

Annual Report Summary

2014/15

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

Local decisions – National Scheme

Regulating health
practitioners in the
Northern Territory



Australian Health Practitioner Regulation Agency

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

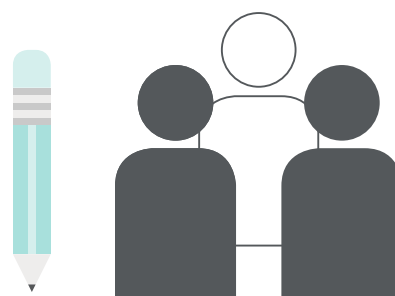
Occupational therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Regulating health practitioners in the NT

This annual report summary offers a snapshot of our work regulating 6,696 health practitioners in the Northern Territory (NT). This short report complements the more detailed, national profile included in the AHPRA and National Boards' 2014/15 annual report.

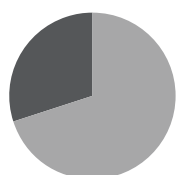


NT practitioners account for **1.1%** of Australia's registered health workforce



On 30 June 2015 there were **4,275** nurses and midwives, **1,101** medical practitioners, **226** psychologists, **210** pharmacists and **147** dental practitioners in the NT

There are now
6,696
registered health practitioners
in the NT, compared with 6,650
in 2014



76% of registered health practitioners in the NT are women

There are **six** dental and **528** medical specialists in the NT



There are **215** Aboriginal and Torres Strait Islander health practitioners in the NT, which is **55%** of all of these practitioners nationally

635 registration applications were received by AHPRA on behalf of National Boards in the NT, including applications to change registration types

We received **178** notifications about health practitioners in the NT during the year, including **four** mandatory notifications



2.7% of health practitioners in the NT are subject to a notification



NT boards and committees took 'immediate action' five times, leading to a restriction on registration in four (80%) of cases

AHPRA is monitoring conditions on registration or undertakings from **74** NT practitioners

There were **two** tribunal decisions handed down during the year, which led to disciplinary action

62% (111) notifications were about clinical care, **4%** (8) about behaviour and **10%** (17) were concerns about health impairment

There has been a
17.5%
decrease in notifications in the NT, compared with a 16% national decrease since 2013/14

There were **two** notifications finalised by panels, with **one** (50%) resulting in restrictions on registration

39% (69) of notifications were referred by the Health and Community Services Complaints Commission (HCSCC), **16%** (30) were received directly from patients, **16%** (29) from other practitioners and **8%** (14) from employers

Notifications about practitioners in the dental, medical, nursing and midwifery, pharmacy and psychology professions account for **95%** of notifications in the NT

About the National Scheme

Who

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

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

The 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 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 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 July 2011 to 637,218 on 30 June 2015 (including four new professions entering 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 most important purpose of regulation. Other objectives and guiding principles of the National Scheme are set down in the National Law.

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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 (National Scheme). 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 6,696 of those with a principal place of practice in the Northern Territory (NT).

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 Law is designed to protect patients and be fair to practitioners, while facilitating access to health services. In our regulatory work in the NT and nationally, we are committed to striking this carefully managed balance.

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

The NT 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 NT 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, The Hon. Johan Elferink, 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 within the AHPRA NT 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 NT.



A handwritten signature in black ink, appearing to read 'Martin Fletcher'.

Mr Martin Fletcher
Chief Executive Officer



A handwritten signature in black ink, appearing to read 'Michael Gorton'.

Mr Michael Gorton AM
Chair, Agency
Management
Committee

Foreword from AHPRA NT Manager, Jill Huck

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

Highlights for 2014/15:

- ▶ Regulating NT's 6,700 registered health practitioners, in partnership with National Boards.
- ▶ Received 635 applications for registration, which is 1.03% of applications received nationally.
- ▶ Managed all applications nationally for Aboriginal and Torres Strait Islander health practitioner registration.
- ▶ Implementing NT Board of the Medical Board of Australia's Notifications Action Plan.
- ▶ 17.5% decrease in notifications received.

Local decisions, national framework

The NT AHPRA office, working as part of the national AHPRA operational network, received 1.03% of all applications for registration that were received nationally.

While the clear objective of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), is to establish the National Scheme for the regulation of health practitioners and students, the National Law also includes many provisions which ensure that there is continued local input into decision-making.¹

Mechanisms to ensure local input include legislative requirements for the composition of the National Boards for each of the 14 health professions, with the higher-volume boards required to have practitioner members from all jurisdictions, and the lower-volume boards required to have practitioner members from at least six jurisdictions.

The National Law also provides National Boards with the power to establish state, territory and regional boards, and for the relevant state or territory minister to appoint the members of these boards. The National Law also requires that there be a high level of consultation between the National Boards and the relevant state or territory health complaints entity, and that state and territory tribunals deal with referrals and hear appeals made under the scheme. The Intergovernmental Agreement to establish the National Scheme also included a commitment to have an AHPRA office in each state and territory to provide a local interface with applicants, practitioners and other stakeholders.

¹ Students who are undertaking study and other training towards qualification in a regulated health profession are registered in the National Scheme.

Of the 14 National Boards currently established under the National Scheme, three have established boards in all states and territories. These are the boards for medicine, nursing and midwifery, and psychology. A fourth National Board, dental, has established registration and notification committees in each state and territory. These state and territory boards and committees make decisions about individual applicants and practitioners in those jurisdictions. Please see the messages from the Chairs of NT boards and committees for more detail of the specific work of these local boards and committees.

Through these and other mechanisms (including delegations to AHPRA staff), and participation by NT staff in national project and initiatives, the National Scheme delivers regulation locally, supported by national policy, standards and systems.

Working with our stakeholders

During the year we have been in regular touch with many of our important stakeholders through written communication, meetings, stakeholder events and presentations.

Some of the formal meetings held during the year included meetings with: Health and Community Services Complaints Commission (HCSCC); senior staff in the NT Department of Health; senior staff in the Department of Attorney General and Justice; the NT Health Professional Review Tribunal; Medicare; the former and current NT Ministers for Health; the NT Medical Education and Training Council; and various professional associations.

On 1 June 2015 the new NT Civil and Administrative Appeals Tribunal (NTCAT) took on jurisdiction for appeals and referrals. Our legal officer and I worked closely with representatives of NTCAT in the lead up to this change to support a smooth transition.

The NT office has also responded to a number of requests from stakeholders for presentations on various aspects of health practitioner regulation. Such requests have included presentations to: groups of senior staff and health practitioners in various agencies; students undertaking courses at Charles Darwin University; students undertaking courses with registered training providers; participants in intern training programs; participants in a workshop for general practice registrars; and workshops hosted by professional associations.

Stakeholder events this year included the fourth anniversary celebration for the National Scheme and the Dental Board of Australia Forum.

2014/15 was also a big year for our internal stakeholders, with training sessions being run for new members on the three different local boards and committees as well as one national committee. The office also ran two separate face-to-face training sessions for panel members.

Registration highlights

As at 30 June 2015 there were 6,696 registered health practitioners in the NT, representing 1.03% of all practitioners registered nationally. This proportion has not significantly changed over previous years.

There were 635 applications for registration received in the NT. In addition, the NT managed applications transferred from other jurisdictions, including all 225 Aboriginal and Torres Strait Islander health practitioner applications received in 2014/15.

Improving notifications management

There has been a 17.5% decrease in the number of notifications received by the NT office during the year. This is consistent with a national decrease of 16%. It is the first decrease in notification numbers since the commencement of the National Scheme, with the previous pattern one of consistent increases. We are monitoring the trends in notifications receipts, both locally and nationally, to better understand the causes and make sure we respond effectively.

The NT office continued its strong emphasis on continuous improvement in managing notifications, with training for notifications staff in investigation procedures and for staff and local board and committee members in administrative law and impairment issues. Local staff members have participated in national workshops, taskforces, conferences and projects working on improvements in the notifications and compliance areas, including contributing to the development and implementation of the regulatory principles and improving the experience of notifiers and practitioners under the National Scheme.

The work has included the implementation of the NT Board of the Medical Board of Australia's Notifications Action Plan, which required close liaison between the local board, AHPRA and the HCSCC to improve the efficiency and effectiveness of liaison around the management of complaints and notifications between the different entities. The Action Plan also included some qualitative analysis of a sample of NT notifications to provide a better understanding of patterns in decision-making.

The NT office and the HCSCC have also been working closely with the health complaints entities and AHPRA offices in Western Australia and Victoria to develop and pilot a common approach to better manage the allocation of matters between the National Boards and the health complaints entities.

Local office, national contribution

In addition to organising and supporting the meetings of the NT boards and committees, the NT office also provides the secretariat support for the Registration and Notifications Committee of the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA). As part of this commitment, the NT office assists with some policy work and stakeholder forums locally and elsewhere in Australia, where practicable.

The NT office also receives and manages the ATSHIPBA applications for registration Australia-wide. This was the last year for applicants to lodge applications under the 'grandparenting provisions' of the National Law (section 303). These provisions enabled applicants with a range of qualifications and/or experience to qualify for registration. The number of applications received surged dramatically towards the end of the period. The resulting increase in the numbers of registered practitioners is encouraging for this relatively new profession.

Another area in which the NT office has contributed at a national level is in leading the work on the development of a nationally consistent approach to running performance and professional standards panels and health panels under the National Law. This year saw the successful roll out of a national training program for panel members, with over 80% of panel members nationally having completed the face-to-face panel training program by 30 June 2015. Feedback received from participants regarding the program has been overwhelmingly positive.

Staff from the NT office have also participated in a range of national workshops, standing committees, projects, working groups and taskforces during the year, and regularly provide input into consultations on policy and procedural issues.

These activities are all examples of our local contribution to the National Scheme. They demonstrate that AHPRA is maturing as an organisation, as increasingly we harness specialist skills in key areas and apply them nationally.

I would like to note the high-quality work undertaken by staff, board and committee members in the NT and extend my sincere gratitude to them for their hard work, professionalism and commitment.



Jill Huck
NT Manager, AHPRA



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

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

The NT 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 complex applications for registration.

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 member from this jurisdiction, the NT Committee is the local face of dental practitioner regulation in the NT. Our local committee is made up of practitioner and community members from the NT and is supported by the NT AHPRA office. The committee makes most of the decisions about dental practitioners in our region, in compliance with the National Law and the standards and policies of the National Board.

In my role as a National Board member I attend all the meetings of the National Board and have therefore been able to support the understanding of National Board policies at the local decision-making level. Our committee has also provided invaluable feedback to the National Board on its standards and policies.

NT committee members participated in the National Board's biennial dental conference in May 2015, at which committee members had a chance to discuss, reflect on and gain knowledge which will contribute to the quality of decisions.

We have endeavoured to engage with our stakeholders during the year, with the highlights being a very well attended National Board Forum for dental practitioners held in Darwin on 14 August 2014; the National Scheme Review consultation in September 2014; and meetings with the current and former Ministers for Health, and with the former Health and Community Services Complaints Commissioner.

Dr Erna Melton and Dr Quentin Rahaus started their appointments to the NT Committee on 1 July 2014. I would like to thank them and Mrs Joanna Pethick, our community member, for their energy and commitment to the people of the NT during the year.

I completed my appointment on the National Board in August this year, after six years in the role. Dr Kate Raymond has been appointed as the new practitioner member for the NT. I am sure she will make an excellent contribution to the National Board.

I would like to thank the Chair of the Dental Board of Australia, 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 and as a National Board member.



Dr Mark Leedham
Chair, NT Registration
and Notification
Committee, Dental
Board of Australia



Dr John Lockwood AM
Chair, Dental Board of
Australia

Members of the NT Registration and Notification Committee in 2014/15

Dr Mark Leedham (Chair)

Dr Erna Melton (from 1 July 2014)

Mrs Joanna Pethick

Dr Quentin Rahaus (from 1 July 2014)

NT Board of the Medical Board of Australia:

Chair's message

As in previous years, the focus of the NT 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: decisions about complex applications for registration which require detailed individual assessment; and decisions about 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 and we are supported in this work by the NT AHPRA office. We make decisions in compliance with the National Law and the national standards and policies set by the Medical Board of Australia (the National Board).

The NT Board has spent time this year working with the National Board, the NT Health and Community Services Complaints Commission (HCSCC), other state and territory boards and AHPRA, to improve the management of notifications against medical practitioners. Work has included looking at ways of dealing with notifications more expeditiously and improving the experience of notifiers and practitioners. As part of this initiative the NT Board developed and implemented an NT Notifications Action Plan.

All NT Board members attended the annual Medical Board of Australia's members' conference in May 2015 which focused on risk-based regulation and embedding the regulatory principles into the National Scheme. In addition, to ensure that members are performing their roles as regulators competently and ethically, all NT Board members also attended a one-day workshop on administrative law which was specifically focused on the regulation of health practitioners. Dr Paul Helliwell and I also attended the IAMRA Conference in London, and visited the General Medical Council in Manchester, UK.

Throughout the year the NT Board has provided feedback on the topics covered in National Board consultations and the NT Board was also represented at several registration and notification workshops and on taskforces organised by the National Board.

The bulk of our meetings with local stakeholders this year focused on issues involving registration, notifications and post-graduate medical education.

In the registration space, there was a focus on issues concerning the limited registration of international medical graduates (IMGs). The NT Board worked closely with the NT Chief Medical Officer and his staff in the review of the 'area of unmet need locality declaration process'. This review is likely to result in some significant changes to the assessment of, and outcomes for, declaration applications in the NT. The NT Board also met with several stakeholders to discuss the adequacy of supervision arrangements for IMGs in some workplaces.

In the notifications space, we worked closely with the former HCSCC Commissioner, as well as participating in national initiatives such as the Medical Notifications Taskforce and the Notifications Matrix pilot.

During the year we also met on a number of occasions with representatives of the NT Medical Education and Training Council and also attended a consultation on the future of internship training in Australia.

As Chair of the NT Board, I also was involved in several meetings with the former and current NT Ministers for Health. Representatives of the NT Board also participated in the National Scheme Review consultation forum in September 2014.

I would like to formally acknowledge the contribution of Dr Jennifer Delima, who completed her term on the NT Board on 25 May 2015. Dr Delima has made a valuable contribution to the work of the NT Board and the former Medical Board of the NT. I would also like to welcome Mr Garrett (Gus) Hunter and Dr Sara Watson who have joined the Board in 2015. I thank my colleagues on the NT Board for their energy and commitment to the people of the NT during the year.

This NT report provides a snapshot of regulation at work in the NT 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.



Dr Charles Kilburn
Chair, NT Board,
Medical Board of
Australia



Dr Joanna Flynn AM
Chair, Medical Board of
Australia

Members of the NT Board in 2014/15

Dr Charles Kilburn (Chair)

Mr John Boneham

Dr Jennifer Delima (until 25 May 2015)

Ms Helen Egan

Dr Paul Helliwell

Mr Garrett Hunter (from 20 January 2015)

Dr Verushka Krigovsky

Ms Diane Walsh

Dr Christine Watson

Dr Sara Watson (from 26 May 2015)

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

In 2014/15, the NT Board of the Nursing and Midwifery Board of Australia continued 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 NT are in compliance with the National Law and guided by the national standards and policies set by the Nursing and Midwifery Board of Australia (the National Board).

During the year, the NT Board has worked closely with AHPRA, our colleagues on the National Board and our colleagues on other state and territory boards. This partnership supports a nationally consistent approach to managing and making decisions about notifications and registration issues for nurses and midwives.

The inaugural Nursing and Midwifery Board of Australia Member Conference was held in November 2014. Two members of the NT Board were members of the conference organising committee and Dr Therese Kearns, a practitioner member of the NT Board, presented a paper on the regulation of remote area nurses and midwives.

To ensure that members are performing their roles as regulators competently and ethically, all NT Board members also attended workshops on administrative law and the regulation of impaired practitioners. The NT Board was also represented at a number of workshops organised by the National Board.

Our work with local stakeholders has been another priority during the year. Highlights have included: a National Board stakeholder consultation in April 2015 involving nurses and midwives in the Darwin area, as well as those in regional and remote areas; a wreath laying at the 2015 ANZAC Day Dawn Service to commemorate those who fought and died for Australia and the nurses who attended the sick and wounded; frequent contact with Dr Robyn Aitken, Acting NT Chief Nursing and Midwifery Adviser, around nursing and midwifery regulation issues; meetings with both the former and current NT Ministers for Health; meetings with the former Health and Community Services Complaints Commissioner; and participation in the September 2014 consultation forum for the National Scheme Review.

In May 2015 the NT Board sponsored the Lifetime Achievement Award at the 2015 NT Nursing and Midwifery Excellence Awards. The award was won by Ms Mo Davey, a midwife with more than 25 years of experience of service to birthing women of the NT.

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

There have been significant changes to the Board membership this year. I would like to acknowledge the contribution of Mr Ross Ashcroft, Ms Denise Brewster-Webb, Ms Kim Packer and Ms Heather Sjoberg, whose terms ended this year. I would also like to welcome our new members to the Board: Mrs Stephanie Campbell, Ms Heather King, Mr David Carpenter and Ms Alison Phillis.

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



Ms Angela Bull
Chair, NT Board of the
Nursing and Midwifery
Board of Australia



Dr Lynette Cusack
Chair, Nursing and
Midwifery Board of
Australia

Members of the NT Board in 2014/15

Ms Angela Bull (Chair)
Mr Ross Ashcroft (until 20 October 2014)
Ms Angela Brannelly
Ms Denise Brewster-Webb (until 20 October 2014)
Mrs Stephanie Campbell (from 21 October 2014)
Mr David Carpenter (from 3 April 2015)
Dr Therese Kearns
Ms Heather King (from 21 October 2014)
Ms Gay Lavery
Ms Kim Packer (nee Ball) (until 20 October 2014)
Dr Brian Phillips
Ms Alison Phillis (from 20 June 2015)
Ms Heather Sjoberg (until 19 June 2015)

Pharmacy Board of Australia – local representation

The Pharmacy Board of Australia (the National Board) makes decisions about all registered pharmacists in the NT. 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. Ms Bhavini Patel is the practitioner member from the NT on the National Board.

The Board has a notifications committee to make decisions about individual registered pharmacists in the NT, 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. In the NT, these representatives are currently Ms Helgi Stone and Mr Peter Kern. These 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 NT. 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. Examinations are held up to three times a year in each jurisdiction, with training being provided to the examiners.

During the year the NT office of AHPRA accommodated a number of requests for presentations for students and interns.

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 NT 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

NT, SA and WA Regional Board of the Psychology Board of Australia: Chair's message

The Regional Board of the Psychology Board of Australia serves communities in the NT, South Australia (SA) and Western Australia (WA).

The work of the Psychology Board of Australia (the National Board) is detailed in the annual report of AHPRA and the National Boards, which provides a national snapshot of the work the National 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 NT, SA and WA. The decisions we make about psychologists in our region are guided by the national standards and policies set by the National Board. Our Board is supported by AHPRA's office in WA, with assistance from teams in SA and the NT.

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 representatives from the National Board this year – this provided an opportunity to share and compare the work being undertaken in the various 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 takes an active role in engaging with its stakeholders. This year we have participated in a number of stakeholder meetings and an open public forum, which took place as part of the National Board's visit to Perth in November 2014. We have hosted the Director of the Health and Disability Services Complaints Office at one of our Board meetings this year, where we discussed the work that is being done to forge closer links.

The NT/SA/WA Regional Board meeting was held in Adelaide in May 2015 and in Darwin in July 2015. The National Board also met in Darwin in July 2015 and ran a very well-attended forum for local registrants. These meetings provided further opportunities to discuss local issues.

The NT AHPRA office also provided presentations to psychology students at Charles Darwin University in 2014/15.

During the year we have welcomed South Australian community member Mrs Cathy Beaton to the Board. I would like to thank my colleagues on the Regional Board for their energy and commitment to the people of the NT, SA and WA during the year, in particular, my Deputy Chairs Ms Janet Stephenson (SA) and Associate Professor Shirley Grace (NT).

I hope you find this profile of our work interesting.



Associate Professor Jennifer Thornton
Chair, NT, SA and WA
Regional Board of the
Psychology Board of
Australia



Professor Brin Grenyer
Chair, Psychology Board
of Australia

Members of the NT/SA/WA Regional Board in 2014/15

Associate Professor Jennifer Thornton (Chair)

Ms Alison Bell (until 31 August 2014)

Ms Cathy Beaton (from 10 September 2014)

Ms Judith Dikstein

Dr Shirley Grace

Emeritus Professor David Leach

Dr Neil McLean

Ms Claire Simmons

Mr Theodore Sharp

Ms Janet Stephenson

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 contain 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.



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 NT

NT 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 NT lens, to tell more about our work in this territory to keep the public safe.

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

We provide national comparisons, to see how the NT 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 NT. 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 territory.

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 New South Wales (NSW), except when categories used differ between NSW and the other states and territories. NSW is a co-regulatory jurisdiction.

More comprehensive data are published in the 2014/15 annual report of AHPRA and the National Boards, 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 NT

Tables 1–6 provide details of registered practitioners in the NT. At 30 June 2015 there were 6,696 registered practitioners in the NT, representing 1.03% of the practitioners registered nationally. At a profession level, the proportion of registrants within the NT varies widely from osteopaths with 0.1% of the registrant base nationally in the NT, to Aboriginal and Torres Strait Islander health practitioners with 55% of the registrant base nationally in the NT. For the larger professions, the proportion with NT as the principal place of practice is more balanced, with dental practitioners, medical radiation practitioners, pharmacists and psychologists all at 0.7% of the national total, and nurses and medical practitioners both at 1.1% of the national total.

Details of registration applications received in 2014/15 are provided in Table 7. In 2014/15, there were 635 registration applications received in the NT. In addition, the NT dealt with applications transferred from other jurisdictions, including all 255 ATSIHP applications.

Table 1: Registered practitioners with NT as the principal place of practice, by profession ¹			
Profession	NT	National total ⁵	% of national total
Aboriginal and Torres Strait Islander Health Practitioner ²	215	391	55.0%
Chinese Medicine Practitioner ²	14	4,494	0.3%
Chiropractor	25	4,998	0.5%
Dental Practitioner	147	21,209	0.7%
Medical Practitioner	1,101	103,133	1.1%
Medical Radiation Practitioner ²	109	14,866	0.7%
Midwife	59	3,682	1.6%
Nurse	3,679	336,099	1.1%
Nurse and Midwife ³	537	30,522	1.8%
Occupational Therapist ²	156	17,200	0.9%
Optometrist	29	4,915	0.6%
Osteopath	1	2,000	0.1%
Pharmacist	210	29,014	0.7%
Physiotherapist	168	27,543	0.6%
Podiatrist	20	4,386	0.5%
Psychologist	226	32,766	0.7%
Total 2014/15	6,696	637,218	1.1%
Total 2013/14	6,650	619,509	1.1%
Population as a proportion of national population⁴	244,300	23,625,600	1.0%

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 NT as the principal place of practice, by registration type			
Profession/registration type	NT	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	215	391	55.0%
General	215	390	55.1%
Non-practising		1	0.0%
Chinese Medicine Practitioner	14	4,494	0.3%
General	14	4,314	0.3%
General and Non-practising ¹		1	0.0%
Non-practising		179	0.0%
Chiropractor	25	4,998	0.5%
General	24	4,709	0.5%
Non-practising	1	289	0.3%
Dental Practitioner	147	21,209	0.7%
General	140	18,975	0.7%
General and Non-practising ¹		1	0.0%
General and Specialist	4	1,614	0.2%
Limited		83	0.0%
Non-practising	2	510	0.4%
Specialist	1	26	3.8%
Medical Practitioner	1,101	103,133	1.1%
General	473	34,767	1.4%
General (Teaching and Assessing)		40	0.0%
General (Teaching and Assessing) and Specialist		2	0.0%
General and Specialist	375	49,199	0.8%
Limited	73	3,455	2.1%
Non-practising	3	2,663	0.1%
Provisional	63	4,697	1.3%
Specialist	114	8,310	1.4%
Medical Radiation Practitioner	109	14,866	0.7%
General	102	13,984	0.7%
Limited		1	0.0%
Non-practising	3	248	1.2%
Provisional	4	633	0.6%

Profession/registration type	NT	National total	% of national total
Midwife	59	3,682	1.6%
General	59	3,616	1.6%
Non-practising		66	0.0%
Nurse	3,679	336,099	1.1%
General	3,642	331,232	1.1%
General and Non-practising ¹		20	0.0%
Non-practising	37	4,847	0.8%
Nurse and Midwife	537	30,522	1.8%
General	529	28,616	1.8%
General and Non-practising ²	5	1,253	0.4%
Non-practising	3	653	0.5%
Occupational Therapist	156	17,200	0.9%
General	154	16,500	0.9%
Limited	1	89	1.1%
Non-practising	1	570	0.2%
Provisional		41	0.0%
Optometrist	29	4,915	0.6%
General	28	4,758	0.6%
Limited		2	0.0%
Non-practising	1	155	0.6%
Osteopath	1	2,000	0.1%
General	1	1,917	0.1%
Non-practising		66	0.0%
Provisional ³		17	0.0%
Pharmacist	210	29,014	0.7%
General	191	26,179	0.7%
Limited		14	0.0%
Non-practising	3	1,006	0.3%
Provisional	16	1,815	0.9%
Physiotherapist	168	27,543	0.6%
General	167	26,442	0.6%
Limited		276	0.0%
Non-practising	1	825	0.1%

Profession/registration type	NT	National total	% of national total
Podiatrist	20	4,386	0.5%
General	20	4,260	0.5%
General and Specialist		30	0.0%
Non-practising		96	0.0%
Psychologist	226	32,766	0.7%
General	196	26,843	0.7%
Non-practising	1	1,571	0.1%
Provisional	29	4,352	0.7%
Total	6,696	637,218	1.1%

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 NT as the principal place of practice

Profession/endorsement or notation	NT	National total	% of national total
Chiropractor		33	0.0%
Acupuncture		33	0.0%
Dental Practitioner	2	91	2.2%
Area of Practice	2	91	2.2%
Medical Practitioner	1	486	0.2%
Acupuncture	1	486	0.2%
Midwife¹	6	487	1.2%
Eligible Midwife ²	4	304	1.3%
Midwife Practitioner		1	0.0%
Scheduled Medicines	2	182	1.1%
Nurse¹	32	2,229	1.4%
Area of Practice		1	0.0%
Nurse Practitioner	20	1,247	1.6%
Scheduled Medicines	12	981	1.2%
Optometrist	16	2,000	0.8%
Scheduled Medicines	16	2,000	0.8%

Profession/registration type	NT	National total	% of national total
Osteopath		2	0.0%
Acupuncture		2	0.0%
Physiotherapist		8	0.0%
Acupuncture		8	0.0%
Podiatrist		68	0.0%
Scheduled Medicines		68	0.0%
Psychologist	42	10,643	0.4%
Area of Practice	42	10,643	0.4%
Total	99	16,047	0.6%

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 NT as the principal place of practice, by profession and gender

Profession/gender	NT	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner¹	215	391	55.0%
Female	156	295	52.9%
Male	59	96	61.5%
Chinese Medicine Practitioner¹	14	4,494	0.3%
Female	7	2,415	0.3%
Male	7	2,079	0.3%
Chiropractor	25	4,998	0.5%
Female	6	1,877	0.3%
Male	19	3,121	0.6%
Dental Practitioner	147	21,209	0.7%
Female	75	10,331	0.7%
Male	72	10,878	0.7%
Medical Practitioner	1,101	103,133	1.1%
Female	544	42,189	1.3%
Male	557	60,944	0.9%
Medical Radiation Practitioner¹	109	14,866	0.7%
Female	69	10,064	0.7%
Male	40	4,802	0.8%

Profession/gender	NT	National total	% of national total
Midwife	59	3,682	1.6%
Female	58	3,666	1.6%
Male	1	16	6.3%
Nurse	3,679	336,099	1.1%
Female	3,108	297,792	1.0%
Male	571	38,307	1.5%
Nurse and Midwife	537	30,522	1.8%
Female	511	29,975	1.7%
Male	26	547	4.8%
Occupational Therapist¹	156	17,200	0.9%
Female	138	15,752	0.9%
Male	18	1,448	1.2%
Optometrist	29	4,915	0.6%
Female	15	2,491	0.6%
Male	14	2,424	0.6%
Osteopath	1	2,000	0.1%
Female		1,077	0.0%
Male	1	923	0.1%
Pharmacist	210	29,014	0.7%
Female	130	17,616	0.7%
Male	80	11,398	0.7%
Physiotherapist	168	27,543	0.6%
Female	121	18,911	0.6%
Male	47	8,632	0.5%
Podiatrist	20	4,386	0.5%
Female	11	2,677	0.4%
Male	9	1,709	0.5%
Psychologist	226	32,766	0.7%
Female	170	25,894	0.7%
Male	56	6,872	0.8%
Total	6,696	637,218	1.1%

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 NT as the principal place of practice, by division

Profession/division	NT	National total	% of national total
Chinese Medicine Practitioner	14	4,494	0.3%
Acupuncturist	10	1,688	0.6%
Acupuncturist and Chinese Herbal Dispenser ¹		2	0.0%
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹		631	0.0%
Acupuncturist and Chinese Herbal Medicine Practitioner ¹	4	2,068	0.2%
Chinese Herbal Dispenser		41	0.0%
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹		14	0.0%
Chinese Herbal Medicine Practitioner		50	0.0%
Dental Practitioner	147	21,209	0.7%
Dental Hygienist	12	1,373	0.9%
Dental Hygienist and Dental Prosthetist ¹		3	0.0%
Dental Hygienist and Dental Prosthetist and Dental Therapist ¹		2	0.0%
Dental Hygienist and Dental Therapist ¹	8	483	1.7%
Dental Hygienist and Dentist ¹		2	0.0%
Dental Hygienist and Oral Health Therapist ¹		6	0.0%
Dental Prosthetist	4	1,245	0.3%
Dental Prosthetist and Dental Therapist ¹		1	0.0%
Dental Prosthetist and Dentist ¹		1	0.0%
Dental Therapist	13	1,063	1.2%
Dental Therapist and Oral Health Therapist ¹		2	0.0%
Dentist	100	15,888	0.6%
Dentist and Oral Health Therapist ¹		1	0.0%
Oral Health Therapist	10	1,139	0.9%

Profession/division	NT	National total	% of national total
Medical Radiation Practitioner	109	14,866	0.7%
Diagnostic Radiographer	97	11,496	0.8%
Diagnostic Radiographer and Nuclear Medicine Technologist ¹		15	0.0%
Diagnostic Radiographer and Radiation Therapist ¹		2	0.0%
Nuclear Medicine Technologist	3	1,039	0.3%
Radiation Therapist	9	2,314	0.4%
Nurse	3,679	336,099	1.1%
Enrolled Nurse (Division 2)	409	61,880	0.7%
Enrolled Nurse (Division 2) and Registered Nurse (Division 1) ¹	60	5,585	1.1%
Registered Nurse (Division 1)	3,210	268,634	1.2%
Nurse and Midwife	537	30,522	1.8%
Enrolled Nurse and Midwife ¹		62	0.0%
Enrolled Nurse and Registered Nurse and Midwife ¹	2	59	3.4%
Registered Nurse and Midwife ¹	535	30,401	1.8%
Total	4,486	407,190	1.1%

Notes:

1. Practitioners who hold dual or multiple registration.

Profession/area of specialty practice	NT	National total	% of national total
Dental Practitioner	6	1,693	0.4%
Dento-maxillofacial radiology		10	0.0%
Endodontics		159	0.0%
Forensic odontology	1	27	3.7%
Oral and maxillofacial surgery	1	202	0.5%
Oral medicine		35	0.0%
Oral pathology		24	0.0%
Oral surgery		52	0.0%
Orthodontics	3	600	0.5%
Paediatric dentistry		119	0.0%
Periodontics		221	0.0%
Prosthodontics	1	212	0.5%
Public health dentistry (Community dentistry)		16	0.0%
Special needs dentistry		16	0.0%
Medical Practitioner	528	62,490	0.8%
Addiction medicine	1	167	0.6%
Anaesthesia	36	4,627	0.8%
Dermatology	1	507	0.2%
Emergency medicine	31	1,687	1.8%
General practice	233	23,993	1.0%
Intensive care medicine	8	815	1.0%
Paediatric intensive care medicine		2	0.0%
No subspecialty declared	8	813	1.0%
Medical administration	7	334	2.1%
Obstetrics and gynaecology	15	1,871	0.8%
Gynaecological oncology		43	0.0%
Maternal-fetal medicine	1	40	2.5%
Obstetrics and gynaecological ultrasound	1	77	1.3%
Reproductive endocrinology and infertility		53	0.0%
Urogynaecology		30	0.0%
No subspecialty declared	13	1,628	0.8%
Occupational and environmental medicine	1	302	0.3%

Profession/area of specialty practice	NT	National total	% of national total
Ophthalmology	5	967	0.5%
Paediatrics and child health	29	2,442	1.2%
Paediatric intensive care medicine		5	0.0%
Clinical genetics		25	0.0%
Community child health		43	0.0%
General paediatrics	22	1,784	1.2%
Neonatal and perinatal medicine	1	164	0.6%
Paediatric cardiology	1	31	3.2%
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		17	0.0%
Paediatric infectious diseases	1	16	6.3%
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		25	0.0%
Paediatric rheumatology		12	0.0%
No subspecialty declared	4	144	2.8%
Pain medicine		260	0.0%
Palliative medicine	4	297	1.3%
Pathology	8	2,009	0.4%
Anatomical pathology (including cytopathology)	3	872	0.3%
Chemical pathology		90	0.0%
Forensic pathology	1	48	2.1%
General pathology	1	125	0.8%
Haematology	2	487	0.4%

Profession/area of specialty practice	NT	National total	% of national total
Immunology		117	0.0%
Microbiology	1	222	0.5%
No subspecialty declared		48	0.0%
Physician	69	9,423	0.7%
Cardiology	6	1,251	0.5%
Clinical genetics		71	0.0%
Clinical pharmacology		53	0.0%
Endocrinology	7	630	1.1%
Gastroenterology and hepatology	3	802	0.4%
General medicine	14	1,772	0.8%
Geriatric medicine	2	609	0.3%
Haematology	2	507	0.4%
Immunology and allergy	2	154	1.3%
Infectious diseases	11	389	2.8%
Medical oncology	2	584	0.3%
Nephrology	10	507	2.0%
Neurology	1	546	0.2%
Nuclear medicine		257	0.0%
Respiratory and sleep medicine	5	631	0.8%
Rheumatology	1	349	0.3%
No sub-speciality declared	3	311	1.0%
Psychiatry	14	3,432	0.4%
Public health medicine	22	432	5.1%
Radiation oncology	2	366	0.5%
Radiology	3	2,280	0.1%
Diagnostic radiology	2	1,951	0.1%
Diagnostic ultrasound		4	0.0%
Nuclear medicine		187	0.0%
No subspecialty declared	1	138	0.7%
Rehabilitation medicine	3	473	0.6%
Sexual health medicine		118	0.0%
Sport and exercise medicine	1	119	0.8%

Profession/area of specialty practice	NT	National total	% of national total
Surgery	35	5,569	0.6%
Cardio-thoracic surgery		205	0.0%
General surgery	17	1,936	0.9%
Neurosurgery		238	0.0%
Oral and maxillofacial surgery	2	114	1.8%
Orthopaedic surgery	8	1,342	0.6%
Otolaryngology - head and neck surgery	3	486	0.6%
Paediatric surgery		104	0.0%
Plastic surgery	3	443	0.7%
Urology	1	418	0.2%
Vascular surgery		222	0.0%
No subspecialty declared	1	61	1.6%
Podiatrist		30	0.0%
Podiatric surgeon		30	0.0%
Total	534	64,213	0.8%

Notes:

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.

Profession/registration type	NT	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner¹	23	255	9.0%
General	22	253	8.7%
Non-practising	1	2	50.0%
Chinese Medicine Practitioner¹	1	1,812	0.1%
General	1	1,673	0.1%
Non-practising		139	0.0%
Chiropractor		371	0.0%
General		304	0.0%
Limited		5	0.0%
Non-practising		62	0.0%
Dental Practitioner	7	1,638	0.4%
General	7	1,378	0.5%
Limited		32	0.0%
Non-practising		142	0.0%
Specialist		86	0.0%
Medical Practitioner	265	15,861	1.7%
General	92	5,134	1.8%
Limited	51	2,002	2.5%
Limited (Public Interest - Occasional Practice)		1	0.0%
Non-practising	3	480	0.6%
Provisional	72	5,311	1.4%
Specialist	47	2,933	1.6%
Medical Radiation Practitioner¹	10	1,808	0.6%
General	5	1,164	0.4%
Non-practising	3	115	2.6%
Provisional	2	529	0.4%
Midwife	25	1,712	1.5%
General	24	1,411	1.7%
Non-practising	1	301	0.3%
Nurse	216	24,837	0.9%
General	201	23,274	0.9%
Non-practising	15	1,563	1.0%
Occupational Therapist¹	11	2,078	0.5%
General	9	1,681	0.5%
Limited	1	82	1.2%

Profession/registration type	NT	National total	% of national total
Non-practising	1	311	0.3%
Provisional		4	0.0%
Optometrist	3	305	1.0%
General	2	259	0.8%
Limited		3	0.0%
Non-practising	1	43	2.3%
Osteopath		206	0.0%
General		173	0.0%
Limited		1	0.0%
Non-practising		18	0.0%
Provisional		14	0.0%
Pharmacist	28	3,340	0.8%
General	17	1,604	1.1%
Limited		32	0.0%
Non-practising	1	173	0.6%
Provisional	10	1,531	0.7%
Physiotherapist	16	2,540	0.6%
General	14	2,140	0.7%
Limited	1	206	0.5%
Non-practising	1	194	0.5%
Podiatrist	2	431	0.5%
General	2	389	0.5%
Limited		1	0.0%
Non-practising		37	0.0%
Specialist		4	0.0%
Psychologist	28	4,323	0.6%
General	10	1,536	0.7%
Non-practising	1	563	0.2%
Provisional	17	2,224	0.8%
Total 2014/15	635	61,517	1.0%
Total 2013/14	637	58,789	1.1%

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 NT

Notifications within the NT are detailed in Tables 8–20. In 2014/15, similar to the trend found in most other states (except NSW and WA), the NT saw a slight decrease in notifications lodged: 178 notifications lodged in 2014/15; down from 216 notifications in the prior year.

The percentage of the registrant base with notifications in the NT at 2.7% is higher than the national average of 1.3%; in particular, in the medical profession, the rate of 8.2% is much higher than the national rate of 4.4%. The rate of mandatory notifications at 5.97 registrants per 10,000 practitioners is lower than the national average of 12.38 per 10,000 practitioners.

A large proportion of notifications received (111) were about clinical care (see Table 11), which is consistent with the national pattern. More notifications (69) were received from the health complaints entity (HCE) in the jurisdiction than from any other single source (see Table 12).

In 2014/15 there were five cases where immediate action was initiated against practitioners in the NT (Table 13). One case resulted in suspension of the registration of the practitioner; three cases resulted in conditions imposed on registration, and in one case the outcome was still under consideration at the close of the reporting year.

There are no notifications open in the NT 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 that the national data in these tables do not include data for NSW. Of the 204 enquiries received across the year, 178 were considered to meet the criteria for a notification (see Table 15).

In 193 cases where assessment was finalised during 2014/15 (Table 16), Boards determined that further action was required in 61 cases and 132 cases were closed following assessment.

In the 93 investigations finalised during the year (see Table 17), two cases were referred to a panel (1) or tribunal hearing (1), and a further six cases were referred for a health or performance assessment; the remaining investigations resulted in closure of the case (85). Of these, 48 cases were closed with the Board determining that no further action was required; 24 of the cases closed with a caution issued to the practitioner, in 12 cases conditions were imposed on the practitioner and in one case the Board accepted an undertaking given by the practitioner.

Four cases were closed across the year following a panel (2) or tribunal (2) hearing: see Tables 18 and 19.

Table 20 provides details of all cases closed during the year for each profession by stage of the case at closure.

Registrants under active monitoring at the end of the reporting year are detailed in Tables 21 and 22. Registrants in the NT (74) accounted for 1.5% of the registrants nationally under active monitoring; the majority of these registrants are medical practitioners (33) or nurses (24).

Tables 23 and 24 detail criminal history checks conducted during the year. There were no cases in NT in 2014/15 where a criminal history check undertaken resulted in, or contributed to, the imposition of conditions by a Board or undertakings given by a practitioner.

Table 8: Notifications received or closed in 2014/15 or remaining open at 30 June 2015, by profession ¹												
Notifications	All received			Mandatory received			Closed			Open at 30 June		
Profession	NT	National total	% of national total	NT	National total	% of national total	NT	National total	% of national total	NT	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner ⁵	5	7	71.4%		2	0.0%	4	5	80.0%	4	5	80.0%
Chinese Medicine Practitioner ⁵		22	0.0%		1	0.0%		27	0.0%		15	0.0%
Chiropractor		75	0.0%		4	0.0%	1	98	1.0%		76	0.0%
Dental Practitioner	7	766	0.9%		22	0.0%	10	849	1.2%	12	381	3.1%
Medical Practitioner	90	4,541	2.0%	1	212	0.5%	113	4,885	2.3%	42	2,212	1.9%
Medical Radiation Practitioner ⁵		31	0.0%		6	0.0%		31	0.0%		17	0.0%
Midwife	4	74	5.4%		20	0.0%	2	92	2.2%	2	57	3.5%
Nurse	59	1,733	3.4%	3	472	0.6%	73	1,755	4.2%	20	1,053	1.9%
Occupational Therapist ⁵		49	0.0%		4	0.0%	1	48	2.1%		19	0.0%
Optometrist		55	0.0%		1	0.0%		53	0.0%		20	0.0%
Osteopath		13	0.0%		1	0.0%		13	0.0%		12	0.0%
Pharmacist	2	490	0.4%		38	0.0%	6	528	1.1%	2	311	0.6%
Physiotherapist	4	97	4.1%		6	0.0%	9	115	7.8%	5	57	8.8%
Podiatrist		37	0.0%		2	0.0%		44	0.0%		21	0.0%
Psychologist	7	432	1.6%		42	0.0%	7	458	1.5%	3	273	1.1%
Not identified ²		4	0.0%					2	0.0%		2	0.0%
Total 2014/15	178	8,426	2.1%	4	833	0.5%	226	9,003	2.5%	90	4,531	2.0%
Total 2013/14 ^{3,4}	216	10,047	2.1%	8	1,145	0.7%	148	9,803	1.5%	138	5,237	2.6%

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: Percentage of registrant base with notifications received in 2014/15, by profession¹

Profession	NT	National total
Aboriginal and Torres Strait Islander Health Practitioner ⁴	2.3%	1.8%
Chinese Medicine Practitioner ⁴	0.0%	0.5%
Chiropractor	0.0%	1.5%
Dental Practitioner	4.8%	3.6%
Medical Practitioner	8.2%	4.4%
Medical Radiation Practitioner ⁴	0.0%	0.2%
Midwife ²	0.7%	0.2%
Nurse ³	1.4%	0.5%
Occupational Therapist ⁴	0.0%	0.3%
Optometrist	0.0%	1.1%
Osteopath	0.0%	0.7%
Pharmacist	1.0%	1.7%
Physiotherapist	2.4%	0.4%
Podiatrist	0.0%	0.8%
Psychologist	3.1%	1.3%
Total 2014/15	2.7%	1.3%
Total 2013/14	2.7%	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	
Jurisdiction	No. practitioners ²	Rate / 10,000 practitioners ³	No. practitioners ²	Rate / 10,000 practitioners ³
NT	4	5.97	8	12
Total Australia	789	12.38	976	15.8

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	NT	National total	% of national total
Behaviour	8	312	2.6%
Billing		191	0.0%
Boundary violation	3	335	0.9%
Clinical care	111	3,442	3.2%
Communication	2	669	0.3%
Confidentiality	9	210	4.3%
Conflict of interest		19	0.0%
Discrimination		34	0.0%
Documentation	6	445	1.3%
Health impairment	17	848	2.0%
Infection/hygiene		86	0.0%
Informed consent	1	107	0.9%
Medico-legal conduct		51	0.0%
National Law breach	1	241	0.4%
National Law offence		94	0.0%
Offence	3	263	1.1%
Offence by student		1	0.0%
Other	7	172	4.1%
Pharmacy/medication	8	826	1.0%
Professional conduct		3	0.0%
Research/teaching/assessment		7	0.0%
Response to adverse event		22	0.0%
Teamwork/supervision	1	29	3.4%
Not recorded	1	19	5.3%
Total	178	8,426	2.1%

Table 12: Source of notifications received in 2014/15

Source	NT	National total (excluding NSW) ¹	% of national total (excluding NSW)
Anonymous	6	106	5.7%
Drugs and poisons		27	0.0%
Education provider		22	0.0%
Employer	14	543	2.6%
Government department		92	0.0%
HCE	69	688	10.0%
Health advisory service		10	0.0%
Hospital		25	0.0%
Insurance company		9	0.0%
Lawyer	3	34	8.8%
Medicare		1	0.0%
Member of Parliament		1	0.0%
Member of the public	3	323	0.9%
Ombudsman		41	0.0%
Other Board	1	45	2.2%
Other practitioner	29	583	5.0%
Own motion	5	222	2.3%
Patient	30	1,408	2.1%
Police		52	0.0%
Relative	13	361	3.6%
Self	1	114	0.9%
Treating practitioner	4	80	5.0%
Unclassified		97	0.0%
Total	178	4,884	3.6%

Notes:

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

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

Outcomes	NT	National total	% of national total
Not take immediate action		85	0.0%
Accept undertaking		77	0.0%
Impose conditions	3	285	1.1%
Accept surrender of registration		3	0.0%
Suspend registration	1	106	0.9%
Decision pending	1	22	4.5%
Total	5	578	0.9%

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

Profession	NT	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 2014/15¹	0	48	0.0%
Total 2013/14²	1	91	1.1%

Notes:

1. The majority of these matters are with the responsible tribunal awaiting hearing or decision.
2. 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	NT	National total (excluding NSW)	% of national total
Moved to notification	178	4,884	3.6%
Closed at lodgement	26	1,097	2.4%
Total	204	5,981	3.4%

Table 16: Outcome of assessments finalised in 2014/15 (excluding NSW)			
Outcome of decisions to take the notification further	NT	National total (excluding NSW)	% of national total
Health or performance assessment		233	0.0%
Investigation	61	1,668	3.7%
Panel hearing		13	0.0%
Tribunal hearing		9	0.0%
Total	61	1,923	3.2%
Outcome of notifications closed following assessment			
No further action	75	2,136	3.5%
HCE to retain	41	435	9.4%
Refer all or part of the notification to another body	1	10	10.0%
Caution	9	322	2.8%
Accept undertaking		59	0.0%
Impose conditions	6	104	5.8%
Practitioner surrenders registration		3	0.0%
Total	132	3,069	4.3%

Table 17: Outcome of investigations finalised in 2014/15 (excluding NSW)			
Outcome of decisions to take the notification further	NT	National total (excluding NSW)	% of national total
Assessment		2	0.0%
Health or performance assessment	6	145	4.1%
Panel hearing	1	166	0.6%
Tribunal hearing	1	114	0.9%
Total	8	427	1.9%
Outcome of notifications closed following investigation			
No further action	48	1,052	4.6%
Refer all or part of the notification to another body		11	0.0%
Caution	24	391	6.1%
Accept undertaking	1	126	0.8%
Impose conditions	12	192	6.3%
Practitioner surrenders registration			
Total	85	1,772	4.8%

Table 18: Outcome of panel hearings finalised in 2014/15 (excluding NSW)			
Outcomes	NT	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		57	0.0%
Reprimand		13	0.0%
Impose conditions	1	130	0.8%
Practitioner surrenders registration		1	0.0%
Suspend registration		4	0.0%
Total	2	269	0.7%

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

Outcomes	NT	National total (excluding NSW)	% of national total
No further action		13	0.0%
Caution		3	0.0%
Reprimand		14	0.0%
Fine registrant		10	0.0%
Accept undertaking		4	0.0%
Impose conditions	1	45	2.2%
Practitioner surrenders registration		5	0.0%
Suspend registration		31	0.0%
Cancel registration	1	24	4.2%
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	2	179	1.1%

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

Profession	Assessment	Investigation	Health or performance assessment	Panel hearing	Tribunal hearing	Total 2014/15
Aboriginal and Torres Strait Islander Health Practitioner		3	1			4
Chinese Medicine Practitioner						0
Chiropractor				1		1
Dental Practitioner	6	4				10
Medical Practitioner	69	40	3		1	113
Medical Radiation Practitioner						0
Midwife	2					2
Nurse	45	26		1	1	73
Occupational Therapist			1			1
Optometrist						0
Osteopath						0
Pharmacist	1	5				6
Physiotherapist	5	4				9
Podiatrist						0
Psychologist	4	3				7
Not identified ¹						0
Total 2014/15	132	85	5	2	2	226

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	NT	National total (excluding NSW)	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	5	6	83.3%
Chinese Medicine Practitioner	1	882	0.1%
Chiropractor	1	60	1.7%
Dental Practitioner	3	165	1.8%
Medical Practitioner	33	1,697	1.9%
Medical Radiation Practitioner	3	533	0.6%
Midwife		108	0.0%
Nurse	24	1,013	2.4%
Occupational Therapist	1	71	1.4%
Optometrist		15	0.0%
Osteopath		15	0.0%
Pharmacist		187	0.0%
Physiotherapist	1	75	1.3%
Podiatrist		14	0.0%
Psychologist	2	150	1.3%
Total	74	4,991	1.5%

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

Jurisdiction ³	Conduct ²	Health ²	Performance ²	Suitability/ eligibility ¹	Total 2014/15
NT	9	19	11	35	74
National 2014/15	775	1,153	691	3,083	5,702
% of national total	1.2%	1.6%	1.6%	1.1%	1.3%

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: Cases in 2014/15 where a criminal history check resulted in, or contributed to, imposition of conditions or undertakings, by profession

Profession	NT	Total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner		1	0.0%
Chinese Medical Practitioner		1	0.0%
Chiropractor		2	0.0%
Dental Practitioner		4	0.0%
Medical Practitioner		6	0.0%
Midwife			
Nurse		21	0.0%
Optometrist		1	0.0%
Pharmacist			
Physiotherapist			
Podiatrist			
Psychologist		1	0.0%
Total 2014/15	0	37	0.0%
Total 2013/14	6	76	7.9%

Table 24: Domestic and international criminal history checks in NT and nationally, by profession, and cases where a criminal history check resulted in, or contributed to, imposition of conditions or undertakings

State/territory ¹	NT				National 2014/15			
Profession	Number of CHCs ²	Number of DCOs ³	CHCs resulted in conditions/undertakings	% of total national CHCs resulted in conditions/undertakings	Number of CHCs ²	Number of DCOs ³	% of DCOs resulting from CHCs	CHCs resulted in conditions/undertakings
Aboriginal and Torres Strait Islander Health Practitioner	78	40	0	0.00%	266	111	41.73%	1
Chinese Medicine Practitioner	1	0	0	0.00%	1,187	78	6.57%	1
Chiropractor	1	0	0	0.00%	664	62	9.34%	2
Dental Practitioner	10	2	0	0.00%	1,764	106	6.01%	4
Medical Practitioner	105	6	0	0.00%	9,298	320	3.44%	6
Medical Radiation Practitioner	7	0	0	0.00%	1,989	102	5.13%	0
Midwife	26	1	0	0.00%	1,422	55	3.87%	0
Nurse	207	25	0	0.00%	24,328	1,738	7.14%	21
Occupational Therapist	9	1	0	0.00%	1,626	60	3.69%	0
Optometrist	2	0	0	0.00%	618	32	5.18%	1
Osteopath	0	0	0	0.00%	266	21	7.89%	0
Pharmacist	11	2	0	0.00%	2,264	105	4.64%	0
Physiotherapist	15	1	0	0.00%	2,645	96	3.63%	0
Podiatrist	2	0	0	0.00%	738	55	7.45%	0
Psychologist	14	1	0	0.00%	2,872	159	5.54%	1
Total 2014/15	488	79	0	0.00%	51,947	3,100	5.97%	37
Total 2013/14⁴	812	103	6	7.89%	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.

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