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|  | 2015 Australian Capital Territory report |

Annual Report Summary

2014/15

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

Regulating health practitioners in the Australian Captial Territory

## Regulating health practitioners in the ACT

This annual report summary offers a snapshot of our work regulating nearly 11,000 health practitioners in the Australian Capital Territory (ACT).

This short report complements the more detailed, national profile included in the [AHPRA and National Boards’ 2014/15 annual report](http://www.ahpra.gov.au/annualreport/2015/).

Did you know:

* ACT practitioners account for 1.7% of Australia’s registered health workforce. This proportion has not varied across the past three years.
* There are now 10,978 registered health practitioners in the ACT, compared to 10,723 in 2014.
* 75.6% of registered health practitioners in the ACT are women.
* On 30 June 2015 there were 5,877 nurses and midwives, 1,977 medical practitioners, 874 psychologists, 511 physiotherapists, 482 pharmacists and 399 dental practitioners in the ACT.
* There are 40 dental and 1,042 medical specialists in the ACT, and one podiatric specialist.
* 941 registration applications were received by AHPRA on behalf of National Boards in ACT, including applications to change registration types.
* We received 194 notifications about health practitioners in the ACT during the year, including 20 mandatory notifications.
* There has been a 27% decrease in the number of notifications received in the ACT, compared to a 16% national decrease since 2013/14.
* The number of mandatory notifications has increased from 11 in 2013/14 to 20 in 2014/15.
* 1.7% of health practitioners in the ACT are subject to a notification.
* 43% of notifications were about clinical care, 12% were about pharmacy/medication 11% raised concerns of health impairment, and 7% were about communication. This is consistent with national trends.
* 26% of notifications came direct from patients and 30% were referred from the [ACT Human Rights Commission](http://www.hrc.act.gov.au/).
* ACT boards and committees considered ‘immediate action’ 27 times, limiting the practitioner’s registration in some way in 18 cases (67%) as an interim step to keep the public safe.
* There were 13 notifications closed following panel hearings and a further 14 notifications closed following tribunal decisions.
* AHPRA is monitoring conditions on registration or undertakings from 155 ACT practitioners.
* Notifications about practitioners in the dental, medical, nursing and midwifery and psychology professions account for 80% of notifications in ACT.

## About the National Scheme

### Who

The National Registration and Accreditation Scheme regulates more than 637,000 registered health practitioners across Australia.

The Australian Health Practitioner Regulation Agency (AHPRA) supports the [14 National Boards](http://www.ahpra.gov.au/National-Boards.aspx) that are responsible for regulating the health professions. The primary role of the National Boards is to protect the public.

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

### What

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

Registered health practitioners can register once, and practice across Australia within the scope of their registration, creating a more flexible and sustainable health workforce.

The [online national registers](https://www.ahpra.gov.au) provide a one-stop shop for the community about the current

registration status of all registered health practitioners in Australia, including current restrictions on practice.

Agreed [regulatory principles](http://www.ahpra.gov.au/About-AHPRA/Regulatory-principles.aspx) underpin the work of the National Boards and AHPRA in regulating Australia’s health practitioners in the public interest.

The National Scheme is responsible for the quality education of health practitioners, by setting the framework for the accreditation of health practitioner education and training in Australia.

### When

The National Scheme started in July 2010. Since then, there has been an increase in the number of registered practitioners, from 530,115 in June 2011 to 637,218 on 30 June 2015 (including four professions that entered the scheme in 2012).

### Where

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

### Why

Public safety is the core focus of regulation. Other objectives and guiding principles of the National Scheme are set down in the [National Law](http://www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation.aspx).

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## Foreword from the AHPRA Chair and CEO

In 2015 we mark five years of the work of AHPRA and the National Boards in implementing the National Registration and Accreditation Scheme in the Australian Capital Territory. So much has changed since 2010 and this past year, in particular, has 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 now register almost 640,000 health practitioners in Australia, with 10,978 of those with a principal place of practice in the Australian Capital Territory (ACT).

Well-regulated practitioners are the foundation of a healthcare system that provides safe, high-quality healthcare. The legal framework set by governments when creating the National Scheme is designed to protect patients and be fair to practitioners, while facilitating access to health services. In our regulatory work in the ACT and nationally, we are committed to striking this balance.

The National Scheme anchors local regulatory decision-making within a national policy and standards framework. It provides robust public protection and consistent national standards that practitioners must meet.

As part of our regulatory operations network nationally, the ACT AHPRA office is responsible for operational delivery and performance across our key regulatory functions of registration and notifications within the ACT and for continuously improving our processes to increase effectiveness, timeliness and efficiency.

The ACT AHPRA office works directly with a range of local stakeholders and supports the local boards and committees in their regulatory decision-making, drawing on national expertise from across AHPRA where needed. More about the work of the ACT AHPRA office, boards and committees during the year, along with territory-specific data, is detailed in this report.

We have made a significant investment this year to improve the experience of notifiers and practitioners in their contacts with us. The overall goal is to provide better information about how regulation works, what people can expect and how we manage notifications, and make it easier for people to interact with us. We have also worked this past year to refine our processes to ensure more timely outcomes for notifiers and practitioners, and we have seen a significant reduction in the time it takes to assess and manage notifications.

The scheduled, independent review of the National Scheme hit its stride this past year, with Mr Kim Snowball leading the review for the Australian Health Workforce Ministerial Council. The review considered the National Scheme as a whole, including the work of the National Boards, AHPRA, accrediting entities and the role of governments. The review aimed to identify what was working well in the National Scheme, and opportunities to improve and strengthen our work to protect the public and facilitate access to health services.

We value the ongoing support of the Minister for Health, Mr Simon Corbell, MLA, and his department, stakeholders within the professions and wider health sector and the community. Building understanding and confidence in our work is an important element of our trustworthiness.

We thank the staff in the AHPRA ACT office for their hard work and commitment over the past year. We look forward to continuing to work in partnership with National Boards and their territory boards and committees to serve the community of the ACT.

**Mr Martin Fletcher, Chief Executive Officer
Mr Michael Gorton AM, Chair, Agency Management Committee**

## Foreword from AHPRA ACT Manager, Meredith Boroky

It has been a year of significant achievement and action in the ACT AHPRA office.

Highlights for 2014/15:

* Implementation of the regulatory principles (launched in August 2014), including training for ACT board and committee members, and staff, to guide and support decision-making.
* The Pharmacy Board of Australia held its monthly meeting in Canberra and met with ACT stakeholders in September 2014.
* In October 2014 the Regional Board of the Psychology Board of Australia held a Psychologists Breakfast Forum to provide information about the National Scheme to ACT-based practitioners.
* In April 2015 the chairs of the ACT boards, the CEO of AHPRA and territory manager met with the newly appointed ACT Minister for Health, Mr Simon Corbell, MLA.
* Ongoing engagement with the ACT Civil and Administrative Tribunal, the ACT Health Services Commissioner and the Health Care Consumers’ Association.
* The Nursing and Midwifery Board of Australia held a public forum for ACT practitioners and other stakeholders, such as professional associations, unions and nursing educators.
* New panel member training in which 43 ACT panel members participated.
* Long-standing investigations were finalised, longstanding panel and tribunal matters were heard and decisions handed down.

### Local decisions, national framework

More than 80% of notifications in the ACT are made about practitioners in four professions – medical, nursing and midwifery, dental and psychology. All these Boards have state, territory or regional boards or committees, which make all decisions about individual practitioners. Read more about the work of the local ACT boards and their committees in this report.

More generally, there are ACT practitioner and community members on a number of National Boards who provide insight into local issues that are brought to the attention of a National Board.

Through these and other mechanisms (including local delegations from Boards to AHPRA), supported by local AHPRA offices in every state and territory, regulation in the National Scheme is delivered locally, supported by national policy, standards and systems.

### Improving notifications management

The notifications and complaints handling system builds on our close working relationships with the ACT Health Services Commissioner, who is part of the ACT Human Rights Commission, the ACT Civil and Administrative Tribunal (ACAT), territory and regional boards and committees and AHPRA to deliver effective and timely outcomes and protect the public.

There has been a 27% decrease in the number of notifications received by the ACT office during the year. Most other states and territories have also experienced a decrease in the number of notifications received in 2014/15. There may be many reasons for this, and we will monitor this trend closely.

We have robust processes in place to swiftly identify and manage serious risk to the public. In the ACT this year, boards considered immediate action 27 times, and took action in 18 cases (67%), limiting the practitioner’s registration in some way as an interim step to keep the public safe.

We have focused a lot of effort during the year to improve our management of notifications and notifiers’ and practitioners’ experience of the National Scheme. We continue to implement key performance indicators to enable us to measure and manage the timeliness of our investigation of notifications as well as applying the regulatory principles. More detail on this is in the annual report of AHPRA and the National Boards.

The decrease in the number of notifications received, along with the focused effort to improve our management of notifications, has resulted in a reduction of almost 50% of open notifications over the year. The ACT office is also engaging in a trial of streamlined early management of medical notifications to maintain this reduction in open notifications.

### Registration highlights

The number of registered practitioners in the ACT has increased to 10,978, which is an increase of 255 (2.4%) from last year. Applications received for registration decreased by 28 to 941. This small reduction in applications was more than offset by the ACT office managing a review of over 700 qualifications of registered specialist pathologists.

Information sessions for ACT graduates of health professions on registration requirements were delivered jointly by AHPRA staff and board members at ACT educational institutions.

### Working with our stakeholders

During the year we have been in regular touch with many of our important stakeholders, listening to their ideas for ways we can improve; making opportunities to respond to feedback; and talking about the National Scheme. The National Registration and Accreditation Scheme ACT Forum was held in September 2014 at the National Portrait Gallery and was attended by a wide range of stakeholders, providing a diverse range of input to the independent review of the National Scheme.

Our work with the community will be a priority focus in 2015/16. More widely through our national stakeholder engagement program, we engaged with social media, and expanded options to participate in National Board consultations. We continue to benefit from advice and challenge from our Community Reference Group, which includes a member from the ACT, and distribute information about the National Scheme to our online community of interest. This group has grown from the initial community briefings we held around Australia in 2012/13 and also includes members from the ACT.

### Local office, national contribution

I thank the members of the ACT boards and committees for their expertise and commitment to the people of the ACT. I also thank the staff of the AHPRA ACT office for their dedication to the regulation of health practitioners and in supporting the National Boards and committees throughout the year.

**Meredith Boroky, ACT Manager, AHPRA**

# Part 1: Decision-making in the ACT: Board and committee reports

## ACT Registration and Notification Committee, Dental Board of Australia: Chair’s message

The ACT committee of the Dental Board of Australia has continued in 2014/15 to work to meet the objectives of the National Scheme in managing risk to patients. We make decisions about individual registered dentists after receiving a notification about them; and assess the most complex applications for registration, often from overseas-trained practitioners.

Data showing the work of the local committee are detailed in this report. More comprehensive information about the work of the Dental Board of Australia (the National Board) is included in the 2014/15 annual report of AHPRA and the National Boards.

As well as the National Board members from each jurisdiction, the ACT committee is the local face of dental practitioner regulation in the ACT. Our local committee is made up of practitioner and community members from the ACT. The decisions the committee makes are guided by the national standards and policies set by the National Board. The local committee makes most decisions about dental practitioners in our region, supported by the local AHPRA office, in a national policy framework.

Our committee is in a position to provide invaluable feedback to the National Board on its standards and policies. I participated in the National Board’s biennial dental conference in May 2015, where all committee members had a chance to discuss, reflect on and improve the quality of our decisions.

We have endeavoured to engage with our stakeholders during the year. The National Registration and Accreditation Scheme ACT Forum was successfully conducted in September 2014, with a wide range of stakeholders in attendance.

I thank my colleagues on the ACT Registration and Notification Committee for their energy and commitment to the people of the ACT during the year.

I would also like to thank the Chair of the National Board, Dr John Lockwood, the other members of the National Board and my fellow chairs of the state and territory registration and notification committees for their wisdom and guidance in assisting me in the execution of my role as committee chair.

**Dr Peter Wong, Chair, ACT Registration and Notification Committee, Dental Board of Australia**

**Dr John Lockwood AM, Chair, Dental Board of Australia**

**Members of the ACT Registration and Notification Committee in 2014/15**

Dr Peter Wong (Chair)

Dr Murray Thomas

Mrs Tanya Fane

Mr Don Malcolmson

## ACT Board of the Medical Board of Australia: Chair’s message

As in previous years, the focus of the ACT Board of the Medical Board of Australia in 2014/15 has been on public safety as we made decisions about individual medical practitioners. These decisions fall into two broad categories: either complex applications for registration which require detailed individual assessment; or what action is required to manage risk to the public as a result of a notification.

We are a local board making decisions about local practitioners. We are guided by the national standards and policies set by the Medical Board of Australia, and are supported by the local AHPRA office.

The ACT Board has spent time this year working with the Medical Board nationally, with all other state and territory Medical Boards and with AHPRA, to further improve the experience of notifiers and practitioners.

The overall goal is to improve our customer service, be clear about what people can expect and make it easier for people to interact with us. In particular, the ACT Board participated in a working group for the Medical Board’s Notifications Taskforce. The ACT also joined South Australia and Western Australia in a notifications triage trial to reduce the time taken to consider notifications. The taskforce was established to improve the notifications decision-making process and the quality of decision-making.

We have endeavoured to engage with our stakeholders during the year. The National Registration and Accreditation Scheme ACT Forum was successfully conducted in September 2014, with a wide range of stakeholders in attendance.

In April 2015, with the ACT Manager, we met the new ACT Health Minister, Mr Simon Corbell MLA, and continued to engage with our ACT Health Services Commissioner, Ms Mary Durkin, about issues affecting local practitioners in the ACT.

I thank my colleagues on the ACT Board for their energy and commitment to the people of ACT during the year. I would like to thank retiring member Dr Tim McKenzie for his contribution to the ACT Board of the Medical Board over the past five years and the previous ACT Medical Board since 2006. I welcome Professor Peter Warfe and Dr Bryan Ashman to the ACT Board and look forward to their contributions.

This ACT report provides a snapshot of regulation at work in our state over the last year. It complements the comprehensive, profession-specific information published in the annual report of AHPRA and the National Boards for 2014/15.

**Associate Professor Stephen Bradshaw, Chair, ACT Board of the Medical Board of Australia**

**Dr Joanna Flynn AM, Chair, Medical Board of Australia**

**Members of the ACT Board in 2014/15**

Associate Professor Stephen Bradshaw (Chair)

Dr Tobias Angstmann

Dr Bryan Ashman (from 1 March 2015)

Dr Kerrie Bradbury

Ms Vicki Brown

Mr Robert Little

Dr Tim McKenzie

Mr Don Malcolmson

Dr Barbara (Sally) Somi

Professor Peter Warfe

## ACT Board of the Nursing and Midwifery Board of Australia: Chair’s message

In 2014/15, the ACT Board of the Nursing and Midwifery Board of Australia continued to uphold our legislative responsibilities to focus on public safety, making decisions about individual nurses and midwives. These may be decisions about complex applications for registration which require detailed individual assessment, or deciding what action is required to manage risk to the public as a result of a notification.

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

During the year, the ACT Board has worked closely with our colleagues on the National Board and on other state and territory boards. These partnerships support a nationally consistent approach to managing and making decisions about notifications and registration issues for nurses and midwives.

Members of the ACT Board attended the inaugural Nursing and Midwifery Board conference in November 2014, and in May 2015 the ACT welcomed the National Nursing and Midwifery Board to Canberra. The ACT Chair appreciated the opportunity to attend a National Board meeting and to further understand the work and the Board’s achievements, and share with local members. A public forum, attended by both national and ACT Board members, was a valuable opportunity for key informants from the professions and the community to meet members and raise issues regarding regulatory matters impacting both community and professionals. In April 2015, with the ACT Manager, we met the new ACT Health Minister, Mr Simon Corbell, and continued to engage with our ACT Health Services Commissioner, Ms Mary Durkin, about issues affecting local practitioners in the ACT.

I wish to acknowledge the high level of work that AHPRA staff continue to provide to the ACT Board in preparation for our meetings. Their input is invaluable in assisting our decision-making.

This snapshot of regulation at work in our territory complements the comprehensive, profession-specific information published in the annual report of AHPRA and the National Boards for 2014/15.

**Ms Emma Baldock, Chair, ACT Board of the Nursing and Midwifery Board of Australia**

**Dr Lynette Cusack, Chair, Nursing and Midwifery Board of Australia**

**Members of the ACT Board in 2014/15**

Ms Emma Baldock (Chair)

Ms Alison Chandra

Ms Felicity Dalzell

Ms Jane Ferry

Ms Kate Gauthier

Ms Eileen Jerga AM

Dr Carmel McQuellin

Ms Alison Reardon
Ms Natalie Robinson

## Pharmacy Board of Australia – local representation

The Pharmacy Board of Australia (the National Board) makes decisions about all registered pharmacists in the ACT. To make sure we have local knowledge informing our decisions, there are practitioner members of the Board from each state and territory, and a community member from each of four states. Mr Bill Kelly is the practitioner member from the ACT on the National Board.

The Board has a notifications committee to make decisions about individual registered pharmacists in the ACT, guided by the standards and policies set by the National Board. In addition to five core members from the National Board, there are two representatives from each state and territory on this committee. Those members alternate attendance at meetings and assist in the decision-making on matters from their respective jurisdictions. This strategy helps to make sure decisions are both nationally consistent and locally relevant.

During the year, the Board continued its work with stakeholders in the ACT. We also draw on the skills and expertise of local pharmacists, who support the Board through their participation as examiners for the national pharmacy examination. In September 2014 the Board held its monthly meeting in Canberra and met with ACT stakeholders.

This year, after conducting wide-ranging consultation, the National Board revised its registration standards on professional indemnity insurance arrangements, continuing professional development and related guidelines, recency of practice, supervised practice arrangements, and examinations for eligibility for general registration. The revisions took into account feedback from stakeholders.

Data showing the work of the Board in the ACT are detailed in this report. More comprehensive information about the work of the National Board is included in the 2014/15 annual report of AHPRA and the National Boards.

**Adjunct Associate Professor Stephen Marty, Chair, Pharmacy Board of Australia**

## ACT, Tasmania and Victoria Regional Board of the Psychology Board of Australia: Chair’s message

The Regional Board of the Psychology Board of Australia serves communities in the ACT, Tasmania and Victoria.

The work of the Psychology Board of Australia is detailed in the annual report of AHPRA and the National Boards, which provides a national snapshot of the work the Board does to regulate the psychology profession in Australia.

The Regional Board is the local face of psychology regulation in our region. Our Board is made up of practitioner and community members from the ACT, Tasmania and Victoria. The decisions we make about psychologists in our region are guided by the national standards and policies set by the Psychology Board of Australia. Our Board is supported by AHPRA’s office in the ACT, Tasmania and Victoria.

The main focus of the Regional Board has continued to be on public safety, as we made decisions about individual psychologists. Most of our work considers what action we need to take to manage risk to the public as a result of a notification. Another priority is assessing complex applications for registration.

This year we worked with the National Board to support a smooth transition to the new overseas qualifications assessment framework. All regional psychology boards met with the National Board this year – this provided an opportunity to share and compare regional and rural resolutions with other jurisdictions. This complements our regular monthly teleconference meeting of all regional chairs with the National Board Chair, to discuss local problems and share solutions.

The Regional Board engaged with local stakeholders in a range of ways during the year, including holding stakeholder forums in Victoria, Tasmania and the ACT to meet local practitioners and community members, and discuss important issues for health practitioner regulation.

I would like to thank retiring Victorian member Associate Professor Kathryn Von Treuer (Deputy Chair) for her contribution to the Regional Board of the Psychology Board over recent years.

I hope you find this profile of our work interesting.

**Dr Cristian Torres, Chair, ACT, Tasmania and Victoria Regional Board of the Psychology Board of Australia**

**Professor Brin Grenyer, Chair, Psychology Board of Australia**

**Members of the ACT/Tas/Vic Regional Board in 2014/15**

Dr Cristian Torres (Chair)

Dr Simon Kinsella (Deputy Chair)

Associate Professor Kathryn Von Treuer (Deputy Chair)

Mr Robin Brown

Dr Melissa Casey

Ms Anne Horner

Associate Professor Terry Laidler

Dr Patricia Mehegan

Ms Maree Riley

## National Boards and committees making local decisions

The other nine National Boards in the National Scheme have taken a different approach to decision-making about local practitioners.

Keeping a close eye on the cost of regulation, along with the risk profile, complexity and size of their profession, many of these Boards established national committees to make decisions about local practitioners.

National Board members are appointed from each state and territory. National committees are appointed by the Boards on merit and include Board members in most cases. Additional members may be appointed to bring specific professional or jurisdictional expertise when this is needed. Oversight of these committees by the National Boards supports consistent and robust decision-making that keeps the public safe.

Using national committees is an important way to cut the cost of regulation for these professions, while maintaining the benefits of scale and public protection provided by the National Scheme. National Boards also work closely with our network of AHPRA state and territory managers, so they can monitor and respond to any state or territory specific issues for their professions.

National Boards engaged with local stakeholders in a range of ways during the year, including:

* holding stakeholder forums in states and territories to meet local practitioners and community members and discuss important issues for health practitioner regulation
* responding to invitations to address professional and employer organisations, education providers and other interested groups
* participating in joint, cross-board consultations about common registration standards, codes, guidelines and policies, and

sharing advice and feedback from the National Scheme Community Reference Group and Professions Reference Group.

For more information about the work of National Boards during the year, read the 2014/15 annual report of AHPRA and the National Boards.

**The National Board Chairs**

Mr Bruce Davis, Presiding Member, Aboriginal and Torres Strait Islander Health Practice Board of Australia
Professor Charlie Xue, Chair, Chinese Medicine Board of Australia
Dr Wayne Minter AM, Chair, Chiropractic Board of Australia
Mr Neil Hicks, Chair, Medical Radiation Practice Board of Australia
Ms Julie Brayshaw, Presiding Member, Occupational Therapy Board of Australia
Mr Colin Waldron, Chair, Optometry Board of Australia
Dr Nikole Grbin, Chair, Osteopathy Board of Australia
Mr Paul Shinkfield, Chair, Physiotherapy Board of Australia
Ms Catherine Loughry, Chair, Podiatry Board of Australia

# Part 2: The National Scheme at work in the ACT

## ACT data snapshot: registration and notifications

### Background

These data are drawn from the 2014/15 annual report of AHPRA and the National Boards. This summary looks at national data through an ACT lens, to tell more about our work in this territory to keep the public safe.

This ACT snapshot provides information about the number of practitioners in each profession in the ACT, including a breakdown by registration type, registration division (for professions with divisions), information about specialities (for dental, medical and podiatry practitioners), and endorsements or notations held. We also provide a gender breakdown of practitioners, by profession.

We provide national comparisons, to see how the ACT compares with the national average, and so that the relativity can be better seen. We provide two years of data so we can identify and track emerging trends over time.

We also include information about notifications in the ACT. These include details of notifications received and closed during the year, as well as those remaining open at the end of the reporting year. Details of mandatory reports received and immediate actions taken are included, as well as information on the rate of notifications and mandatory notification within the state.

We publish the source of notifications, as there are different patterns across states and territories. Again, we offer two years of data where possible, as well as a breakdown by profession. National data and comparisons against national data are included. In general, the national data include data about notifications in NSW, except when categories used differ between NSW and the other states and territories.

More comprehensive data are published in the [2014/15 annual report of AHPRA and the National Boards](http://www.ahpra.gov.au/annualreport/2015/), which also includes more comprehensive profession specific information. In addition, each National Board will be publishing a summary report with greater detail of its work in 2014/15 and profession-specific data.

### Registration in the ACT

Tables 1–6 provide details of registered practitioners in the ACT. At 30 June 2015 there were 10,978 registered practitioners in the ACT, representing 1.7% of the practitioners registered nationally. This proportion has not varied over the past three years. At a profession level, the ACT proportion of registrants nationally ranges from 2.7% of psychologists and midwives to 1% of Aboriginal and Torres Strait Islander health practitioners.

Details of registration applications received in 2014/15 are provided in Table 7. In 2014/15, 941 applications were received in the ACT, slightly less than the 969 received in 2013/14. This small reduction in applications was more than offset by the office managing a review of over 700 qualifications of registered specialist pathologists.

Table 1: Registered practitioners with ACT as the principal place of practice, by profession

| **Profession** | **ACT** | **National total5** | **% of national total** |
| --- | --- | --- | --- |
| Aboriginal and Torres Strait Islander Health Practitioner2 | 4 | **391** | 1.0% |
| Chinese Medicine Practitioner2 | 71 | **4,494** | 1.6% |
| Chiropractor | 65 | **4,998** | 1.3% |
| Dental Practitioner | 399 | **21,209** | 1.9% |
| Medical Practitioner | 1,977 | **103,133** | 1.9% |
| Medical Radiation Practitioner2 | 255 | **14,866** | 1.7% |
| Midwife | 101 | **3,682** | 2.7% |
| Nurse | 5,193 | **336,099** | 1.5% |
| Nurse and Midwife3 | 583 | **30,522** | 1.9% |
| Occupational Therapist2 | 296 | **17,200** | 1.7% |
| Optometrist | 73 | **4,915** | 1.5% |
| Osteopath | 36 | **2,000** | 1.8% |
| Pharmacist | 482 | **29,014** | 1.7% |
| Physiotherapist | 511 | **27,543** | 1.9% |
| Podiatrist | 58 | **4,386** | 1.3% |
| Psychologist | 874 | **32,766** | 2.7% |
| **Total 2014/15** | **10,978** | **637,218** | **1.7%** |
| **Total 2013/14** | **10,723** | **619,509** | **1.7%** |
| **Population as a proportion of national population4** | **387,600** | **23,625,600** | **1.6%** |

Notes:

1. Data are based on registered practitioners as at 30 June 2015.
2. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.
3. Practitioners who hold dual registration as both a nurse and a midwife.
4. Based on ABS Demographics Statistics as at 30 December 2014.
5. National total also includes registrants who have no specified principal place of practice.

Table 2: Registered practitioners with ACT as the principal place of practice, by profession

| **Profession/registration type** | **ACT** | **National total** | **% of national total** |
| --- | --- | --- | --- |
| **Aboriginal and Torres Strait Islander Health Practitioner** | **4** | **391** | **1.0%** |
| General | 4 | **390** | 1.0% |
| Non-practising |  | **1** | 0.0% |
| **Chinese Medicine Practitioner** | **71** | **4,494** | **1.6%** |
| General | 70 | **4,314** | 1.6% |
| General and Non-practising1 |  | **1** | 0.0% |
| Non-practising | 1 | **179** | 0.6% |
| **Chiropractor** | **65** | **4,998** | **1.3%** |
| General | 61 | **4,709** | 1.3% |
| Non-practising | 4 | **289** | 1.4% |
| **Dental Practitioner** | **399** | **21,209** | **1.9%** |
| General | 349 | **18,975** | 1.8% |
| General and Non-practising1 |  | **1** | 0.0% |
| General and Specialist | 40 | **1,614** | 2.5% |
| Limited | 1 | **83** | 1.2% |
| Non-practising | 8 | **510** | 1.6% |
| Specialist | 1 | **26** | 3.8% |
| **Medical Practitioner** | **1,977** | **103,133** | **1.9%** |
| General | 730 | **34,767** | 2.1% |
| General (Teaching and Assessing) | 1 | **40** | 2.5% |
| General (Teaching and Assessing) and Specialist |  | **2** | 0.0% |
| General and Specialist | 890 | **49,199** | 1.8% |
| Limited | 56 | **3,455** | 1.6% |
| Non-practising | 36 | **2,663** | 1.4% |
| Provisional | 112 | **4,697** | 2.4% |
| Specialist | 152 | **8,310** | 1.8% |
| **Medical Radiation Practitioner** | **255** | **14,866** | **1.7%** |
| General | 240 | **13,984** | 1.7% |
| Limited |  | **1** | 0.0% |
| Non-practising | 5 | **248** | 2.0% |
| Provisional | 10 | **633** | 1.6% |
| **Midwife** | **101** | **3,682** | **2.7%** |
| General | 101 | **3,616** | 2.8% |
| Non-practising |  | **66** | 0.0% |
| **Nurse** | **5,193** | **336,099** | **1.5%** |
| General | 5,122 | **331,232** | 1.5% |
| General and Non-practising1 | 1 | **20** | 5.0% |
| Non-practising | 70 | **4,847** | 1.4% |
| **Nurse and Midwife** | **583** | **30,522** | **1.9%** |
| General | 545 | **28,616** | 1.9% |
| General and Non-practising2 | 23 | **1,253** | 1.8% |
| Non-practising | 15 | **653** | 2.3% |
| **Occupational Therapist** | **296** | **17,200** | **1.7%** |
| General | 286 | **16,500** | 1.7% |
| Limited | 7 | **89** | 7.9% |
| Non-practising | 2 | **570** | 0.4% |
| Provisional | 1 | **41** | 2.4% |
| **Optometrist** | **73** | **4,915** | **1.5%** |
| General | 71 | **4,758** | 1.5% |
| Limited |  | **2** | 0.0% |
| Non-practising | 2 | **155** | 1.3% |
| **Osteopath** | **36** | **2,000** | **1.8%** |
| General | 35 | **1,917** | 1.8% |
| Non-practising |  | **66** | 0.0% |
| Provisional3 | 1 | **17** | 5.9% |
| **Pharmacist** | **482** | **29,014** | **1.7%** |
| General | 442 | **26,179** | 1.7% |
| Limited |  | **14** | 0.0% |
| Non-practising | 14 | **1,006** | 1.4% |
| Provisional | 26 | **1,815** | 1.4% |
| **Physiotherapist** | **511** | **27,543** | **1.9%** |
| General | 501 | **26,442** | 1.9% |
| Limited | 1 | **276** | 0.4% |
| Non-practising | 9 | **825** | 1.1% |
| **Podiatrist** | **58** | **4,386** | **1.3%** |
| General | 57 | **4,260** | 1.3% |
| General and Specialist | 1 | **30** | 3.3% |
| Non-practising |  | **96** | 0.0% |
| **Psychologist** | **874** | **32,766** | **2.7%** |
| General | 726 | **26,843** | 2.7% |
| Non-practising | 39 | **1,571** | 2.5% |
| Provisional | 109 | **4,352** | 2.5% |
| **Total** | **10,978** | **637,218** | **1.7%** |

Notes:

1. Practitioners holding general registration in one division and non-practising registration in another division.
2. Practitioners holding general registration in one profession and non-practising registration in the other profession.
3. The Osteopathy Board introduced a category of provisional registration in 2013/14.

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

| **Profession/endorsement or notation** | **ACT** | **National total** | **% of national total** |
| --- | --- | --- | --- |
| **Chiropractor** |  | **33** | **0.0%** |
| Acupuncture |   | **33** | 0.0% |
| **Dental Practitioner** | **4** | **91** | **4.4%** |
| Area of Practice | 4 | **91** | 4.4% |
| **Medical Practitioner** | **4** | **486** | **0.8%** |
| Acupuncture | 4 | **486** | 0.8% |
| **Midwife1** | **5** | **487** | **1.0%** |
| Eligible Midwife2 | 3 | **304** | 1.0% |
| Midwife Practitioner |   | **1** | 0.0% |
| Scheduled Medicines | 2 | **182** | 1.1% |
| **Nurse1** | **42** | **2,229** | **1.9%** |
| Area of Practice |   | **1** | 0.0% |
| Nurse Practitioner | 37 | **1,247** | 3.0% |
| Scheduled Medicines | 5 | **981** | 0.5% |
| **Optometrist** | **26** | **2,000** | **1.3%** |
| Scheduled Medicines | 26 | **2,000** | 1.3% |
| **Osteopath** |  | **2** | **0.0%** |
| Acupuncture |   | **2** | 0.0% |
| **Physiotherapist** |  | **8** | **0.0%** |
| Acupuncture |   | **8** | 0.0% |
| **Podiatrist** | **1** | **68** | **1.5%** |
| Scheduled Medicines | 1 | **68** | 1.5% |
| **Psychologist** | **262** | **10,643** | **2.5%** |
| Area of Practice | 262 | **10,643** | 2.5% |
| **Total** | **344** | **16,047** | **2.1%** |

Notes:

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

Table 4: Registered practitioners with ACT as the principal place of practice, by profession and gender

| **Profession/gender** | **ACT** | **National total** | **% of national total** |
| --- | --- | --- | --- |
| **Aboriginal and Torres Strait Islander Health Practitioner1** | **4** | **391** | **1.0%** |
| Female | 2 | 295 | 0.7% |
| Male | 2 | 96 | 2.1% |
| **Chinese Medicine Practitioner1** | **71** | **4,494** | **1.6%** |
| Female | 38 | 2,415 | 1.6% |
| Male | 33 | 2,079 | 1.6% |
| **Chiropractor** | **65** | **4,998** | **1.3%** |
| Female | 32 | 1,877 | 1.7% |
| Male | 33 | 3,121 | 1.1% |
| **Dental Practitioner** | **399** | **21,209** | **1.9%** |
| Female | 219 | 10,331 | 2.1% |
| Male | 180 | 10,878 | 1.7% |
| **Medical Practitioner** | **1,977** | **103,133** | **1.9%** |
| Female | 888 | 42,189 | 2.1% |
| Male | 1,089 | 60,944 | 1.8% |
| **Medical Radiation Practitioner1**  | **255** | **14,866** | **1.7%** |
| Female | 165 | 10,064 | 1.6% |
| Male | 90 | 4,802 | 1.9% |
| **Midwife** | **101** | **3,682** | **2.7%** |
| Female | 100 | 3,666 | 2.7% |
| Male | 1 | 16 | 6.3% |
| **Nurse** | **5,193** | **336,099** | **1.5%** |
| Female | 4,574 | 297,792 | 1.5% |
| Male | 619 | 38,307 | 1.6% |
| **Nurse and Midwife** | **583** | **30,522** | **1.9%** |
| Female | 570 | 29,975 | 1.9% |
| Male | 13 | 547 | 2.4% |
| **Occupational Therapist1**  | **296** | **17,200** | **1.7%** |
| Female | 268 | 15,752 | 1.7% |
| Male | 28 | 1,448 | 1.9% |
| **Optometrist** | **73** | **4,915** | **1.5%** |
| Female | 39 | 2,491 | 1.6% |
| Male | 34 | 2,424 | 1.4% |
| **Osteopath** | **36** | **2,000** | **1.8%** |
| Female | 16 | 1,077 | 1.5% |
| Male | 20 | 923 | 2.2% |
| **Pharmacist** | **482** | **29,014** | **1.7%** |
| Female | 314 | 17,616 | 1.8% |
| Male | 168 | 11,398 | 1.5% |
| **Physiotherapist** | **511** | **27,543** | **1.9%** |
| Female | 356 | 18,911 | 1.9% |
| Male | 155 | 8,632 | 1.8% |
| **Podiatrist** | **58** | **4,386** | **1.3%** |
| Female | 30 | 2,677 | 1.1% |
| Male | 28 | 1,709 | 1.6% |
| **Psychologist** | **874** | **32,766** | **2.7%** |
| Female | 687 | 25,894 | 2.7% |
| Male | 187 | 6,872 | 2.7% |
| **Total**  | **10,978** | **637,218** | **1.7%** |

Notes:

1. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.

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

| **Profession/division** | **ACT** | **National total** | **% of national total** |
| --- | --- | --- | --- |
| **Chinese Medicine Practitioner** | **71** | **4,494** | **1.6%** |
| Acupuncturist | 27 | **1,688** | 1.6% |
| Acupuncturist and Chinese Herbal Dispenser1 |  | **2** | 0.0% |
| Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner1 | 8 | **631** | 1.3% |
| Acupuncturist and Chinese Herbal Medicine Practitioner1 | 36 | **2,068** | 1.7% |
| Chinese Herbal Dispenser |  | **41** | 0.0% |
| Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner1 |  | **14** | 0.0% |
| Chinese Herbal Medicine Practitioner |  | **50** | 0.0% |
| **Dental Practitioner** | **399** | **21,209** | **1.9%** |
| Dental Hygienist | 44 | **1,373** | 3.2% |
| Dental Hygienist and Dental Prosthetist1 |  | **3** | 0.0% |
| Dental Hygienist and Dental Prosthetist and Dental Therapist1 |  | **2** | 0.0% |
| Dental Hygienist and Dental Therapist1 | 9 | **483** | 1.9% |
| Dental Hygienist and Dentist1 |  | **2** | 0.0% |
| Dental Hygienist and Oral Health Therapist1 |  | **6** | 0.0% |
| Dental Prosthetist | 15 | **1,245** | 1.2% |
| Dental Prosthetist and Dental Therapist1 |  | **1** | 0.0% |
| Dental Prosthetist and Dentist1 |  | **1** | 0.0% |
| Dental Therapist | 18 | **1,063** | 1.7% |
| Dental Therapist and Oral Health Therapist1 |  | **2** | 0.0% |
| Dentist | 294 | **15,888** | 1.9% |
| Dentist and Oral Health Therapist1 |  | **1** | 0.0% |
| Oral Health Therapist | 19 | **1,139** | 1.7% |
| **Medical Radiation Practitioner** | **255** | **14,866** | **1.7%** |
| Diagnostic Radiographer | 173 | **11,496** | 1.5% |
| Diagnostic Radiographer and Nuclear Medicine Technologist1 |  | **15** | 0.0% |
| Diagnostic Radiographer and Radiation Therapist1 |  | **2** | 0.0% |
| Nuclear Medicine Technologist | 19 | **1,039** | 1.8% |
| Radiation Therapist | 63 | **2,314** | 2.7% |
| **Nurse** | **5,193** | **336,099** | **1.5%** |
| Enrolled Nurse (Division 2) | 694 | **61,880** | 1.1% |
| Enrolled Nurse (Division 2) and Registered Nurse (Division 1)1 | 56 | **5,585** | 1.0% |
| Registered Nurse (Division 1) | 4,443 | **268,634** | 1.7% |
| **Nurse and Midwife** | **583** | **30,522** | **1.9%** |
| Enrolled Nurse and Midwife1 | 4 | **62** | 6.5% |
| Enrolled Nurse and Registered Nurse and Midwife1 | 1 | **59** | 1.7% |
| Registered Nurse and Midwife1 | 578 | **30,401** | 1.9% |
| **Total** | **6,501** | **407,190** | **1.6%** |

Notes:

1. Practicioners who hold dual or multiple registration.

Table 6: Health practitioners with specialties at 30 June 2015

| **Profession**/**area of specialty practice** | **ACT** | **National total** | **% of national total** |
| --- | --- | --- | --- |
| **Dental Practitioner** | 41 | **1,693** | 2.4% |
| Dento-maxillofacial radiology |  | **10** | 0.0% |
| Endodontics | 8 | **159** | 5.0% |
| Forensic odontology | 2 | **27** | 7.4% |
| Oral and maxillofacial surgery | 4 | **202** | 2.0% |
| Oral medicine |  | **35** | 0.0% |
| Oral pathology |  | **24** | 0.0% |
| Oral surgery |  | **52** | 0.0% |
| Orthodontics | 13 | **600** | 2.2% |
| Paediatric dentistry | 2 | **119** | 1.7% |
| Periodontics | 7 | **221** | 3.2% |
| Prosthodontics | 5 | **212** | 2.4% |
| Public health dentistry (Community dentistry) |  | **16** | 0.0% |
| Special needs dentistry |  | **16** | 0.0% |
| **Medical Practitioner** | 1,155 | **62,490** | 1.8% |
| **Addiction medicine** | 3 | **167** | 1.8% |
| **Anaesthesia** | 74 | **4,627** | 1.6% |
| **Dermatology** | 6 | **507** | 1.2% |
| **Emergency medicine** | 35 | **1,687** | 2.1% |
| **General practice** | 410 | **23,993** | 1.7% |
| **Intensive care medicine** | 20 | **815** | 2.5% |
| Paediatric intensive care medicine |  | **2** | 0.0% |
| No subspecialty declared | 20 | **813** | 2.5% |
| **Medical administration** | 14 | **334** | 4.2% |
| **Obstetrics and gynaecology** | 30 | **1,871** | 1.6% |
| Gynaecological oncology |  | **43** | 0.0% |
| Maternal-fetal medicine |  | **40** | 0.0% |
| Obstetrics and gynaecological ultrasound |  | **77** | 0.0% |
| Reproductive endocrinology and infertility |  | **53** | 0.0% |
| Urogynaecology | 1 | **30** | 3.3% |
| No subspecialty declared | 29 | **1,628** | 1.8% |
| **Occupational and environmental medicine** | 14 | **302** | 4.6% |
| **Ophthalmology** | 14 | **967** | 1.4% |
| **Paediatrics and child health** | 36 | **2,442** | 1.5% |
| Paediatric intensive care medicine |  | **5** | 0.0% |
| Clinical genetics |  | **25** | 0.0% |
| Community child health | 1 | **43** | 2.3% |
| General paediatrics | 27 | **1,784** | 1.5% |
| Neonatal and perinatal medicine | 5 | **164** | 3.0% |
| Paediatric cardiology |  | **31** | 0.0% |
| Paediatric clinical pharmacology |  | **1** | 0.0% |
| Paediatric emergency medicine |  | **44** | 0.0% |
| Paediatric endocrinology |  | **26** | 0.0% |
| Paediatric gastroenterology and hepatology |  | **23** | 0.0% |
| Paediatric haematology |  | **10** | 0.0% |
| Paediatric immunology and allergy | 1 | **17** | 5.9% |
| Paediatric infectious diseases |  | **16** | 0.0% |
| Paediatric medical oncology |  | **25** | 0.0% |
| Paediatric nephrology |  | **8** | 0.0% |
| Paediatric neurology |  | **31** | 0.0% |
| Paediatric palliative medicine |  | **2** | 0.0% |
| Paediatric rehabilitation medicine |  | **6** | 0.0% |
| Paediatric respiratory and sleep medicine | 1 | **25** | 4.0% |
| Paediatric rheumatology |  | **12** | 0.0% |
| No subspecialty declared | 1 | **144** | 0.7% |
| **Pain medicine** | 3 | **260** | 1.2% |
| **Palliative medicine** | 6 | **297** | 2.0% |
| **Pathology** | 49 | **2,009** | 2.4% |
| Anatomical pathology (including cytopathology) | 18 | **872** | 2.1% |
| Chemical pathology | 2 | **90** | 2.2% |
| Forensic pathology |  | **48** | 0.0% |
| General pathology | 2 | **125** | 1.6% |
| Haematology | 12 | **487** | 2.5% |
| Immunology | 6 | **117** | 5.1% |
| Microbiology | 6 | **222** | 2.7% |
| No subspecialty declared | 3 | **48** | 6.3% |
| **Physician** | 180 | **9,423** | 1.9% |
| Cardiology | 21 | **1,251** | 1.7% |
| Clinical genetics |  | **71** | 0.0% |
| Clinical pharmacology |  | **53** | 0.0% |
| Endocrinology | 11 | **630** | 1.7% |
| Gastroenterology and hepatology | 22 | **802** | 2.7% |
| General medicine | 31 | **1,772** | 1.7% |
| Geriatric medicine | 8 | **609** | 1.3% |
| Haematology | 10 | **507** | 2.0% |
| Immunology and allergy | 7 | **154** | 4.5% |
| Infectious diseases | 8 | **389** | 2.1% |
| Medical oncology | 10 | **584** | 1.7% |
| Nephrology | 11 | **507** | 2.2% |
| Neurology | 9 | **546** | 1.6% |
| Nuclear medicine | 9 | **257** | 3.5% |
| Respiratory and sleep medicine | 9 | **631** | 1.4% |
| Rheumatology | 8 | **349** | 2.3% |
| No subspecialty declared | 6 | **311** | 1.9% |
| **Psychiatry** | 55 | **3,432** | 1.6% |
| **Public health medicine** | 28 | **432** | 6.5% |
| **Radiation oncology** | 12 | **366** | 3.3% |
| **Radiology** | 51 | **2,280** | 2.2% |
| Diagnostic radiology | 40 | **1,951** | 2.1% |
| Diagnostic ultrasound |  | **4** | 0.0% |
| Nuclear medicine | 6 | **187** | 3.2% |
| No subspecialty declared | 5 | **138** | 3.6% |
| **Rehabilitation medicine** | 6 | **473** | 1.3% |
| **Sexual health medicine** | 5 | **118** | 4.2% |
| **Sport and exercise medicine** | 10 | **119** | 8.4% |
| **Surgery** | 94 | **5,569** | 1.7% |
| Cardio-thoracic surgery | 6 | **205** | 2.9% |
| General surgery | 23 | **1,936** | 1.2% |
| Neurosurgery | 7 | **238** | 2.9% |
| Oral and maxillofacial surgery | 4 | **114** | 3.5% |
| Orthopaedic surgery | 27 | **1,342** | 2.0% |
| Otolaryngology - head and neck surgery | 9 | **486** | 1.9% |
| Paediatric surgery | 4 | **104** | 3.8% |
| Plastic surgery | 6 | **443** | 1.4% |
| Urology | 5 | **418** | 1.2% |
| Vascular surgery | 3 | **222** | 1.4% |
| No subspecialty declared |  | **61** | 0.0% |
| **Podiatrist** | 1 | **30** | 3.3% |
| Podiatric surgeon | 1 | **30** | 3.3% |
| **Total** | **1,197** | **64,213** | **1.9%** |

Notes:

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

Table 7: Health practitioners with specialties at 30 June 2015

| **Profession/registration type** | **ACT** | **National total** | **% of national total** |
| --- | --- | --- | --- |
| **Aboriginal and Torres Strait Islander Health Practitioner1** |  | **255** | **0.0%** |
| General |  | **253** | 0.0% |
| Non-practising |  | **2** | 0.0% |
| **Chinese Medicine Practitioner1** | **18** | **1,812** | **1.0%** |
| General | 18 | **1,673** | 1.1% |
| Non-practising |  | **139** | 0.0% |
| **Chiropractor** | **2** | **371** | **0.5%** |
| General | 2 | **304** | 0.7% |
| Limited |  | **5** | 0.0% |
| Non-practising |  | **62** | 0.0% |
| **Dental Practitioner** | **21** | **1,638** | **1.3%** |
| General | 16 | **1,378** | 1.2% |
| Limited |  | **32** | 0.0% |
| Non-practising | 4 | **142** | 2.8% |
| Specialist | 1 | **86** | 1.2% |
| **Medical Practitioner** | **314** | **15,861** | **2.0%** |
| General | 120 | **5,134** | 2.3% |
| Limited | 37 | **2,002** | 1.8% |
| Limited (Public Interest - Occasional Practice) |  | **1** | 0.0% |
| Non-practising | 5 | **480** | 1.0% |
| Provisional | 112 | **5,311** | 2.1% |
| Specialist | 40 | **2,933** | 1.4% |
| **Medical Radiation Practitioner1** | **30** | **1,808** | **1.7%** |
| General | 20 | **1,164** | 1.7% |
| Non-practising | 4 | **115** | 3.5% |
| Provisional | 6 | **529** | 1.1% |
| **Midwife** | **30** | **1,712** | **1.8%** |
| General | 21 | **1,411** | 1.5% |
| Non-practising | 9 | **301** | 3.0% |
| **Nurse** | **270** | **24,837** | **1.1%** |
| General | 245 | **23,274** | 1.1% |
| Non-practising | 25 | **1,563** | 1.6% |
| **Occupational Therapist1** | **37** | **2,078** | **1.8%** |
| General | 31 | **1,681** | 1.8% |
| Limited | 4 | **82** | 4.9% |
| Non-practising | 2 | **311** | 0.6% |
| Provisional |  | **4** | 0.0% |
| **Optometrist** | **7** | **305** | **2.3%** |
| General | 4 | **259** | 1.5% |
| Limited | 1 | **3** | 33.3% |
| Non-practising | 2 | **43** | 4.7% |
| **Osteopath** | **4** | **206** | **1.9%** |
| General | 4 | **173** | 2.3% |
| Limited |  | **1** | 0.0% |
| Non-practising |  | **18** | 0.0% |
| Provisional |  | **14** | 0.0% |
| **Pharmacist** | **60** | **3,340** | **1.8%** |
| General | 31 | **1,604** | 1.9% |
| Limited | 1 | **32** | 3.1% |
| Non-practising | 3 | **173** | 1.7% |
| Provisional | 25 | **1,531** | 1.6% |
| **Physiotherapist** | **40** | **2,540** | **1.6%** |
| General | 35 | **2,140** | 1.6% |
| Limited | 2 | **206** | 1.0% |
| Non-practising | 3 | **194** | 1.5% |
| **Podiatrist** | **4** | **431** | **0.9%** |
| General | 3 | **389** | 0.8% |
| Limited |  | **1** | 0.0% |
| Non-practising |  | **37** | 0.0% |
| Specialist | 1 | **4** | 25.0% |
| **Psychologist** | **104** | **4,323** | **2.4%** |
| General | 41 | **1,536** | 2.7% |
| Non-practising | 16 | **563** | 2.8% |
| Provisional | 47 | **2,224** | 2.1% |
| **Total 2014/15** | **941** | **61,517** | **1.5%** |
| **Total 2013/14** | **969** | **58,789** | **1.6%** |

Notes:

1. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012. AHPRA opened applications for these professions in March 2012. States and territories where registers of practitioners existed migrated to AHPRA in July 2012, while states or territories with no registers accepted applications for registration.

### Notifications in the ACT

Notifications within the ACT are detailed in Tables 8–20. In 2014/15, 194 notifications were lodged in the ACT, down from the 267 lodged the previous year. Most other states and territories also experienced a decrease in the number of notifications received in 2014/15. The decrease in incoming notifications, together with a concentrated effort within the ACT to progress notifications, has led to a reduction of almost 50% of open notifications over the year (121 open at the end of 2014/15 compared with 214 for 2013/14). The ACT office is also engaging in an ongoing trial of the triage of medical notifications in an attempt to maintain this reduction in open notifications.

Conversely, and against the trend in most other states and territories, mandatory notifications received in the ACT increased from 11 in 2013/14 to 20 in 2014/15; this level is more consistent with the numbers received in the two years prior to 2013/14 (20 in 2012/13, 24 in 2011/12) and it would suggest that the decrease in 2013/14 was an exception.

A large proportion of notifications (83) were about clinical care (see Table 11), which is consistent with the national pattern. Notifications received came largely from the health complaints entity (HCE) (59) or directly from patients (51) (Table 12).

In 2014/15 there were 27 cases where immediate action was initiated against practitioners in the ACT (Table 13). In seven of these cases the registration of the practitioner was suspended, eight cases resulted in conditions imposed on registration and in a further three cases the Board accepted an undertaking given by the practitioner. In nine cases the Board determined that no further action was required.

There are no notifications open in the ACT that had been received before the National Law took effect in 2010 (Table 14).

Tables 15–19 detail the outcomes of key stages in the notifications process during 2014/15; note the national data in these tables do not include data for NSW. The vast majority of the 208 enquiries received in 2014/15 were considered to meet the criteria for a notification (194) and assessment commenced (see Table 15). On completion of assessment of cases in 2014/15, 127 cases were closed and 86 cases were taken to a further stage (Table 16). In 2014/15, 13 cases were closed following a panel hearing and 14 following a tribunal hearing (see Tables 18 and 19).

Table 20 details cases closed in 2014/15 in each profession by stage at closure. Of the 14 cases closed following a tribunal hearing, 12 cases related to medical practitioners.

Registrants under active monitoring at the end of the reporting year are detailed in Tables 21 and 22. The ACT accounted for 3.1% (155 registrants) of the registrants nationally under active monitoring; the majority of these registrants are medical practitioners (30) or nurses (57).

Table 23 provides an overview of cases where a criminal history check resulted in, or contributed to the imposition of conditions by a Board or undertakings given by a practitioner. There were three cases in ACT in 2014/15.

Table 8: Notifications received or closed in 2014/15 or remaining open at 30 June 2015, by profession

| **Notifications** | **All received** | **Mandatory received** | Closed | Open at 30 June |
| --- | --- | --- | --- | --- |
| **Profession** | **ACT** | **National total** | **% of national total** | **ACT** | **National total** | **% of national total** | **ACT** | **National total** | **% of national total** | **ACT** | **National total** | **% of national total** |
| **Aboriginal and Torres Strait Islander Health Practitioner5** |  | **7** | 0.0% |  | 2 | 0.0% |  | **5** | 0.0% |  | **5** | 0.0% |
| **Chinese Medicine Practitioner5** |  | **22** | 0.0% |  | **1** | 0.0% | 3 | **27** | 11.1% |  | **15** | 0.0% |
| **Chiropractor** | 3 | **75** | 4.0% |  | **4** | 0.0% | 3 | **98** | 3.1% | 1 | **76** | 1.3% |
| **Dental Practitioner** | 27 | **766** | 3.5% |  | **22** | 0.0% | 34 | **849** | 4.0% | 16 | **381** | 4.2% |
| **Medical Practitioner** | 92 | **4,541** | 2.0% | 8 | **212** | 3.8% | 141 | **4,885** | 2.9% | 61 | **2,212** | 2.8% |
| **Medical Radiation Practitioner5** | 2 | **31** | 6.5% |  | **6** | 0.0% | 3 | **31** | 9.7% |  | **17** | 0.0% |
| **Midwife** | 3 | **74** | 4.1% |  | **20** | 0.0% | 6 | **92** | 6.5% | 4 | **57** | 7.0% |
| **Nurse**  | 31 | **1,733** | 1.8% | 8 | **472** | 1.7% | 42 | **1,755** | 2.4% | 21 | **1,053** | 2.0% |
| **Occupational Therapist5** | 1 | **49** | 2.0% |  | **4** | 0.0% | 1 | **48** | 2.1% |  | **19** | 0.0% |
| **Optometrist** |  | **55** | 0.0% |  | **1** | 0.0% | 1 | **53** | 1.9% |  | **20** | 0.0% |
| **Osteopath** | 1 | **13** | 7.7% |  | **1** | 0.0% | 1 | **13** | 7.7% |  | **12** | 0.0% |
| **Pharmacist** | 19 | **490** | 3.9% | 4 | **38** | 10.5% | 11 | **528** | 2.1% | 12 | **311** | 3.9% |
| **Physiotherapist** | 1 | **97** | 1.0% |  | **6** | 0.0% | 1 | **115** | 0.9% |  | **57** | 0.0% |
| **Podiatrist** |  | **37** | 0.0% |  | **2** | 0.0% |  | **44** | 0.0% |  | **21** | 0.0% |
| **Psychologist** | 14 | **432** | 3.2% |  | **42** | 0.0% | 20 | **458** | 4.4% | 6 | **273** | 2.2% |
| **Not identified2** |  | **4** | 0.0% |  |  |  |  | **2** | 0.0% |  | **2** | 0.0% |
| **Total 2014/15**  | **194** | **8,426** | **2.3%** | **20** | **833** | **2.4%** | **267** | **9,003** | **3.0%** | **121** | **4,531** | **2.7%** |
| **Total 2013/143,4** | **267** | **10,047** | **2.7%** | **11** | **1,145** | **1.0%** | **225** | **9,803** | **2.3%** | **214** | **5,237** | **4.1%** |

Notes:

1. Based on state and territory where the notification is handled for registrants who do not reside in Australia.

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

3. Data include some cases where early enquiries were received in 2012/13 but information to support a formal notification was only received in 2013/14.

4. The process for recording of notifications received from HCEs and jointly considered with AHPRA has been modified this reporting year to ensure consistency of reporting across all jurisdictions.

5. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.

Table 9: Percent of registrant base with notifications received in 2014/15, by profession

| **Profession**  |  **ACT**  | **National total** |
| --- | --- | --- |
| Aboriginal and Torres Strait Islander Health Practitioner4 | 0.0% | **1.8%** |
| Chinese Medicine Practitioner4 | 0.0% | **0.5%** |
| Chiropractor | 4.6% | **1.5%** |
| Dental Practitioner | 6.8% | **3.6%** |
| Medical Practitioner | 4.7% | **4.4%** |
| Medical Radiation Practitioner4 | 0.8% | **0.2%** |
| Midwife2 | 0.4% | **0.2%** |
| Nurse3 | 0.5% | **0.5%** |
| Occupational Therapist4 | 0.3% | **0.3%** |
| Optometrist | 0.0% | **1.1%** |
| Osteopath | 2.8% | **0.7%** |
| Pharmacist | 3.9% | **1.7%** |
| Physiotherapist | 0.2% | **0.4%** |
| Podiatrist | 0.0% | **0.8%** |
| Psychologist | 1.6% | **1.3%** |
| **Total 2014/15**  | **1.8%** | **1.3%** |
| **Total 2013/14**  | **2.2%** | **1.4%** |

Notes:

1. Percentages for each state and profession are based on registrants whose profession has been identified and whose principal place of practice is an Australian state or territory. Notifications where the profession of the registrant has not been identified and registrants whose principal place of practice is not in Australia are only represented in the state and profession totals above.
2. The registrant base used for midwives includes registrants with midwifery or with nursing and midwifery registration.
3. The registrant base for nurses includes registrants with nursing registration or with nursing and midwifery registration.
4. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.

Table 10: Registrants involved in mandatory notifications, by jurisdiction

| **Year** | **2014/15** | **2013/14** |
| --- | --- | --- |
| State | **No. practitioners1** | **Rate / 10,000 practitioners2** | **No. practitioners1** | **Rate / 10,000 practitioners2** |
| ACT | 19 | 17.31 | 19 | 17.31 |
| Total Australia | **789** | **12.38** | **491** | **7.71** |

Notes:

1. Figures present the number of practitioners involved in the mandatory reports received.
2. Practitioners with no principal place of practice are not represented in the calculation of a rate for each state, but are included in the calculation of the total Australia rate.

Table 11: Issues in notifications received in 2014/15

| **Issue**  | **ACT** | **National total** | **% of national total** |
| --- | --- | --- | --- |
| Behaviour  | 4 | **312** | 1.3% |
| Billing | 1 | **191** | 0.5% |
| Boundary violation  | 4 | **335** | 1.2% |
| Clinical care | 83 | **3,442** | 2.4% |
| Communication | 14 | **669** | 2.1% |
| Confidentiality  | 5 | **210** | 2.4% |
| Conflict of interest |  | **19** | 0.0% |
| Discrimination | 4 | **34** | 11.8% |
| Documentation  | 11 | **445** | 2.5% |
| Health impairment  | 22 | **848** | 2.6% |
| Infection/hygiene |  | **86** | 0.0% |
| Informed consent | 3 | **107** | 2.8% |
| Medico-legal conduct |  | **51** | 0.0% |
| National Law breach | 2 | **241** | 0.8% |
| National Law offence |  | **94** | 0.0% |
| Offence | 6 | **263** | 2.3% |
| Offence by student |  | **1** | 0.0% |
| Other  | 7 | **172** | 4.1% |
| Pharmacy/medication | 25 | **826** | 3.0% |
| Professional conduct |  | **3** | 0.0% |
| Research/teaching/assessment |  | **7** | 0.0% |
| Response to adverse event | 1 | **22** | 4.5% |
| Teamwork/supervision  |  | **29** | 0.0% |
| Not recorded | 2 | **19** | 10.5% |
| **Total** | **194** | **8,426** | **2.3%** |

Table 12: Source of notifications received in 2014/15

| **Source** | **ACT** | **National total (excluding NSW)1** | **% of national total (excluding NSW)** |
| --- | --- | --- | --- |
| Anonymous | 5 | **106** | 4.7% |
| Drugs and poisons |  | **27** | 0.0% |
| Education provider | 2 | **22** | 9.1% |
| Employer | 16 | **543** | 2.9% |
| Government department |  | **92** | 0.0% |
| HCE | 59 | **688** | 8.6% |
| Health advisory service |  | **10** | 0.0% |
| Hospital | 2 | **25** | 8.0% |
| Insurance company |  | **9** | 0.0% |
| Lawyer |  | **34** | 0.0% |
| Medicare |  | **1** | 0.0% |
| Member of Parliament |  | **1** | 0.0% |
| Member of the public | 10 | **323** | 3.1% |
| Ombudsman |  | **41** | 0.0% |
| Other board | 1 | **45** | 2.2% |
| Other practitioner | 19 | **583** | 3.3% |
| Own motion | 15 | **222** | 6.8% |
| Patient | 51 | **1,408** | 3.6% |
| Police |  | **52** | 0.0% |
| Relative | 5 | **361** | 1.4% |
| Self | 3 | **114** | 2.6% |
| Treating practitioner | 1 | **80** | 1.3% |
| Unclassified | 5 | **97** | 5.2% |
| **Total** | **194** | **4,884** | **4.0%** |

Notes:

1. The national total excludes NSW data as the categorisation of 'source' differs between NSW and other states and territories.

Table 13: Immediate action cases about notifications received in 2014/15

| **Outcomes**  | **ACT** | **National total** | **% of national total** |
| --- | --- | --- | --- |
|  Not take immediate action | 9 | **85** | 10.6% |
|  Accept undertaking | 3 | **77** | 3.9% |
|  Impose conditions | 8 | **285** | 2.8% |
|  Accept surrender of registration |  | **3** | 0.0% |
|  Suspend registration | 7 | **106** | 6.6% |
| Decision pending |  | **22** | 0.0% |
| **Total** | **27** | **578** | **4.7%** |

Table 14: Notifications under previous legislation open at 30 June 2015, by profession

| **Profession** |  **ACT**  |  **National total**  |  **% of national total**  |
| --- | --- | --- | --- |
| Aboriginal and Torres Strait Islander Health Practitioner |  |  |  |
| Chinese Medicine Practitioner |  |  |  |
| Chiropractor |  | **2** | 0.0% |
| Dental Practitioner |  | **3** | 0.0% |
| Medical Practitioner |  | **26** | 0.0% |
| Medical Radiation Practitioner |  |  |  |
| Midwife |  |  |  |
| Nurse |  | **4** | 0.0% |
| Occupational Therapist |  |  |  |
| Optometrist |  |  |  |
| Osteopath |  | **1** | 0.0% |
| Pharmacist |  | **6** | 0.0% |
| Physiotherapist |  |  |  |
| Podiatrist |  |  |  |
| Psychologist |  | **6** | 0.0% |
| Not identified |  |  |  |
| **Total 2014/15** | **0** | **48** | **0.0%** |
| **Total 2013/141** | **0** | **91** | **0.0%** |

Notes:

1. Since the 2012/13 Annual Report a number of cases have been identified that were previously reported as National Law cases and should have been reported as prior law cases. They have been included in the 2013/14 data.

Table 15: Outcome of enquiries received in 2014/15 (excluding NSW)

| **Outcomes** | **ACT** |  **National total (excluding NSW)** |  **% of national total**  |
| --- | --- | --- | --- |
| Moved to notification | 194 | **4,884** | 4.0% |
| Closed at lodgement | 14 | **1,097** | 1.3% |
| **Total** | **208** | **5,981** | **3.5%** |

Table 16: Outcome of assessments finalised in 2014/15 (excluding NSW)

| **Outcome of decisions to take the notification further** | **ACT** |  **National total (excluding NSW)** |  **% of national total**  |
| --- | --- | --- | --- |
| Health or performance assessment | 11 | **233** | 4.7% |
| Investigation | 72 | **1,668** | 4.3% |
| Panel hearing |  | **13** | 0.0% |
| Tribunal hearing | 3 | **9** | 33.3% |
|  **Total** | **86** | **1,923** | **4.5%** |
| **Outcome of notifications closed following assessment** |  |  |  |
|  No further action | 109 | **2,136** | 5.1% |
|  HCE to retain |  | **435** | 0.0% |
|  Refer all or part of the notification to another body |  | **10** | 0.0% |
|  Caution | 13 | **322** | 4.0% |
|  Accept undertaking | 1 | **59** | 1.7% |
|  Impose conditions | 4 | **104** | 3.8% |
|  Practitioner surrenders registration |  | **3** | 0.0% |
| **Total** | **127** | **3,069** | **4.1%** |

Table 17: Outcome of investigations finalised in 2014/15 (excluding NSW)

| **Outcome of decisions to take the notification further** | **ACT** |  **National total (excluding NSW)** |  **% of national total**  |
| --- | --- | --- | --- |
| Assessment |  | **2** | 0.0% |
| Health or performance assessment | 17 | **145** | 11.7% |
| Panel hearing | 7 | **166** | 4.2% |
| Tribunal hearing | 10 | **114** | 8.8% |
| **Total** | **34** | **427** | **8.0%** |
| **Outcome of notifications closed following investigation** |  |  |  |
|  No further action | 69 | **1,052** | 6.6% |
|  Refer all or part of the notification to another body |  | **11** | 0.0% |
|  Caution | 12 | **391** | 3.1% |
|  Accept undertaking | 1 | **126** | 0.8% |
|  Impose conditions | 16 | **192** | 8.3% |
|  Practitioner surrenders registration |  |  |  |
| **Total** | **98** | **1,772** | **5.5%** |

Table 18: Outcome of panel hearings finalised in 2014/15 (excluding NSW)

| **Outcomes** | **ACT** |  **National total (excluding NSW)** |  **% of national total**  |
| --- | --- | --- | --- |
| No further action | 1 | **63** | 1.6% |
| Refer all of the notification to another body |  | **1** | 0.0% |
| Caution | 6 | **57** | 10.5% |
| Reprimand |  | **13** | 0.0% |
| Impose conditions | 6 | **130** | 4.6% |
| Practitioner surrenders registration |  | **1** | 0.0% |
| Suspend registration |  | **4** | 0.0% |
| **Total** | **13** | **269** | **4.8%** |

Table 19: Outcome of tribunal hearings finalised in 2014/15 (excluding NSW)

| **Outcomes** | **ACT** |  **National total (excluding NSW)** |  **% of national total**  |
| --- | --- | --- | --- |
| No further action | 1 | **13** | 7.7% |
| Caution | 1 | **3** | 33.3% |
| Reprimand |  | **14** | 0.0% |
| Fine registrant |  | **10** | 0.0% |
| Accept undertaking |  | **4** | 0.0% |
| Impose conditions | 12 | **45** | 26.7% |
| Practitioner surrenders registration |  | **5** | 0.0% |
| Suspend registration |  | **31** | 0.0% |
| Cancel registration |  | **24** | 0.0% |
| Tribunal order |  | **30** | 0.0% |
| No permitted to reapply for registration for a period of 12 months |  |  |  |
| Permanently prohibited from undertaking services relating to midwifery |  |  |  |
| **Total** | **14** | **179** | **7.8%** |

Table 20: Notifications closed in 2014/15, by profession and stage at closure in the ACT

| **Profession** | **Assessment** | **Investigation** | **Health or performance assessment** | **Panel hearing** | **Tribunal hearing** | **Total 2014/15** |
| --- | --- | --- | --- | --- | --- | --- |
| Aboriginal and Torres Strait Islander Health Practitioner  |  |  |  |  |  | 0 |
| Chinese Medicine Practitioner  |  | 1 |  | 2 |  | 3 |
| Chiropractor | 1 | 2 |  |  |  | 3 |
| Dental Practitioner | 20 | 12 | 1 | 1 |  | 34 |
| Medical Practitioner | 69 | 49 | 5 | 6 | 12 | 141 |
| Medical Radiation Practitioner  | 2 | 1 |  |  |  | 3 |
| Midwife |  | 5 | 1 |  |  | 6 |
| Nurse | 17 | 14 | 8 | 3 |  | 42 |
| Occupational Therapist  | 1 |  |  |  |  | 1 |
| Optometrist |  | 1 |  |  |  | 1 |
| Osteopath | 1 |  |  |  |  | 1 |
| Pharmacist | 7 | 3 |  | 1 |  | 11 |
| Physiotherapist |  | 1 |  |  |  | 1 |
| Podiatrist |  |  |  |  |  | 0 |
| Psychologist | 9 | 9 |  |  | 2 | 20 |
| Not identified1 |  |  |  |  |  | 0 |
| **Total 2014/15** | **127** | **98** | **15** | **13** | **14** | **267** |

Notes:

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

Table 21: Active monitoring cases at 30 June 2015, by profession (excluding NSW)

| **Profession** | **ACT** |  **National total (excluding NSW)** |  **% of national total**  |
| --- | --- | --- | --- |
| Aboriginal and Torres Strait Islander Health Practitioner |  | **6** | 0.0% |
| Chinese Medicine Practitioner | 23 | **882** | 2.6% |
| Chiropractor | 1 | **60** | 1.7% |
| Dental Practitioner | 8 | **165** | 4.8% |
| Medical Practitioner | 30 | **1,697** | 1.8% |
| Medical Radiation Practitioner | 9 | **533** | 1.7% |
| Midwife | 6 | **108** | 5.6% |
| Nurse | 57 | **1,013** | 5.6% |
| Occupational Therapist |  | **71** | 0.0% |
| Optometrist |  | **15** | 0.0% |
| Osteopath |  | **15** | 0.0% |
| Pharmacist | 5 | **187** | 2.7% |
| Physiotherapist | 3 | **75** | 4.0% |
| Podiatrist |  | **14** | 0.0% |
| Psychologist | 13 | **150** | 8.7% |
| **Total** | **155** | **4,991** | **3.1%** |

Table 22: Active monitoring cases at 30 June 2015 in ACT and nationally, by stream

| **Jurisdiction3** | **Conduct2** | **Health2** | **Performance2** | **Suitability / eligibility1** | **Total 2014/15** |
| --- | --- | --- | --- | --- | --- |
| ACT | 7 | 44 | 29 | 75 | **155** |
| National 2014/15 | **775** | **1,153** | **691** | **3,083** | **5,702** |
| % of national total | **0.9%** | **3.8%** | **4.2%** | **2.4%** | **2.7%** |

Notes:

1. AHPRA performs monitoring of compliance cases in 'suitability/eligibility' matters for NSW registrations.
2. Includes cases to be transitioned from AHPRA to HPCA for Conduct, Health and Performance streams.
3. Principal place of practice

Table 23: Domestic and international criminal history checks in ACT and nationally, by profession, and cases where a criminal history check resulted in, or contributed to, imposition of conditions or undertakings

| **State/territory 1** | **ACT** | **National 2014/15** |
| --- | --- | --- |
| **Profession** | *Number of CHCs2* | *Number of DCOs3* | *CHCs resulted in conditions/ undertakings* | *% of total national CHCs resulted in conditions/ undertakings* | *Number of CHCs2* | *Number of DCOs3* | *% of DCOs resulting from CHCs* | *CHCs resulted in conditions/ undertakings* |
| Aboriginal and Torres Strait Islander Health Practitioner | 0 | 0 | 0 | 0.00% | 266 | 111 | 41.73% | 1 |
| Chinese Medicine Practitioner | 17 | 0 | 0 | 0.00% | 1,187 | 78 | 6.57% | 1 |
| Chiropractor | 8 | 2 | 1 | 50.00% | 664 | 62 | 9.34% | 2 |
| Dental Practitioner | 21 | 2 | 0 | 0.00% | 1,764 | 106 | 6.01% | 4 |
| Medical Practitioner | 153 | 12 | 0 | 0.00% | 9,298 | 320 | 3.44% | 6 |
| Medical Radiation Practitioner | 24 | 2 | 0 | 0.00% | 1,989 | 102 | 5.13% | 0 |
| Midwife | 28 | 2 | 0 | 0.00% | 1,422 | 55 | 3.87% | 0 |
| Nurse | 279 | 22 | 2 | 9.52% | 24,328 | 1,738 | 7.14% | 21 |
| Occupational Therapist | 29 | 2 | 0 | 0.00% | 1,626 | 60 | 3.69% | 0 |
| Optometrist | 8 | 1 | 0 | 0.00% | 618 | 32 | 5.18% | 1 |
| Osteopath | 6 | 0 | 0 | 0.00% | 266 | 21 | 7.89% | 0 |
| Pharmacist | 30 | 1 | 0 | 0.00% | 2,264 | 105 | 4.64% | 0 |
| Physiotherapist | 53 | 3 | 0 | 0.00% | 2,645 | 96 | 3.63% | 0 |
| Podiatrist | 5 | 1 | 0 | 0.00% | 738 | 55 | 7.45% | 0 |
| Psychologist | 62 | 8 | 0 | 0.00% | 2,872 | 159 | 5.54% | 1 |
| **Total 2014/15** | **723** | **58** | **3** | **8.11%** | **51,947** | **3,100** | **5.97%** | **37** |
| **Total 2013/144** | **910** | **48** | **0** | **0.00%** | **61,000** | **3,597** | **6%** | **76** |

Notes:

1. State or territory refers to the state/territory location of the preferred address as advised by the applicant/registrant. The team state is used if this information is not available.
2. Criminal history checks. Refers to both domestic and international criminal history checks submitted.
3. Disclosable court outcomes.
4. 2013/14 figures refer only to domestic criminal history checks. International criminal history checks started in 2014/15.

### Keeping the public safe: monitoring

Health practitioners and students may have restrictions placed on their registration for a range of reasons including as a result of a notification, the assessment of an application for registration or a renewal of registration, or after an appeal lodged with a tribunal. 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 allow the practice of a health profession to occur only under the supervision of another health practitioner (usually registered in the same profession).

**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 practice, 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.

CONTACT/COPIES

Mail

Publications Manager
AHPRA National Office
GPO Box 9958
Melbourne VIC 3000

Phone: 1300 419 495

Email: Via the online enquiry form at the [AHPRA website](http://www.ahpra.gov.au):

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