practitioners appear to be reading the newsletter and is open to suggestions about how to improve it.

Fifth Medical Board conference

The Board ran the fifth Medical Board conference with state and territory boards and senior staff from AHPRA, members from the Medical Council of New South Wales and staff from the Health Professional Councils Authority. The two-day conference was opened by the Honourable Jack Snelling MP, Minister for Health, South Australia. The focus of this year's conference was on risk-based regulation and the effective use of our data. The conference included a one-day workshop by Professor Malcolm Sparrow, who is a leading international expert in regulatory and enforcement strategy, security and risk control.

Stakeholder meetings

Members of the national and state and territory boards regularly attended meetings with a range of stakeholders including:

- ▶ Association of Medical Recruiters Australia and New Zealand
- ▶ Australian Medical Association
- ▶ Australian Medical Council
- ▶ Committee of Presidents of Medical Colleges
- ▶ External doctors' health services
- ▶ Health complaints entities
- ▶ Local health services
- ▶ Medical Council of New South Wales and Health Professional Councils Authority
- ▶ Medical Council of New Zealand
- ▶ Ministers for health
- ▶ National Health Practitioner Ombudsman and Privacy Commissioner
- ▶ Office of the Health Ombudsman (Queensland)
- ▶ Postgraduate medical councils
- ▶ Professional indemnity insurers
- ▶ Rural Doctors Network
- ▶ Specialist colleges

Conferences

Board representatives presented at a number of conferences and meetings in 2014/15, including:

- ▶ Australian College of Rural and Remote Medicine Annual Conference
- ▶ Australian and New Zealand College of Anaesthetists Annual Scientific Meeting
- ▶ Conjoint International Medical Symposium
- ▶ Graduation ceremony for the Graduate Certificate in the Medical and Forensic Management of Adult Sexual Assault
- ▶ International Association of Medical Regulatory Authorities Conference in London
- ▶ International Physician Assessment Coalition in Dublin, Ireland
- ▶ Medical Education Training Information Forum
- ▶ Royal Australasian College of Surgeons NSW Regional Office Professional Forum

External committees and meetings

Board representatives attended a range of meetings in 2014/15 including:

- ▶ Australian Medical Council Prevocational Accreditation Committee
- ▶ Australian Medical Association's H20 International Health Summit
- ▶ Australian Medical Association roundtable discussion on sexual harassment in the medical profession
- ▶ beyondblue meeting
- ▶ IAMRA Physician Information Exchange Working Group
- ▶ IAMRA Revalidation Symposium Program Planning Committee
- ▶ Medical Deans Annual Conference
- ▶ Medical Indemnity Industry Association of Australia Forum
- ▶ National Medical Training Advisory Network
- ▶ Royal Australasian College of Surgeons and Medical Deans hosted Summit on Clinical Academic Pathways
- ▶ Strategic planning day of the Medical Council of New Zealand

Internal stakeholder meetings

- ▶ National Board Chair and Executive Officer met with each state and territory board
- ▶ National Board and state and territory Chairs planning meeting
- ▶ National Board policy and research workshop with Chairs of state and territory boards
- ▶ Workshop with AMA and AHPRA on improving practitioner experience of notifications

Priorities for the coming year

Revalidation

Over the course of 2015/16, the Board plans to progress work on revalidation. After it receives the research report that it has commissioned, the Board will decide on next steps. The Board will continue to consult with stakeholders.

IAMRA conference

The Board and AHPRA are hosting the conference of the International Association of Medical Regulatory Authorities in September 2016. Preparation for this conference will be a continuing focus in 2015/16.

Implementation of registration standards

Registration standards for continuing professional development (CPD), professional indemnity insurance, recency of practice and four standards for limited registration were submitted for approval by the Ministerial Council in 2014/15. If approved, there will be work done in 2015/16 to support the smooth implementation of the standards.

Cosmetic medical and surgical procedures

After consulting on options for regulating medical practitioners who perform cosmetic medical and surgical procedures in 2014/15, the Board and AHPRA will analyse responses. AHPRA will develop a decision regulation impact statement that will include a cost-benefit analysis for the approval of the Office of Best Practice Regulation. Once the decision regulation impact statement is approved, the Board will determine whether it is necessary to impose a regulatory response on medical practitioners who perform cosmetic medical and surgical procedures, and what that response will be.

Finalise the good practice guidelines and work with specialist medical colleges to implement consistent assessment processes

The Board has appointed a working group to develop good practice guidelines for the process of assessing specialist IMGs. The Board plans to finalise the guidelines in 2015/16 and to implement changes.

Members of the Medical Board of Australia

MBA National Board

Dr Joanna Flynn AM (Chair)
Professor Belinda Bennett
Associate Professor Stephen Bradshaw
Ms Prudence Ford
Dr Fiona Joske
Dr Charles Kilburn
Mr Paul Laris
Mr Robert Little
Dr Rakesh Mohindra
Professor Peter Procopis AM
Adjunct Professor Peter Wallace OAM

MBA Australian Capital Territory

Associate Professor Stephen Bradshaw (Chair)
Dr Tobias Angstmann
Dr Bryan Ashman
Dr Kerrie Bradbury
Ms Vicki Brown
Mr Robert Little
Mr Donald (Don) Malcolmson
Dr Timothy McKenzie
Dr Barbara Sally Somi
Dr Peter Warfe

MBA New South Wales

Dr Greg Kesby (Chair)
Associate Professor Stephen Adelstein
Mr Antony Carpentieri
Ms Rosemary Kusuma
Dr Mark Nicholls
Dr Annette Pantle

MBA Northern Territory

Dr Charles Kilburn (Chair)
Mr John Boneham
Dr Jennifer Delima
Ms Helen Egan
Dr Paul Helliwell
Dr Garrett (Gus) Hunter
Dr Verushka Krigovsky
Ms Diane Walsh
Dr Christine Watson
Dr Sara Watson

MBA Queensland

Associate Professor Susan Young (Chair)
Dr Cameron Bardsley
Dr Victoria Brazil
Dr William Coman AM
Ms Christine Foley
Ms Christine Gee
Mr David Kent
Mr Gregory McGuire
Associate Professor Eleanor Milligan
Associate Professor David Morgan OAM
Dr Susan O'Dwyer
Dr Josephine (Josie) Sundin
Dr Mark Waters

MBA South Australia

Professor Anne Tonkin (Chair)
Dr Peter Joseph
Mr Paul Laris
Professor Guy Maddern
Dr Rakesh Mohindra
Dr Bruce Mugford
Dr Christine Putland
Dr Lynne Rainey
Dr Catherine Reid
Dr Leslie Stephan
Ms Kate Sullivan
Mr Thomas Symonds
Dr Mary White

MBA Tasmania

Dr Andrew Mulcahy (Chair)
Ms Kim Barker
Dr Brian Bowring AM
Mr David Brereton
Dr Kristen FitzGerald
Dr Fiona Joske
Mr Fergus Leicester
Ms Leigh Mackey
Dr George Merridew
Dr Philip Moore
Dr Kim Rooney
Dr David Saner

MBA Victoria

Dr Peter Dohrmann (Chair)
Dr Christine Bessell
Dr John Carnie
Mrs Paula Davey
Dr Arya Dissanayake
Mr Kevin Ekendahl
Ms Jennifer Jaeger
Dr William Kelly
Associate Professor Abdul Khalid
Mr Simon Phipps
Professor Napier Maurice Thomson
Dr Miriam Weisz
Dr Bernadette White

MBA Western Australia

Professor Con Michael AO (Chair)
Ms Nicoletta Ciffolilli
Ms Prudence Ford
Dr Frank Kubicek
Dr Michael Levitt
Dr Michael McComish
Dr Mark McKenna
Professor Stephan Millett
Dr Steven Patchett
Ms Virginia Rivalland
Professor Bryant Stokes
Adjunct Professor Peter Wallace OAM

Non-Board members appointed to Medical Board committees

Mr John Alati (ACT)
Dr Jeanette Best (QLD)
Mrs Pamela Brown (SA)
Dr Geraldine Chew (QLD)
Mr Michael Christodoulou AM (NSW)
Dr Jennifer Davidson (NSW)
Ms Judith Dikstein (NT)
Ms Heather Eckersley (QLD)
Dr Carolyn Edmonds (SA)
Dr Janelle Hamilton (ACT)
Dr Geoffrey Hirst (QLD)
Dr Maria (Tessa) Ho (QLD)
Dr Anuja Kulatunga (NT)
Dr Martin Mackertich (NSW)
Dr Robyn Napier (NSW)
Dr Louise Nash (NSW)
Dr Len Notaras AM (NT)
Dr Harshita Pant (SA)
Dr Ameeta Patel (NT)
Ms Lorraine Poulos (NSW)
Ms Patricia Rayner (SA)
Dr Denis Smith (NSW)
Professor Allan Spigelman (NSW)
Dr Sam Stevens (QLD)

MBA National Specialist IMG Committee

The following were members for a part of or all of the reporting period:

- ▶ Joanna Flynn, *Medical Board of Australia (Chair)*
- ▶ Kym Ayscough, *Australian Health Practitioner Regulation Agency*
- ▶ Stephen Bott, *Association of Medical Recruiters Australia and New Zealand*
- ▶ Terry Brown, *Health Workforce Principal Committee, Tasmania*
- ▶ Peter Dohrmann, *Medical Board of Australia*
- ▶ Rob Embury, *Association of Medical Recruiters Australia and New Zealand*
- ▶ Ian Frank, *Australian Medical Council*
- ▶ Gavin Frost, *Committee of Presidents of Medical Colleges*
- ▶ Patrick Giddings, *Committee of Presidents of Medical Colleges*
- ▶ Paul Helliwell, *Medical Board of Australia*
- ▶ Fiona Joske, *Medical Board of Australia*
- ▶ Joanne Katsoris, *Australian Health Practitioner Regulation Agency*
- ▶ Humsha Naidoo, *Health Workforce Principal Committee*
- ▶ Monica Novick, *Health Workforce Australia*
- ▶ Paddy Phillips, *Health Workforce Principal Committee*
- ▶ Ajay Rane, *Specialist International Medical Graduate*
- ▶ Tarja Saastamoinen, *Commonwealth Government*
- ▶ Andrew Singer, *Commonwealth Government*
- ▶ Denis Smith, *Medical Board of Australia*
- ▶ Christine Tippett, *Australian Medical Council*
- ▶ Patti Warn, *Consumers Health Forum of Australia*
- ▶ Richard Willis, *Committee of Presidents of Medical Colleges*

During 2014/15, the Board was supported by Executive Officer Dr Joanne Katsoris.

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

Data: the Board's work in 2014/15

These data are drawn from data published in the 2014/15 [annual report](#) of AHPRA and the National Boards, reporting on the National Scheme. This report – *Medical regulation at work in Australia, 2014/15* – looks at these national data through a profession-specific lens. Wherever possible, historical data are provided to show trends over time, as well as comparisons between states and territories. For additional context, where relevant, we compare data about medical practitioners with national data about practitioners from all professions.

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

The medical profession in profile 2014/15: registration data

Numbers: location, age, gender and registration type

There continues to be a year-on-year increase in the number of registered medical practitioners. We reached 100,000 registered medical practitioners during 2014/15 and there were 103,133 medical practitioners registered in Australia on 30 June 2015 (see [Table M1](#)). This is an increase of around 3.8% since the same time in 2014. Queensland has had the greatest increase with a growth of 4.7% (an increase from 19,032 to 19,919), while the Australian Capital Territory (ACT) has had the most stability in the number of registered medical practitioners, with 0.9% growth over that period.

NSW has the largest number of registered medical practitioners (32,183) and accounts for 31.2% of all registered medical practitioners. This is followed by Victoria (25,029) with 24.3% of all medical practitioners, and Queensland (19,919) with 19.3%.

Forty per cent of registered practitioners are aged under 40, while 11% are aged 65 and over (see [Table M2](#)). Medical practitioners represent 48% of all practitioners aged 70 and over, and 1.2% of medical practitioners are aged 80 and over. There are 362 registered health practitioners in all other professions aged 80 and over, which makes up 0.068% of all other professions.

[Table M3](#) provides details of the gender of medical practitioners by state and territory. Forty-one per cent of medical practitioners are women (this proportion is relatively consistent across states and territories). There has been a steady, small increase in the proportion of female registered medical practitioners over the past three years (39.4% in 2012/13, 40.2% in 2013/14 and 41% in 2014/15).

[Table M4](#) details the registration type for practitioners in each state and territory. These data confirm the steady decrease in the number of medical

practitioners with limited registration in the past three years (5,151 in 2012/13, 4,347 in 2013/14 and 3,455 in 2014/15). Changes to the way that the Board registers practitioners in the competent authority pathway have impacted on the number of medical practitioners with limited registration in 2014/15. There were 645 medical practitioners granted provisional registration during the year, who in the past would have been granted limited registration. Even considering this, there would have been a reduction in the number of medical practitioners with limited registration during the reporting period.

These data also show that there is a steady increase in the number of medical practitioners who hold specialist registration (with or without general registration), with 54,228 in 2012/13, 55,887 in 2013/14 and 57,511 in 2014/15.

The number of medical practitioners with specialist registration and where they are based are detailed in [Table M5](#). The specialties with the most registered specialists are general practice (23,993, making up 38%), followed by physicians (11,865 including paediatrics) and surgeons (5,569). The specialties with the fewest registered specialists are sexual health (118), sports and exercise medicine (119) and addiction medicine (167).

Notifications

The ongoing investment made in the management of notifications has continued to show positive results. We are closing more notifications than we are opening and we are focusing on their timely resolution. We are piloting a number of initiatives to improve timeliness and quality. These include:

- ▶ early triage of notifications, which aims to close notifications when it is clear that there is no value in further investigation and there is no risk to the public
- ▶ early involvement of clinical experts and Board member input, and
- ▶ more active monitoring of the progress of investigations and management of older notifications.

Work has been done to improve the notifier experience by improving our information, including on the AHPRA website, notification form and correspondence with notifiers.

AHPRA, the Boards and health complaints entities have established a working group to ensure roles and processes are as clear as possible for notifiers and practitioners. The initial focus is on piloting a common assessment matrix to determine which entity is best placed to manage each matter, and on understanding and streamlining the various notifications management processes in each jurisdiction.

The Board and AHPRA held a workshop with the AMA that identified actions we can take to improve the experience of medical practitioners who are the subject of a notification. Concerns included the time it takes for a notification to be finalised, the tone and clarity of our communication, the need to explain better how the process works and be more transparent about what information can be released. We have been working on an action plan to address these issues.

An important note about our data

Queensland

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

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

This means that AHPRA only has access to the data relating to matters referred by the OHO. We are not able to report on all complaints about registered health practitioners in Queensland.

The number of matters referred to National Boards and AHPRA by the OHO in Queensland this year was 61%, lower than the number of notifications received directly by AHPRA the previous year. Given that Queensland has historically received the second highest number of notifications (behind NSW), the reduction has had a significant impact on the national figures.

NSW

NSW is a co-regulatory jurisdiction and notifications there are not managed by the Board and AHPRA. While we report on NSW numbers to gain a national perspective, most of the information in this report relates to notifications in all other states and territories.

Some NSW regulation data published in this report may vary from data published in the NSW Health Professional Councils Authority (HPCA) annual report. This is due to subsequent data review by the HPCA after submission of initial data to AHPRA.

Refining our data

As part of our ongoing focus on improving our ways of working, we have continued to refine our data collection and reporting. This may mean that comparisons between years may not directly coincide.

Joint consideration with health complaints entities

We have only included data in this report that relate to matters within the National Board's jurisdiction. Matters considered jointly by the health complaints entities and AHPRA have not been included where it has been decided that the matter is within the health complaints entity's jurisdiction.

Overview of the data

In the 2014/15 reporting period, there were 4,541 notifications about medical practitioners nationally, of which 2,514 (55%) were lodged outside of NSW (see [Table M6](#)). The 4,541 notifications about medical practitioners represents 53.9% of all notifications for all professions.

There were 4,885 notifications closed during the year, of which 2,954 were in jurisdictions outside of NSW.

More notifications were closed than received outside of NSW in 2014/15.

Notifications relate to 4.4% of the registrant base nationally, based on the number of practitioners involved in these notifications. The Northern Territory (NT) continues to have the highest proportion of practitioners involved in notifications (8.2%). Tasmania (6.1%) and NSW (6.3%) were also higher than the national average (see [Table M12](#)). These data show a significant reduction in the

proportion of Queensland practitioners involved in notifications (2.2% in 2014/15, 6.1% in 2013/14 and 5.3% in 2012/13). This is likely to relate to changes in complaints management in Queensland with the introduction of the OHO.

[Table M6](#) summarises the notifications received in 2014/15, notifications closed in 2014/15 and those open at the end of that year for each state and territory. Of note, there were 1,411 notifications open (outside of NSW), a reduction from 2013/14 when there were 1,927.

Managing notifications: open and closed matters

During the year, AHPRA and the Medical Board of Australia continued to refine processes to ensure timely outcomes for notifiers and practitioners. Information about notifications key performance indicators (KPIs) and preliminary data about performance against them is published from page 35 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

The number of notifications received about medical practitioners fell this year by 19% nationally. This trend was similar for many of the other regulated professions, with the total notifications received across all professions decreasing nationally. Notifications about medical practitioners fell in all states and territories except NSW, which saw an increase of 14%.

The number of notifications about medical practitioners closed in 2014/15 also decreased by 11% from the previous year. During the year, AHPRA and the Board closed 2,954 notifications (1,931 were closed in NSW). All states closed more notifications than they received, except NSW which received marginally more (2,027) than it closed (1,931) (see [Table M6](#) and [Table M9](#)).

At 30 June 2015, there were 2,212 notifications open (including 801 in NSW), compared with 2,631 open at the same time in 2014. All states and territories except NSW had fewer notifications open at 30 June 2015 than at the same time in 2014 (see [Table M11](#)).

Mandatory notifications

There were 212 mandatory notifications about medical practitioners received in 2014/15. Of these, 53 were made in NSW and 159 were made in the rest of the country.

While overall this is a decrease from the 351 mandatory notifications received in 2013/14, there are wide variations across states and territories. The ACT, Victoria and Western Australia (WA) all had an increase in the number of mandatory notifications (see [Table M8](#)). Medical practitioners account for 25% of all mandatory notifications received nationally.

The rate of mandatory notifications made per 10,000 medical practitioners has dropped from last year to 19/10,000 (27.2 /10,000 in 2013/14). This compares with a rate of 12.4/10,000 for other registered health practitioners. It is not surprising that the number is relatively higher for medicine given the complexity of medical practice (see [Table M13](#)).

The Board has published [guidelines for mandatory notifications](#) that explain the requirements for registered health practitioners, employers of practitioners and education providers to make mandatory notifications under the National Law.

Outcomes of mandatory notifications

The assessment of 167 mandatory notifications was finalised during the year (see [Table M14](#)). Of the 167 mandatory notifications:

- ▶ 121 (72%) were referred for further regulatory action, and
- ▶ 46 (28%) were closed.

Of the 121 cases referred for further regulatory action:

- ▶ 102 (84%) were referred for investigation only, and
- ▶ 19 (16%) were referred for performance or health assessment.

Of the 46 cases closed after assessment:

- ▶ in 30 cases (65%) the Board decided no further regulatory action was needed to manage risk to patients, and
- ▶ in 16 cases (35%) the Board took some action (see [Table M14](#)).

There were 230 mandatory notifications closed in 2014/15 (see [Table M15](#)). Of these:

- ▶ in 98 cases (43%) the Board determined that no further regulatory action was required to keep the public safe, and
- ▶ 132 cases led to regulatory action, including:
 - issuing a caution (32 cases)
 - issuing a reprimand (four cases)
 - imposing conditions (59 cases)
 - the practitioner accepting undertakings (29 cases)
 - suspending the practitioner's registration (three cases), or
 - cancelling the practitioner's registration (one case).

Immediate action

The Board has the power to take immediate action as an interim step to manage risk to patients, pending other inquiries. [Find out more about immediate action.](#)

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

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

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

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

Immediate action was taken in 199 cases nationally (including NSW) in 2014/15. This is a 19% decrease in the number of times that state and territory medical boards took immediate action during the year, compared with the previous reporting year (246 immediate actions in 2013/14). The pattern varies widely across states and territories. The number of immediate actions taken increased in the ACT, South Australia and NSW. The NT, Queensland, Victoria and WA saw a decrease in the number of immediate actions, and there was no change in Tasmania (see [Table M10](#)).

Outcomes of immediate action

The Board took immediate action in 132 cases (see [Table M18](#)). Of these:

- ▶ 108 (82%) led to regulatory action including:
 - the Board imposing conditions on the practitioner (48 cases)
 - the practitioner giving an undertaking to the Board (38 cases), and
 - the Board suspending registration (22 cases).
- ▶ In 14 cases (11%), the Board decided no further regulatory action was needed as an interim step to keep the public safe, pending further investigation. This compares with 13% for all professions.

In 10 cases a decision had not been finalised at the end of the reporting year.

What happened? Outcomes of closed notifications

Tables [M17](#), [M19](#), [M20](#), [M21](#) and [M22](#) provide details of the outcomes of notifications, excluding NSW data.

[Tables M16](#) and [M17](#) provide details about the 2,954 notifications about medical practitioners closed during the year:

- ▶ 58% (1,706) were closed after assessment, compared with 54% closed at this stage for all professions
- ▶ 30% (888) were closed after investigation (compared with 31% for all professions)
- ▶ 8% (229) were closed after a disciplinary hearing (either a panel or tribunal hearing), and
- ▶ 4% (131) were referred for a health or performance assessment.

Of the 2,954 matters closed:

- ▶ the Board decided that no further regulatory action was needed to keep the public safe in 66% of cases (1,959), compared with 60% for all professions
- ▶ 9% of cases were retained by the health complaints entity or referred to another agency (compared with 8% of cases for all professions), and
- ▶ the Board took action in 24% of cases (compared with 32% for all professions).

What happened at each stage of the notifications process?

The National Law is flexible and designed to enable Boards to take action as needed to manage risk to the public. As a result, the notifications process is not linear. More information about the notifications process – including a flow chart – is [published online](#).

Tables [M19](#), [M20](#), [M21](#) and [M22](#) provide details of the outcomes of notifications finalised at different stages of the notifications process during the year.

Outcomes at assessment stage

Of 2,597 assessments finalised:

- ▶ 891 (34%) were referred for further regulatory action, of which:
 - 806 (90%) were referred for investigation
 - 73 (8%) were referred for a health or performance assessment
 - 10 (1%) were referred for a panel hearing, and
 - two (<1%) were referred for a tribunal hearing.
- ▶ 1,706 (66%) were closed after assessment, of which:
 - In 1,248 cases (73%), the Board decided no further regulatory action was needed to manage risk to patients. This compares with 70% for all professions.
 - In 268 cases (16%), the Board referred the matter for management by the health complaints entity or to another agency. This compares with 14% for all professions.
 - 11% of cases involved regulatory action (see [Table M19](#)).

Outcomes of investigations

There were 1,088 investigations finalised during the year. Of these:

- ▶ 200 (18%) were referred for further regulatory action, either to a panel or tribunal hearing, or for a health or performance assessment, and
- ▶ 888 (82%) were closed after investigation with the following outcomes:
 - in 611 cases, no further regulatory action was needed to manage the risk to the public
 - four cases were referred to another body, and
 - 273 cases resulted in disciplinary action (see [Table M20](#)).

Outcomes of panel and tribunal hearings

There were 151 notifications finalised after a panel hearing. Of these:

- ▶ 111 cases (74%) led to disciplinary action.
- ▶ In 40 cases (26%), panels or the Board decided no further regulatory action was needed to manage risk to patients. This compares with 23% for all professions (see [Table M21](#)).

There were 78 cases finalised after a tribunal hearing (see [Table M22](#)) outside of NSW. Of these:

- ▶ 72 cases (92%) led to disciplinary action.
- ▶ In five cases (6%) tribunals decided no further action was required. This compares with 8% for all professions.
- ▶ The proceedings were withdrawn in one case.

| Medical Practitioner | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | No PPP* | Total |
|---|--------|---------|-------|---------|--------|--------|---------|--------|---------|----------------|
| 2014/15 | 1,977 | 32,183 | 1,101 | 19,919 | 7,717 | 2,203 | 25,029 | 10,246 | 2,758 | 103,133 |
| 2013/14 | 1,960 | 31,269 | 1,084 | 19,032 | 7,554 | 2,155 | 24,137 | 9,889 | 2,299 | 99,379 |
| % change from 2013/14 to 2014/15 | 0.9% | 2.9% | 1.6% | 4.7% | 2.2% | 2.2% | 3.7% | 3.6% | 20.0% | 3.8% |
| State/territory medical practitioners as % of all medical practitioners | 1.9% | 31.2% | 1.1% | 19.3% | 7.5% | 2.1% | 24.3% | 9.9% | 2.7% | 100.0% |
| All health practitioners 2014/15 | 10,978 | 185,247 | 6,696 | 121,788 | 52,192 | 13,886 | 164,324 | 65,588 | 16,519 | 637,218 |
| Medical practitioners as % of all practitioners in the state or territory | 17.9% | 16.9% | 16.2% | 15.6% | 14.5% | 15.5% | 14.7% | 15.1% | 13.9% | 15.6% |

* Principal place of practice

| Medical Practitioner | U - 25 | 25 - 29 | 30 - 34 | 35 - 39 | 40 - 44 | 45 - 49 | 50 - 54 | 55 - 59 | 60 - 64 | 65 - 69 | 70 - 74 | 75 - 79 | 80 + | Not available | Total |
|---|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|-------|---------------|----------------|
| 2014/15 | 1,467 | 11,915 | 13,940 | 14,003 | 12,721 | 10,879 | 10,326 | 9,304 | 7,205 | 5,327 | 3,211 | 1,635 | 1,198 | 2 | 103,133 |
| 2013/14 | 857 | 10,624 | 13,164 | 13,541 | 12,359 | 10,680 | 10,317 | 9,162 | 7,035 | 5,347 | 3,262 | 1,666 | 1,365 | | 99,379 |
| Age bracket as % of all medical practitioners | 1.4% | 11.6% | 13.5% | 13.6% | 12.3% | 10.5% | 10.0% | 9.0% | 7.0% | 5.2% | 3.1% | 1.6% | 1.2% | 0.0% | 100.0% |
| All practitioners 2014/15 | 30,606 | 82,019 | 82,501 | 72,732 | 75,161 | 69,354 | 71,265 | 70,526 | 47,345 | 23,202 | 7,981 | 2,959 | 1,560 | 7 | 637,218 |
| Medical practitioners as % of all practitioners | 4.8% | 14.5% | 16.9% | 19.3% | 16.9% | 15.7% | 14.5% | 13.2% | 15.2% | 23.0% | 40.2% | 55.3% | 76.8% | 28.6% | 16.2% |

| | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | No PPP* | Total 2014/15 | Total 2013/14 | % change 2013/14-2014/15 |
|-----------------------------|--------------|---------------|--------------|---------------|--------------|--------------|---------------|---------------|--------------|----------------|---------------|--------------------------|
| Medical Practitioner | 1,977 | 32,183 | 1,101 | 19,919 | 7,717 | 2,203 | 25,029 | 10,246 | 2,758 | 103,133 | 99,379 | 3.78% |
| Female | 888 | 13,121 | 544 | 7,923 | 3,064 | 918 | 10,457 | 4,275 | 999 | 42,189 | 39,963 | 5.57% |
| Male | 1,089 | 19,062 | 557 | 11,996 | 4,653 | 1,285 | 14,572 | 5,971 | 1,759 | 60,944 | 59,416 | 2.57% |

* Principal place of practice

| | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | No PPP ¹ | Total 2014/15 | Total 2013/14 | % change 2013/14-2014/15 |
|---|--------------|---------------|--------------|---------------|--------------|--------------|---------------|---------------|---------------------|----------------|---------------|--------------------------|
| Medical Practitioner | 1,977 | 32,183 | 1,101 | 19,919 | 7,717 | 2,203 | 25,029 | 10,246 | 2,758 | 103,133 | 99,379 | 3.78% |
| General | 730 | 11,109 | 473 | 6,953 | 2,476 | 636 | 8,123 | 3,490 | 777 | 34,767 | 32,389 | 7.34% |
| General (Teaching and Assessing) | 1 | 12 | | 10 | 5 | | 8 | 4 | | 40 | 34 | 17.65% |
| General (Teaching and Assessing) and Specialist | | 1 | | | | | 1 | | | 2 | 2 | 0.00% |
| General and Specialist | 890 | 16,204 | 375 | 8,988 | 3,942 | 1,098 | 12,716 | 4,302 | 684 | 49,199 | 48,118 | 2.25% |
| Limited | 56 | 925 | 73 | 548 | 298 | 101 | 957 | 474 | 23 | 3,455 | 4,347 | -20.52% |
| Limited (Public Interest - Occasional Practice) | | | | | | | | | | | 399 | |
| Non-practising | 36 | 681 | 3 | 249 | 118 | 52 | 498 | 217 | 809 | 2,663 | 2,477 | 7.51% |
| Provisional | 112 | 1,360 | 63 | 1,114 | 332 | 105 | 1,061 | 516 | 34 | 4,697 | 3,846 | 22.13% |
| Specialist | 152 | 1,891 | 114 | 2,057 | 546 | 211 | 1,665 | 1,243 | 431 | 8,310 | 7,767 | 6.99% |

Note:

1. No principal place of practice (PPP) will include practitioners with an overseas address.

| Table M5: Medical practitioners with specialties at 30 June 2015 ¹ | | | | | | | | | | | | |
|---|-------|--------|-----|--------|-------|-------|--------|-------|---------|---------------|---------------|--------------------------|
| | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | No PPP* | Total 2014/15 | Total 2013/14 | % change 2013/14-2014/15 |
| Medical Practitioner | 1,155 | 19,581 | 528 | 11,969 | 4,957 | 1,408 | 15,698 | 5,998 | 1,196 | 62,490 | 61,171 | 2.2% |
| Addiction medicine | 3 | 66 | 1 | 25 | 15 | 8 | 31 | 13 | 5 | 167 | 166 | 0.6% |
| Anaesthesia | 74 | 1,392 | 36 | 911 | 361 | 116 | 1,103 | 494 | 140 | 4,627 | 4,495 | 2.9% |
| Dermatology | 6 | 188 | 1 | 83 | 41 | 7 | 131 | 44 | 6 | 507 | 489 | 3.7% |
| Emergency medicine | 35 | 405 | 31 | 378 | 104 | 46 | 419 | 206 | 63 | 1,687 | 1,567 | 7.7% |
| General practice | 410 | 7,496 | 233 | 4,956 | 1,893 | 625 | 5,718 | 2,431 | 231 | 23,993 | 23,624 | 1.6% |
| Intensive care medicine | 20 | 245 | 8 | 170 | 67 | 15 | 181 | 75 | 34 | 815 | 796 | 2.4% |
| <i>Paediatric intensive care medicine</i> | | | | | | | 2 | | | 2 | 2 | 0.0% |
| <i>No sub-specialty declared</i> | 20 | 245 | 8 | 170 | 67 | 15 | 179 | 75 | 34 | 813 | 794 | 2.4% |
| Medical administration | 14 | 105 | 7 | 81 | 16 | 3 | 70 | 30 | 8 | 334 | 331 | 0.9% |
| Obstetrics and gynaecology | 30 | 557 | 15 | 371 | 141 | 41 | 503 | 163 | 50 | 1,871 | 1,814 | 3.1% |
| <i>Gynaecological oncology</i> | | 15 | | 9 | 4 | 1 | 12 | 2 | | 43 | 43 | 0.0% |
| <i>Maternal-fetal medicine</i> | | 13 | 1 | 8 | 3 | | 9 | 5 | 1 | 40 | 39 | 2.6% |
| <i>Obstetrics and gynaecological ultrasound</i> | | 13 | 1 | 5 | 3 | | 50 | 3 | 2 | 77 | 80 | -3.8% |
| <i>Reproductive endocrinology and infertility</i> | | 27 | | 3 | 6 | 1 | 14 | 2 | | 53 | 53 | 0.0% |
| <i>Urogynaecology</i> | 1 | 10 | | 7 | 1 | | 7 | 4 | | 30 | 30 | 0.0% |
| <i>No sub-specialty declared</i> | 29 | 479 | 13 | 339 | 124 | 39 | 411 | 147 | 47 | 1,628 | 1,569 | 3.8% |
| Occupational and environmental medicine | 14 | 89 | 1 | 42 | 32 | 7 | 65 | 42 | 10 | 302 | 300 | 0.7% |
| Ophthalmology | 14 | 364 | 5 | 161 | 70 | 19 | 240 | 80 | 14 | 967 | 935 | 3.4% |
| Paediatrics and child health | 36 | 805 | 29 | 430 | 169 | 38 | 609 | 254 | 72 | 2,442 | 2,315 | 5.5% |
| <i>Clinical genetics</i> | | 16 | | 3 | | | 5 | 1 | | 25 | 22 | 13.6% |
| <i>Community child health</i> | 1 | 18 | | 11 | 2 | | 9 | 1 | 1 | 43 | 35 | 22.9% |
| <i>General paediatrics</i> | 27 | 598 | 22 | 321 | 125 | 29 | 449 | 176 | 37 | 1,784 | 1,744 | 2.3% |
| <i>Neonatal and perinatal medicine</i> | 5 | 46 | 1 | 28 | 11 | 3 | 41 | 24 | 5 | 164 | 145 | 13.1% |
| <i>Paediatric cardiology</i> | | 6 | 1 | 7 | | | 9 | 5 | 3 | 31 | 22 | 40.9% |
| <i>Paediatric clinical pharmacology</i> | | 1 | | | | | | | | 1 | 1 | 0.0% |
| <i>Paediatric emergency medicine</i> | | 9 | | 12 | 5 | | 9 | 7 | 2 | 44 | 37 | 18.9% |
| <i>Paediatric endocrinology</i> | | 12 | | 6 | 2 | | 3 | 2 | 1 | 26 | 20 | 30.0% |
| <i>Paediatric gastroenterology and hepatology</i> | | 6 | | 3 | 1 | | 6 | 4 | 3 | 23 | 19 | 21.1% |
| <i>Paediatric haematology</i> | | 5 | | 2 | | | 2 | 1 | | 10 | 7 | 42.9% |
| <i>Paediatric immunology and allergy</i> | 1 | 5 | | 2 | 4 | | 4 | | 1 | 17 | 11 | 54.5% |
| <i>Paediatric infectious diseases</i> | | 5 | 1 | 3 | 1 | | 5 | | 1 | 16 | 15 | 6.7% |
| <i>Paediatric intensive care medicine</i> | | 4 | | 1 | | | | | | 5 | 5 | 0.0% |
| <i>Paediatric medical oncology</i> | | 7 | | 5 | 1 | | 9 | 2 | 1 | 25 | 18 | 38.9% |
| <i>Paediatric nephrology</i> | | 5 | | | 1 | | 1 | 1 | | 8 | 5 | 60.0% |
| <i>Paediatric neurology</i> | | 14 | | 4 | 1 | 1 | 7 | 1 | 3 | 31 | 28 | 10.7% |
| <i>Paediatric palliative medicine</i> | | 1 | | 1 | | | | | | 2 | 2 | 0.0% |
| <i>Paediatric rehabilitation medicine</i> | | 5 | | | 1 | | | | | 6 | 5 | 20.0% |
| <i>Paediatric respiratory and sleep medicine</i> | 1 | 10 | | 5 | 1 | | 4 | 4 | | 25 | 23 | 8.7% |

| Table M5: Medical practitioners with specialties at 30 June 2015 ¹ (continued) | | | | | | | | | | | | |
|---|-----|-------|----|-------|-----|-----|-------|-----|---------|---------------|---------------|--------------------------|
| | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | No PPP* | Total 2014/15 | Total 2013/14 | % change 2013/14-2014/15 |
| <i>Paediatric rheumatology</i> | | 3 | | 2 | 1 | | 3 | 3 | | 12 | 11 | 9.1% |
| <i>No sub-specialty declared</i> | 1 | 29 | 4 | 14 | 12 | 5 | 43 | 22 | 14 | 144 | 140 | 2.9% |
| Pain medicine | 3 | 87 | | 51 | 29 | 9 | 46 | 30 | 5 | 260 | 251 | 3.6% |
| Palliative medicine | 6 | 103 | 4 | 49 | 24 | 13 | 61 | 29 | 8 | 297 | 275 | 8.0% |
| Pathology | 49 | 706 | 8 | 351 | 153 | 45 | 443 | 222 | 32 | 2,009 | 2,276 | -11.7% |
| <i>Anatomical pathology (including cytopathology)</i> | 18 | 297 | 3 | 164 | 66 | 18 | 196 | 97 | 13 | 872 | 821 | 6.2% |
| <i>Chemical pathology</i> | 2 | 27 | | 12 | 8 | 2 | 19 | 16 | 4 | 90 | 89 | 1.1% |
| <i>Forensic pathology</i> | | 11 | 1 | 11 | 5 | 3 | 12 | 5 | | 48 | 43 | 11.6% |
| <i>General pathology</i> | 2 | 59 | 1 | 20 | 6 | 4 | 23 | 7 | 3 | 125 | 502 | -75.1% |
| <i>Haematology</i> | 12 | 165 | 2 | 87 | 39 | 12 | 127 | 37 | 6 | 487 | 460 | 5.9% |
| <i>Immunology</i> | 6 | 48 | | 12 | 12 | 1 | 21 | 17 | | 117 | 111 | 5.4% |
| <i>Microbiology</i> | 6 | 82 | 1 | 37 | 14 | 4 | 41 | 34 | 3 | 222 | 211 | 5.2% |
| <i>No sub-specialty declared</i> | 3 | 17 | | 8 | 3 | 1 | 4 | 9 | 3 | 48 | 39 | 23.1% |
| Physician | 180 | 2,913 | 69 | 1,568 | 827 | 169 | 2,716 | 778 | 203 | 9,423 | 9,089 | 3.7% |
| <i>Cardiology</i> | 21 | 403 | 6 | 246 | 113 | 18 | 328 | 81 | 35 | 1,251 | 1,200 | 4.3% |
| <i>Clinical genetics</i> | | 33 | | 7 | 8 | | 18 | 5 | | 71 | 70 | 1.4% |
| <i>Clinical pharmacology</i> | | 14 | | 10 | 9 | | 12 | 5 | 3 | 53 | 51 | 3.9% |
| <i>Endocrinology</i> | 11 | 207 | 7 | 118 | 35 | 11 | 192 | 46 | 3 | 630 | 582 | 8.2% |
| <i>Gastroenterology and hepatology</i> | 22 | 248 | 3 | 141 | 66 | 14 | 226 | 65 | 17 | 802 | 763 | 5.1% |
| <i>General medicine</i> | 31 | 403 | 14 | 340 | 242 | 35 | 532 | 131 | 44 | 1,772 | 1,753 | 1.1% |
| <i>Geriatric medicine</i> | 8 | 204 | 2 | 80 | 50 | 10 | 181 | 67 | 7 | 609 | 574 | 6.1% |
| <i>Haematology</i> | 10 | 168 | 2 | 89 | 37 | 11 | 145 | 34 | 11 | 507 | 485 | 4.5% |
| <i>Immunology and allergy</i> | 7 | 61 | 2 | 15 | 13 | 1 | 30 | 22 | 3 | 154 | 143 | 7.7% |
| <i>Infectious diseases</i> | 8 | 95 | 11 | 52 | 24 | 8 | 147 | 31 | 13 | 389 | 368 | 5.7% |
| <i>Medical oncology</i> | 10 | 168 | 2 | 94 | 43 | 10 | 212 | 39 | 6 | 584 | 553 | 5.6% |
| <i>Nephrology</i> | 11 | 163 | 10 | 78 | 27 | 10 | 154 | 38 | 16 | 507 | 482 | 5.2% |
| <i>Neurology</i> | 9 | 202 | 1 | 68 | 35 | 6 | 171 | 43 | 11 | 546 | 526 | 3.8% |
| <i>Nuclear medicine</i> | 9 | 100 | | 34 | 26 | 6 | 59 | 20 | 3 | 257 | 249 | 3.2% |
| <i>Respiratory and sleep medicine</i> | 9 | 196 | 5 | 122 | 55 | 13 | 162 | 60 | 9 | 631 | 610 | 3.4% |
| <i>Rheumatology</i> | 8 | 111 | 1 | 46 | 37 | 7 | 101 | 30 | 8 | 349 | 347 | 0.6% |
| <i>No sub-specialty declared</i> | 6 | 137 | 3 | 28 | 7 | 9 | 46 | 61 | 14 | 311 | 333 | -6.6% |
| Psychiatry | 55 | 1,034 | 14 | 642 | 288 | 64 | 967 | 298 | 70 | 3,432 | 3,329 | 3.1% |
| Public health medicine | 28 | 134 | 22 | 76 | 29 | 11 | 77 | 42 | 13 | 432 | 435 | -0.7% |
| Radiation oncology | 12 | 126 | 2 | 68 | 21 | 8 | 100 | 21 | 8 | 366 | 358 | 2.2% |
| Radiology | 51 | 664 | 3 | 429 | 173 | 46 | 573 | 234 | 107 | 2,280 | 2,220 | 2.7% |
| <i>Diagnostic radiology</i> | 40 | 582 | 2 | 366 | 158 | 39 | 469 | 203 | 92 | 1,951 | 1,902 | 2.6% |
| <i>Diagnostic ultrasound</i> | | 1 | | | | | 3 | | | 4 | 4 | 0.0% |
| <i>Nuclear medicine</i> | 6 | 39 | | 51 | 11 | 4 | 65 | 9 | 2 | 187 | 184 | 1.6% |
| <i>No sub-specialty declared</i> | 5 | 42 | 1 | 12 | 4 | 3 | 36 | 22 | 13 | 138 | 130 | 6.2% |
| Rehabilitation medicine | 6 | 219 | 3 | 59 | 36 | 5 | 124 | 15 | 6 | 473 | 454 | 4.2% |
| Sexual health medicine | 5 | 55 | | 17 | 8 | 1 | 25 | 6 | 1 | 118 | 115 | 2.6% |
| Sport and exercise medicine | 10 | 41 | 1 | 12 | 4 | 2 | 39 | 10 | | 119 | 115 | 3.5% |
| Surgery | 94 | 1,787 | 35 | 1,039 | 456 | 110 | 1,457 | 481 | 110 | 5,569 | 5,422 | 2.7% |

| | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | No PPP* | Total 2014/15 | Total 2013/14 | % change 2013/14-2014/15 |
|--|-----|-----|----|-----|-----|-----|-----|-----|---------|---------------|---------------|--------------------------|
| Cardio-thoracic surgery | 6 | 56 | | 42 | 12 | 5 | 64 | 14 | 6 | 205 | 200 | 2.5% |
| General surgery | 23 | 639 | 17 | 351 | 162 | 35 | 526 | 144 | 39 | 1,936 | 1,895 | 2.2% |
| Neurosurgery | 7 | 79 | | 42 | 16 | 6 | 67 | 20 | 1 | 238 | 226 | 5.3% |
| Oral and maxillofacial surgery | 4 | 24 | 2 | 30 | 11 | 2 | 29 | 9 | 3 | 114 | 105 | 8.6% |
| Orthopaedic surgery | 27 | 427 | 8 | 277 | 117 | 23 | 301 | 133 | 29 | 1,342 | 1,313 | 2.2% |
| Otolaryngology - head and neck surgery | 9 | 160 | 3 | 88 | 44 | 9 | 115 | 46 | 12 | 486 | 474 | 2.5% |
| Paediatric surgery | 4 | 36 | | 14 | 8 | 2 | 28 | 8 | 4 | 104 | 98 | 6.1% |
| Plastic surgery | 6 | 125 | 3 | 67 | 40 | 12 | 138 | 48 | 4 | 443 | 428 | 3.5% |
| Urology | 5 | 128 | 1 | 86 | 30 | 10 | 112 | 39 | 7 | 418 | 399 | 4.8% |
| Vascular surgery | 3 | 73 | | 41 | 16 | 6 | 63 | 17 | 3 | 222 | 215 | 3.3% |
| No sub-specialty declared | | 40 | 1 | 1 | | | 14 | 3 | 2 | 61 | 69 | -11.6% |

*Principal place of practice

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.

| State/territory | Notifications received | % of all medical notifications | Mandatory notifications received | % of all medical notifications | Notifications closed | % of all medical notifications | Open at 30 June 2015 | % of all medical notifications |
|-----------------|------------------------|--------------------------------|----------------------------------|--------------------------------|----------------------|--------------------------------|----------------------|--------------------------------|
| ACT | 92 | 2% | 8 | 4% | 141 | 3% | 61 | 3% |
| NT | 90 | 2% | 1 | 0% | 113 | 2% | 42 | 2% |
| QLD | 439 | 10% | 7 | 3% | 590 | 12% | 399 | 18% |
| SA | 324 | 7% | 42 | 20% | 388 | 8% | 179 | 8% |
| TAS | 134 | 3% | 7 | 3% | 145 | 3% | 69 | 3% |
| VIC | 1,016 | 22% | 57 | 27% | 1,107 | 23% | 428 | 19% |
| WA | 419 | 9% | 37 | 17% | 470 | 10% | 233 | 11% |
| Subtotal | 2,514 | 55% | 159 | 75% | 2,954 | 60% | 1,411 | 64% |
| NSW | 2,027 | 45% | 53 | 25% | 1,931 | 40% | 801 | 36% |
| Total | 4,541 | 100% | 212 | 100% | 4,885 | 100% | 2,212 | 100% |

| Medical Practitioner | ACT | NT | QLD | SA | TAS | VIC | WA | Subtotal | NSW | Total |
|--|-------------|-------------|-------------|-------------|-------------|-------------|------------|-------------|------------|-------------|
| 2014/15 | 92 | 90 | 439 | 324 | 134 | 1,016 | 419 | 2,514 | 2,027 | 4,541 |
| 2013/14 | 166 | 109 | 1,361 | 421 | 173 | 1,125 | 457 | 3,812 | 1,773 | 5,585 |
| % change from 2013/14 to 2014/15 | -45% | -17% | -68% | -23% | -23% | -10% | -8% | -34% | 14% | -19% |
| All notifications received 2014/15 | 194 | 178 | 917 | 676 | 237 | 1,901 | 781 | 4,884 | 3,542 | 8,426 |
| All notifications received 2013/14 | 267 | 216 | 2,375 | 793 | 298 | 2,112 | 750 | 6,811 | 3,236 | 10,047 |
| Medical as % of all notifications received 2014/15 | 47% | 51% | 48% | 48% | 57% | 53% | 54% | 51% | 57% | 54% |
| Medical as % of all notifications received 2013/14 | 62% | 50% | 57% | 53% | 58% | 53% | 61% | 56% | 55% | 56% |

| Table M8: Mandatory notifications received by state or territory (including NSW) | | | | | | | | | | |
|--|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|
| | ACT | NT | QLD | SA | TAS | VIC | WA | Subtotal | NSW | Total |
| 2014/15 | 8 | 1 | 7 | 42 | 7 | 57 | 37 | 159 | 53 | 212 |
| 2013/14 | 5 | 2 | 134 | 51 | 17 | 39 | 27 | 275 | 76 | 351 |
| % change from 2013/14 to 2014/15 | 60% | -50% | -95% | -18% | -59% | 46% | 37% | -42% | -30% | -40% |
| All mandatory notifications received 2014/15 | 20 | 4 | 14 | 160 | 34 | 172 | 114 | 518 | 315 | 833 |
| All mandatory notifications received 2013/14 | 11 | 8 | 376 | 180 | 51 | 189 | 88 | 903 | 242 | 1,145 |
| Medical as % of all mandatory notifications received 2014/15 | 40.0% | 25.0% | 50.0% | 26.3% | 20.6% | 33.1% | 32.5% | 30.7% | 16.8% | 25.5% |
| Medical as % of all mandatory notifications received 2013/14 | 45.5% | 25.0% | 35.6% | 28.3% | 33.3% | 20.6% | 30.7% | 30.5% | 31.4% | 30.7% |

| Table M9: Notifications closed by state or territory | | | | | | | | | | |
|--|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|
| Medical Practitioner | ACT | NT | QLD | SA | TAS | VIC | WA | Subtotal | NSW | Total |
| Closed 2014/15 | 141 | 113 | 590 | 388 | 145 | 1,107 | 470 | 2,954 | 1,931 | 4,885 |
| Closed 2013/14 | 145 | 63 | 1,342 | 339 | 180 | 1,111 | 500 | 3,680 | 1,835 | 5,515 |
| % change from 2013/14 to 2014/15 | -3% | 79% | -56% | 14% | -19% | -0% | -6% | -20% | 5% | -11% |
| All notifications closed 2014/15 | 267 | 226 | 1,258 | 737 | 267 | 2,154 | 820 | 5,729 | 3,274 | 9,003 |
| All notifications closed 2013/14 | 225 | 148 | 2,327 | 676 | 292 | 2,090 | 798 | 6,556 | 3,247 | 9,803 |
| Medical as % of all notifications closed 2014/15 | 52.8% | 50.0% | 46.9% | 52.6% | 54.3% | 51.4% | 57.3% | 51.6% | 59.0% | 54.3% |
| Medical as % of all notifications closed 2013/14 | 64.4% | 42.6% | 57.7% | 50.1% | 61.6% | 53.2% | 62.7% | 56.1% | 56.5% | 56.3% |

| Table M10: Immediate action cases by state or territory (including NSW) | | | | | | | | | | |
|---|-----|------|------|-----|-----|------|-----|----------|-----|-------|
| Medical Practitioner | ACT | NT | QLD | SA | TAS | VIC | WA | Subtotal | NSW | Total |
| 2014/15 | 11 | 1 | 29 | 29 | 3 | 24 | 35 | 132 | 67 | 199 |
| 2013/14 | 7 | 10 | 89 | 20 | 3 | 31 | 38 | 198 | 48 | 246 |
| % change from 2013/14 to 2014/15 | 57% | -90% | -67% | 45% | 0% | -23% | -8% | -33% | 40% | -19% |

| Table M11: Open notifications at 30 June by state or territory | | | | | | | | | | |
|--|-------|-------|-------|-------|-------|--------|-------|----------|-------|-------|
| | ACT | NT | QLD | SA | TAS | VIC | WA | Subtotal | NSW | Total |
| 2014/15 | 61 | 42 | 399 | 179 | 69 | 428 | 233 | 1,411 | 801 | 2,212 |
| 2013/14 | 117 | 66 | 575 | 244 | 93 | 552 | 280 | 1,927 | 704 | 2,631 |
| % change 2013/14 to 2014/15 | -48% | -36% | -31% | -27% | -26% | -22.5% | -17% | -27% | 14% | -16% |
| All cases open 2014/15 | 121 | 90 | 773 | 462 | 127 | 918 | 467 | 2,958 | 1,573 | 4,531 |
| All cases open 2013/14 | 214 | 138 | 1,166 | 525 | 169 | 1,192 | 523 | 3,927 | 1,310 | 5,237 |
| Medical as % of all open cases 2014/15 | 50.4% | 46.7% | 51.6% | 38.7% | 54.3% | 46.6% | 49.9% | 47.7% | 50.9% | 48.8% |
| Medical as % of all open cases 2013/14 | 54.7% | 47.8% | 49.3% | 46.5% | 55.0% | 46.3% | 53.5% | 49.1% | 53.7% | 50.2% |

| Table M12: Per cent of registrant base with notifications received, by state or territory | | | | | | | | | | |
|---|------|------|------|------|------|------|------|----------|------|-------|
| Medical Practitioner | ACT | NT | QLD | SA | TAS | VIC | WA | Subtotal | NSW | Total |
| 2014/15 | 4.7% | 8.2% | 2.2% | 4.2% | 6.1% | 4.1% | 4.1% | 3.7% | 6.3% | 4.4% |
| 2013/14 | 7.2% | 8.3% | 6.1% | 5.0% | 7.2% | 4.1% | 4.2% | 4.9% | 4.8% | 4.9% |
| All practitioners 2014/15 | 1.8% | 2.7% | 0.8% | 1.3% | 1.7% | 1.2% | 1.2% | 1.1% | 1.9% | 1.3% |
| All practitioners 2013/14 | 2.2% | 2.7% | 1.7% | 1.4% | 2.0% | 1.2% | 1.1% | 1.4% | 1.5% | 1.4% |

| Profession | 2014/15 | | | 2013/14 | | |
|----------------------|--------------------------------|-----|-------|---------------------------|--------------------------------|---------------------------|
| | No. practitioners ¹ | | | Rate/10,000 practitioners | No. practitioners ¹ | Rate/10,000 practitioners |
| | AHPRA | NSW | Total | | | |
| Medical Practitioner | 144 | 52 | 196 | 19.0 | 270 | 27.2 |
| All registrants | 491 | 298 | 789 | 12.4 | 976 | 15.8 |

Note:
1. Figures present the number of practitioners involved in the mandatory reports received.

| Grounds for notification | End matter | | | | | | Total closed after assessment | Refer to further stage | | | | | Total referred to further stage | Total assessments finalised 2014/15 | Total assessments finalised 2013/14 |
|--------------------------|-------------------|---|-----------|--------------------|-------------------|---------------------------|-------------------------------|---|------------------------|--|------------------------|-------------------|---------------------------------|-------------------------------------|-------------------------------------|
| | No further action | Refer all of the notification to another body | Caution | Accept undertaking | Impose conditions | Surrender of registration | | Refer to health or performance assessment | Refer to investigation | Refer to investigation and health/performance assessment | Refer to panel hearing | Refer to tribunal | | | |
| Standards | 21 | | 7 | 1 | 5 | | 34 | 5 | 67 | | | | 72 | 106 | 173 |
| Impairment | 8 | | | 2 | 1 | | 11 | 11 | 13 | | | | 24 | 35 | 45 |
| Sexual misconduct | | | | | | | | | 14 | | | | 14 | 14 | 17 |
| Alcohol or drugs | 1 | | | | | | 1 | 3 | 6 | | | | 9 | 10 | 10 |
| Not classified | | | | | | | | | 2 | | | | 2 | 2 | 5 |
| Total 2014/15 | 30 | | 7 | 3 | 6 | | 46 | 19 | 102 | | | | 121 | 167 | |
| Total 2013/14 | 65 | | 11 | 2 | 5 | 1 | 84 | 23 | 118 | 17 | 3 | 5 | 166 | | 250 |

| Outcome at closure | Total 2014/15 | Total 2013/14 |
|------------------------|---------------|---------------|
| No further action | 98 | 142 |
| Caution | 32 | 32 |
| Reprimand | 4 | 5 |
| Fine registrant | 2 | |
| Accept undertaking | 29 | 17 |
| Impose conditions | 59 | 32 |
| Practitioner surrender | 2 | 1 |
| Suspend registration | 3 | 2 |
| Cancel registration | 1 | |
| Total | 230 | 231 |

| Stage at closure | 2014/15 | | 2013/14 | |
|----------------------------------|---------------------|-----------------|---------------------|-----------------|
| | Medical registrants | All registrants | Medical registrants | All registrants |
| Assessment | 1,706 | 3,069 | 2,653 | 4,387 |
| Health or performance assessment | 131 | 440 | 91 | 356 |
| Investigation | 888 | 1,772 | 771 | 1,469 |
| Panel hearing | 151 | 269 | 122 | 228 |
| Tribunal hearing | 78 | 179 | 43 | 116 |
| Total | 2,954 | 5,729 | 3,680 | 6,556 |

| Table M17: Outcome at closure for notifications closed (excluding NSW) | | | | |
|---|---------------------|-----------------|---------------------|-----------------|
| Outcome at closure | 2014/15 | | 2013/14 | |
| | Medical registrants | All registrants | Medical registrants | All registrants |
| No further action | 1,959 | 3,439 | 2,132 | 3,744 |
| Refer all or part of the notification to another body | 6 | 22 | 13 | 22 |
| HCE to retain | 268 | 435 | 982 | 1,342 |
| Caution or reprimand | 353 | 811 | 361 | 798 |
| Accept undertaking | 103 | 311 | 56 | 218 |
| Impose conditions | 229 | 612 | 121 | 382 |
| Fine registrant | 8 | 12 | 4 | 7 |
| Suspend registration | 14 | 38 | 6 | 18 |
| Practitioner surrender | 6 | 12 | 2 | 11 |
| Cancel registration | 4 | 24 | 3 | 12 |
| Not permitted to reapply for registration for 12 months or more | 3 | 9 | | |
| Proceedings withdrawn | 1 | 4 | | 2 |
| Total | 2,954 | 5,729 | 3,680 | 6,556 |

| Table M18: Outcome of immediate actions (excluding NSW) | | | | |
|--|---------------------|-----------------|---------------------|-----------------|
| Outcome | 2014/15 | | 2013/14 | |
| | Medical registrants | All registrants | Medical registrants | All registrants |
| Not take immediate action | 14 | 45 | 61 | 110 |
| Accept undertaking | 38 | 77 | 33 | 93 |
| Impose conditions | 48 | 124 | 77 | 187 |
| Accept surrender of registration | | 2 | 1 | 3 |
| Suspend registration | 22 | 66 | 25 | 75 |
| Decision pending | 10 | 22 | 1 | 6 |
| Total | 132 | 336 | 198 | 474 |

| Table M19: Outcome of assessments finalised (excluding NSW) | | | | |
|--|---------------------|-----------------|---------------------|-----------------|
| | 2014/15 | | 2013/14 | |
| | Medical registrants | All registrants | Medical registrants | All registrants |
| Outcome of decisions to take the notification further | | | | |
| Investigation | 806 | 1,668 | 1,050 | 2,055 |
| Health or performance assessment | 73 | 233 | 74 | 324 |
| Panel hearing | 10 | 13 | 23 | 27 |
| Tribunal hearing | 2 | 9 | 11 | 16 |
| Subtotal | 891 | 1,923 | 1,158 | 2,422 |
| Outcome of notifications closed following assessment | | | | |
| No further action | 1,248 | 2,136 | 1,470 | 2,550 |
| HCE to retain | 268 | 435 | 982 | 1,342 |
| Refer all or part of the notification to another body | 2 | 10 | 5 | 10 |
| Caution | 126 | 322 | 162 | 366 |
| Accept undertaking | 19 | 59 | 13 | 58 |
| Impose conditions | 43 | 104 | 21 | 58 |
| Practitioner surrender | | 3 | | 3 |
| Subtotal | 1,706 | 3,069 | 2,653 | 4,387 |
| Total assessments finalised | 2,597 | 4,992 | 3,811 | 6,809 |

| Table M20: Outcome of investigations finalised (excluding NSW) | | | | |
|---|---------------------|-----------------|---------------------|-----------------|
| | 2014/15 | | 2013/14 | |
| | Medical registrants | All registrants | Medical registrants | All registrants |
| Outcome of decisions to take the notification further | | | | |
| Assessment | 1 | 2 | | |
| Health or performance assessment | 46 | 145 | 12 | 41 |
| Panel hearing | 86 | 166 | 116 | 242 |
| Tribunal hearing | 67 | 114 | 99 | 190 |
| Subtotal | 200 | 427 | 227 | 473 |
| Outcome of notifications closed following investigation | | | | |
| No further action | 611 | 1,052 | 564 | 989 |
| Refer all or part of the notification to another body | 4 | 11 | 8 | 12 |
| Caution | 173 | 391 | 140 | 304 |
| Accept undertaking | 42 | 126 | 26 | 67 |
| Impose conditions | 58 | 192 | 33 | 96 |
| Practitioner surrender | | | | 1 |
| Subtotal | 888 | 1,772 | 771 | 1,469 |
| Total investigations finalised | 1,088 | 2,199 | 998 | 1,942 |

| Table M21: Outcome of panel hearings finalised (excluding NSW) | | | | |
|---|---------------------|-----------------|---------------------|-----------------|
| Outcome | 2014/15 | | 2013/14 | |
| | Medical registrants | All registrants | Medical registrants | All registrants |
| No further action | 40 | 63 | 46 | 55 |
| Caution | 37 | 57 | 33 | 57 |
| Reprimand | 7 | 13 | 13 | 26 |
| Accept undertaking | | | 2 | 2 |
| Impose conditions | 65 | 130 | 26 | 82 |
| Practitioner surrender | | 1 | 2 | 2 |
| Refer all of the notification to another body | | 1 | | |
| Suspend registration | 2 | 4 | | 4 |
| Total | 151 | 269 | 122 | 228 |

| Table M22: Outcome of tribunal hearings finalised (excluding NSW) | | | | |
|--|---------------------|-----------------|---------------------|-----------------|
| Outcome | 2014/15 | | 2013/14 | |
| | Medical registrants | All registrants | Medical registrants | All registrants |
| No further action | 5 | 15 | 7 | 14 |
| Fine registrant | 8 | 12 | 4 | 7 |
| Caution or reprimand | 7 | 18 | 10 | 36 |
| Accept undertaking | 1 | 5 | | 6 |
| Impose conditions | 32 | 53 | 14 | 25 |
| Practitioner surrender | 5 | 6 | | 2 |
| Suspend registration | 12 | 33 | 5 | 12 |
| Cancel registration | 4 | 24 | 3 | 12 |
| Not permitted to reapply for registration for 12 months or more | 3 | 9 | | |
| Proceedings withdrawn | 1 | 4 | | 2 |
| Total | 78 | 179 | 43 | 116 |

| Table M23: Active monitoring cases at 30 June 2015, by state or territory (excluding HPCA) | | | | | | | | | | | |
|---|-----------|-----------|------------|------------|-----------|------------|------------|-----------|--------------|------------------|--------------|
| | ACT | NT | QLD | SA | TAS | VIC | WA | No PPP* | Subtotal | NSW ¹ | Total |
| Medical practitioner 2014/15 | 30 | 33 | 406 | 170 | 31 | 323 | 213 | 11 | 1,217 | 480 | 1,697 |
| Medical practitioner 2013/14 | 39 | 33 | 396 | 157 | 42 | 177 | 143 | | 987 | | 987 |
| All practitioners 2014/15 | 155 | 74 | 1,186 | 472 | 101 | 948 | 554 | 89 | 3,579 | 1,412 | 4,991 |
| All practitioners 2013/14 | 113 | 95 | 937 | 494 | 123 | 695 | 370 | | 2,827 | | 2,827 |
| Medical as % of all practitioners 2014/15 | 19.4% | 44.6% | 34.2% | 36.0% | 30.7% | 34.1% | 38.4% | 12.4% | 34.0% | 34.0% | 34.0% |
| Medical as % of all practitioners 2013/14 | 34.5% | 34.7% | 42.3% | 31.8% | 34.1% | 25.5% | 38.6% | | 34.9% | | 34.9% |

**Principal place of practice*
Note:
 1. NSW refers to AHPRA cases to be transitioned across to the HPCA for monitoring of conduct, health and performance streams.

| Table M24: Active monitoring cases at 30 June 2015, by stream (excluding HPCA) | | | | | |
|---|------------|------------|-------------|-------------------------|--------------|
| Profession | Conduct | Health | Performance | Suitability/eligibility | Total |
| Medical practitioner 2014/15 | 184 | 284 | 254 | 975 | 1,697 |
| Medical practitioner 2013/14 | 162 | 260 | 237 | 328 | 987 |
| All practitioners 2014/15 | 482 | 826 | 600 | 3,083 | 4,991 |
| All practitioners 2013/14 | 475 | 832 | 501 | 1,019 | 2,827 |
| Medical as % of all practitioners 2014/15 | 38.2% | 34.4% | 42.3% | 31.6% | 34.0% |
| Medical as % of all practitioners 2013/14 | 34.1% | 31.3% | 47.3% | 32.2% | 34.9% |

Monitoring

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

On 30 June 2015, there were 1,697 medical practitioners monitored across states and territories. NSW has the highest number with 480 practitioners being monitored (see [Table M23](#)).

Of the 1,697 medical practitioners being monitored:

- ▶ 184 (11%) were being monitored for issues related to their conduct
- ▶ 284 (17%) were being monitored for health-related reasons
- ▶ 254 (15%) were being monitored as a result of performance issues, and
- ▶ 975 (57%) were being monitored as a result of issues related to their suitability or eligibility for registration.

[Table M24](#) outlines the proportion of cases monitored in relation to conduct, health, performance and suitability/eligibility. Types of restrictions being monitored include:

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

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

Supervision – restrictions that require a health practitioner to practise only if they are being supervised by another health practitioner (usually registered in the same profession). The restrictions detail the form of supervision.

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

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

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

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

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

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

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

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

Statutory offences: advertising, practice and title protection

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

During 2014/15, AHPRA **received** 105 statutory offences complaints about medical practitioners, related to sections 113–136 of the National Law. These included:

- ▶ 63 complaints about advertising, and
- ▶ 35 complaints about practice and title protections.

During the year, AHPRA **closed** 150 statutory offences complaints, including:

- ▶ 78 about advertising, and
- ▶ 68 about practice and title protections.

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

Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal record checks. National Boards may also require criminal record checks at other times. Applicants seeking registration must disclose any criminal history information when they apply for registration, and practitioners renewing their registration are required to disclose if there has been a change to their criminal history status in the preceding 12 months.

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

During the year, there were six cases for which the Board imposed conditions or required an undertaking from the practitioner as a result of a criminal history check. There were no cases where the Board refused registration as a result of a criminal history check.

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

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103-105 Northbourne Ave
Turner ACT 2612

New South Wales

Level 51
680 George St
Sydney NSW 2000

Northern Territory

Level 5
22 Harry Chan Ave
Darwin NT 0800

Queensland

Level 18
179 Turbot St
Brisbane QLD 4000

South Australia

Level 11
80 Grenfell St
Adelaide SA 5000

Tasmania

Level 12
86 Collins St
Hobart TAS 7000

Victoria

Level 8
111 Bourke St
Melbourne VIC 3000

Western Australia

Level 1
541 Hay St
Subiaco WA 6008