

Local decisions: National Scheme

Registering health
practitioners in
New South Wales

NSW

Annual Report Summary

2015/16

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



Aboriginal and Torres Strait Islander health practice	Occupational therapy
Chinese medicine	Optometry
Chiropractic	Osteopathy
Dental	Pharmacy
Medical	Physiotherapy
Medical radiation practice	Podiatry
Nursing and Midwifery	Psychology

Australian Health Practitioner Regulation Agency

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

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At a glance: registering health practitioners in New South Wales in 2015/16

This annual report summary offers a snapshot of our work registering more than 190,000 health practitioners in New South Wales (NSW) for the financial year to 30 June 2016.

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



NSW practitioners accounted for **29%** of all registered health practitioners in Australia

190,986 health practitioners were registered in NSW in 2015/16, compared with 185,247 the previous year



18,224 new applications for registration were received in NSW this year, an increase of **6%** year on year



18,096 criminal history checks were carried out for applicants in NSW. Of the 868 disclosable court outcomes, none required regulatory action

Women comprised **74%** of the registered NSW health workforce

31% of all Australian health practitioners with a recognised specialty were based in NSW



NSW is the principal place of practice for **41%** of all Chinese medicine practitioners nationally

7,401 new applications were received by AHPRA for registration in the nursing profession in 2015/16 (the largest contingent – there were 95,076 people registered as nurses in total)



More than **1/3** of all registered chiropractors, medical radiation practitioners and optometrists in Australia were based in NSW

The top five specialties for medical practitioners in NSW were:

- ▶ general practice (**7,593**)
- ▶ physician (**2,977**)
- ▶ surgery (**1,825**)
- ▶ anaesthesia (**1,450**), and
- ▶ psychiatry (**1,078**)

About the National Scheme

Who

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

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

The 14 National Boards are:

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

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

What

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

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

The online national registers provide a 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 a standardised framework for the accreditation of health practitioner education and training in Australia.

The searchable database for the registers of practitioners (also known as the public register) can be found at www.ahpra.gov.au/registration/register-of-practitioners.

When

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

Where

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

Why

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

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

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Foreword from the AHPRA Chair and CEO

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

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

NSW has 190,986 registered health practitioners. This represents 29% of all Australian practitioners, a growth of 3.1% from last year.

Working in a co-regulatory jurisdiction, AHPRA's NSW office manages the registration of practitioners, monitors practitioners with conditions on their registration to ensure compliance, and deals with statutory offences. It takes a collaborative approach to decision-making and works closely with the Health Professional Councils Authority, the Health Professional Councils and the NSW Health Care Complaints Commission, which manage complaints (notifications) in NSW.

During 2015/16, AHPRA managed 94 notifications about practitioners with a principal place of practice in NSW where the issue occurred outside the state.

The key focus for the NSW office in 2015/16 was on building stakeholder engagement and achieving greater efficiencies in core processes. This office managed 28.1% of new registration applications nationally. The NSW and Tasmanian registration teams now work as a single team, using the same processes, and a new digital approach has been implemented to cut down on paperwork and save time. The NSW registration team has also worked closely with the Western Australia (WA) team on assessing applications from internationally qualified nurses and midwives, which has resulted in more timely assessments.

In partnership with local boards and committees, the NSW office ensures timely and effective regulatory decision-making, working with the local state boards and committees. This is consistent with our shared regulatory principles and our commitment to being a risk-based regulator.

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



Mr Martin Fletcher
Chief Executive
Officer, AHPRA



Mr Michael Gorton AM
Chair, Agency
Management Committee

Foreword from Acting NSW State Manager, Peter Freeman

It has been a year of significant achievement and action in the NSW office. In partnership with National Boards, the NSW office manages and assesses the registration of 190,986 practitioners – 29% of all registered practitioners nationally and an increase of 5,739 from 2014/15.

Highlights of 2015/16

- ▶ **Streamlining the registration process:**
The NSW office implemented processes for more timely assessments and improving practitioners' registration experience.
- ▶ **Increased collaboration:** Working together with the WA office to assess applications for registration from international nurses and midwives resulted in us completing 3,450 of the 3,550 applications received from that contingent this year.
- ▶ **Defining the co-regulatory model:**
A memorandum of understanding was developed to confirm the relationships, roles and responsibilities of AHPRA and the Health Professional Councils Authority (HPCA) when exchanging information relevant to regulatory matters involving practitioners under the National Law.

Working in partnership with National Boards

NSW is a co-regulatory jurisdiction so the main focus of the NSW office is managing registrations, including assessing new applications for registration and changes in registration type. In 2015/16, the NSW office managed 27.9% of all new applications for registration received by AHPRA nationally.

Building stakeholder relationships

This year, representatives from our office have attended various stakeholder forums to share information about the National Scheme and, when relevant, profession-specific issues. For example, NSW is a destination for visiting internationally qualified health practitioner groups, and we delivered a number of presentations on the national registration scheme to those visitors. We have also actively sought input from community and hospital pharmacists in the development of the Pharmacy Board of Australia's registration examination scenarios and question bank.

Managing risk through local decision-making

We have continued to work in partnership with our co-regulatory partners, the NSW Health Care Complaints Commission (HCCC) and the HPCA to develop enhanced processes to assist with notification matters (complaints and concerns about health practitioners and students). This year we have hosted meetings to support opportunities for shared activities of National Boards and NSW Councils.

While complaints about health practitioners are not managed by AHPRA in NSW, the NSW office does assist in managing statutory offence complaints – matters such as the unlawful use of protected titles, performing restricted acts, unlawfully claiming to be a registered health practitioner, and unlawful advertising. The NSW legal team has been successful in prosecuting a number of persons for using protected titles in the past 12 months.

Local office, national contribution

In 2015/16, we formed a virtual team in collaboration with the AHPRA WA office as the central assessment and processing team for internationally qualified nurses and midwives (IQNM). The NSW office continues to deliver the national practitioner audit function, as well as coordinating the assessment of approved area-of-practice endorsements for conscious sedation for dentists.

I would like to thank the members of the NSW team for their valuable contributions to protecting the public over the past year. Shane Dann was State Manager from 1 July 2015 until 1 April 2016. I have acted as NSW State Manager since 2 April 2016.



Peter Freeman
Acting NSW State
Manager, AHPRA

Part 1:

Decision-making in NSW:
Board and committee reports

NSW Registration Committee, Dental Board of Australia: Chair's message

The main focus of the NSW Registration Committee of the Dental Board of Australia in 2015/16 was on managing risk to patients.

We did this by assessing the most complex applications for registration that might require restrictions to be placed on a dental practitioner's registration, often from overseas-trained practitioners.

Data showing the work of the local committee are detailed in this report (for reference, see List of tables on page 3). More comprehensive information about the work of the Dental Board of Australia nationally is included in the 2015/16 annual report of AHPRA and the National Boards. A Board-specific summary report with data pertaining to the Dental Board of Australia will be published online in early 2017.

The NSW committee is the local face for dental practitioners applying for registration in Australia. Our local committee is made up of practitioner and community members from NSW. The decisions the committee makes are guided by the national standards and policies set by the Dental Board of Australia. The local committee makes most decisions about the registration of dental practitioners in our region, supported by the NSW AHPRA office, in a national policy framework.

The NSW committee has also worked closely with AHPRA and our co-regulatory partner, the Dental Council of New South Wales, to ensure our regulatory decision-making in relation to the registration of dental practitioners ensures community confidence in dental practitioners.

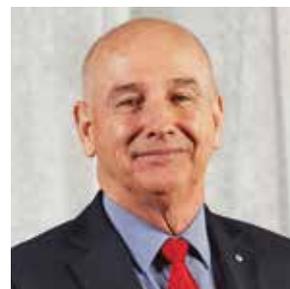
The local committee provides important feedback to the National Board on its standards and policies.

As Chair of the local committee, I attended a number of National Board meetings throughout the year. These meetings create opportunities to discuss how the National Board policies influence our local decision-making. Along with those decisions made by the National Board and its committees, our decision-making reflects the regulatory principles developed by AHPRA and the National Boards.

Working with our stakeholders has also been a priority during the year. We have engaged with education providers and dental students. I have spoken to Australian Dental Council examination



Professor John Highfield
Chair, NSW Registration Committee, Dental Board of Australia



Dr John Lockwood AM
Chair, Dental Board of Australia

candidates about jurisprudence and the role and functions of the Dental Board of Australia. The NSW Registration Committee acknowledges the importance of stakeholder engagement and its contribution to the National Scheme.

I thank my colleagues on the NSW Registration Committee for their energy and commitment to protecting the public in NSW during the year.

I would also like to thank the Chair of the National Board, Dr John Lockwood AM, the other members of the National Board and my fellow jurisdiction Chairs around the country for their wisdom and guidance in assisting me in the execution of my role as committee Chair.

Members of the NSW Registration Committee in 2015/16

Professor John Highfield (Chair)

Dr Anthony Burges

Associate Professor John Dale

Mr Michael Miceli

NSW Board of the Medical Board of Australia: Chair's message

It has been a year of change for the NSW Board of the Medical Board of Australia. As foreshadowed in last year's annual report, the NSW Registration Committee was disbanded and the NSW Board is now the sole decision-making body on matters of medical regulation in NSW.

The NSW Board consolidation has produced cost efficiencies, improved decision-making efficiency and provided consistency in the quality of decisions made by the Board.

I would like to take the opportunity to thank the retiring members of the NSW Registration Committee – Mr Michael Christodoulou, Dr Martin Mackertich, Dr Louise Nash and Ms Lorraine Poulos – for their enormous contribution, over many years, to medical regulation and the protection of the public in this state.

As part of the re-organisation, the Minister for Health also approved an increase in membership of the NSW Board, and my appointment as its Chair. Dr Jennifer Davidson, Dr Sergio Diez Alvarez, Dr Robyn Napier, Ms Jebby Phillips, Professor Allan Spigelman and Mr John Stubbs were appointed to the NSW Board, and Ms Rosemary Kusuma and Dr Mark Nicholls have continued on the Board. I welcome them and look forward to ongoing constructive interactions. During the year, Dr Annette Pantle resigned from the NSW Board and I thank her for her contribution during her tenure.

The NSW Board's principal regulatory activity is to register medical practitioners, with its guiding principle being to ensure public safety. Decisions regarding registration are made with reference to the national standards and policies set by the Medical Board of Australia. The NSW Board is skillfully supported by the local AHPRA office in this important work.

Stakeholder engagement is always a priority. During the year, we have met with the Medical Council of NSW with the aim of better streamlining processes between the two co-regulatory bodies. Engagement continues with a number of external bodies, including the NSW Ministry of Health; local health districts and hospitals; professional organisations including the NSW branch of the Australian Medical Association (AMA); the Health Education and Training Institute; the Australian Medical Council; and specialist colleges.



**Associate Professor
Stephen Adelstein
Chair, NSW Board of
the Medical Board of
Australia**



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

The data in this report provide a summary of registration information and the Board's work in NSW over the past year. They complement the comprehensive data tables published in the annual report of AHPRA and the National Boards for 2015/16.

Members of the NSW Board in 2015/16

Associate Professor Stephen Adelstein (Chair)

Dr Sergio Diez Alvarez (from 21 January 2016)

Mr Antony Carpentieri (until 30 June 2015)

Dr Jennifer Davidson (from 21 January 2016)

Ms Rosemary Kusuma

Dr Robyn Napier OAM

Dr Mark Nicholls

Dr Annette Pantle (until 31 December 2015)

Ms Jebby Phillips (from 21 January 2016)

Professor Allan Spigelman (from 21 January 2016)

Mr John Stubbs (from 21 January 2016)

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

In 2015/16, the NSW Board of the Nursing and Midwifery Board of Australia continued to focus on public safety when making decisions regarding applications for registration from nurses and midwives.

The decisions made in NSW are guided by the national standards and policies set by the Nursing and Midwifery Board of Australia (National Board) and by the regulatory principles for assessing applications for registration, which were recently developed jointly by the National Board and state and territory boards. These policies and regulatory guidelines inform the decisions made in NSW about local practitioners, supported by AHPRA's NSW office.

The NSW Board is the local face of nursing and midwifery registration in Australia, and we are made up of practitioner and community members from NSW. We work closely with our colleagues on the National Board and other state and territory boards, through monthly state and territory teleconferences of Board chairs, and by attending workshops on nursing and midwifery regulation.

During 2015/16, the NSW AHPRA office collaborated with the WA AHPRA office as the national assessment and processing centre of applications for registration from internationally qualified nurses and midwives. This has been a challenging but rewarding contribution to a national project.

We also worked collaboratively with AHPRA and our co-regulatory partner, the Nursing and Midwifery Council of NSW, to ensure our decision-making concerning the registration of nurses and midwives protects the public and continues to build community confidence in the professionalism and practice of nurses and midwives.

In partnership with AHPRA, we have engaged with the Nursing and Midwifery Office of the NSW Ministry of Health, and with nursing and midwifery education providers in NSW. The AHPRA team has also presented to nursing and midwifery students about registration.

Shane Dann was the NSW State Manager from 1 June 2015 until April 2016. Peter Freeman has been acting in this role from April 2016 and I thank them both for their valuable contributions.

The team at AHPRA, particularly Cathy Smith, Manager of the NSW Nursing and Midwifery team, has continued to provide outstanding support to the NSW Board, for which all members of the Board express their gratitude.



Liza Edwards
Acting Chair, NSW
Board of the Nursing
and Midwifery Board
of Australia



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

I would like to take this opportunity to thank Sue Hendy, previous Chair of the NSW Board, for her enormous contribution. Her experience and guidance will be sorely missed.

I also thank my colleagues on the NSW Board for the passion, energy and commitment they bring to the work of the Board and the people of NSW.

Members of the NSW Board in 2015/16

Ms Liza Edwards (Acting Chair, from April 2016)

Mrs Susan Hendy (Chair, until April 2016)

Ms Kathryn Adams

Mr Bruce Brown

Mrs Sue Dawson

Ms Adrienne Farago

Dr Susan Gould (until 31 January 2016)

Mrs Eithne Irving (from 25 October 2016)

Ms Melissa Maimann

Ms Suzanne McNicol

Ms Margaret Sampson (from 4 May 2016)

Pharmacy Board of Australia: Chair's message

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

Practitioner representation from each of the states and territories on the National Board helps to ensure consistency and transparency in the Board's work to implement the National Registration and Accreditation Scheme at a local level. This is supported by a public perspective, which comes from community member representatives from four states. Mr Laurence (Ben) Wilkins is the practitioner member from New South Wales on the National Board.

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

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

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

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



Mr William Kelly
Chair, Pharmacy
Board of Australia

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

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

This year, the pharmacy professional officers convened a pharmacists' workshop to inform the development of questions for the national pharmacy examination. Participating in a school careers day to talk about becoming a pharmacist was another highlight.

NSW Board of the Psychology Board of Australia: Chair's message

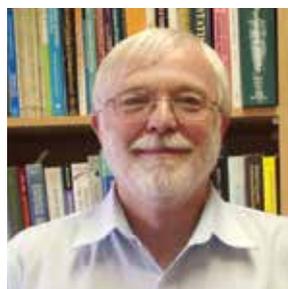
2015/16 has been yet another busy year for the NSW Board of the Psychology Board of Australia.

The NSW Board is the local face of psychology registration in NSW, and is made up of practitioner and community members from the state. I would like to thank the current members of the NSW Board (listed below) for the significant contribution they have made this year and for their continued dedication and wisdom.

The decisions of the NSW Board are guided by the national standards and policies set by the Psychology Board of Australia (the National Board). We implement these standards and policies when making decisions about the registration of individual psychologists in our region, and we are supported by the NSW AHPRA office, within a national policy framework. The NSW Board benefits from the expertise of professional officers within AHPRA – Matt Jessimer, Kaarina Burge and Roderick Lander. Professional officers are registered psychologists who bring discipline-specific knowledge to their support of the Board's work. The NSW Board works closely with many AHPRA staff, and is grateful for the professional support it receives.

As always, the main focus of the NSW Board during the year was public safety. This report outlines the scope of the work carried out by the Board and AHPRA in NSW on behalf of the public. The Board has worked with AHPRA to ensure and support consistent, robust decision-making that reflects the regulatory principles endorsed by National Boards across the National Scheme. To ensure that our decision-making is of the highest standard, the NSW Board participates in continual improvement processes in collaboration with the National Board, and the three other regional psychology boards across Australia.

The NSW Board has also worked with our co-regulatory partner, the Psychology Council of NSW, to ensure our regulatory decision-making in relation to the registration of psychologists protects the public and cements community confidence in psychologists.



**Associate Professor
Michael Kiernan**
Chair, NSW Board of
the Psychology Board
of Australia



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

Each year, the NSW Board conducts a public forum in a regional centre in NSW to update psychologists about developments within the National Scheme. This year the forum was conducted in Merimbula and was well attended by local psychologists. The NSW Board is grateful to all psychologists who supported this forum.

Finally, I wish to thank psychologists in NSW. The Board sees its role very much to be a collaboration with you to ensure the highest standards of psychological practice for the people of NSW.

Members of the NSW Board in 2015/16

Associate Professor Michael Kiernan (Chair)

Ms Jeanette Evans

Ms Margo Gill

Ms Pauline O'Connor

Mr Nikolai Titov

Ms Lila Vrkleviski

Dr Ann Wignall

National Boards and committees: making local decisions

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

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

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

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

Throughout 2015/16, National Boards engaged with local stakeholders in a range of ways, including:

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

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

Meet the Chairs



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



Professor Charlie Xue
Chair, Chinese
Medicine Board of
Australia



Dr Wayne Minter AM
Chair, Chiropractic
Board of Australia



Mr Neil Hicks
Chair, Medical
Radiation Practice
Board of Australia



Ms Julie Brayshaw
Chair, Occupational
Therapy Board of
Australia



Mr Ian Bluntish
Chair, Optometry
Board of Australia



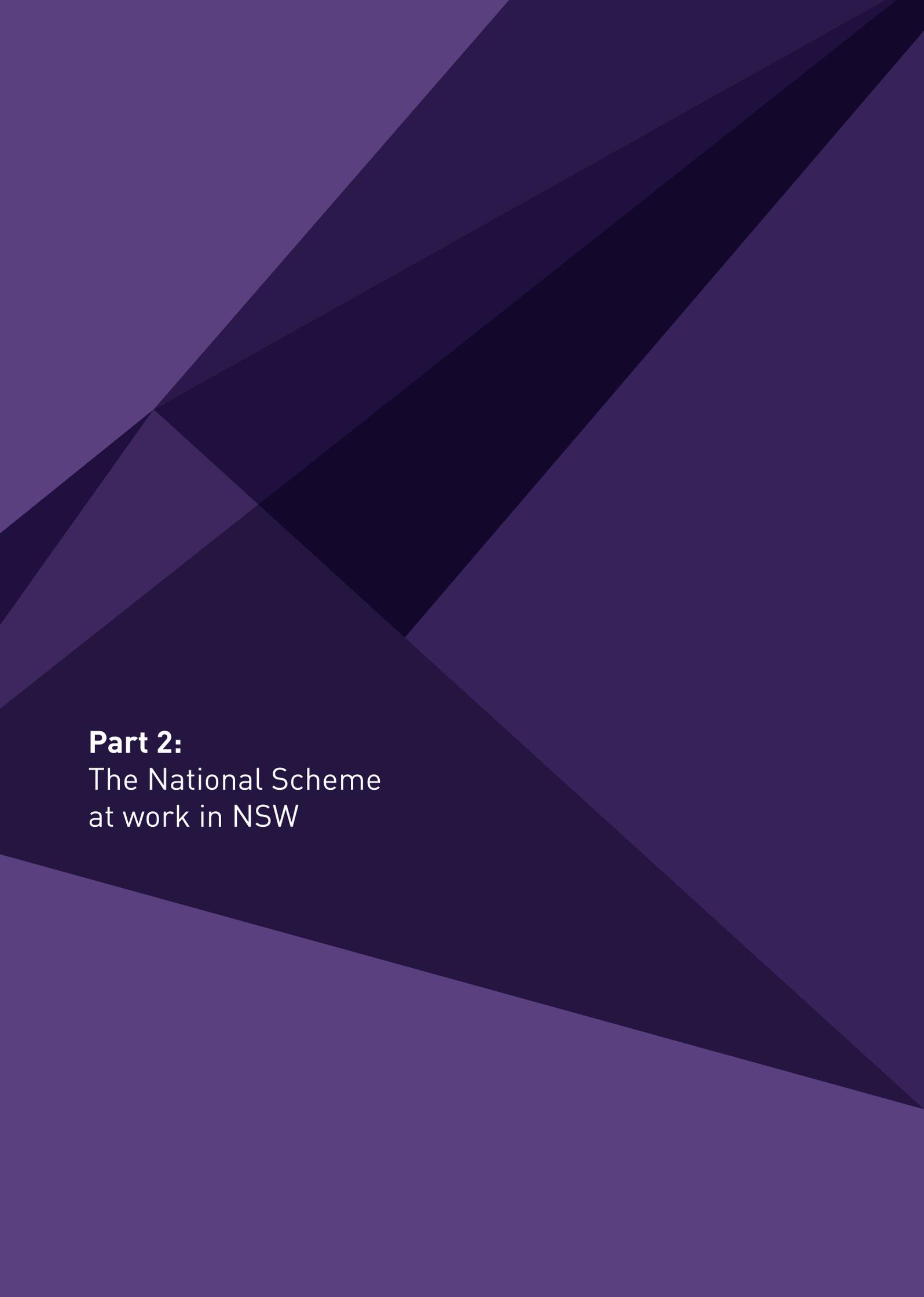
Dr Nikole Grbin
Chair, Osteopathy
Board of Australia



Dr Charles Flynn
Presiding Member,
Physiotherapy Board
of Australia



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



Part 2:
The National Scheme
at work in NSW

NSW: data snapshot

Five insights for 2015/16

- ▶ As at 30 June 2016, there were 190,986 registered health practitioners with a principal place of practice in NSW.
- ▶ NSW has 29% of all registered health practitioners in Australia, and almost a third of all registered health practitioners with a recognised specialty.
- ▶ NSW is the principal place of practice for 41% of all registered Chinese medicine practitioners in Australia.
- ▶ 18,224 new applications were received for registration in NSW, an increase of 6% from the previous year.
- ▶ 18,096 criminal history checks were carried out for new applicants this year, with none resulting in conditions being imposed on their registration.

Background

Data in the NSW annual report summary are drawn from the 2015/16 annual report of AHPRA and the National Boards. NSW data have been extracted from national source data to highlight the work we've undertaken in this jurisdiction to keep the public safe over the past 12 months. All data were correct as at 30 June 2016.

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

Note that in NSW, AHPRA manages the registration process of health practitioners with a principal place of practice in NSW – we do not manage notifications in this jurisdiction. Therefore, this report contains data that relate primarily to registration information.

This NSW snapshot provides information about the number of practitioners in each profession in NSW, including a breakdown by registration type, registration division (for professions with divisions), information about specialist registration types (for dental, podiatry and medical practitioners), and endorsements or notations held.

Complaints about the health, performance or conduct of NSW health practitioners are managed under co-regulatory arrangements by the Health Professional Councils Authority (HPCA) and the NSW Health Care Complaints Commission (HCCC).

Data about complaints, hearings and outcomes involving registered health practitioners in NSW in 2015/16 can be found in the combined annual reports of the NSW health professions councils on the HPCA website: www.hpca.nsw.gov.au.

Information about the complaints and concerns (notifications) process in NSW is available at www.hccc.nsw.gov.au/Complaints/Complaint-Process.

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

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

Registration in NSW

Tables 1–8 provide details of registered health practitioners with a principal place of practice in NSW. At 30 June 2016, the number of registered health practitioners in NSW was 190,986, an increase of 5,739 (3.1%) from 2014/15. This jurisdiction represents 29% of all registered health practitioners in Australia.

At a profession level, the proportion of registrants in NSW ranged from 41% of Chinese medicine practitioners to 18.1% of Aboriginal and Torres Strait Islander health practitioners nationally. See Table 1.

Data also showed that in 2015/16 NSW had:

- ▶ 31.1% of registered health practitioners with a recognised specialty nationally, and
- ▶ 26.3% of health practitioners with a recognised endorsement or notation nationally, which permits an expanded scope of practice within their profession.

In 2015/16, applications received for registration in NSW increased by 6%, with 18,224 new applications. This equates to 27.9% of new applications received nationally during the year. Details of registration applications received, with a breakdown of profession and registration type, are provided in Table 7.

Profession	NSW	National total ⁴	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	106	587	18.1%
Chinese Medicine Practitioner	1,953	4,762	41.0%
Chiropractor	1,736	5,167	33.6%
Dental Practitioner	6,580	21,741	30.3%
Medical Practitioner	33,236	107,179	31.0%
Medical Radiation Practitioner	5,089	15,303	33.3%
Midwife	903	4,122	21.9%
Nurse	95,076	346,387	27.4%
Nurse and Midwife ²	8,742	29,699	29.4%
Occupational Therapist	5,167	18,304	28.2%
Optometrist	1,743	5,142	33.9%
Osteopath	572	2,094	27.3%
Pharmacist	9,171	29,717	30.9%
Physiotherapist	8,408	28,855	29.1%
Podiatrist	1,268	4,655	27.2%
Psychologist	11,236	33,907	33.1%
Total 2015/16	190,986	657,621	29.0%
Total 2014/15	185,247	637,218	29.1%
Population as a proportion of national population³	7,670,700	23,940,300	32.0%

Notes:

1. Data are based on registered practitioners as at 30 June 2016.
2. Practitioners who hold dual registration as both a nurse and a midwife.
3. Based on Australian Bureau of Statistics demographics statistics as at 30 December 2015.
4. National total also includes registrants who have no specified principal place of practice.

Profession/registration type	NSW	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	106	587	18.1%
General	106	585	18.1%
Non-practising		2	0.0%
Chinese Medicine Practitioner	1,953	4,762	41.0%
General	1,899	4,535	41.9%
Non-practising	54	227	23.8%
Chiropractor	1,736	5,167	33.6%
General	1,669	4,875	34.2%
Non-practising	67	292	22.9%
Dental Practitioner	6,580	21,741	30.3%
General	5,943	19,458	30.5%
General and non-practising ¹		1	0.0%
General and specialist	477	1,632	29.2%
Limited	16	74	21.6%
Non-practising	140	546	25.6%
Specialist	4	30	13.3%
Medical Practitioner	33,236	107,179	31.0%
General	11,868	36,953	32.1%
General (teaching and assessing)	11	36	30.6%
General (teaching and assessing) and specialist	2	2	100.0%
General and specialist	16,576	50,622	32.7%
Limited	682	2,705	25.2%
Non-practising	658	2,655	24.8%
Provisional	1,447	5,408	26.8%
Specialist	1,992	8,798	22.6%

Profession/registration type	NSW	National total	% of national total
Medical Radiation Practitioner	5,089	15,303	33.3%
General	4,740	14,541	32.6%
Limited	1	6	16.7%
Non-practising	60	234	25.6%
Provisional	288	522	55.2%
Midwife	903	4,122	21.9%
General	884	4,050	21.8%
Non-practising	19	72	26.4%
Nurse	95,076	346,387	27.4%
General	93,200	341,071	27.3%
General and non-practising ¹	11	25	44.0%
Non-practising	1,841	5,161	35.7%
Provisional	24	130	18.5%
Nurse and Midwife	8,742	29,699	29.4%
General	7,647	27,680	27.6%
General and non-practising ²	762	1,337	57.0%
General and provisional		6	0.0%
Non-practising	333	671	49.6%
Provisional		5	0.0%
Occupational Therapist	5,167	18,304	28.2%
General	5,004	17,552	28.5%
Limited	16	69	23.2%
Non-practising	132	643	20.5%
Provisional	15	40	37.5%
Optometrist	1,743	5,142	33.9%
General	1,699	4,977	34.1%
Limited	3	5	60.0%
Non-practising	41	160	25.6%
Osteopath	572	2,094	27.3%
General	551	2,020	27.3%
Non-practising	16	66	24.2%
Provisional ³	5	8	62.5%

Profession/registration type	NSW	National total	% of national total
Pharmacist	9,171	29,717	30.9%
General	8,316	26,948	30.9%
Limited	2	7	28.6%
Non-practising	255	1,035	24.6%
Provisional	598	1,727	34.6%
Physiotherapist	8,408	28,855	29.1%
General	8,099	27,667	29.3%
Limited	64	346	18.5%
Non-practising	245	842	29.1%
Podiatrist	1,268	4,655	27.2%
General	1,251	4,524	27.7%
General and specialist	4	30	13.3%
Non-practising	13	101	12.9%
Psychologist	11,236	33,907	33.1%
General	9,220	27,627	33.4%
Non-practising	566	1,658	34.1%
Provisional	1,450	4,622	31.4%
Total	190,986	657,621	29.0%

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 NSW as the principal place of practice

Profession/ endorsement or notation	NSW	National total	% of national total
Chiropractor		32	0.0%
Acupuncture		32	0.0%
Dental Practitioner	49	95	51.6%
Area of Practice	49	95	51.6%
Medical Practitioner	160	573	27.9%
Acupuncture	160	573	27.9%
Midwife¹	54	342	15.8%
Eligible Midwife ²	13	91	14.3%
Midwife Practitioner	1	1	100.0%
Scheduled Medicines	40	250	16.0%
Nurse¹	407	2,804	14.5%
Eligible Midwife ³	51	289	17.6%
Nurse Practitioner	317	1,418	22.4%
Scheduled Medicines	39	1,097	3.6%
Optometrist	596	2,387	25.0%
Scheduled Medicines	596	2,387	25.0%
Osteopath		2	0.0%
Acupuncture		2	0.0%
Physiotherapist		8	0.0%
Acupuncture		8	0.0%
Podiatrist	4	74	5.4%
Scheduled Medicines	4	74	5.4%
Psychologist	3,328	11,167	29.8%
Area of Practice	3,328	11,167	29.8%
Total	4,598	17,484	26.3%

Notes:

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

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

Profession/gender	NSW	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	106	587	18.1%
Female	85	452	18.8%
Male	21	135	15.6%
Chinese Medicine Practitioner	1,953	4,762	41.0%
Female	1,048	2,602	40.3%
Male	905	2,160	41.9%
Chiropractor	1,736	5,167	33.6%
Female	634	1,989	31.9%
Male	1,102	3,178	34.7%
Dental Practitioner	6,580	21,741	30.3%
Female	2,989	10,737	27.8%
Male	3,591	11,004	32.6%
Medical Practitioner	33,236	107,179	31.0%
Female	13,762	44,492	30.9%
Male	19,474	62,687	31.1%
Medical Radiation Practitioner	5,089	15,303	33.3%
Female	3,415	10,369	32.9%
Male	1,674	4,934	33.9%
Midwife	903	4,122	21.9%
Female	897	4,107	21.8%
Male	6	15	40.0%
Nurse	95,076	346,387	27.4%
Female	82,726	306,450	27.0%
Male	12,350	39,937	30.9%
Nurse and Midwife	8,742	29,699	29.4%
Female	8,551	29,177	29.3%
Male	191	522	36.6%
Occupational Therapist	5,167	18,304	28.2%
Female	4,710	16,749	28.1%
Male	457	1,555	29.4%
Optometrist	1,743	5,142	33.9%
Female	949	2,658	35.7%
Male	794	2,484	32.0%

Profession/gender	NSW	National total	% of national total
Osteopath	572	2,094	27.3%
Female	248	1,137	21.8%
Male	324	957	33.9%
Pharmacist	9,171	29,717	30.9%
Female	5,589	18,243	30.6%
Male	3,582	11,474	31.2%
Physiotherapist	8,408	28,855	29.1%
Female	5,684	19,639	28.9%
Male	2,724	9,216	29.6%
Podiatrist	1,268	4,655	27.2%
Female	731	2,822	25.9%
Male	537	1,833	29.3%
Psychologist	11,236	33,907	33.1%
Female	8,861	26,909	32.9%
Male	2,375	6,998	33.9%
Total	190,986	657,621	29.0%

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

Profession/division	NSW	National total	% of national total
Chinese Medicine Practitioner	1,953	4,762	41.0%
Acupuncturist	440	1,722	25.6%
Acupuncturist and Chinese Herbal Dispenser ¹		2	0.0%
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹	497	779	63.8%
Acupuncturist and Chinese Herbal Medicine Practitioner ¹	952	2,147	44.3%
Chinese Herbal Dispenser	35	45	77.8%
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹	12	17	70.6%
Chinese Herbal Medicine Practitioner	17	50	34.0%
Dental Practitioner	6,580	21,741	30.3%
Dental Hygienist	424	1,414	30.0%
Dental Hygienist and Dental Prosthetist ¹	2	3	66.7%
Dental Hygienist and Dental Prosthetist and Dental Therapist ¹	1	2	50.0%
Dental Hygienist and Dental Therapist ¹	65	480	13.5%
Dental Hygienist and Dental Therapist and Dentist		2	0.0%
Dental Hygienist and Dental Therapist and Oral Health Therapist		1	0.0%
Dental Hygienist and Dentist ¹	2	3	66.7%
Dental Hygienist and Oral Health Therapist ¹	2	6	33.3%
Dental Prosthetist	409	1,250	32.7%
Dental Prosthetist and Dental Therapist ¹		1	0.0%
Dental Prosthetist and Dentist ¹		1	0.0%

Profession/division	NSW	National total	% of national total
Dental Therapist	212	1,016	20.9%
Dental Therapist and Dentist		1	0.0%
Dental Therapist and Oral Health Therapist ¹		4	0.0%
Dentist	5,135	16,264	31.6%
Dentist and Oral Health Therapist ¹	1	2	50.0%
Oral Health Therapist	327	1,291	25.3%
Medical Radiation Practitioner	5,089	15,303	33.3%
Diagnostic Radiographer	3,916	11,840	33.1%
Diagnostic Radiographer and Nuclear Medicine Technologist ¹	1	14	7.1%
Diagnostic Radiographer and Radiation Therapist ¹		2	0.0%
Nuclear Medicine Technologist	422	1,095	38.5%
Radiation Therapist	750	2,352	31.9%
Nurse	95,076	346,387	27.4%
Enrolled Nurse (Division 2)	13,840	62,994	22.0%
Enrolled Nurse (Division 2) and Registered Nurse (Division 1) ¹	1,269	6,465	19.6%
Registered Nurse (Division 1)	79,967	276,928	28.9%
Nurse and Midwife	8,742	29,699	29.4%
Enrolled Nurse and Midwife ¹	4	64	6.3%
Enrolled Nurse and Registered Nurse and Midwife ¹	13	66	19.7%
Registered Nurse and Midwife ¹	8,725	29,569	29.5%
Total	117,440	417,892	28.1%

Note:

1. Practitioners who hold dual or multiple registration.

Table 6. Health practitioners with specialties at 30 June 2016¹

Profession/area of specialty practice	NSW	National total	% of national total
Dental Practitioner	508	1,714	29.6%
Dento-maxillofacial radiology		10	0.0%
Endodontics	49	163	30.1%
Forensic odontology	6	26	23.1%
Oral and maxillofacial surgery	51	202	25.2%
Oral medicine	7	35	20.0%
Oral pathology	7	24	29.2%
Oral surgery	38	51	74.5%
Orthodontics	185	605	30.6%
Paediatric dentistry	36	130	27.7%
Periodontics	59	223	26.5%
Prosthodontics	65	213	30.5%
Public health dentistry (Community dentistry)	3	16	18.8%
Special needs dentistry	2	16	12.5%
Medical Practitioner	20,046	64,463	31.1%
Addiction medicine	65	168	38.7%
Anaesthesia	1,450	4,782	30.3%
Dermatology	190	528	36.0%
Emergency medicine	467	1,904	24.5%
General practice	7,593	24,471	31.0%
Intensive care medicine	251	856	29.3%
Paediatric intensive care medicine	2	7	28.6%
No subspecialty declared	249	849	29.3%
Medical administration	105	331	31.7%

Profession/area of specialty practice	NSW	National total	% of national total
Obstetrics and gynaecology	567	1,932	29.3%
Gynaecological oncology	16	46	34.8%
Maternal-fetal medicine	12	40	30.0%
Obstetrics and gynaecological ultrasound	13	76	17.1%
Reproductive endocrinology and infertility	27	54	50.0%
Urogynaecology	10	31	32.3%
No subspecialty declared	489	1,685	29.0%
Occupational and environmental medicine	89	308	28.9%
Ophthalmology	371	991	37.4%
Paediatrics and child health	838	2,555	32.8%
Paediatric intensive care medicine	3	6	50.0%
Clinical genetics	16	26	61.5%
Community child health	21	52	40.4%
General paediatrics	616	1,825	33.8%
Neonatal and perinatal medicine	49	174	28.2%
Paediatric cardiology	8	36	22.2%
Paediatric clinical pharmacology	1	1	100.0%
Paediatric emergency medicine	12	51	23.5%
Paediatric endocrinology	13	32	40.6%
Paediatric gastroenterology and hepatology	5	24	20.8%
Paediatric haematology	5	11	45.5%
Paediatric immunology and allergy	6	20	30.0%
Paediatric infectious diseases	5	19	26.3%
Paediatric medical oncology	6	27	22.2%
Paediatric nephrology	5	11	45.5%
Paediatric neurology	17	35	48.6%
Paediatric palliative medicine	1	2	50.0%

Profession/area of specialty practice	NSW	National total	% of national total
Paediatric rehabilitation medicine	5	8	62.5%
Paediatric respiratory and sleep medicine	9	27	33.3%
Paediatric rheumatology	3	12	25.0%
No subspecialty declared	32	156	20.5%
Pain medicine	88	276	31.9%
Palliative medicine	108	312	34.6%
Pathology	715	2,073	34.5%
Anatomical pathology (including cytopathology)	305	892	34.2%
Chemical pathology	26	95	27.4%
Forensic pathology	10	48	20.8%
General pathology	56	123	45.5%
Haematology	172	513	33.5%
Immunology	48	118	40.7%
Microbiology	80	231	34.6%
No subspecialty declared	18	53	34.0%
Physician	2,977	9,779	30.4%
Cardiology	414	1,313	31.5%
Clinical genetics	31	72	43.1%
Clinical pharmacology	14	55	25.5%
Endocrinology	217	658	33.0%
Gastroenterology and hepatology	252	836	30.1%
General medicine	393	1,785	22.0%
Geriatric medicine	216	661	32.7%
Haematology	175	532	32.9%
Immunology and allergy	60	159	37.7%
Infectious diseases	95	408	23.3%
Medical oncology	181	626	28.9%
Nephrology	162	522	31.0%
Neurology	212	567	37.4%
Nuclear medicine	105	261	40.2%
Respiratory and sleep medicine	202	651	31.0%
Rheumatology	116	365	31.8%
No subspecialty declared	132	308	42.9%

Profession/area of specialty practice	NSW	National total	% of national total
Psychiatry	1,078	3,565	30.2%
Public health medicine	134	434	30.9%
Radiation oncology	130	380	34.2%
Radiology	681	2,368	28.8%
Diagnostic radiology	598	2,023	29.6%
Diagnostic ultrasound	1	4	25.0%
Nuclear medicine	38	186	20.4%
No subspecialty declared	44	155	28.4%
Rehabilitation medicine	225	497	45.3%
Sexual health medicine	58	123	47.2%
Sport and exercise medicine	41	119	34.5%
Surgery	1,825	5,711	32.0%
Cardio-thoracic surgery	57	201	28.4%
General surgery	650	1,974	32.9%
Neurosurgery	79	247	32.0%
Oral and maxillofacial surgery	28	123	22.8%
Orthopaedic surgery	444	1,394	31.9%
Otolaryngology - head and neck surgery	158	498	31.7%
Paediatric surgery	36	103	35.0%
Plastic surgery	128	450	28.4%
Urology	135	434	31.1%
Vascular surgery	72	229	31.4%
No subspecialty declared	38	58	65.5%
Podiatrist	4	30	13.3%
Podiatric surgeon	4	30	13.3%
Total	20,558	66,207	31.1%

Note:

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

Table 7. Applications received, by profession and registration type

Profession/registration type	NSW	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	78	269	29.0%
General	78	268	29.1%
Non-practising		1	0.0%
Chinese Medicine Practitioner	281	742	37.9%
General	209	546	38.3%
Non-practising	72	196	36.7%
Chiropractor	145	394	36.8%
General	127	340	37.4%
Limited		3	0.0%
Non-practising	18	51	35.3%
Dental Practitioner	408	1,536	26.6%
General	343	1,280	26.8%
Limited	14	46	30.4%
Non-practising	37	143	25.9%
Specialist	14	67	20.9%
Medical Practitioner	4,548	16,203	28.1%
General	1,593	5,280	30.2%
Limited	506	1,720	29.4%
Non-practising	99	393	25.2%
Provisional	1,440	5,453	26.4%
Specialist	910	3,357	27.1%
Medical Radiation Practitioner	680	1,722	39.5%
General	396	1,160	34.1%
Limited	1	6	16.7%
Non-practising	33	82	40.2%
Provisional	250	474	52.7%
Midwife	419	1,715	24.4%
General	315	1,401	22.5%
Non-practising	101	297	34.0%
Provisional	3	17	17.6%
Nurse	7,401	28,854	25.6%
General	6,918	27,031	25.6%
Non-practising	397	1,513	26.2%
Provisional	86	310	27.7%

Profession/ registration type	NSW	National total	% of national total
Occupational Therapist	628	2,200	28.5%
General	522	1,799	29.0%
Limited	23	81	28.4%
Non-practising	72	287	25.1%
Provisional	11	33	33.3%
Optometrist	125	399	31.3%
General	118	365	32.3%
Limited	2	6	33.3%
Non-practising	5	28	17.9%
Osteopath	41	207	19.8%
General	33	163	20.2%
Non-practising	3	28	10.7%
Provisional	5	16	31.3%
Pharmacist	1,045	3,324	31.4%
General	501	1,622	30.9%
Limited	6	29	20.7%
Non-practising	37	151	24.5%
Provisional	501	1,522	32.9%
Physiotherapist	766	2,505	30.6%
General	682	2,101	32.5%
Limited	49	244	20.1%
Non-practising	35	160	21.9%
Podiatrist	154	445	34.6%
General	148	408	36.3%
Non-practising	6	36	16.7%
Specialist		1	0.0%
Psychologist	1,505	4,759	31.6%
General	536	1,773	30.2%
Non-practising	171	529	32.3%
Provisional	798	2,457	32.5%
Total 2015/16	18,224	65,274	27.9%
Total 2014/15	17,199	61,517	28.0%

Table 8. Outcomes of applications for registration finalised in 2015/16

Outcome	NSW	National total ²	% of national total
Register	16,166	57,260	28.2%
Register with conditions	609	1,716	35.5%
Register in a type other than applied for	67	150	44.7%
Register in a type other than applied for with conditions	35	130	26.9%
Refuse application	635	2,706	23.5%
Withdrawn	993	3,823	26.0%
Other	43	191	22.5%
Total 2015/16 (PPP)¹	18,548	65,976	28.1%

Notes:

1. Based on state and territory of the applicant's principal place of practice (PPP).
2. National total figure includes overseas applicants and applicants who did not indicate their PPP.

Criminal history checks

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

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

to checking international criminal history, which was introduced in 2014/15.

In 2015/16, there were 18,096 criminal history checks carried out for applicants with a PPP in NSW. Of those, 868 resulted in disclosable court outcomes. None (0) resulted in the imposition of conditions or undertakings. See Table 9.

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

State/territory ¹	NSW					National 2015/16			
	Number of CHCs ²	Number of DCOs ³	% of DCOs resulting from CHCs	Conditions/undertakings resulting from CHCs	% of total national CHCs resulted in conditions/undertakings	Number of CHCs ²	Number of DCOs ³	% of DCOs resulting from CHCs	Conditions/undertakings resulting from CHCs
Aboriginal and Torres Strait Islander Health Practitioner	95	29	30.5%		0%	396	193	48.7%	1
Chinese Medicine Practitioner	361	25	6.9%		0%	933	60	6.4%	
Chiropractor	268	25	9.3%		0%	787	66	8.4%	
Dental Practitioner	511	26	5.1%		0%	1,992	96	4.8%	1
Medical Practitioner	2,774	86	3.1%		0%	11,891	267	2.2%	
Medical Radiation Practitioner	615	20	3.3%		0%	1,728	61	3.5%	
Midwife	179	15	8.4%		0%	859	52	6.1%	
Nurse	9,491	490	5.2%		0%	36,140	1,977	5.5%	6
Occupational Therapist	672	15	2.2%		0%	2,288	66	2.9%	
Optometrist	122	1	0.8%		0%	408	5	1.2%	
Osteopath	51	9	17.6%		0%	185	15	8.1%	
Pharmacist	776	23	3.0%		0%	2,516	86	3.4%	1
Physiotherapist	884	28	3.2%		0%	2,702	94	3.5%	
Podiatrist	260	20	7.7%		0%	814	54	6.6%	
Psychologist	1,037	56	5.4%		0%	3,059	183	6.0%	1
Total 2015/16	18,096	868	4.8%	0	0%	66,698	3,275	4.9%	10
Total 2014/15	14,302	887	6.2%	8	21.6%	51,947	3,100	6.0%	37

Notes:

1. For 2015/16, figures are reported by principal place of practice. For 2014/15, figures are reported by the state/territory location of the preferred address as advised by the applicant/registrant. Where this can't be identified, the location of the office assessing the application is used.
2. Criminal history checks. Refers to both domestic and international criminal history checks submitted. International criminal history checks started in 2014/15.
3. Disclosable court outcomes.

Complaints about practitioners in NSW

AHPRA does not manage notifications (complaints or concerns) about registered health practitioners or students where the issue giving rise to the notification occurred in NSW. Any concerns relating to health, performance or conduct occurring in NSW are managed by the HPCA, in consultation with the HCCC.

However, AHPRA managed 94 notifications where a registrant's principal place of practice was listed as NSW due to the issue occurring in a jurisdiction other than NSW. Please refer to Table N2 in the 2015/16 annual report by AHPRA and the National Boards for details: www.ahpra.gov.au/annualreport/2016.

Statutory offence complaints

In order to protect the public, the National Law sets out the following types of statutory offences:

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

These offences are prosecuted in the Magistrates' Court (or equivalent) of the relevant state or territory, and carry penalties or fines that may be imposed on a finding of guilt.

Nationally, AHPRA received 1,348 statutory offence complaints in 2015/16 (166% more than in 2014/15). This increase was largely due to a series of complaints made by organisations about alleged advertising breaches, which made up 75% of all complaints. Of these, 57.3% were about chiropractic services, 16% were about dental services and 13.1% were about medical services.

In 2015/16, 345 new statutory offence complaints were made about NSW-based practitioners, an increase of 348% from 2014/15, which is reflective of the sharp increase in statutory offence complaints received nationally. NSW received 25.6% of all offence complaints received nationally. See Table 10.

One hundred and seventy-seven statutory offences were closed in 2015/16, which was 142.5% more than in 2014/15.

AHPRA continues to work with the National Boards to proactively target strategies to best manage the increase in volume to ensure fast and efficient processes for the coming year.

Almost all new matters in NSW related to title protection or advertising concerns.

Table 10. Offences received and closed by profession and jurisdiction¹

Profession	NSW		National total ²		% of national total	
	Received	Closed	Received	Closed	Received	Closed
Aboriginal and Torres Strait Islander Health Practitioner			0	0	0.0%	0.0%
Chinese Medicine Practitioner	7	3	26	12	26.9%	25.0%
Chiropractor	183	40	601	68	30.4%	58.8%
Dental Practitioner	43	48	196	157	21.9%	30.6%
Medical Practitioner	50	36	202	128	24.8%	28.1%
Medical Radiation Practitioner	6	3	8	7	75.0%	42.9%
Midwife	2	2	33	6	6.1%	33.3%
Nurse	9	8	54	40	16.7%	20.0%
Occupational Therapist	5	1	6	5	83.3%	20.0%
Optometrist	3	3	9	9	33.3%	33.3%
Osteopath	1	2	12	25	8.3%	8.0%
Pharmacist		1	13	13	0.0%	7.7%
Physiotherapist	10	12	66	40	15.2%	30.0%
Podiatrist	1	2	26	17	3.8%	11.8%
Psychologist	25	16	83	64	30.1%	25.0%
Unknown ¹			13	9	0.0%	0.0%
Total 2015/16 (PPP)²	345	177	1,348	600	25.6%	29.5%
Total 2014/15 (PPP)²	77	73	506	518	15.2%	14.1%

Notes:

1. Profession of registrant is not always identifiable in the early stages of a notification.
2. Notifications are based on the state or territory of the practitioner's principal place of practice (PPP).

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