

Local decisions: National Scheme

Regulating health
practitioners in
Tasmania

Tas

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: regulating health practitioners in Tasmania in 2015/16

This annual report summary offers a snapshot of our work regulating more than 14,000 registered health practitioners in Tasmania (Tas) 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.



Tasmanian practitioners accounted for **2.1%** of all registered health practitioners in Australia

14,123 health practitioners were registered in Tasmania in 2015/16, compared with 13,886 the previous year



Women comprised **77%** of the registered Tas health workforce

1,137 new applications for registration were received in Tasmania this year, an increase of **6.2%** year on year



995 criminal history checks were carried out for applicants in Tasmania. Of **388** disclosable court outcomes, none required regulatory action



2.4% of all registered nurses and pharmacists were based in Tasmania

0.5% of all midwives and Aboriginal and Torres Strait Islander health practitioners were based in Tasmania

242 notifications were received about registrants with a principal place of practice in Tasmania



105 practitioners were monitored for health, performance and/or conduct in Tasmania

The majority of these were medical practitioners (**41**) or nurses (**41**)



13 new statutory offence complaints were received, an increase of **225%** from the previous year

There was a **12.6%** increase in notifications last year, up from 215 in 2014/15

2.4% of all notifications (complaints or concerns) received during the year were about practitioners in Tasmania



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.

There are 14,123 registered health practitioners with a principal place of practice in Tasmania. This represents 2.1% of all Australian practitioners, and an increase of 1.7% year on year.

While maintaining a strong local presence, in 2015/16, the Tasmanian office focused on combining strengths with the AHPRA office in the Australian Capital Territory (ACT), with staff working between the two offices and collaborating on new common processes.

The Boards cemented gains made last year in engaging with external stakeholders, with a program including presentations at a range of monthly board meetings. Boards have also ramped up their stakeholder engagement and professional development programs in Tasmania.

Tasmanian office representatives have attended a number of stakeholder forums to share information about the National Scheme and discuss any relevant profession-specific issues. Staff regularly conduct briefings for new and transitioning practitioners.

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

We thank the staff of the Tasmanian AHPRA office, as well as local board 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 Tasmanian community.



Mr Martin Fletcher
Chief Executive
Officer, AHPRA



Mr Michael Gorton AM
Chair, Agency
Management Committee

Foreword from Tasmania State Manager, Catherine Miedecke

It has been a busy and productive year for the Tasmanian AHPRA office. We have built on existing stakeholder relationships, encouraged greater collaboration and streamlined registration processes to ensure the community has access to safe healthcare.

Highlights of 2015/16

- ▶ **Working in partnership with the ACT:** The Tasmanian and ACT offices combined strengths to deliver a consistent and efficient way of working across jurisdictions.
- ▶ **Sharing information:** The Tasmanian office engaged with local professions and health entities to ensure revised registration standards were known and understood.
- ▶ **A period of growth:** The number of registered health practitioners in Tasmania increased by 1.7% to 14,123. New applications for registration grew by 6.2% year on year.

Working in partnership with National Boards

In 2015/16, the Tasmanian office has had the opportunity to test and strengthen intra-jurisdictional working relationships in the regulatory operational network by partnering with the ACT office to explore more efficient ways of working.

This has enabled us to build specific and precise skill sets, better manage work volume and build consistency in our interpretation and application of the National Law.

The National Boards have this year revised a number of registration standards, and policy and guideline documents. Tasmanian office staff have supported local board and committee members to ensure that these changes flowed through into the local professional knowledge networks. For example, significant work was undertaken to ensure that employers and medical recruiters were well-informed about new supervision requirements published by the Medical Board of Australia.

State and territory boards and committees, and the National Boards of Medical, Dental and Nursing and Midwifery, have continued to share professional development opportunities. The Nursing and

Midwifery Board explored palliative care, end-of-life decision-making and the various forms of guardianships and health directives.

Registration staff provided support to the Medical Board in ensuring that all relevant stakeholders were aware of the new supervision guidelines for international medical graduates.

Building stakeholder relationships

AHPRA staff and board members have continued to engage and build stakeholder relationships. Regular meetings took place with the Office of the Chief Nurse and Midwifery Officer, the Health Minister and the Tasmanian Health Complaints Commissioner. We have built upon work last year to establish new lines of communication with the Tasmanian Health Service and an orientation and overview of the National Scheme was presented to the Australian Commission on Safety and Quality in Health Care.

Managing risk through local decision-making

One of the key functions of our office is to make decisions about the registration of practitioners with a principal place of practice in Tasmania. This includes processing complex applications for registration, often involving practitioners who have been registered overseas, and decision-making about local practitioners who are the subject of a notification (concern or complaint).

The key focus of the Tasmanian office is to keep our community safe by ensuring the public has access to qualified, experienced practitioners.

The mechanisms for managing risk are consistent in each state and territory under the National Scheme, and may include some or all of the following: immediate action, imposing restrictions, accepting undertakings, suspension or cancellation of registration, ongoing compliance monitoring of practitioners, and/or audits.

Local boards may also refuse or impose conditions on registration while making decisions on registration applications.

Local office, national contribution

The collaboration between the Tasmania and ACT AHPRA offices has focused on strategies and ways of working that ensure consistency across jurisdictions. Our motto of 'one team, one way' has led to more efficient processes over the past year.

This work has also demonstrated our commitment to improving efficiency and effectiveness following an independent review of the National Scheme by COAG Health Council (CHC) and its advisory body, the Australian Health Ministers' Advisory Council (AHMAC).

I would like to thank the AHPRA staff for their willingness to adapt to new ways of working across two offices, especially the Directors of Registration and Notification who have led these changes with their respective teams.

I would also like to thank the Chairs of the Tasmanian boards and committees and members for their continued enthusiasm and commitment to regulating health professionals in the public interest in Tasmania. A special thank you to Ms Kim Gabriel, who acted as Chair for the Tasmanian Nursing and Midwifery Board for a significant time during this reporting period.



Catherine Miedecke
Tasmania State
Manager, AHPRA



Part 1:

Decision-making in Tasmania:
Board and committee reports

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

This year, the Tasmania committee of the Dental Board of Australia has continued to work to meet the objectives of the National Scheme to keep the public safe. We make decisions about the registration of individual dentists, students and specialists, as well as overseas-trained practitioners.

Another aspect of our role is to make decisions about registered dentists who have had a complaint made about them through AHPRA's notifications process. Our decisions are made after carefully assessing the risk to the public.

In 2015/16, we continued our ongoing commitment to engage with local stakeholders and the Dental Board of Australia (the National Board). The Chair regularly attended meetings of the National Board, which encourages collaboration and discussion between State Chairs and the National Board members, bringing local insight into the National Scheme.

As the Dental Board of Australia representative, I was involved in a cross-profession supervised practice reference group looking into aligning across all boards the processes involved in supervision of practitioners.

At regular points during the year in my role as Chair, I met with groups of final-year dental students who were visiting Tasmania on clinical placement. These meetings provided an excellent opportunity to brief them on their responsibilities as a registrant and the role of the Dental Board.

We also engaged in cross-professional learning with colleagues from other Tasmanian registration and notifications committees, attending several joint professional development meetings that strengthened collaboration.

The Tasmanian committee said goodbye to Dr Jeff Mount, a long-serving member and previous Chair, who has retired from dental practice. I wish him well in his retirement.

I am continually impressed by the commitment of the Tasmanian AHPRA staff and State Manager Catherine Miedecke, who has had an extremely busy year. I am very grateful for the contribution and support that I receive from my colleagues on the Tasmanian committee, Dr Kylie McShane and Mr Leigh Gorringe.



Dr Ioan Jones
Chair, Tasmanian
Registration and
Notification Committee,
Dental Board of
Australia



Dr John Lockwood AM
Chair, Dental Board
of Australia

Members of the Committee in 2015/16

Dr Ioan Jones (Chair)

Mr Leigh Gorringe

Dr Kylie McShane

Dr Jeff Mount (until 30 June 2016)

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

As always, the focus of the Tasmanian Board of the Medical Board of Australia (the Board) in 2015/16 has been public safety. We bring profession-specific local insight into decision-making processes about individual medical practitioners in Tasmania in order to protect the public.

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

Our work has two main themes: making decisions about complex applications for registration by practitioners who require individual assessment, and deciding what, if any, action needs to be taken to manage risk as the result of a complaint (notification) about a practitioner. We protect the Tasmanian community by ensuring access to a consistently high standard of medical care.

It can, at times, be a complex task, and over the past 12 months we've worked to streamline our processes. This year, the Board initiated an organisational restructure of our committees to give greater oversight of registration matters. Improved data handling and reporting has also ensured greater timeliness.

As always, stakeholder engagement is crucial to the successful implementation of our strategies. We'd like to thank the following for their support over the past year: Dr Annette Barrett from the Australian Government Professional Services Review; Dr Grant Phelps from the Department of Health and Human Services Community Sector Quality and Safety Team; Dr Brian Kirkby, Director of Surgery at the Launceston General Hospital and Chair of the Tasmanian branch of the Royal Australasian College of Surgeons; Mr Peter Boyles from the Pharmaceutical Services Branch; and Dr Bill Pring from the Doctors Health Advisory Service.

Board members regularly engage in professional development activities. The Board was fortunate to meet with Professor Don Chalmers from the University of Tasmania Faculty of Law in a session on ethics and biodata. Members of the Board have also attended conferences and workshops held by the Medical Indemnity Industry Association of Australia (MIIAA), the National Registration and Accreditation Scheme (NRAS) biannual conference, and the International Association of Medical Regulatory Authorities (IAMRA).

The Board was also pleased to be able to award two Medical Council of Tasmania Scholarships this year and met with past recipients at a presentation earlier in the year.



Dr Andrew Mulcahy
Chair, Tasmanian
Board of the
Medical Board
of Australia



Dr Joanna Flynn AM
Chair, Medical Board
of Australia

There has only been one change in Board membership over the year with Ms Kim Barker retiring to take up a new position. The Board would like to express our thanks to Kim for her helpful contributions. Ms Joan Wylie was appointed as a new community member of the Board. We welcome Joan as she takes up her role from 1 July 2016. She is an experienced community representative and we thank her for taking on this important role.

Members of the Board in 2015/16

Dr Andrew Mulcahy (Chair)

Ms Kim Barker (until 31 October 2015)

Dr Brian Bowring AM

Mr David Brereton

Dr Kristen Fitzgerald

Dr Fiona Joske

Mr Fergus Leicester

Ms Leigh Mackey

Dr Colin Merridew

Dr Phillip Moore

Dr Kim Rooney

Dr David Saner

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

The past year has seen the Tasmanian Board of the Nursing and Midwifery Board of Australia (the Board) focus its professional development activities on broader stakeholder engagement.

Highlights of the year included: a presentation from Ms Tammy Harvey, a well-respected nurse practitioner, who shared her insights into the development of a private healthcare service from a nursing perspective; Dr Lisa Dalton, from the University of Tasmania, who spoke about the ongoing development of the Bachelor of Nursing program; a visit to a teaching simulation facility to increase our understanding of the environment that nurses and midwives are placed in when undertaking performance assessments; and an informative presentation from Ms Angela Kosmeyer, Senior Nurse, and Dr Michael Ashby, Clinical Director, about the palliative care service.

This last session was so interesting that we were inspired to invite the Clinical Director back to our end-of-year professional development activity to provide us with greater insight into healthy dying and end-of-life care. This presentation explored the definition of patient competency and how that is understood and accommodated for in healthcare. Much discussion was generated concerning the manner in which society considers its place in the medicalisation of death and how this reflects back to providing excellent healthcare.

We combined this presentation with what we considered to be a complimentary one from Mr Colin McKenzie, Deputy President of the Guardianship and Administration Board. This presentation was grounded in local Tasmanian law and delivered a highly relevant, localised discursive talk focusing on the differences and similarities of the role of the Guardianship and Administration Board and enduring power of attorney.

Invitations to this end-of-year session were extended to local board members, fellow board members from other health professional boards, members of the Elder and Succession Law Committee and AHPRA staff. The session was well received and rounded off the year nicely.

The Tasmanian Board Chair and State Manager Catherine Miedecke have continued to provide



Ms Catherine Schofield
Chair, Tasmanian
Board of the Nursing
and Midwifery Board
of Australia



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

interactive sessions utilising a 'mock notification session' to engage with nurses and midwives. The sessions assist in the professions' understanding of how AHPRA and the Board work together and the responsibilities of health practitioners under the National Law. These sessions have been both informative and enjoyable, and provide an opportunity for critical discussion and the provision of information. We are considering ways to expand this work in the coming year.

Members of the Board in 2015/16

Ms Catherine Schofield (Chair)

Ms Kim Gabriel (Deputy Chair)

Ms Carol Baines

Mr Paul Brown

Ms Christine Schokman

Mr David Paton

Dr Kylie McShane

Mrs Lynette Staff

Pharmacy Board of Australia: Chair's message

The Pharmacy Board of Australia (the National Board) makes decisions about all registered pharmacists in Tasmania. Regulation of pharmacists at a state and territory level is guided by 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 Scheme at a local level. This is supported by a public perspective which comes from community member representatives from four states. Mr Mark Kirschbaum is the practitioner member from Tasmania on the National Board.

To ensure local knowledge informs nationally consistent decisions, the National Board has a notifications committee to make decisions about individual registered pharmacists in Tasmania. In addition to five core members from the National Board, there are two representatives from each state and territory on this committee.

The representatives (jurisdiction members) from Tasmania on the notifications committee are:

- ▶ Ms Suzanne Hickey, and
- ▶ Mr Mark Dunn.

Input throughout the year from stakeholders in Tasmania has been important in helping the 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.



Mr William Kelly
Chair, Pharmacy Board of Australia

Feedback received after the publication of the 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.

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.

Pharmacy professional officers support the Board in its engagement with stakeholders in Tasmania which includes speaking each year to final-year pharmacy students and intern training providers about the Board's requirements for provisional registration and how to apply, the intern year and the national pharmacy examination.

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

The Regional Board of the Psychology Board of Australia (the Board) serves communities in the Tasmania, Victoria and the ACT. We are the local face of the psychology profession.

The decisions we make about psychologists in our region are guided by the national standards and policies set by the Psychology Board of Australia. The Regional Board is supported by AHPRA's office in Victoria, with assistance from teams in Tasmania and the ACT.

The main focus of the Regional Board has continued to be on public safety as we make decisions about the registration and regulation of individual psychologists. Most of our work in 2015/16 considered what action we needed to take to manage risk to the public as a result of a notification (complaint). Another priority was to assess complex applications for registration, particularly those who have been registered overseas.

We endeavoured to engage with our stakeholders as much as possible during the year, including an annual visit to Hobart to meet with registrants in Tasmania. The meeting was well attended with practitioners present from the local area and a separate group dialling in via Skype from Launceston. The Board's yearly practitioner forums in the ACT and Tasmania are an important way to maintain and grow collegiate connections with staff in each office. They also provide an opportunity to discuss information relevant to local practitioners, and for practitioners to engage with the Board on local matters of relevance or concern.

This year, we welcomed Dr Anthony Love to the Regional Board.

I would like to thank all members of the Regional Board for their continued hard work and for their commitment to protecting the public by ensuring that psychologists in our region are suitably qualified and uphold the standards that are expected of the profession.

The work of the Psychology Board of Australia will be released in a profession-specific annual report summary, due to be released in late February 2017. For a more complete picture of AHPRA and the National Boards' work on a national level in 2015/16, visit www.ahpra.gov.au/annualreport/2016.



Dr Cristian Torres
Chair, Regional Board
of the Psychology Board
of Australia



Professor Brin Grenyer
Chair, Psychology Board
of Australia

Members of the Regional Board in 2015/16

Dr Cristian Torres (Chair)

Mr Simon Kinsella (Deputy Chair)

Mr Robin Brown

Dr Melissa Casey

Ms Anne Horner

Associate Professor Terry Laidler

Professor Anthony Love (from 1 June 2016)

Dr Patricia Mehegan

Ms Maree Riley

Associate Professor Kathryn Von Treuer (until 30 August 2015)

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



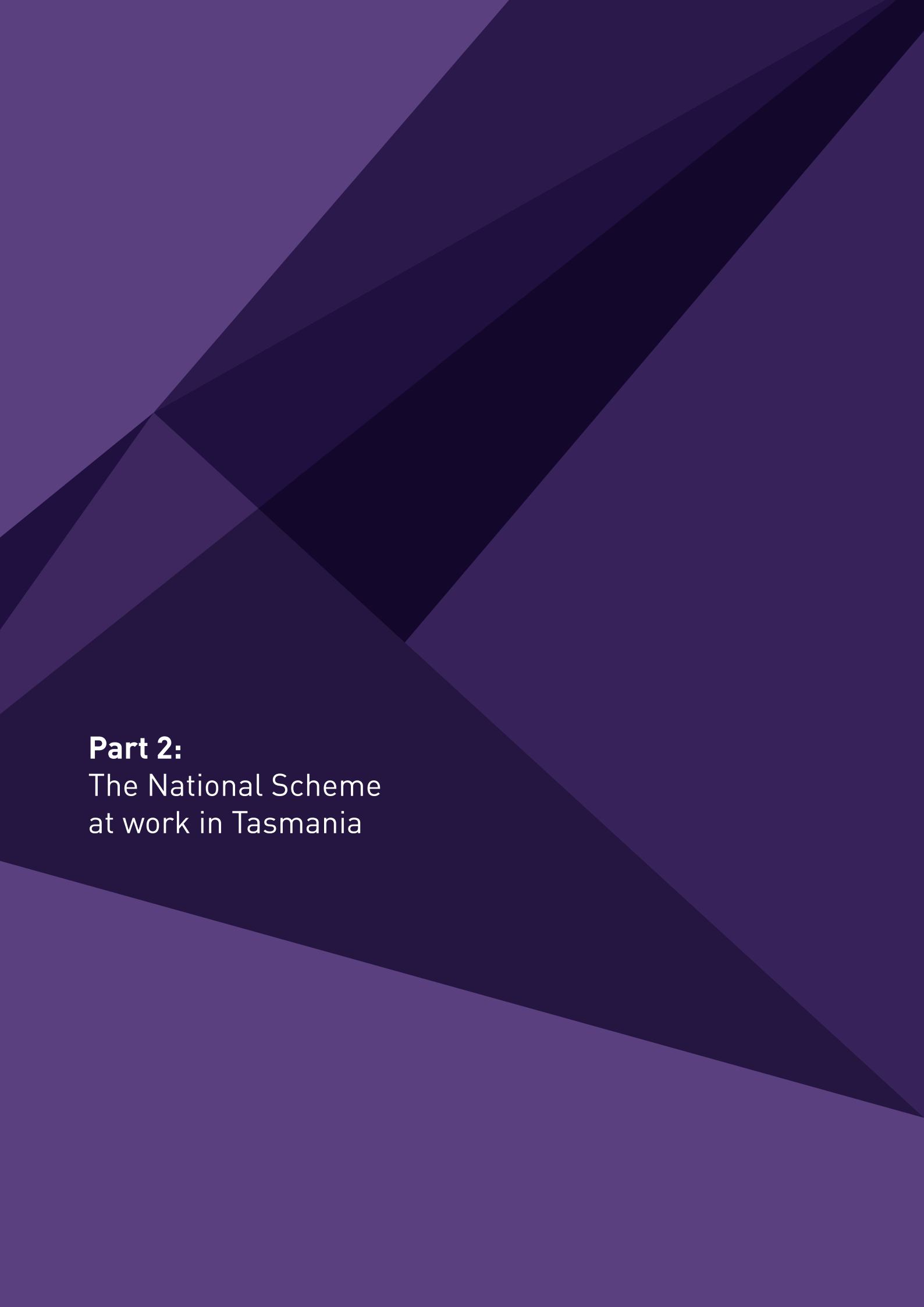
Dr Nikole Grbin
Chair, Osteopathy
Board of Australia



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 Tasmania

Tasmania: data snapshot

Five insights for 2015/16

- ▶ As at 30 June 2016, there were 14,123 registered health practitioners with a principal place of practice in Tasmania.
- ▶ Tasmania is the principal place of practice for 2.4% of all registered nurses and pharmacists in Australia.
- ▶ 1,137 new applications were received for registration in Tasmania, an increase of 6.2% from the previous year.
- ▶ Complaints about practitioners in Tasmania increased by 12.6% year on year, to 242 new notifications received.
- ▶ Of the 1,348 new statutory offence complaints received nationally, there were 13 made about practitioners in Tasmania.

Background

Data in the Tasmanian jurisdiction summary are drawn from the 2015/16 annual report published by AHPRA and the National Boards. Tasmanian data have been extracted from national source data to highlight the work we have undertaken over the past year to keep the public safe. All data were correct as at 30 June 2016.

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

In the following pages, you will find registration data, such as the number of practitioners in each profession whose principal place of practice (PPP) is in Tasmania, 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. A gender breakdown of practitioners by profession is also included.

Note:

1. In general, national data about notifications include data from the Health Professional Councils Authority (HPCA) in NSW, except when categories used differ between NSW and the other states and territories.

Notifications data¹ (about complaints lodged) are also included, with details of notifications received and closed during the year, as well as those that remained 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 notifications in the jurisdiction.

Information on statutory offence matters, tribunal and panel hearings, active monitoring cases and criminal history checks is also included.

To view the 2015/16 AHPRA annual report 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 health-profession boards will publish a summary report outlining their profession's performance in 2015/16.

Registration in Tasmania

Tables 1–8 provide details of registered health practitioners with a principal place of practice in Tasmania. At 30 June 2016, the number of registered health practitioners in Tasmania was 14,123, an increase of 237 (1.7%) from 2014/15. This jurisdiction represents 2.1% of all registered health practitioners in Australia.

At a profession level, Tasmanian practitioners account for 2.4% of nurses and pharmacists nationally (the largest groups of registrants) to 0.5% of Aboriginal and Torres Strait Islander health practitioners and midwives (midwifery only) nationally.

Data also showed that in 2015/16 Tasmania had:

- ▶ 2.2% of registered health practitioners with a recognised specialty nationally, and
- ▶ 2% 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 Tasmania increased by 6.2%, with 1,137 new applications. This equates to 1.7% 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	Tas	National total ⁴	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	3	587	0.5%
Chinese Medicine Practitioner	33	4,762	0.7%
Chiropractor	57	5,167	1.1%
Dental Practitioner	356	21,741	1.6%
Medical Practitioner	2,236	107,179	2.1%
Medical Radiation Practitioner	311	15,303	2.0%
Midwife	22	4,122	0.5%
Nurse	8,212	346,387	2.4%
Nurse and Midwife ²	646	29,699	2.2%
Occupational Therapist	285	18,304	1.6%
Optometrist	85	5,142	1.7%
Osteopath	42	2,094	2.0%
Pharmacist	701	29,717	2.4%
Physiotherapist	450	28,855	1.6%
Podiatrist	104	4,655	2.2%
Psychologist	580	33,907	1.7%
Total 2015/16	14,123	657,621	2.1%
Total 2014/15	13,886	637,218	2.2%
Population as a proportion of national population³	517,400	23,940,300	2.2%

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	Tas	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	3	587	0.5%
General	3	585	0.5%
Non-practising		2	0.0%
Chinese Medicine Practitioner	33	4,762	0.7%
General	33	4,535	0.7%
Non-practising		227	0.0%
Chiropractor	57	5,167	1.1%
General	55	4,875	1.1%
Non-practising	2	292	0.7%
Dental Practitioner	356	21,741	1.6%
General	327	19,458	1.7%
General and non-practising ¹		1	0.0%
General and specialist	25	1,632	1.5%
Limited		74	0.0%
Non-practising	4	546	0.7%
Specialist		30	0.0%
Medical Practitioner	2,236	107,179	2.1%
General	658	36,953	1.8%
General (teaching and assessing)		36	0.0%
General (teaching and assessing) and specialist		2	0.0%
General and specialist	1,107	50,622	2.2%
Limited	87	2,705	3.2%
Non-practising	53	2,655	2.0%
Provisional	121	5,408	2.2%
Specialist	210	8,798	2.4%
Medical Radiation Practitioner	311	15,303	2.0%
General	303	14,541	2.1%
Limited		6	0.0%
Non-practising	4	234	1.7%
Provisional	4	522	0.8%

Profession/ registration type	Tas	National total	% of national total
Midwife	22	4,122	0.5%
General	21	4,050	0.5%
Non-practising	1	72	1.4%
Nurse	8,212	346,387	2.4%
General	8,081	341,071	2.4%
General and non-practising ¹		25	0.0%
Non-practising	129	5,161	2.5%
Provisional	2	130	1.5%
Nurse and Midwife	646	29,699	2.2%
General	609	27,680	2.2%
General and non-practising ²	30	1,337	2.2%
General and provisional		6	0.0%
Non-practising	7	671	1.0%
Provisional		5	0.0%
Occupational Therapist	285	18,304	1.6%
General	271	17,552	1.5%
Limited	1	69	1.4%
Non-practising	13	643	2.0%
Provisional		40	0.0%
Optometrist	85	5,142	1.7%
General	84	4,977	1.7%
Limited		5	0.0%
Non-practising	1	160	0.6%
Osteopath	42	2,094	2.0%
General	42	2,020	2.1%
Non-practising		66	0.0%
Provisional ³		8	0.0%
Pharmacist	701	29,717	2.4%
General	652	26,948	2.4%
Limited	1	7	14.3%
Non-practising	8	1,035	0.8%
Provisional	40	1,727	2.3%

Profession/ registration type	Tas	National total	% of national total
Physiotherapist	450	28,855	1.6%
General	430	27,667	1.6%
Limited	14	346	4.0%
Non-practising	6	842	0.7%
Podiatrist	104	4,655	2.2%
General	103	4,524	2.3%
General and specialist		30	0.0%
Non-practising	1	101	1.0%
Psychologist	580	33,907	1.7%
General	491	27,627	1.8%
Non-practising	20	1,658	1.2%
Provisional	69	4,622	1.5%
Total	14,123	657,621	2.1%

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 Tas as the principal place of practice

Profession/endorsement or notation	Tas	National total	% of national total
Chiropractor		32	0.0%
Acupuncture		32	0.0%
Dental Practitioner	2	95	2.1%
Area of Practice	2	95	2.1%
Medical Practitioner	13	573	2.3%
Acupuncture	13	573	2.3%
Midwife¹	8	342	2.3%
Eligible Midwife ²		91	0.0%
Midwife Practitioner		1	0.0%
Scheduled Medicines	8	250	3.2%
Nurse¹	42	2,804	1.5%
Eligible Midwife ³	9	289	3.1%
Nurse Practitioner	28	1,418	2.0%
Scheduled Medicines	5	1097	0.5%
Optometrist	60	2,387	2.5%
Scheduled Medicines	60	2,387	2.5%
Osteopath		2	0.0%
Acupuncture		2	0.0%
Physiotherapist		8	0.0%
Acupuncture		8	0.0%
Podiatrist		74	0.0%
Scheduled Medicines		74	0.0%
Psychologist	228	11,167	2.0%
Area of Practice	228	11,167	2.0%
Total	353	17,484	2.0%

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

Profession/gender	Tas	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	3	587	0.5%
Female	3	452	0.7%
Male		135	0.0%
Chinese Medicine Practitioner	33	4,762	0.7%
Female	20	2,602	0.8%
Male	13	2,160	0.6%
Chiropractor	57	5,167	1.1%
Female	17	1,989	0.9%
Male	40	3,178	1.3%
Dental Practitioner	356	21,741	1.6%
Female	161	10,737	1.5%
Male	195	11,004	1.8%
Medical Practitioner	2,236	107,179	2.1%
Female	937	44,492	2.1%
Male	1,299	62,687	2.1%
Medical Radiation Practitioner	311	15,303	2.0%
Female	213	10,369	2.1%
Male	98	4,934	2.0%
Midwife	22	4,122	0.5%
Female	21	4,107	0.5%
Male	1	15	6.7%
Nurse	8,212	346,387	2.4%
Female	7,258	306,450	2.4%
Male	954	39,937	2.4%
Nurse and Midwife	646	29,699	2.2%
Female	631	29,177	2.2%
Male	15	522	2.9%
Occupational Therapist	285	18,304	1.6%
Female	261	16,749	1.6%
Male	24	1,555	1.5%
Optometrist	85	5,142	1.7%
Female	29	2,658	1.1%
Male	56	2,484	2.3%

Profession/gender	Tas	National total	% of national total
Osteopath	42	2,094	2.0%
Female	24	1,137	2.1%
Male	18	957	1.9%
Pharmacist	701	29,717	2.4%
Female	404	18,243	2.2%
Male	297	11,474	2.6%
Physiotherapist	450	28,855	1.6%
Female	326	19,639	1.7%
Male	124	9,216	1.3%
Podiatrist	104	4,655	2.2%
Female	66	2,822	2.3%
Male	38	1,833	2.1%
Psychologist	580	33,907	1.7%
Female	471	26,909	1.8%
Male	109	6,998	1.6%
Total	14,123	657,621	2.1%

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

Profession/division	Tas	National total	% of national total
Chinese Medicine Practitioner	33	4,762	0.7%
Acupuncturist	22	1,722	1.3%
Acupuncturist and Chinese Herbal Dispenser ¹		2	0.0%
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹	2	779	0.3%
Acupuncturist and Chinese Herbal Medicine Practitioner ¹	9	2,147	0.4%
Chinese Herbal Dispenser		45	0.0%
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹		17	0.0%
Chinese Herbal Medicine Practitioner		50	0.0%
Dental Practitioner	356	21,741	1.6%
Dental Hygienist	18	1,414	1.3%
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	2	480	0.4%
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		3	0.0%
Dental Hygienist and Oral Health Therapist ¹		6	0.0%
Dental Prosthetist	48	1,250	3.8%
Dental Prosthetist and Dental Therapist ¹		1	0.0%
Dental Prosthetist and Dentist ¹		1	0.0%

Profession/division	Tas	National total	% of national total
Dental Therapist	48	1,016	4.7%
Dental Therapist and Dentist		1	0.0%
Dental Therapist and Oral Health Therapist ¹		4	0.0%
Dentist	229	16,264	1.4%
Dentist and Oral Health Therapist ¹		2	0.0%
Oral Health Therapist	11	1,291	0.9%
Medical Radiation Practitioner	311	15,303	2.0%
Diagnostic Radiographer	232	11,840	2.0%
Diagnostic Radiographer and Nuclear Medicine Technologist ¹	1	14	7.1%
Diagnostic Radiographer and Radiation Therapist ¹		2	0.0%
Nuclear Medicine Technologist	20	1,095	1.8%
Radiation Therapist	58	2,352	2.5%
Nurse	8,212	346,387	2.4%
Enrolled Nurse (Division 2)	1,472	62,994	2.3%
Enrolled Nurse (Division 2) and Registered Nurse (Division 1) ¹	69	6,465	1.1%
Registered Nurse (Division 1)	6,671	276,928	2.4%
Nurse and Midwife	646	29,699	2.2%
Enrolled Nurse and Midwife ¹		64	0.0%
Enrolled Nurse and Registered Nurse and Midwife ¹		66	0.0%
Registered Nurse and Midwife ¹	646	29,569	2.2%
Total	9,558	417,892	2.3%

Note:

1. Practitioners who hold dual or multiple registration.

Table 6. Health practitioners with specialties at 30 June 2016¹

Profession/area of specialty practice	Tas	National total	% of national total
Dental Practitioner	25	1,714	1.5%
Dento-maxillofacial radiology		10	0.0%
Endodontics	3	163	1.8%
Forensic odontology	2	26	7.7%
Oral and maxillofacial surgery	5	202	2.5%
Oral medicine		35	0.0%
Oral pathology		24	0.0%
Oral surgery		51	0.0%
Orthodontics	13	605	2.1%
Paediatric dentistry		130	0.0%
Periodontics	2	223	0.9%
Prosthodontics		213	0.0%
Public health dentistry (community dentistry)		16	0.0%
Special needs dentistry		16	0.0%
Medical Practitioner	1,411	64,463	2.2%
Addiction medicine	6	168	3.6%
Anaesthesia	115	4,782	2.4%
Dermatology	6	528	1.1%
Emergency medicine	49	1,904	2.6%
General practice	622	24,471	2.5%
Intensive care medicine	16	856	1.9%
Paediatric intensive care medicine	1	7	14.3%
No subspecialty declared	15	849	1.8%
Medical administration	3	331	0.9%

Profession/area of specialty practice	Tas	National total	% of national total
Obstetrics and gynaecology	40	1,932	2.1%
Gynaecological oncology	1	46	2.2%
Maternal-fetal medicine		40	0.0%
Obstetrics and gynaecological ultrasound		76	0.0%
Reproductive endocrinology and infertility	1	54	1.9%
Urogynaecology		31	0.0%
No subspecialty declared	38	1,685	2.3%
Occupational and environmental medicine	7	308	2.3%
Ophthalmology	21	991	2.1%
Paediatrics and child health	38	2,555	1.5%
Paediatric intensive care medicine		6	0.0%
Clinical genetics		26	0.0%
Community child health		52	0.0%
General paediatrics	30	1,825	1.6%
Neonatal and perinatal medicine	3	174	1.7%
Paediatric cardiology		36	0.0%
Paediatric clinical pharmacology		1	0.0%
Paediatric emergency medicine		51	0.0%
Paediatric endocrinology		32	0.0%
Paediatric gastroenterology and hepatology		24	0.0%
Paediatric haematology		11	0.0%
Paediatric immunology and allergy		20	0.0%
Paediatric infectious diseases		19	0.0%
Paediatric medical oncology		27	0.0%
Paediatric nephrology		11	0.0%
Paediatric neurology	1	35	2.9%
Paediatric palliative medicine		2	0.0%

Profession/area of specialty practice	Tas	National total	% of national total
Paediatric rehabilitation medicine		8	0.0%
Paediatric respiratory and sleep medicine		27	0.0%
Paediatric rheumatology		12	0.0%
No subspecialty declared	4	156	2.6%
Pain medicine	11	276	4.0%
Palliative medicine	12	312	3.8%
Pathology	43	2,073	2.1%
Anatomical pathology (including cytopathology)	19	892	2.1%
Chemical pathology	2	95	2.1%
Forensic pathology	2	48	4.2%
General pathology	4	123	3.3%
Haematology	11	513	2.1%
Immunology	1	118	0.8%
Microbiology	4	231	1.7%
No subspecialty declared		53	0.0%
Physician	173	9,779	1.8%
Cardiology	21	1,313	1.6%
Clinical genetics		72	0.0%
Clinical pharmacology		55	0.0%
Endocrinology	11	658	1.7%
Gastroenterology and hepatology	12	836	1.4%
General medicine	35	1,785	2.0%
Geriatric medicine	11	661	1.7%
Haematology	11	532	2.1%
Immunology and allergy	2	159	1.3%
Infectious diseases	7	408	1.7%
Medical oncology	11	626	1.8%
Nephrology	10	522	1.9%
Neurology	7	567	1.2%
Nuclear medicine	7	261	2.7%
Respiratory and sleep medicine	13	651	2.0%
Rheumatology	7	365	1.9%
No subspecialty declared	8	308	2.6%

Profession/area of specialty practice	Tas	National total	% of national total
Psychiatry	66	3,565	1.9%
Public health medicine	10	434	2.3%
Radiation oncology	8	380	2.1%
Radiology	45	2,368	1.9%
Diagnostic radiology	40	2,023	2.0%
Diagnostic ultrasound		4	0.0%
Nuclear medicine	3	186	1.6%
No subspecialty declared	2	155	1.3%
Rehabilitation medicine	8	497	1.6%
Sexual health medicine	1	123	0.8%
Sport and exercise medicine	2	119	1.7%
Surgery	109	5,711	1.9%
Cardio-thoracic surgery	4	201	2.0%
General surgery	35	1,974	1.8%
Neurosurgery	6	247	2.4%
Oral and maxillofacial surgery	2	123	1.6%
Orthopaedic surgery	25	1,394	1.8%
Otolaryngology – head and neck surgery	9	498	1.8%
Paediatric surgery	2	103	1.9%
Plastic surgery	11	450	2.4%
Urology	10	434	2.3%
Vascular surgery	5	229	2.2%
No subspecialty declared		58	0.0%
Podiatrist	0	30	0.0%
Podiatric surgeon		30	0.0%
Total	1,436	66,207	2.2%

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	Tas	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	0	269	0.0%
General		268	0.0%
Non-practising		1	0.0%
Chinese Medicine Practitioner	0	742	0.0%
General		546	0.0%
Non-practising		196	0.0%
Chiropractor	1	394	0.3%
General	1	340	0.3%
Limited		3	0.0%
Non-practising		51	0.0%
Dental Practitioner	13	1,536	0.8%
General	12	1,280	0.9%
Limited		46	0.0%
Non-practising	1	143	0.7%
Specialist		67	0.0%
Medical Practitioner	357	16,203	2.2%
General	111	5,280	2.1%
Limited	56	1,720	3.3%
Non-practising	5	393	1.3%
Provisional	119	5,453	2.2%
Specialist	66	3,357	2.0%
Medical Radiation Practitioner	23	1,722	1.3%
General	17	1,160	1.5%
Limited		6	0.0%
Non-practising	2	82	2.4%
Provisional	4	474	0.8%
Midwife	19	1,715	1.1%
General	15	1,401	1.1%
Non-practising	4	297	1.3%
Provisional		17	0.0%
Nurse	518	28,854	1.8%
General	466	27,031	1.7%
Non-practising	47	1,513	3.1%
Provisional	5	310	1.6%

Profession/ registration type	Tas	National total	% of national total
Occupational Therapist	21	2,200	1.0%
General	12	1,799	0.7%
Limited	1	81	1.2%
Non-practising	8	287	2.8%
Provisional		33	0.0%
Optometrist	6	399	1.5%
General	5	365	1.4%
Limited		6	0.0%
Non-practising	1	28	3.6%
Osteopath	2	207	1.0%
General	2	163	1.2%
Non-practising		28	0.0%
Provisional		16	0.0%
Pharmacist	72	3,324	2.2%
General	33	1,622	2.0%
Limited	1	29	3.4%
Non-practising	1	151	0.7%
Provisional	37	1,522	2.4%
Physiotherapist	26	2,505	1.0%
General	16	2,101	0.8%
Limited	9	244	3.7%
Non-practising	1	160	0.6%
Podiatrist	9	445	2.0%
General	9	408	2.2%
Non-practising		36	0.0%
Specialist		1	0.0%
Psychologist	70	4,759	1.5%
General	29	1,773	1.6%
Non-practising	9	529	1.7%
Provisional	32	2,457	1.3%
Total 2015/16	1,137	65,274	1.7%
Total 2014/15	1,071	61,517	1.7%

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

Outcome	Tas	National total ²	% of national total
Register	1,005	57,260	1.8%
Register with conditions	17	1,716	1.0%
Register in a type other than applied for	1	150	0.7%
Register in a type other than applied for with conditions	4	130	3.1%
Refuse application	6	2,706	0.2%
Withdrawn	68	3,823	1.8%
Other	3	191	1.6%
Total 2015/16 (PPP)¹	1,104	65,976	1.7%

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.

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

State/territory ¹	Tas					National 2015/16			
Profession	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			0.0%		0.0%	396	193	48.7%	1
Chinese Medicine Practitioner	3		0.0%		0.0%	933	60	6.4%	
Chiropractor	3	1	33.3%		0.0%	787	66	8.4%	
Dental Practitioner	19	10	52.6%		0.0%	1,992	96	4.8%	1
Medical Practitioner	218	28	12.8%		0.0%	11,891	267	2.2%	
Medical Radiation Practitioner	18	7	38.9%		0.0%	1,728	61	3.5%	
Midwife	3	2	66.7%		0.0%	859	52	6.1%	
Nurse	574	291	50.7%		0.0%	36,140	1,977	5.5%	6
Occupational Therapist	19	9	47.4%		0.0%	2,288	66	2.9%	
Optometrist			0.0%		0.0%	408	5	1.2%	
Osteopath			0.0%		0.0%	185	15	8.1%	
Pharmacist	56	16	28.6%		0.0%	2,516	86	3.4%	1
Physiotherapist	23	5	21.7%		0.0%	2,702	94	3.5%	
Podiatrist	19	6	31.6%		0.0%	814	54	6.6%	
Psychologist	40	13	32.5%		0.0%	3,059	183	6.0%	1
Total 2015/16	995	388	39.0%	0	0.0%	66,698	3,275	4.9%	10
Total 2014/15	819	336	41.0%	0	0.0%	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.

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 carried out 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 995 criminal history checks carried out for applicants with a principal place of practice in Tasmania. Of those, 388 resulted in disclosable court outcomes. See Table 9, on page 24.

Table 10 provides an overview of national cases where a criminal history check resulted in, or contributed to, the imposition of conditions by a Board or undertakings given by a practitioner. There were no such cases (0) in Tasmania in 2015/16.

Table 10. Cases in 2015/16 where a criminal history check resulted in, or contributed to, imposition of conditions or undertakings, by profession

Profession	Tas	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner		1	0.0%
Chinese Medicine Practitioner			0.0%
Chiropractor			0.0%
Dental Practitioner		1	0.0%
Medical Practitioner			0.0%
Medical Radiation Practitioner			0.0%
Midwife			0.0%
Nurse		6	0.0%
Occupational Therapist			0.0%
Optometrist			0.0%
Osteopath			0.0%
Pharmacist		1	0.0%
Physiotherapist			0.0%
Podiatrist			0.0%
Psychologist		1	0.0%
Total 2015/16	0	10	0.0%
Total 2014/15	0	37	0.0%

Notifications in Tasmania

Notifications are complaints or concerns that are raised with AHPRA about registered health practitioners or students practising in Australia, excluding New South Wales, where complaints are handled by the Health Professional Councils Authority (HPCA), and Queensland, where complaints may be referred to AHPRA by the Office of the Health Ombudsman (OHO).

Tables 11–23 contain data relating to notifications about registered health practitioners with a principal place of practice (PPP) in Tasmania. Some tables do not include data from the HPCA in NSW, as indicated in the table headings.

Nationally, notifications received in 2015/16 increased by 19.7% (including those managed by the HPCA). Notifications received about practitioners with a PPP in Tasmania increased by 12.6%, to 242 complaints, compared with 215 in the previous year. This represents 2.4% of all notifications received nationally.

Of the new notifications received, mandatory notifications in Tasmania increased from 30 in 2014/15 to 35 in 2015/16; this represents 3.6% of mandatory notifications nationally in 2015/16.

There were 13 fewer open notifications in Tasmania as at 30 June 2016 than the previous year (106, compared with 119 in 2014/15). This represents 1.8% of open matters nationally.

The percentage of the Tasmanian registrant base with notifications received in 2015/16 was 1.7%, which was 0.2% higher than the national percentage.

A large proportion of notifications (88) were about clinical care. See Table 14.

The majority of complaints came via a health complaints entity (85) or directly from a patient (28).

There were 13 cases where immediate action was initiated against practitioners in Tasmania. In 12 of these cases the registration of the practitioner was suspended or restricted in order to protect the public. In the remaining case the Board determined that no further action was required¹. See Table 16.

Two notifications were closed in 2015/16 that had been received before the National Law took effect in 2010. None remain open. See Table 17.

Tables 18–22 detail the outcomes of key stages in the notifications process during 2015/16; note the national data in these tables do not include data for NSW, because complaints in that jurisdiction are managed by the HPCA.

The majority of the 267 enquiries received about Tasmanian registrants in 2015/16 were considered to meet the criteria for a notification (200) and an assessment commenced.

On completion of assessment of cases in 2015/16, 183 were closed and 50 were taken to a further stage. See Table 19.

Seven cases were closed following a panel hearing and five following a tribunal hearing. See Tables 21 and 22.

In total, 251 matters were closed in Tasmania in 2015/16. See Table 23.

Note:

1. No further action is usually taken when, based on the available information, the Board determines there is no risk to the public that meets the threshold for regulatory action or because a practitioner has taken steps to voluntarily address issues of concern.

Table 11. Notifications received or closed in 2015/16 or remaining open at 30 June 2016, by profession

Notifications	All received		Mandatory received			Closed			Open at 30 June			
	Tas	National total	% of national total	Tas	National total	% of national total	Tas	National total	% of national total	Tas	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner		5	0.0%		1	0.0%		9	0.0%		1	0.0%
Chinese Medicine Practitioner	1	54	1.9%		4	0.0%	1	36	2.8%		33	0.0%
Chiropractor		146	0.0%		10	0.0%		101	0.0%		126	0.0%
Dental Practitioner	14	1,025	1.4%	1	27	3.7%	15	794	1.9%	5	621	0.8%
Medical Practitioner	131	5,371	2.4%	11	272	4.0%	136	4,714	2.9%	53	2,882	1.8%
Medical Radiation Practitioner		48	0.0%		7	0.0%		38	0.0%		27	0.0%
Midwife	2	103	1.9%	1	16	6.3%	1	83	1.2%	1	82	1.2%
Nurse	60	1,942	3.1%	18	519	3.5%	59	1,762	3.3%	32	1,226	2.6%
Occupational Therapist		59	0.0%		2	0.0%		56	0.0%		25	0.0%
Optometrist	1	39	2.6%		1	0.0%		44	0.0%	1	15	6.7%
Osteopath		23	0.0%		1	0.0%		27	0.0%		9	0.0%
Pharmacist	21	570	3.7%	2	38	5.3%	22	537	4.1%	8	330	2.4%
Physiotherapist	2	102	2.0%		5	0.0%	1	93	1.1%	2	67	3.0%
Podiatrist	2	57	3.5%		5	0.0%	2	49	4.1%		28	0.0%
Psychologist	8	528	1.5%	2	72	2.8%	14	484	2.9%	4	316	1.3%
Unknown ¹		10	0.0%			0.0%		12	0.0%		1	0.0%
Total 2015/16 (PPP)²	242	10,082	2.4%	35	980	3.6%	251	8,839	2.8%	106	5,789	1.8%
Total 2014/15 (PPP)²	215	8,426	2.6%	30	833	3.6%	236	9,003	2.6%	119	4,531	2.6%
Total 2014/15 (Responsible Office)³	237	8,426	2.8%	34	833	4.1%	267	9,003	3.0%	127	4,531	2.8%

Notes:

1. Profession of registrant is not always identifiable in the early stages of a notification.
2. For 2015/16, notifications are based on the state or territory of the practitioner's principal place of practice (PPP).
3. Prior to the above, notifications were based on the location of the AHPRA state or territory office that handled the notification (Responsible Office).

Profession	Tas	National total
Aboriginal and Torres Strait Islander Health Practitioner	0.0%	0.9%
Chinese Medicine Practitioner	3.0%	1.1%
Chiropractor	0.0%	2.8%
Dental Practitioner	3.9%	4.7%
Medical Practitioner	5.9%	5.0%
Medical Radiation Practitioner	0.0%	0.3%
Midwife ²	0.3%	0.3%
Nurse ³	0.7%	0.5%
Occupational Therapist	0.0%	0.3%
Optometrist	1.2%	0.8%
Osteopath	0.0%	1.1%
Pharmacist	3.0%	1.9%
Physiotherapist	0.4%	0.4%
Podiatrist	1.9%	1.2%
Psychologist	1.4%	1.6%
Total 2015/16 (PPP)⁴	1.7%	1.5%
Total 2014/15 (PPP)⁴	1.5%	1.3%
Total 2014/15 (Responsible Office)⁴	1.7%	1.3%

Notes:

1. Percentages are based on registrants whose profession and principal place of practice (PPP) have been identified.
2. The registrant base for midwives includes registrants with midwifery or with nursing and midwifery registration.
3. The registrant base used for nurses includes registrants with midwifery or with nursing and midwifery registration.
4. For 2015/16, notifications are based on the practitioner's PPP. Prior to this, notifications were based on the state or territory where the notification was handled (Responsible Office).

Issue	Tas	National total	% of national total
Behaviour	9	374	2.4%
Billing	1	178	0.6%
Boundary violation	8	344	2.3%
Clinical care	88	4,208	2.1%
Communication	32	668	4.8%
Confidentiality	7	248	2.8%
Conflict of interest	3	20	15.0%
Discrimination		27	0.0%
Documentation	10	436	2.3%
Health impairment	13	932	1.4%
Infection/hygiene	2	87	2.3%
Informed consent	5	116	4.3%
Medico-legal conduct	2	146	1.4%
National Law breach	5	299	1.7%
National Law offence		277	0.0%
Offence	7	329	2.1%
Offence by student	1	9	11.1%
Other	7	170	4.1%
Pharmacy/medication	36	1,062	3.4%
Research/teaching/assessment		20	0.0%
Response to adverse event	4	43	9.3%
Teamwork/supervision	1	65	1.5%
Not recorded	1	24	4.2%
Total	242	10,082	2.4%

Year	2015/16 (PPP) ¹		2014/15 (PPP) ¹		2014/15 (Responsible Office) ²	
	No. practitioners ³	Rate/10,000 practitioners ⁴	No. practitioners ³	Rate/10,000 practitioners ⁴	No. practitioners ³	Rate/10,000 practitioners ⁴
Tas	32	22.7	28	20.2	32	23.0
Total Australia	920	14.0	789	12.4	789	12.4

Notes:

1. Principal place of practice (PPP).
2. State or territory where the notification is handled for registrants, including those registrants who do not reside in Australia.
3. Figures represent the number of practitioners involved in the mandatory reports received.
4. Practitioners with no PPP are not represented in the calculation of a rate for each state, but are included in the calculation of the Total Australia rate.

Table 15. Source of notifications received in 2015/16

Source	Tas	National total (excluding HPCA) ¹	% of national total (excluding HPCA)
Anonymous	5	112	4.5%
Drugs and poisons	3	24	12.5%
Education provider	1	21	4.8%
Employer	17	568	3.0%
Government department	6	155	3.9%
Health complaints entity	85	434	19.6%
Health advisory service		28	0.0%
Hospital		71	0.0%
Insurance company		14	0.0%
Lawyer		44	0.0%
Member of Parliament	1	2	50.0%
Member of the public	39	340	11.5%
Ombudsman		35	0.0%
Other Board	1	39	2.6%
Other practitioner	32	741	4.3%
Own motion	10	329	3.0%
Patient	28	2,022	1.4%
Police		93	0.0%
Relative	3	596	0.5%
Self	7	182	3.8%
Treating practitioner	2	58	3.4%
Unclassified	2	148	1.4%
Total	242	6,056	4.0%

Note:

1. The national total excludes Health Professional Councils Authority (HPCA) data as the categorisation of 'source' differs between the HPCA and AHPRA.

Table 16. Immediate action cases about notifications received in 2015/16

Outcome	Tas	National total	% of national total
Not take immediate action	1	139	0.7%
Accept undertaking	5	67	7.5%
Impose conditions	3	405	0.7%
Accept surrender of registration		13	0.0%
Suspend registration	4	106	3.8%
Decision pending		19	0.0%
Total	13	749	1.7%

Table 17. Notifications under previous legislation open at 30 June 2016, by profession (excluding HPCA)

Profession	Tas	National total ¹	% of national total
Aboriginal and Torres Strait Islander Health Practitioner		0	0.0%
Chinese Medicine Practitioner		0	0.0%
Chiropractor		2	0.0%
Dental Practitioner		0	0.0%
Medical Practitioner		7	0.0%
Medical Radiation Practitioner		0	0.0%
Midwife		0	0.0%
Nurse		0	0.0%
Occupational Therapist		0	0.0%
Optometrist		0	0.0%
Osteopath		0	0.0%
Pharmacist		3	0.0%
Physiotherapist		0	0.0%
Podiatrist		0	0.0%
Psychologist		2	0.0%
Total 2015/16	0	14	0.0%
Total 2014/15	2	38	5.3%

Note:

1. Of the 14 open matters in the national total for 2015/16, 13 are lodged with a tribunal.

Outcome	Tas	National total	% of national total
Moved to notification, complaint or offence	200	6,214	3.2%
Closed at lodgement	57	1,576	3.6%
Yet to be determined	10	374	2.7%
Total	267	8,164	3.3%

Outcome of decisions to take the notification further	Tas	National total (excluding HPCA)	% of national total
Health or performance assessment	11	295	3.7%
Investigation	37	1,975	1.9%
Panel hearing	0	16	0.0%
Tribunal hearing	2	3	66.7%
Total	50	2,289	2.2%
Outcome of notifications closed following assessment			
No further action	83	2,358	3.5%
Health complaints entity to retain	58	109	53.2%
Refer all or part of the notification to another body		33	0.0%
Dealt with as enquiry	2	47	4.3%
Managed as a complaint by a co-regulator		5	0.0%
Managed as an offence under Part 7 of the National Law		7	0.0%
Caution	31	367	8.4%
Accept undertaking	1	46	2.2%
Impose conditions	8	164	4.9%
Practitioner surrenders registration		2	0.0%
Total	183	3,138	5.8%

Outcome of decisions to take the notification further	Tas	National total (excluding HPCA)	% of national total
Assessment		16	0.0%
Health or performance assessment	5	116	4.3%
Panel hearing	1	79	1.3%
Tribunal hearing	8	100	8.0%
Total	14	311	4.5%
Outcome of notifications closed following investigation			
No further action	25	838	3.0%
Health complaints entity to retain	2	8	25.0%
Refer all or part of the notification to another body		11	0.0%
Dealt with as enquiry		1	0.0%
Managed as a complaint by a co-regulator		5	0.0%
Caution	9	272	3.3%
Accept undertaking		72	0.0%
Impose conditions	6	189	3.2%
Suspend registration		1	0.0%
Total	42	1,397	3.0%

Outcome	Tas	National total (excluding HPCA)	% of national total
No further action		32	0.0%
Accept undertaking		1	0.0%
Caution	1	39	2.6%
Reprimand	2	11	18.2%
Impose conditions	4	88	4.5%
Practitioner surrenders registration		1	0.0%
Suspend registration		1	0.0%
Total	7	173	4.0%

Outcome	Tas	National total (excluding HPCA)	% of national total
No further action	2	18	11.1%
Caution		3	0.0%
Reprimand	1	21	4.8%
Fine registrant		5	0.0%
Accept undertaking		2	0.0%
Impose conditions	1	28	3.6%
Practitioner surrenders registration		3	0.0%
Suspend registration		44	0.0%
Cancel registration		34	0.0%
Not permitted to reapply for registration for a period of 12 months		8	0.0%
Withdrawn	1	9	11.1%
Total	5	175	2.9%

Profession	Assessment	Investigation	Health or performance assessment	Panel hearing	Tribunal hearing	Total 2015/16
Aboriginal and Torres Strait Islander Health Practitioner						0
Chinese Medicine Practitioner	1					1
Chiropractor						0
Dental Practitioner	15					15
Medical Practitioner	100	24	3	4	5	136
Medical Radiation Practitioner						0
Midwife	1					1
Nurse	41	8	10			59
Occupational Therapist						0
Optometrist						0
Osteopath						0
Pharmacist	17	3		2		22
Physiotherapist	1					1
Podiatrist	2					2
Psychologist	6	7		1		14
Not identified ¹						0
Total 2015/16	184	42	13	7	5	251

Notes:

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

Monitoring and compliance

AHPRA's monitoring and compliance team monitors health practitioners and students with restrictions on their registration, or whose registration has been suspended or cancelled.

Monitoring ensures practitioners are complying with restrictions placed on their registration. Each case is assigned to one of five streams, where the below affects a practitioner or student's ability or performance:

- ▶ **health:** physical or mental impairment, disability, condition or disorder (including substance abuse or dependence)
- ▶ **performance:** deficiencies in knowledge, skill, judgement or care
- ▶ **conduct:** where they have a criminal history or have demonstrated a lesser standard of professional care than expected
- ▶ **suitability/eligibility:** they do not hold an approved or equivalent qualification; lack English-language skills; do not meet the requirements for recency of practice or do not meet approved registration standards, or
- ▶ **prohibited practitioner/student:** they are subject to a cancellation order, surrender of registration or change to non-practising registration or suspension.

At 30 June 2016, there were 105 cases under active compliance monitoring in Tasmania.

Tasmania accounted for 2.1% of all cases nationally under active monitoring. The majority of these registrants were medical practitioners (41) or nurses (41). See Tables 24 and 25.

Table 24. Active monitoring cases at 30 June 2016, by profession (excluding HPCA)

Profession	Tas	National total (excluding HPCA)	% of national total
Aboriginal and Torres Strait Islander Health Practitioner		73	0.0%
Chinese Medicine Practitioner	2	954	0.2%
Chiropractor		46	0.0%
Dental Practitioner	2	141	1.4%
Medical Practitioner	41	1,767	2.3%
Medical Radiation Practitioner	4	109	3.7%
Midwife	2	144	1.4%
Nurse	41	1,274	3.2%
Occupational Therapist	1	36	2.8%
Optometrist		17	0.0%
Osteopath		9	0.0%
Pharmacist	5	178	2.8%
Physiotherapist		60	0.0%
Podiatrist	1	21	4.8%
Psychologist	6	134	4.5%
Total	105	4,963	2.1%

Table 25: Active monitoring cases at 30 June 2016 in Tas and nationally, by stream

Jurisdiction	Conduct ¹	Health ¹	Performance ¹	Prohibited practitioner/student	Suitability/eligibility ²	Total 2015/16
Tas	11	17	26	9	42	105
National 2015/16 ³	709	1,000	677	219	3,129	5,734
% of national total	1.6%	1.7%	3.8%	4.1%	1.3%	1.8%

Notes:

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

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.

Noting that the total numbers are relatively small, 13 new statutory offence complaints were made about practitioners with a principal place of practice in Tasmania. This represents an increase of 225% from 2014/15, which is consistent with the national pattern. Tasmania received 1% of all offence complaints received nationally. See Table 26.

Fourteen statutory offences were closed in 2015/16, 250% more than were closed in 2014/15.

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

Profession	Tas		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			26	12	0.0%	0.0%
Chiropractor	4	2	601	68	0.7%	2.9%
Dental Practitioner	1	3	196	157	0.5%	1.9%
Medical Practitioner	5	5	202	128	2.5%	3.9%
Medical Radiation Practitioner			8	7	0.0%	0.0%
Midwife			33	6	0.0%	0.0%
Nurse			54	40	0.0%	0.0%
Occupational Therapist			6	5	0.0%	0.0%
Optometrist			9	9	0.0%	0.0%
Osteopath	1		12	25	8.3%	0.0%
Pharmacist			13	13	0.0%	0.0%
Physiotherapist			66	40	0.0%	0.0%
Podiatrist			26	17	0.0%	0.0%
Psychologist	2	4	83	64	2.4%	6.3%
Unknown ³			13	9	0.0%	0.0%
Total 2015/16 (PPP)⁴	13	14	1,348	600	1.0%	2.3%
Total 2014/15 (PPP)⁴	4	4	506	518	0.8%	0.8%

Notes:

1. This table captures offence complaints by principal place of practice (PPP) and includes all offences from sections 113–116 of the National Law, not only offences about advertising, title and practice protection.
2. The national total includes offences managed about unregistered persons where there is no PPP recorded.
3. AHPRA also receives offence complaints about unregistered persons where there is no PPP recorded. Only registered practitioners have a designated PPP.
4. Based on state and territory of the practitioner's PPP.

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