Your regulatory scheme:

maintaining professional standards for practitioners and managing risk to patients

Annual Report

2015/16

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

AHPRA

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

Australian Health Practitioner Regulation Agency

This annual report is prepared and submitted in accordance with Clause 8 to Schedule 3 of the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. All references in this report should be understood to refer to the National Law.

Copies of this annual report are publicly available at www.ahpra.gov.au/annualreport and at no cost by contacting AHPRA by telephone on 1300 419 495, in writing to GPO Box 9958, Melbourne VIC 3000 or by email through the online enquiry form at the AHPRA website: www.ahpra.gov.au.

ISSN: 1858-5060

About us

The Australian Health Practitioner Regulation Agency (AHPRA) is the national organisation responsible for implementing the National Registration and Accreditation Scheme (the National Scheme) across Australia, in partnership with the National Boards.

The National Scheme aims to protect the public by ensuring that only suitably trained and qualified practitioners are registered. It also facilitates workforce mobility across Australia; the provision of high-quality education and training of health practitioners; and rigorous assessment of overseas-trained practitioners.

Guided by a nationally consistent law, AHPRA and the National Boards work to regulate the health professions in the public interest. This includes registering practitioners who are suitably trained and qualified to provide safe healthcare, and investigating concerns about registered health practitioners.

AHPRA's responsibilities

- To support the National Boards in their primary role of protecting the public.
- To publish a national register of practitioners so important information about the registration of individual health practitioners is available to the public.
- To manage the registration and renewal processes for health practitioners and students around Australia.
- On behalf of the National Boards, to manage investigations into the professional conduct, performance or health of registered health practitioners, except in New South Wales (NSW) where investigations are carried out by the NSW Health Professional Councils and the Health Care Complaints Commission. In Queensland this may also be undertaken by the Office of the Health Ombudsman.
- To work with the Health Complaints Commissions to make sure the appropriate organisation deals with community concerns about individual registered health practitioners.
- To support the National Boards in the development of registration standards, codes and guidelines.
- To provide advice to the Australian Health Workforce Ministerial Council about the administration of the National Scheme.

Our regulatory principles (Appendix 1) underpin the work of the National Boards and AHPRA in regulating Australia's health practitioners in the public interest. The principles foster a responsive, risk-based approach to regulation across all professions within the National Scheme.

The National Boards

The National Boards are responsible for regulating registered health practitioners, protecting the public, and setting the standards and policies that all registered health practitioners must meet. The 14 National Boards are:

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

Our vision

The National Registration and Accreditation Scheme Strategy 2015-2020 sets out our vision, mission and strategic priorities. The strategy has been jointly developed by AHPRA and the National Boards and is available at www.ahpra.gov.au/about-ahpra/what-we-do/nras-strategy-2015-2020.aspx.

Performance summary

Registration

657,621 health practitioners in 14 professions registered in Australia in 2015/16

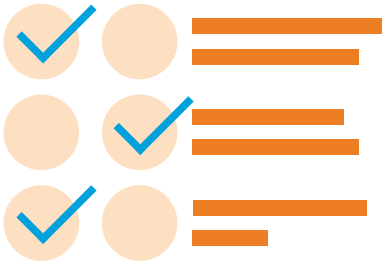
There were almost **20,000** more registrants in 2015/16 than last year (up from 637,218)

65,274 applications for registration received across all professions

153,710 students studying to be health practitioners through an approved program of study or clinical training program

66,698 domestic and international criminal history checks undertaken

3,275 (4.91%) of these found disclosable court outcomes, which resulted in limitation of the registration of **10** practitioners and refusal of registration in **1** case.

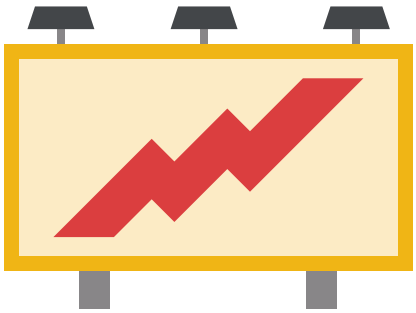


94% of practitioners completed the online workforce survey that was sent out on renewal

98% of nurses and midwives now renew and complete their annual registration online

Statutory offences

1,013 advertising-related complaints received; **374** were closed



15 offence complaints relating to practice; **15** were closed

288 offence complaints received relating to title protection; **194** closed

11 cases of falsely claiming to be a registered health practitioner successfully prosecuted before the courts

Monitoring and compliance

2,532 practitioners being monitored for health, performance and/or conduct

Launched a National Restrictions Library, which currently contains **73** restrictions (conditions and undertakings) used across all regulatory functions

Notifications

Note: all totals and percentages in this section are inclusive of AHPRA and NSW data

1.5% of 657,621 practitioners were the subject of a notification

10,082 notifications in 2015/16

81% of finalised 'immediate actions' – for the most serious risks to public safety – led to restrictions on registration ◊

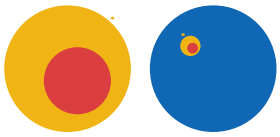
◊ Restrictions include suspension, conditions, undertakings or surrender of registration.

19.7% increase in notifications lodged

17.7% increase in mandatory notifications

18.3% increase in notifications about medical practitioners

13.2% increase in nursing and midwifery notifications



53.3% of notifications were about medical practitioners, who make up **16.3%** of total practitioners

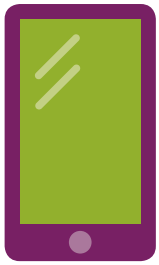
102 appeals lodged in tribunals about Board decisions made under the National Law

Of the **63** appeals that were finalised, **88.9%** resulted in no change to the Board decision as an outcome of the appeal (**21** where the original decision was confirmed, and **35** where the appeal was withdrawn)

Of the health, performance and conduct matters decided nationally by tribunals this year, **86.6%** resulted in disciplinary action

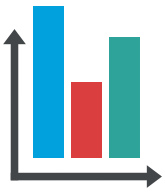
AHPRA: Supporting the National Boards

93% of health practitioners responded with 'satisfied to very satisfied' when asked to rate their interaction with our customer service teams



Our customer service teams resolved **93%** of telephone calls at first contact

76 requests received for access to registered health practitioner data and information for research purposes

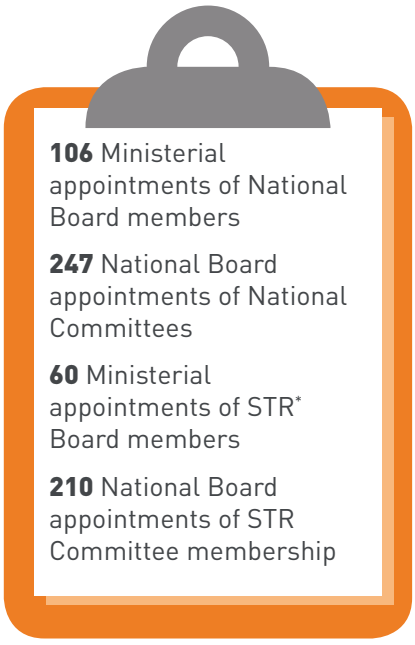


AHPRA received up to **1,480** phone calls and **175** web enquiries each working day, and close to **5,000** calls daily in peak times

Our **15** websites received more than **11.2 million** visits in 2015/16 and more than **53.7 million** page views

175 freedom of information applications were finalised

This year, there were a total of **623** appointments made:



106 Ministerial appointments of National Board members

247 National Board appointments of National Committees

60 Ministerial appointments of STR* Board members

210 National Board appointments of STR Committee membership

*State, territory or region

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Note: Supplementary data tables are available online at www.ahpra.gov.au/annualreport/2016/downloads.html

Introduction

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.

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 Australian community.

The National Registration and Accreditation Scheme (the National Scheme) means different things to different people.

The community has access to registered health practitioners who must meet national registration standards. It also means being able to easily view information about each registered practitioner on our public online register.

Most health practitioners can register once, renew yearly and practise anywhere in Australia.

For Australia, it means a national data resource to inform workforce planning and strategy development, and evidence-based approaches to risk management and policy implementation.

Since the National Scheme began six years ago, AHPRA has, with the National Boards, worked relentlessly to improve how we do things. The past year has been no exception. We have continued to focus on the timeliness of our management of notifications and we have implemented actions to improve how we communicate with both notifiers and practitioners. We have streamlined our processes for registration and renewal. We have also strengthened our community and professional partnerships. We have worked closely with National Boards and their committees to ensure both timely and effective regulatory decision-making, consistent with our shared regulatory principles and our commitment to being a risk-based regulator.

In August 2015, we welcomed the release of the independent review of the National Scheme, which recognised its 'unique and substantial achievement' and noted overwhelming support for its introduction.[1] The review's final report, and the formal response from Health Ministers to its recommendations, provided a positive and solid foundation for the next phase of our work. In particular, Ministers asked that we focus on improving our responsiveness to consumers and take further actions to increase the efficiency and effectiveness of the National Scheme.

In its November 2015 review of the quality of healthcare in Australia, the Organisation for Economic Co-operation and Development (OECD) highlighted that Australia's national system for regulating 14 health professions makes Australia a leader among OECD countries.

We are proud that, along with the accreditation authorities and our co-regulatory partners, we are the stewards of Australia's national health regulation scheme. We acknowledge the vision and support of Ministers in establishing the National Scheme. We thank AHPRA staff, and board and committee members for their commitment and hard work.

While much has been achieved, there is always more to do. We commit to a continued focus on strengthening the work of the National Scheme to serve the Australian community.

Mr Martin Fletcher
Chief Executive Officer

Mr Michael Gorton AM
Chair, Agency Management Committee

Dr Joanna Flynn AM
Chair, Forum of NRAS Chairs
Chair, Medical Board of Australia

1. *Independent Review of the National Registration and Accreditation Scheme for health professions: Final report, December 2014.* Australian Health Ministers' Advisory Council, 2014. p3.

Highlights

Improving the registration renewal process

Renewal campaigns for all 14 regulated professions ran smoothly and produced strong results this year, with the number of health practitioners renewing online reaching a new high. Overall, 98.07% of registered practitioners chose to take advantage of this quick and easy method of renewing their registration. This extremely high online renewal rate continues to position AHPRA at the forefront among its international peers in this area of performance.

More than half the practitioners on the national register are nurses or midwives. AHPRA worked with the Nursing and Midwifery Board of Australia to complete a comprehensive review of the Board's renewal-related correspondence. Testing new material with a group of registered nurses and midwives received overwhelmingly positive feedback. The improved correspondence was used during the Board's renewal campaign, supported by increased social media activity and a new video that guides practitioners step by step through the online renewal process.

More than 370,000 nurses and midwives were due to renew their registration by 31 May 2016. Over 98% renewed online and on time – the Board's highest ever online renewal rate. The customer service teams received 17% less phone calls and 30% less web enquiries from practitioners about the renewal process compared with the level of enquiries in May 2015. In a survey about their renewal experience, 95% of respondents said the email reminder instructions were perfectly or mostly understood. Importantly, 85% of respondents indicated they did not need to contact AHPRA while completing their renewal.

Improving the way we deal with concerns

This year, AHPRA continued to implement practical actions to improve the experience for both the public and practitioners when making, or being the subject of, a complaint (notification).

Communication materials have been redrafted, starting with a more conversational and less formal approach to letters, and we made web content easier to navigate and understand. We've taken a more flexible and accessible approach to how and when we communicate with notifiers by offering face-to-face meetings and scheduling phone calls to discuss outcomes. An essential part of improving customer experience was ensuring staff were supported and skilled, as well as able to understand the process from both the practitioner and notifier perspective.

We have continued to work with the Australian Medical Association (AMA) and others to look at ways in which practitioner experience can be improved when a notification is made. Improvements include significantly reduced time frames for assessing matters; developing a decision matrix with the health complaints entities (HCEs) we work with in each state and territory to better steer complaints and notifications to the most appropriate pathway; improved communication with practitioners; and more regular review of notifications by senior staff and Board members at specific times, to make sure regulatory work is on track.

In response to the review of the National Scheme, a comprehensive program of work has been led by a working group involving AHPRA, the National Boards and health complaints organisations in each state and territory. To strengthen joint work on complaints management, the working group led the implementation of a number of improvements to promote greater consistency and collaboration. This included better communication with complainants and with each other, to support joint consideration of complaints. We also initiated an information campaign about the roles and responsibilities of AHPRA, the National Boards and the HCEs, including producing a brochure for the public on the most suitable organisation through which to direct a complaint.

See page 46, *Improving notifier and practitioner experience*, for information on notifier surveys.

Improving risk assessment and ensuring thorough investigations

This year, AHPRA focused on how we can continue to improve the notifications process by further developing a risk-assessment tool to better identify risks to public safety, act on risks faster and manage notifications more consistently nationwide.

The risk assessment tool is designed to promptly recognise the potential risk associated with a notification as it's received, and structure an approach to how we manage known and unknown risks for each notification. The tool is currently being trialled in Victoria, Tasmania and the Australian Capital Territory, where it has been incorporated in the notifications process. The tool identifies areas of

risk or potential risk of harm and what information is needed to adequately assess risk. It offers an improved approach to the early identification and management of risk, as well as improving communication with both the notifier and the practitioner who is the subject of the notification.

We have also invested in our investigative capability by strengthening investigator training.

Raising awareness of the scheme

To increase awareness of the National Scheme and how it protects public health and safety, we rolled out a nationwide campaign aimed at employers, practitioners and the general public. The campaign was delivered in three phases, mostly through our social media channels and advertisements in news media and major health publications across the 14 professions.

The first phase, 'Know your obligations', targeted people who employ health practitioners. They were reminded about their legal obligations when recruiting and managing practitioners, and the importance of staying up to date with the status of each employee's registration. The second phase, the 'Not-so-small print' campaign, focused on informing registered health professionals about their obligations under the scheme, including mandatory reporting and complying with the *Guidelines for advertising regulated health services*. The third phase, 'Be safe in the knowledge', was designed to educate members of the community about the national register of practitioners and what to do if they have any concerns about an individual practitioner and their services.

Being transparent and holding ourselves accountable

As part of a continuous focus on improving transparency and accountability, AHPRA introduced a new initiative in April 2016: the release of quarterly performance reports. These reports contain comprehensive information about the performance of AHPRA and the National Boards in each state and territory over a three-month period.

Data relate to our main areas of activity – managing registration, managing notifications (excluding NSW), offences against the National Law, and monitoring health practitioners and students with restrictions on their registration. The public and practitioners have been invited to provide feedback on this new reporting approach. Reports are made available via the AHPRA website: www.ahpra.gov.au/About-AHPRA/What-We-Do/Statistics.aspx

Seeking feedback from the community and professions

Our commitment to working with the community is ongoing through our Community Reference Group (CRG). This group meets regularly and consists of members of the community who are not registered health practitioners. They provide feedback, information and advice on strategies for building better knowledge in the community about health practitioner regulation. Feedback is sought on topics such how to improve the notifier experience and increasing public awareness of key issues.

We also gain feedback, information and advice from the Professions Reference Group (PRG). The membership of the PRG consists of one representative from a professional association for each of the regulated professions and one representative from the Health Professions Accreditation Councils' Forum. Quarterly meetings are held to discuss AHPRA's operations, such as improvements to AHPRA's processes, and raising public awareness of the register.

Both groups publish communiqués on the AHPRA website after each meeting for transparency. For more information on CRG meetings, see www.ahpra.gov.au/about-ahpra/advisory-groups/community-reference-group.aspx.

For more information on PRG meetings, see www.ahpra.gov.au/About-AHPRA/Advisory-groups/Professions-Reference-Group.aspx.

Prosecuting statutory offences

AHPRA prosecuted nine individuals in the Magistrates' Court for statutory offences under the National Law during 2015/16, resulting in six convictions. Those convicted were fined and/or ordered to complete a period of community service or good behaviour.

Three matters resulted in non-convictions, with these individuals being fined and/or receiving a community service or good behaviour order. One matter also resulted in a conviction being recorded against a company.

A significant court outcome for 2015/16 saw an imposter nurse jailed. A joint investigation by AHPRA, other health agencies and the police led to the successful prosecution of a woman who falsely claimed to be a registered nurse. She had been employed as a nurse at a number of aged care facilities across South Australia and New South Wales, and dishonestly received more than $340,000 in wages.

A notification about her care of an elderly patient led to an investigation, which uncovered long-term dishonest conduct, including identity theft and the production of false documents.

The woman pleaded guilty in court to seven counts of deception and was jailed for four years with a non-parole period of 14 months. She was ordered to pay almost $30,000 to the Australian Tax Office for undeclared earnings. In a later court hearing, she was fined a further $7,000 after pleading guilty to 20 charges of breaching the National Law by using the protected title of 'registered nurse' and for holding out that she was a registered nurse.

The health sector and news media continue to show strong interest in the outcomes of our regulatory actions to protect the public from potential harm. We proactively engaged with the media during the year to highlight court and tribunal outcomes and increase public awareness of the scheme.

Ensuring practitioners meet advertising requirements

The National Law limits how regulated health services can be advertised (and bans certain ways of advertising regulated health services).

The National Scheme's approach to achieving compliance with the National Law initially focuses on education and helping practitioners understand the law. When advertising complaints are received, we aim to achieve compliance as quickly and effectively as possible. This means we warn practitioners whose advertising practices fall outside the law, and remind them of their obligation to ensure any advertising is lawful.

Over the past 12 months, there has been a growth in the number of complaints about advertising, particularly in relation to chiropractors. AHPRA worked closely with the Chiropractic Board of Australia to develop a *Statement on advertising*, which was released in March 2016 via the Chiropractic Board of Australia's website. This document provides clarity about unacceptable advertising of chiropractic services.

In addition, AHPRA's Statutory Offences Unit has been working through a large number of complaints with the aim of achieving compliance as quickly and effectively as possible.

Developing the Aboriginal and Torres Strait Islander health workforce

The relatively new profession of Aboriginal and Torres Strait Islander health practice joined the National Scheme in July 2012. The profession is growing rapidly, with the number of registered practitioners more than doubling between 2012 and 2016.

One of the main barriers to registration, particularly for people working in remote communities, is the ability to access an accredited program of study. During 2015/16, AHPRA's Accreditation Unit supported the profession's independent Accreditation Committee in assessing nine applications to accredit programs of study under the National Scheme. The overall number of approved training programs in Aboriginal and Torres Strait Islander health practice is expected to reach 15 in the coming year.

AHPRA continued to strengthen its connections with Aboriginal community-controlled health services and registered training organisations to increase awareness of the important benefits of registration under the National Scheme and offering accredited programs.

AHPRA has worked closely with training providers to encourage them to apply for accreditation and to help them understand and fulfil the rigorous requirements of the accreditation process. Some providers sent trainers to deliver accredited programs in remote communities, making training more accessible to people living and working in these communities.

This work supports the Australian Government's *National Aboriginal and Torres Strait Islander health plan 2013–2023* and the *National Aboriginal and Torres Strait Islander health workforce strategic framework (2011–2015)*. It also contributes to the national *Closing the gap on Indigenous health issues* targets for addressing the disparity between non-Indigenous and Indigenous Australians in areas such as life expectancy, child mortality and employment.

National Boards report

National Boards are committed to protecting the public by ensuring access to safe and competent health practitioners registered under the National Scheme.

The Forum of NRAS Chairs, National Board Chairs, the Chair of the Agency Management Committee, the AHPRA Chief Executive Officer and senior staff regularly come together to collectively improve the effectiveness, consistency and efficiency of the National Scheme. There has been significant collaboration on common issues and strengthening multi-professional approaches.

Each Board has recognised the importance of communicating with practitioners and stakeholders to improve the understanding of the requirements of the National Law. This includes regular profession-specific communiqués, newsletters and fact sheets, stakeholder forums and consultations on regulatory guidance and standards.

Highlights of our collaboration this year include:

- developing new and revised registration standards, codes and technical practice guidelines to ensure safe and competent health practice. In a number of cases, Boards worked together to plan for and/or jointly review common standards
- working with AHPRA to analyse notifications data to better understand trends and emerging areas of risk within and across professions, and
- significantly improving registration pathways and annual registration renewal processes.

More detailed information can be found in this section and the individual Board summary reports, which can be downloaded from www.ahpra.gov.au/annualreport.

Dr Joanna Flynn AM
Chair, Forum of NRAS 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

Dr John Lockwood AM
Chair, Dental Board of Australia

Dr Joanna Flynn AM
Chair, Medical Board of Australia

Mr Neil Hicks
Chair, Medical Radiation Practice Board of Australia

Dr Lynette Cusack
Chair, Nursing and Midwifery 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

Mr William Kelly
Chair, Pharmacy Board of Australia

Dr Charles Flynn
Presiding Member, Physiotherapy Board of Australia

Ms Catherine Loughry
Chair, Podiatry Board of Australia

Professor Brin Grenyer
Chair, Psychology Board of Australia

Aboriginal and Torres Strait Islander Health Practice Board of Australia

The number of registered Aboriginal and Torres Strait Islander health practitioners grew by more than 50% – from 391 to 587 – in 2015/16. This was mainly due to grandparenting provisions expiring on 30 June 2015. These transitional provisions provided a pathway to registration in this new profession for existing practitioners.

When the grandparenting provisions of the National Law ended, the Aboriginal and Torres Strait Islander Health Practice Board of Australia focused on assessing the large influx of applications for registration. The Board continues to advise people who missed the grandparenting deadline about how they can gain an approved qualification necessary for applying for registration in future.

The Board is committed to making sure that people wanting to work in this field have access to approved programs of study. The Board's independent accreditation committee, chaired by Professor Elaine Duffy, continued to implement the accreditation standard and accredited two more programs of study, which the Board subsequently approved.

There are now five approved programs that qualify graduates for general registration under section 53(a) of the National Law. The committee's busy accreditation schedule continues to grow, with the number of approved programs of study expected to more than double in the next 12 months.

The Board has been working closely with AHPRA and the three other Boards established under the National Scheme in 2012 to prepare consultation papers for the scheduled review of the following registration standards:

- professional indemnity insurance arrangements
- continuing professional development
- recency of practice
- English language skills, and
- Aboriginal and/or Torres Strait Islander.

The first three registration standards listed above are shared between the regulated professions and are therefore being reviewed collaboratively. The reviews are being conducted through AHPRA's formal, two-stage consultation process, which is due to begin in 2016/17. The first phase will seek to road-test the proposed changes with selected stakeholders familiar with the National Scheme, and the second phase will open the discussion to submissions from members of the public. The revised draft registration standards also draw on lessons learnt during earlier reviews conducted by professions that joined the National Scheme in 2010.

The Board's role is to protect the community by making sure that only qualified and competent Indigenous Australians are registered, and to manage notifications (complaints) about registered practitioners. The Board's ongoing audit program involves randomly checking whether registered health practitioners are adhering to their professional obligations. Audits conducted in the past year returned pleasing results, demonstrating good compliance and an understanding of the registration standards, codes and guidelines.

Regulating the Aboriginal and Torres Strait Islander health practitioner workforce under the National Scheme is an important step in helping to meet the Council of Australian Governments' *Closing the Gap* targets for addressing the significant disparity in life expectancy and child mortality rates between Indigenous and non-Indigenous Australians.

The Board is excited that planning is underway to develop a reconciliation action plan that will guide the activities of all 14 regulated professions and AHPRA. We look forward to helping AHPRA and the other professions to implement this plan.

Ms Lisa Penrith was elected Presiding Member of the Board in May 2016, succeeding Mr Bruce Davis.

Aboriginal and Torres Strait Islander health practice regulatory data 2015/16

Aboriginal and Torres Strait Islander health practitioners made up less than 0.1% of all registered health practitioners across the National Scheme in 2015/16.

As at 30 June 2016, there were 587 Aboriginal and Torres Strait Islander health practitioners registered across Australia. This represents a national increase of 50.1% from last year. All registrants held general registration to practise as Aboriginal and Torres Strait Islander health practitioners (except one, who held non-practising registration). There were 292 registered Aboriginal and Torres Strait Islander health practitioner students, an increase of 108.6% on 2014/15.

The Board received 269 new applications for registration this year, an increase of 5.5% on last year.

Five notifications were received nationally about Aboriginal and Torres Strait Islander health practitioners. Noting the very low total numbers, this represents a decrease of 28.6% from last year. AHPRA managed all of these notifications. Notifications about Aboriginal and Torres Strait Islander health practitioners represent less than 0.1% of all notifications received by AHPRA (excluding Health Professional Councils Authority [HPCA] matters) in 2015/16.

On a national basis, the percentage of registered health practitioners with notifications received

during the year was 1.5%. Of all registered Aboriginal and Torres Strait Islander health practitioners, the percentage of the registrant base with notifications received during the year was 0.9%, which is 0.6% lower than the national percentage across all registered professions.

Nine notifications relating to a registered Aboriginal and Torres Strait Islander health practitioner were closed in 2015/16. This represents 0.2% of all matters closed across all professions. Of the closed notifications relating to the health, performance or conduct of an Aboriginal and Torres Strait Islander health practitioner:

- 22.2% resulted in conditions being imposed or an undertaking accepted by the Board
- 11.1% resulted in the practitioner receiving a caution or reprimand by the Board
- none resulted in suspension or cancellation of registration by the Board, and
- 66.7% resulted in no further action being taken by the Board. No further action is taken when, based on the available information, the Board determines there is no risk to the public that requires regulatory action.

There was one open notification at the end of the year. There were 73 active monitoring cases involving registered Aboriginal and Torres Strait Islander health practitioners. This represents 1.5% of all monitoring cases managed by AHPRA across all professions.

There were no new complaints made this year relating to possible statutory offences by Aboriginal and Torres Strait Islander health practitioners.

Chinese Medicine Board of Australia

The Chinese Medicine Board of Australia intensified its focus on processing registration applications during 2015/16, after a large number of complex applications were received towards the close of grandparenting provisions on 30 June 2015. These special provisions provided a possible pathway to registration for existing practitioners who did not have contemporary, approved qualifications.

The Board's Registration and Notifications Committee increased its monthly meeting schedule and held fortnightly, full-day sessions at times throughout the year to accommodate the high volume of applications generated by the close of grandparenting.

The Board also continued to develop its policy framework to protect public safety. In November 2015, after extensive consultation with the profession and advice from a Technical Advisory Group, the Board published its *Guidelines for safe Chinese herbal medicine practice*. The guidelines require registered Chinese medicine practitioners to write in English on herbal medicine prescriptions and labels and to:

- use clear and consistent herbal nomenclature
- record adequate details of Chinese herbal medicines in patient health records
- write adequate prescriptions
- ensure medicine labelling is accurate and informative, and
- ensure compounding and dispensing of medicines is precise and professional.

Significantly, the new guidelines endorse Pinyin (a system of writing Mandarin Chinese using the Latin alphabet) as the standard form for displaying the names of Chinese herbs. Authorised Pinyin is outlined in the *Nomenclature compendium for Chinese herbal medicine*, which was commissioned and published by the Board in late 2015.

There will be a two-year transition period before these guidelines take formal effect in November 2017. This transition will give practitioners sufficient time to make sure their practice complies with these requirements.

Engaging more directly with the profession was a strategic priority for the Board during 2015/16. Between November 2015 and June 2016, the Board conducted five practitioner forums in Perth, Adelaide, Melbourne, Brisbane and Sydney. These important events:

- enhanced participants' understanding of the objectives of the National Scheme
- informed the profession about the Board's priorities and how this work is progressing
- deepened the Board's understanding of issues of major concern within the profession, for example: dry needling and scheduled herbal medicines, and
- provided specific information to the profession about why the *Guidelines for safe Chinese herbal medicine practice* are needed and the specific requirements contained in the guidelines.

The Board continues to closely manage its finances to sustain and plan for future work and to mitigate potential risks. This focus on financial efficiency enables the Board to keep the 2016/17 practitioner registration fee the same as in this financial year.

Professor Charlie Xue was Chair of the Chinese Medicine Board of Australia during 2015/16.

Chinese medicine regulatory data 2015/16

At the end of the year, there were 4,762 Chinese medicine practitioners registered across Australia, which represents a national increase of 6% from the previous year. Chinese medicine practitioners made up 0.7% of all registered health practitioners across the National Scheme.

Of the registrant base:

- 95.2% held general registration to practise Chinese medicine, with this cohort of registrants increasing by 5.1% compared to last year, and
- 4.8% held non-practising registration and cannot practise Chinese medicine. This cohort of registrants increased by 26.8%.

There were 1,318 registered Chinese medicine students as at 30 June 2016, a decrease of 11% on 2014/15. The Board received 742 new applications for registration this year. Of these, 73.6% were for general registration and 26.4% were applications to move to the non-practising register.

Fifty-four notifications were received nationally about Chinese medicine practitioners (including the HPCA in NSW). This represents an increase of 145.5% from the previous year. Of these, 28 matters were received and managed by AHPRA (excluding HPCA). Notifications about Chinese medicine practitioners represent 0.5% of all notifications received by AHPRA in 2015/16 (excluding HPCA).

On a national basis, the percentage of registered health practitioners with notifications received during the year was 1.5%. The national percentage of registered Chinese medicine practitioners with notifications received during the year was 1.1%, which is 0.4% lower than the national percentage across all registered professions.

A total of 25 notifications (excluding HPCA) relating to a registered Chinese medicine practitioner were closed in 2015/16. This represents 0.5% of all matters closed across all professions. Of the closed notifications:

- 16% resulted in conditions being imposed or an undertaking accepted by the Board
- 12% resulted in the practitioner receiving a caution or reprimand by the Board
- none resulted in suspension or cancellation of registration, and
- 72% resulted in no further action being taken by the Board. No further action is taken when, based on the available information, the Board determines there is no risk to the public that requires regulatory action.

As at 30 June 2016, there were 14 open notifications and 954 active monitoring cases (excluding HPCA) involving registered Chinese medicine practitioners. Practitioners in this profession who have conditions on their registration that are being monitored represent 19.2% of all monitoring cases managed by AHPRA across all professions. This is partly due to a significant proportion of registered Chinese medicine practitioners having English language-related conditions of registration.

Twenty-six new complaints were made this year relating to possible statutory offences by Chinese medicine practitioners. These complaints constitute 1.9% of all statutory offence matters received for the year. Almost all new matters related to the use of protected title or advertising concerns. Twelve statutory offence matters were considered and closed this financial year.

Chiropractic Board of Australia

A recurring theme to the Chiropractic Board of Australia's work this year has been our commitment to ensuring the public has access to safe and competent health services from registered chiropractors.

Following Ministerial approval, AHPRA and the Board successfully published and implemented revised registration standards for professional indemnity insurance arrangements, recency of practice and continuing professional development. The Board commenced scheduled reviews of its registration standards for limited registration in the public interest and limited registration for teaching and research.

An important Board initiative throughout 2015/16 was to develop protocols to analyse notifications data to assist the Board in gaining a better understanding of the trends and areas of risk in notifications brought to the Board's attention.

The Board issued strong, clear messages to the profession outlining its expectations around professional standards, and it continues to work with practitioners and stakeholder groups to enhance their understanding of the requirements and expectations of the Board and the National Law, particularly in the areas of continuing professional development and advertising.

We worked closely with AHPRA to develop and refine the processes for managing offences under the National Law, particularly in relation to advertising, to ensure matters that posed the highest risk to the health and safety of the public are dealt with as quickly as possible.

In 2015, the Board conducted a voluntary and anonymous email survey of chiropractors. The high response rate has provided the Board with a better understanding of chiropractors' knowledge of their obligations under the National Law and the areas in which it may need to provide more regulatory guidance.

The Board has continued to develop strong links with other international chiropractic regulators including by participating in meetings of the International Chiropractic Regulatory Collaboration and the New Zealand Chiropractic Board.

Dr Wayne Minter AM was the Chair of the Chiropractic Board of Australia during 2015/16.

Chiropractic regulatory data 2015/16

At the end of the financial year, there were 5,167 chiropractors registered across Australia. This represents a national increase of 3.38% from 2014/15.

Chiropractors made up 0.8% of all registered health practitioners across the National Scheme. Of the registrant base:

- 94.3% held general registration to practise as a chiropractor, with this cohort of registrants increasing by 3.5% from last year, and
- 5.7 % held non-practising registration and could not practise as a chiropractor. This cohort of registrants grew by 1.0% this year.

The total number of registered chiropractic students decreased by 34.5% compared to last year, to 1,240.

The Board received 394 new applications for registration, an increase of 6.2%. Of these, 86.3% were for general registration and 12.9% were applications to move to the non-practising register.

This year, 146 notifications were received nationally about chiropractors (including the HPCA). Noting that there was a significant reduction in new notifications received in 2014/15 (only 75 new matters nationally), this year's total represents an annual increase of 94.7%.

Nationally, the percentage of registered health practitioners with notifications received during the year was 1.5%. The percentage of all registered chiropractors with notifications received was 2.8%, which is 1.3% higher than the national percentage across all registered professions.

A total of 49 notifications relating to a registered chiropractor (excluding HPCA) were closed. This represents 0.9% of all matters closed across all professions. Outcomes of the closed notifications included:

- 16.3% resulted in conditions being imposed or an undertaking accepted by the Board
- 16.3% resulted in the practitioner receiving a caution or reprimand by the Board
- none resulted in suspension or cancellation of registration, and
- 67.4% resulted in no further action being taken by the Board. No further action is taken when, based on the available information, the Board determines there is no risk to the public that requires regulatory action.

At the end of the year, there were 92 open notifications about registered chiropractors (excluding HPCA). There were 46 active monitoring cases about registered chiropractors (excluding HPCA). This represents 0.9% of all monitoring cases managed by AHPRA across all professions.

AHPRA received 601 new complaints about possible statutory offences by chiropractors this year. These complaints constitute 44.6% of all statutory offence matters received in 2015/16. Almost all the new matters (96.5%) related to advertising concerns. There were 68 statutory offence matters considered and closed in this financial year.

Dental Board of Australia

The Dental Board of Australia's year started with a heightened focus on the risks associated with dental practitioners failing to comply with infection prevention and control requirements.

This followed regulatory action by the Dental Council of NSW (the Council) and a serious breach of the National Law involving a Victorian man who pretended to be a dentist and treated patients at his home. AHPRA, acting on the Board's behalf, successfully prosecuted this individual in August 2015. This case was the first in a series of investigations that highlighted the risks patients who see unregistered practitioners face in terms of experiencing substandard care and treatment, poor hygiene and inadequate infection control.

Effective infection prevention and control is everyone's responsibility. It should be seen as part of a safety and quality framework that underpins professional practice across all health sectors, including dental practices.

The Board and the Council worked together to remind all dental practitioners of their infection prevention and control obligations under the Board's *Guidelines on infection control*. All registered dental practitioners were contacted by mail, and a fact sheet and a self-assessment tool were published to help practitioners fully understand and meet these obligations. The Board and AHPRA also published a *Tips for patients* fact sheet to help patients and members of the public determine whether they are receiving safe care from a registered dental practitioner.

A number of entities are involved in setting standards and monitoring compliance in this field. The Board and AHPRA hosted a stakeholder forum in October 2015 to bring these organisations together to strengthen partnerships and gain a better understanding of how to support dental practitioners to practise effective infection prevention and control. The goal is to minimise the risk of patients being exposed to transmissable infections while receiving dental treatment. Information gained from the forum will assist the Board's review of its *Guidelines on infection control*, which will be undertaken during 2016/17 in partnership with other National Boards.

The Board continued its work to improve registration pathways, with a particular focus on specialist registration. A revised assessment process was developed for overseas-trained dental specialists, with the Australian Dental Council assessing overseas specialist qualifications for substantial equivalence to an Australian specialist program, on the Board's behalf. The Board subsequently published a framework outlining entry-level competencies for each of the 13 approved dental specialties. This work will continue in the coming year as the Board develops an outcome-based assessment model for specialist practitioners who have trained overseas.

Dr John Lockwood AM was Chair of the Dental Board of Australia during 2015/16.

Dental regulatory data 2015/16

As at 30 June 2016, there were 21,741 dental practitioners registered across Australia. This represents a national increase of 2.51% from last year.

Dental practitioners made up 3.3% of all registered health practitioners across the National Scheme. Noting that there is a range of dental registration categories:

- 89.5% held general registration to practise dentistry, with this cohort of registrants increasing by 2.6% compared to last year
- 7.5% held general and specialist registration to practise dentistry, with this cohort increasing by 1.1%
- 0.1% held specialist only registration to practise a dental specialty, which is an increase of 15.4%
- 0.3% held limited registration, which allows internationally qualified dental practitioners to provide dental services under supervision. This category of registrants decreased by 10.8%, and
- 2.5% held non-practising registration and cannot practise dentistry. This cohort of registrants increased by 7.1%.

The number of registered dental students was 4,810, an increase of 2.1% on 2014/15.

A total of 1,536 new applications were received for registration with the Dental Board of Australia, a decrease of 6.2% from last year. Of these applications, 87.7% were for general or specialist registration and 9.3% were requests to move to the non-practising register.

This year, 1,025 notifications were received nationally (including HPCA in NSW) about dental practitioners. This represents an increase of 33.8%. AHPRA received and managed 497 of these matters (excluding the HPCA). Notifications about dental practitioners represented 8.2% of all notifications received by AHPRA (excluding HPCA) this year.

Nationally, 1.5% of registered health practitioners received notifications this year. The percentage of notifications received by registered dental practitioners was 4.7%, which is 3.2% higher than the national percentage across all registered professions.

A total of 393 notifications (excluding HPCA) relating to a registered dental practitioner were closed in 2015/16. This represents 7.5% of all matters closed across all professions. Outcomes of the closed notifications included:

- 15.5% resulted in conditions being imposed or an undertaking accepted by the Board
- 15.8% resulted in the practitioner receiving a caution or reprimand by the Board
- 3.3% resulted in suspension or cancellation of registration by the Board, and
- 60.1% resulted in no further action being taken by the Board. No further action is taken when, based on the available information, the Board determines there is no risk to the public that requires regulatory action.

At the end of the year, there were 324 open notifications (excluding HPCA) about registered dental practitioners.

AHPRA was actively monitoring 141 dental practitioners (excluding HPCA) in relation to conditions on their registration. This represents 2.8% of all monitoring cases managed by AHPRA across all professions.

AHPRA received 196 new complaints about possible dental-related statutory offences this year. These complaints constitute 14.5% of all statutory offence matters received in 2015/16. Almost all new matters related to the use of protected titles or advertising concerns. A total of 157 statutory offence matters were considered and closed.

Medical Board of Australia

The past year has been one of consolidation and growth for the Medical Board of Australia. It was a period of substantial, quiet achievement.

The Board focused on progressing its three new priority initiatives – cosmetic procedures, doctors' health and revalidation – and improving existing processes and standards.

Priority initiatives

Cosmetic procedures
In May 2016, after extensive consultation, the review of hundreds of submissions and consideration of a wide range of options, the Board issued *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*.

The Board decided this was the most effective way to maintain professional standards and protect consumers. The guidelines mandate cooling-off periods for patients considering cosmetic procedures

and clearly explain practitioners' responsibilities. The guidelines will take effect in October 2016.

Doctors' health

The new structure for a nationally consistent doctors' health program was established during the year and new services began in most states and territories. The Board now funds a $2 million national network of health services for doctors and students, which is delivered at arm's length from the Board through Doctors' Health Services Pty Ltd, a subsidiary company of the AMA.

The Board is delighted to report that this significant, expanded service is progressing well. It aims to support doctors and students and connect them to the services they need to maintain their health and wellbeing. The operation of the national program will be closely monitored as it becomes fully established in each state and territory, to make sure the new model is adequately resourced and is operating effectively.

Revalidation

Revalidation is the process by which doctors demonstrate that they are continually keeping their skills up-to-date, so they can provide safe and ethical care to patients. The Board expanded its work in this area by:

- publishing the international research commissioned from the Collaboration for the Advancement of Medical Education Research and Advancement
- establishing an Expert Advisory Group to provide advice on revalidation tailored to the Australian health context, and
- commissioning social research into the views of medical practitioners and the community about what doctors should do to remain fit to practise during their working lives.

Progressing this work, including undertaking extensive consultation with the profession and the community about future directions, will be a core priority in 2016/17.

Improving standards

Nine new or revised standards, codes and guidelines were approved or took effect during 2015/16. In August 2015, the Australian Health Workforce Ministerial Council approved seven revised registration standards:

- a revised standard for professional indemnity insurance, started in January 2016
- four revised standards for limited registration, which apply to international medical graduates (IMGs) who do not qualify for general or specialist registration, take effect from 1 July 2016, and
- revised standards for continuing professional development and recency of practice will come into effect in October 2016, to align with the registration renewal period.

The Board developed new guidelines, *Short-term training in a medical specialty for international medical graduates who are not qualified for general or specialist registration*.

Revised guidelines, *Supervised practice for IMGs*, came into effect in January 2016. They are designed to make its expectations of IMGs, their supervisors and their employers clearer. Supervision is a registration requirement for all IMGs who are granted limited or provisional registration.

Strengthening processes

In partnership with AHPRA, the Board continued to focus on making the process of managing notifications more efficient and improving the experience of notifiers and practitioners when they interact with AHPRA and the Board.

The Board trialled a new way of organising committee meetings that enables Board members to quickly conduct a preliminary assessment of notifications. This aims to triage the increasing volume of notifications and fast-track the management and closure of less complex matters, so Board members can focus on addressing matters that pose the greatest potential risk to the public.

A workshop was held with senior leaders from the Board, AHPRA and the AMA to explore new ways of improving practitioners' experience of the notifications process.

Indigenous health

In September 2015, the Board approved the Australian Medical Council (AMC) Limited's new *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs*. They include new Indigenous health standards for specialist education. A Board representative also sat on the AMC's Indigenous Planning Advisory Group, which has been established to improve the Council's engagement with Indigenous health organisations, students and medical practitioners.

A representative of the Australian Indigenous Doctors Association has been invited to join the Board's consultative committee for its priority initiative around revalidation.

Dr Joanna Flynn AM was Chair of the Medical Board of Australia during 2015/16.

Medical regulatory data 2015/16

There were 107,179 medical practitioners registered across Australia as at 30 June 2016. This represents a national increase of 3.92% from the previous year.

Medical practitioners made up 16.3% of all registered health practitioners across the National Scheme. Of the registrant base:

- 34.5% held general registration to practise medicine, with this cohort increasing by 6.3% from the previous year

- 47.2% held general and specialist registration to practise medicine, an increase of 2.9%
- 8.2% held specialist only registration to practise in a medical specialty, an increase of 5.87%
- 5.1% held provisional registration. Most of these are Australian graduates in their first postgraduate year and are in an accredited intern position while they progress towards being eligible for general registration. This category of registrants increased 15.1% from last year
- 2.5% held limited registration, which allows internationally qualified medical practitioners to provide medical services under supervision. There were 21.7% fewer registrants in this category compared with 2014/15, and
- 2.5% held non-practising registration. Under the National Law, they cannot practise medicine. This cohort of registrants decreased by 0.3% this year.

At the end of the financial year there were 19,760 registered medical students, an increase of 5.8% since 2014/15. The Board received 16,203 new applications for medical registration, an increase of 2.2% on last year. Of these, 66.2% were for general or provisional registration and only 2.4% were requesting to move to non-practising registration.

This year, 5,371 notifications were received nationally about medical practitioners (including the HPCA in NSW). This represents an increase of 18.3% from the previous year, much of which can be attributed to an increase in the number of matters referred to AHPRA in Queensland by the Office of the Health Ombudsman. AHPRA received and managed 3,147 matters (excluding HPCA). Notifications about medical practitioners represent 52% of all notifications received by AHPRA (excluding HPCA) during the year.

On a national basis, the percentage of registered health practitioners with notifications received during the year was 1.5%. The percentage of the national medical practitioner registrant base with notifications received during the year was 5%, which is 3.5% higher than the national percentage across all registered professions.

A total of 2,718 notifications about a registered medical practitioner were closed this year (excluding HPCA). This represents 52% of all matters closed across all professions. Outcomes of the closed notifications included:

- 10% resulted in conditions being imposed or an undertaking accepted by the Board
- 12.1% resulted in the practitioner receiving a caution or reprimand by the Board
- 1.6% resulted in suspension or cancellation of registration, and
- 71.2% resulted in no further action being taken by the Board. No further action is taken when, based on the available information, the Board determines there is no risk to the public that requires regulatory action.

For the full breakdown of notification outcomes for medical practitioners, please refer to the supplementary data tables available online at www.ahpra.gov.au/annualreport/.

At the end of June 2016, there were 1,843 open notifications about registered medical practitioners and 1,767 cases relating to practitioners were being actively monitored because of conditions placed on their registration (excluding HPCA). This represents 35.6% of all monitoring cases managed by AHPRA across all professions.

AHPRA received 202 new complaints about possible statutory offences relating to medical practice or medical practitioners. These complaints constitute 15% of all statutory offence matters received this year. Almost all new matters related to the use of protected titles or advertising concerns. We considered and closed 128 statutory offence cases by the end of the financial year.

Medical Radiation Practice Board of Australia

In September 2015, the Medical Radiation Practice Board of Australia announced it would reduce registration renewal fees to $180. This fee is lower than the average registration fees that existed prior to national registration. The Board has planned for a deficit budget over the next three to five years with the aim of returning equity back to registered practitioners.

Our continued focus is on both time and cost efficiency. Beginning in June 2016, we reduced the number of face-to-face Board meetings to six per year. This is expected to reduce Board-managed costs by approximately 30%.

The Board has agreed to be part of a cross-professional committee on immediate-action matters and is waiting for the efficiency and financial dividends that are intended to flow from the model to be developed by AHPRA.

New registration standards for continuing professional development and professional indemnity insurance arrangements commenced. These standards were developed collaboratively with other National Boards and recognise the benefits of consistent arrangements across health professions.

In February 2016, the Board used its examination for the first time to assist in risk-based regulatory decision-making. The exam can be used in a number of scenarios but always with the intent of

enabling practitioners to demonstrate that they are competent and safe to practise.

We've also been working collaboratively with the New Zealand Board to facilitate greater alignment with the requirements for registration for medical radiation practitioners in both countries.

Mr Neil Hicks was the Chair of the Medical Radiation Practice Board of Australia during 2015/16.

Medical radiation practice regulatory data 2015/16

The number of medical radiation practitioners registered across Australia was 15,303 as at 30 June 2016, which is 2.9% higher than last year.

Medical radiation practitioners made up 2.3% of all registered health practitioners across the National Scheme. Noting that there are a range of medical radiation practice categories within this profession:

- 95% of the registrant base held general registration to practise medical radiation, with this cohort of registrants increasing by 4% from the previous year
- 3.4% held provisional registration and are participating in a supervised practice internship while they progress towards being eligible for general registration. This registrant category decreased by 17.5% compared to last year
- less than 0.1% held limited registration, which allows internationally qualified medical radiation practitioners to provide medical radiation services under supervision, and
- 1.5% held non-practising registration and could not practise medical radiation, a decrease of 5.7% from last year.

At the end of the financial year, there were 3,447 registered medical radiation practice students, 15.7% fewer than in 2014/15.

A total of 1,722 new applications were received for registration with the Board, 4.8% less than in the previous year. Of the new applications, 67.4% were for general registration and 4.8% were requests to move to the non-practising register.

Forty-eight notifications were received nationally about medical radiation practitioners (including the HPCA in NSW), which was an increase of 54.9% compared to last year. The number of matters received and managed by AHPRA was 36 (excluding HPCA). Notifications about medical radiation practitioners equate to 0.5% of all notifications received by AHPRA (excluding HPCA) this year.

On a national basis, the percentage of registered health practitioners with notifications received during the year was 1.5%. The percentage of all registered medical radiation practitioners with notifications received was 0.3%, which is 1.2% lower than the national percentage across all registered professions.

A total of 27 notifications relating to a registered medical radiation practitioner were closed in 2015/16 (excluding HPCA). This represents 0.5% of all matters closed across all professions. Of the closed notifications:

- 11.1% resulted in conditions being imposed or an undertaking accepted by the Board
- 18.5% resulted in the practitioner receiving a caution or reprimand by the Board
- 3.7% resulted in suspension or cancellation of registration, and
- 66.7% resulted in no further action being taken by the Board. No further action is taken when, based on the available information, the Board determines there is no risk to the public that requires regulatory action.

There were 23 open notifications about registered medical radiation practitioners as at 30 June 2016, and 109 active monitoring cases (excluding HPCA). This equates to 2.2% of all monitoring cases managed by AHPRA across all professions.

Eight new medical radiation-related statutory offence complaints were received by AHPRA during the year. These complaints constitute less than 1% of all statutory offence matters received by AHPRA in 2015/16. All new matters related to title protection concerns. Seven statutory offence matters were considered and closed this financial year.

Nursing and Midwifery Board of Australia

Over the past 12 months, the Nursing and Midwifery Board has commissioned two major initiatives for nurses and midwives in Australia. These projects aim to:

- ensure nurses and midwives understand their obligations under the National Law by sharing information and establishing clear standards for practice, and
- offer support to registered nurses, midwives and students to meet standards and provide safe care.

National health support service for nurses and midwives

The Board commissioned a report to review:

- the referral/notification, assessment, treatment, monitoring and rehabilitation for nurses, midwives and students with a health impairment (both the management and support process), and
- the role the regulator can play in national health support programs, giving consideration to the National Law.

Based on recommendations from the final report, the Board decided to fund a national health support service for nurses, midwives and students of those

professions who have a health impairment or are at risk of a health impairment.

The service will raise awareness and deliver information about health impairment matters concerning nurses and midwives, as well as their employers. The service will include:

- a confidential telephone service, providing advice and referral to appropriate health services, and
- a website to provide up-to-date information and resources.

The service is expected to be available from early 2017 and will provide an equitable service across workplaces, jurisdictions and locations.

Developing registered nurse standards for practice

The Board commissioned a project to develop standards for practice for registered nurses, including a review of existing national competency standards.

Since the last review of the *National competency standards for the registered nurse*, the role and scope of practice of registered nurses across Australia had changed. The model of education and training leading to registration and the regulatory framework in which registration of nurses occurs had also developed substantially.

The intent of the project was to develop standards that reflect current nursing practice and are contemporary, relevant and useful.

The new standards were developed by a process of literature and evidence reviews, gap analysis, two rounds of consultation and two rounds of observation of registered nurse practice. Interviews were also conducted with consumers who shared their stories about the strengths and limitations of nursing care they had received. As well as supporting registered nurses to provide good care, these standards will also help consumers and consumer representatives understand registered nurse practice.

The newly developed *Registered nurse standards for practice* comprise seven interconnected standards which are relevant to all registered nurses across all areas of practice. The standards came into effect on 1 June 2016 and can be viewed online at www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx.

The Board would also like to acknowledge the strong working and consultative relationship it has with all nursing and midwifery key stakeholders, and looks forward to continuing to strengthen these relationships. In particular, the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, with whom we engage in the development of all relevant policy related to nursing and midwifery to ensure that Aboriginal and Torres Strait Islander health matters are appropriately considered and addressed.

Dr Lynette Cusack was reappointed Chair of the Nursing and Midwifery Board of Australia from 31 August 2015.

Nursing and midwifery regulatory data 2015/16

As at 30 June 2016, there were 380,208 enrolled nurses, registered nurses and midwives registered across Australia. This represents a national increase of 2.7% from the previous year.

Nurses and midwives made up 57.8% of all registered health practitioners across the National Scheme. Of the registrant base:

- 16.6% held registration as an enrolled nurse only, an increase of 1.8% from last year
- 1.7% held registration as both an enrolled nurse and registered nurse, 15.8% higher than last year
- 72.8% held registration as a registered nurse only, an increase of 3.1%
- 7.8% held registration as a midwife and an enrolled or registered nurse, a decrease of 2.7%
- 1.1% held registration as a midwife only, an increase of 12%
- 1,418 nurses held an endorsement as a nurse practitioner, an increase of 13.7%, and
- 250 midwives held an endorsement for scheduled medicines, an increase of 37.4% on the previous year.

At the end of the financial year, there were 89,620 registered nursing students, which is 14.9% higher than at the end of 2014/15. The number of registered midwifery students rose to 3,949 this year, an increase of 6.6%.

The Board received 28,854 new applications for registration as an enrolled or registered nurse. This is 16.2% more than were received during the previous year. Of the new applications, 93.7% were for general registration and 5.2% were applying to move to the non-practising register.

There were 1,715 new applications for registration as a midwife, an increase of 0.2%. Of these, 81.7% were for general registration and 17.3% were applications to move to the non-practising register.

This year, 1,942 notifications were received nationally about nurses (including HPCA in NSW). This represents an increase of 12.1% from last year. The number of matters received and managed by AHPRA was 1,340 (excluding the HPCA). Notifications about nurses represent 22.1% of all notifications received by AHPRA (excluding HPCA) this year.

There were 103 notifications received nationally about midwives (including HPCA), an increase of 39.2% on last year. AHPRA received and managed 95 matters

(excluding HPCA). Notifications about midwives represent 1.6% of all notifications received by AHPRA (excluding HPCA) during 2015/16.

On a national basis, the percentage of registered health practitioners with notifications received during the year was 1.5%. The percentage of all registered nurses with notifications received was 0.5%, which is 1% lower than the national percentage across all registered health professions. The percentage of all registered midwives with notifications received was 0.3%, which is 1.2% lower than the national percentage.

A total of 1,174 notifications relating to nurses were closed this year (excluding HPCA). This represents 22.5% of all matters closed across all health professions. Outcomes of the closed notifications relating to nurses included:

- 21.5% resulted in conditions being imposed or an undertaking accepted by the Board
- 14.6% resulted in the nurse receiving a caution or reprimand by the Board
- 1.2% resulted in suspension or cancellation, and
- 60.2% resulted in no further action being taken by the Board. No further action is taken when, based on the available information, the Board determines there is no risk to the public that requires regulatory action.

Seventy-six notifications relating to midwives (excluding HPCA) were closed. This represents 1.5% of all matters closed across all health professions. Outcomes of the closed notifications relating to midwives included:

- 21.1% resulted in conditions being imposed or an undertaking accepted by the Board
- 10.5% resulted in the midwife receiving a caution or reprimand by the Board
- 2.6% resulted in suspension or cancellation of registration, and
- 63.2% resulted in no further action being taken by the Board.

As at 30 June 2016, there were 895 open notifications about nurses and 77 open notifications about midwives (excluding HPCA). There were 1,274 active monitoring cases about nurses (excluding HPCA). This represents 25.7% of all monitoring cases managed by AHPRA across all registered health professions. There were 144 active monitoring cases about midwives (excluding HPCA), which represent 2.9% of all monitoring cases.

AHPRA received 87 new complaints about possible statutory offences relating to nursing and midwifery this year. These complaints constitute 6.5% of all statutory offence matters received in 2015/16. Almost all new matters related to concerns about the use of protected titles. Forty-six statutory offence matters were considered and closed.

Occupational Therapy Board of Australia

The Occupational Therapy Board of Australia reduced practitioner fees, oversaw practitioner audits and progressed on a number of major projects during the year.

The National Scheme is funded by practitioners' registration fees. By reducing the fee for the third year in a row, the Board was able to ease the cost burden on practitioners while still earning sufficient income to meet its regulatory obligations.[2]

The Board established a Competency Standards Reference Group and Competency Standards Advisory Panel in late 2015 as the first stage in conducting a comprehensive review of competency standards for occupational therapists. Carramar Consulting was appointed to research and develop the revised standards. The Board is committed to working with the profession, the education sector and other stakeholders to develop revised competency standards that reflect the breadth of occupational therapy practice and are applicable in all practice settings including clinical, educational and regulatory contexts. The proposed revised draft standards have been developed and preliminary consultation to obtain feedback from the profession will begin early in the next financial year.

The Board has received feedback from the profession about the need for greater flexibility in return-to-work pathways for practitioners who no longer meet the recency of practice registration standard. In response, a project was established to explore alternative pathways for occupational therapists to demonstrate their competence when returning to work after an extended break.

The Board has been working collaboratively with the three other Boards that joined the National Scheme in 2012 to review the continuing professional development, professional indemnity insurance and recency of practice registration standards. The preparatory phase of the review was completed and draft revised standards have been developed. Planning is well under way to begin preliminary and public consultation processes about the proposed revised standards in the new financial year.

Actively engaging with practising occupational therapists and other stakeholders continues to be a priority. Board members attended a variety of speaking events for practitioners and new graduates across Australia. Representatives of the Board also attended the 6th Asia Pacific Occupational

[2] The registration fee for occupational therapists was reduced to $130, which is $30 less than in the previous year. The fee reduction applied from 9 September 2015 in all states and territories except NSW, which is a co-regulatory jurisdiction. The fee for practitioners whose principal place of practice is NSW was $120 during the same period.

Therapy Congress in New Zealand in September 2015, to learn from their international counterparts and present an analysis of risks and trends in notifications made about practitioners in Australia.

In May 2016, the Board hosted its first forum with occupational therapy education providers. The Victorian forum enabled Board members to engage with education providers about how the Board's work affects the education sector and to explore their issues and obligations under the National Law. Similar forums are being planned for other jurisdictions in the next financial year.

Ms Julie Brayshaw, who served as the Occupational Therapy Board of Australia's Presiding Member since March 2015, was appointed Chair in March 2016.

Occupational therapy regulatory data 2015/16

As at 30 June 2016, there were 18,304 occupational therapists registered across Australia. This represents a national increase of 6.4% from the previous year.

Occupational therapists made up 2.8% of all registered health practitioners across the National Scheme. Of the registrant base:

- 95.9% held general registration to practise occupational therapy, with this cohort of registrants increasing by 6.4% from the previous year
- 0.2% held provisional registration and were undertaking a period of supervised practice while they progressed towards being eligible for general registration. There were 2.4% fewer registrants in this category this year
- less than 0.4% held limited registration, which allows internationally qualified occupational therapists to provide occupational therapy services under supervision, and
- 3.5 % held non-practising registration and cannot practise occupational therapy. This category of registrants increased by 12.8% this year.

There were 7,922 registered occupational therapy students at the end of the year, which is 3.8% fewer than last year.

The Board received 2,200 new applications for registration this year, an increase of 5.9% from 2014/15. Of these, 81.8% were for general registration and 13% were requests to move to the non-practising register.

This year, 59 notifications were received nationally about occupational therapists (including the HPCA in NSW). This represents an increase of 20.4% from the previous year. The number of matters received and managed by AHPRA was 35 (excluding HPCA). Notifications about occupational therapists represented 0.6% of all notifications received by AHPRA (excluding HPCA) this year.

On a national basis, the percentage of registered health practitioners with notifications received during the year was 1.5%. The percentage of all registered occupational therapists nationally with notifications received this year was 0.3%, which is 1.2% lower than the national percentage across all registered professions.

A total of 28 notifications relating to a registered occupational therapist (excluding HPCA) were closed during the year. This represents 0.5% of all matters closed across all professions. Of the closed notifications:

- 10.7% resulted in conditions being imposed or an undertaking accepted by the Board
- 14.3% resulted in the practitioner receiving a caution or reprimand by the Board
- none resulted in suspension or cancellation of registration, and
- 75% resulted in no further action being taken by the Board. No further action is taken when, based on the available information, the Board determines there is no risk to the public that requires regulatory action.

Nineteen notifications about registered occupational therapists (excluding HPCA) were open as at 30 June 2016. There were 36 active monitoring cases about registered occupational therapists (excluding HPCA). This represents 0.7% of all monitoring cases managed by AHPRA across all professions.

AHPRA received six new complaints about possible statutory offences relating to occupational therapy this year. These complaints constitute less than 1% of all statutory offence matters received by AHPRA for the year. All new matters related to title protection concerns. Five statutory offence matters were considered and closed this financial year.

Optometry Board of Australia

The Optometry Board of Australia reviewed its committee structure this year, in line with the guiding principles of the National Scheme to provide efficient and effective regulation of the profession. The Policy and Education Committee will take over the important regulatory work of the Policy, Standards and Guideline Advisory Committee and the Continuing Professional Development Accreditation Committee.

The efficiency and effectiveness measures put in place by the Board resulted in another reduction of registration fees for 2015/16. The Board lowered the registration fee for the third year in a row, while still fulfilling its regulatory obligations. The decision to reduce fees ensures practitioners are not unduly burdened, and provides sufficient income to allow the Board to meet its obligation to protect the public.

The Board continued its role in the regular review of

registration standards and guidelines to ensure that they remain relevant, including the revision of:

- *Recency of practice registration standard*, which took effect on 1 December 2015
- *Guidelines on the prescription of optical appliances*, which took effect on 1 June 2016, and
- *Professional indemnity insurance arrangements registration standard*, which took effect on 1 July 2016.

The Board is continuing to develop consultations on the endorsement for scheduled medicines and continuing professional development standards and guidelines.

The revised standards and guidelines strike a balance between protecting the public and the professional obligations of practitioners.

Mr Ian Bluntish was the Chair of the Optometry Board of Australia during 2015/16.

Optometry regulatory data 2015/16

There were 5,142 optometrists registered across Australia at the end of June 2016. This represents a national increase of 4.6% from last year.

Optometrists made up 0.8% of all registered health practitioners across the National Scheme. Of the registrant base:

- 96.8% held general registration to practise optometry, with this cohort of registrants increasing by 4.6% since last year
- less than 0.1% held limited registration, which allows internationally qualified optometry practitioners to provide optometry services under supervision, and
- 3.1% held non-practising registration and cannot practise optometry. This cohort of registrants increased by 3.2% this year.

The number of registered optometry students rose by 3.9%, to 1,652.

The Board received 339 new applications for registration, an increase of 30.8% on the previous year. Of these, 91.5% were for general registration and 7.0% were applying to move to the non-practising register.

This year, 39 notifications were received nationally about optometrists (including the HPCA in NSW). This represents a decrease of 29.1% from the previous year. The number of matters received and managed by AHPRA was 17 (excluding HPCA). Notifications about optometry practitioners represent 0.3% of all notifications received by AHPRA (excluding HPCA) during the year.

On a national basis, the percentage of registered health practitioners with notifications received during the year was 1.5%. The percentage of all registered optometrists with notifications received was 0.8%, which is 0.7% lower than the national percentage across all registered professions.

Seventeen notifications relating to a registered optometry practitioner (excluding HPCA) were closed. This represents 0.3% of all matters closed across all professions. Outcomes of the closed notifications included:

- 5.9% resulted in conditions being imposed or an undertaking accepted by the Board
- 29.4% resulted in the practitioner receiving a caution or reprimand by the Board
- none resulted in suspension or cancellation of registration, and
- 58.8% resulted in no further action being taken by the Board. No further action is taken when, based on the available information, the Board determines there is no risk to the public that requires regulatory action.

As at 30 June 2016, there were 11 open notifications about registered optometrists (excluding HPCA). There were 17 active monitoring cases about optometrists (excluding HPCA). This represents 0.3% of all monitoring cases managed by AHPRA across all professions.

Nine new complaints about possible statutory offences relating to optometry were received this year. These complaints constitute less than 1% of all statutory offence matters received by AHPRA in 2015/16. Almost all new matters related to the use of protected title or advertising concerns. Nine statutory offence matters were considered and closed.

Osteopathy Board of Australia

With approval from the Ministerial Council, in 2015/16 the Osteopathy Board of Australia published five revised core registration standards.

Communicating the changes to the profession was a priority, and the Board informed registrants of the changes in newsletters and with a well-attended webinar. We held two meetings with the Board of Directors of Osteopathy Australia in Melbourne, with a focus on changes to the registration standards, the 2016 audit and exchanging planning information.

A video has been developed by the Board, which outlines what graduates need to do before they can register and practise as osteopaths, and how to renew their registration each year thereafter. The Board has also published a presentation, *Osteopathy registration: what you need to know*, which expands on the information presented in the video. These are available for the public and practitioners to download from the Board's website (www.osteopathyboard.gov.au). The Chair also presented on these topics to final-year students in the osteopathy programs.

In June 2016, the Australasian Osteopathic Accreditation Council commenced a review of the Standard Pathway Assessment. The Standard Pathway includes formal written and clinical examinations and has been one option for overseas-trained osteopaths to seek registration in Australia since 2011.

The Board has continued to conduct its business of regulating the profession with increasing efficiency, allowing it to reduce the national registration fee for 2015/16 through improvements such as committee structures. We continue to work towards ongoing efficiencies.

Stakeholder and co-regulatory relationships also continue to be a focus of the Board, and includes biannual teleconferences and meetings with the UK and New Zealand osteopathy regulators on issues of mutual interest.

Dr Nikole Grbin was the Chair of the Osteopathy Board of Australia during 2015/16.

Osteopathy regulatory data 2015/16

As at 30 June 2016, there were 2,094 osteopaths registered across Australia. This represents a national increase of 4.7% from the previous year.

Osteopaths made up 0.3% of all registered health practitioners across the National Scheme. Of the registrant base:

- 96.5% held general registration to practise osteopathy, with this cohort of registrants increasing by 5.37% from last year
- 0.4% held provisional registration and were undertaking a six-month period of supervised practice internship while in the Competent Authority Pathway for UK-trained osteopaths. This helps them progress towards being eligible for general registration. This cohort of registrants decreased by 52.9% this year, and
- 3.2 % held non-practising registration and could not practise osteopathy. This is the same proportion of registrants as last year.

There were 1,759 registered osteopathy students at the end of the year, an increase of 47.9%.

The Board received 207 new applications for registration, an increase of 0.5% on 2014/15. Of the new applications, 78.7% were for general registration and 13.5% were applying to move to the non-practising register.

Twenty-three notifications were received nationally about osteopaths (including the HPCA in NSW). This represents an increase of 76.9% from last year. The number of matters received and managed by AHPRA in 2015/16 was 14 (excluding HPCA), nine more than last year. Notifications about osteopaths represent 0.2% of all notifications received by AHPRA (excluding HPCA) this year.

On a national basis, the percentage of registered health practitioners with notifications received during the year was 1.5%. The percentage of all registered osteopaths with notifications received this year was 1.1%, which is 0.4% lower than the national percentage across all registered professions.

Nine notifications relating to a registered osteopath (excluding HPCA) were closed during the year. This represents 0.2% of all matters closed across all professions. Of the closed notifications, 100% resulted in no further action being taken by the Board. No further action is taken when, based on the available information, the Board determines there is no risk to the public that requires regulatory action.

Six notifications about registered osteopaths (excluding HPCA) were open at the end of June 2016. Nine registrations of osteopaths were being actively monitored (excluding HPCA), with most relating to monitoring provisional registration requirements. This represents 0.2% of all monitoring cases managed by AHPRA across all professions.

Twelve new complaints about possible statutory offences relating to osteopathy were received this year. These complaints constitute less than 0.9% of all statutory offence matters received in 2015/16. Almost all new matters related to the use of protected titles or advertising concerns. Twenty-five statutory offence matters were considered and closed.

Pharmacy Board of Australia

This year, the Pharmacy Board of Australia published revised registration standards as approved by the Ministerial Council. These standards focused on professional indemnity insurance arrangements, continuing professional development and related guidelines, recency of practice, supervised practice arrangements, and examinations for eligibility for general registration.

After wide-ranging consultation, the Board also published guidelines on dispensing medicines, practice-specific issues, dose-administration aids and staged supply of dispensed medicines, and proprietor pharmacists.

To address feedback received after the publication of the Board's guidelines on compounding of medicines, we undertook a further period of consultation with stakeholders in relation to the expiry of compounded parenteral medicines. We gave stakeholders and pharmacists the opportunity to provide feedback in two forums, as well as the chance to comment on the consultation paper published on the Board's website. The Board will continue to work closely with technical experts, the Therapeutic Goods Administration and other stakeholders to finalise this guidance prior to its publication and implementation.

The Board continues to work on examination-quality improvement. This year, we engaged an external

consultant to conduct an analysis of oral examination and related processes, and a provider to deliver a revised training program to oral examiners.

We also contributed to the revision of the competency standards framework for pharmacists in Australia in collaboration with a broad range of pharmacy stakeholders. A program of communications about provisional and general registration has been published on our website.

Mr Stephen Marty was Chair of the Pharmacy Board of Australia during July and August 2015. Mr William Kelly was Chair from September 2015 to June 2016.

Pharmacy regulatory data 2015/16

At the end of the financial year, there were 29,717 pharmacists registered across Australia. This represents a national increase of 2.4% from the previous year.

Pharmacists made up 4.5% of all registered health practitioners across the National Scheme. Of the registrant base:

- 90.7% held general registration to practise pharmacy, with this cohort of registrants increasing by 2.9% this year
- 5.8% held provisional registration to undertake supervised practice while they progressed towards being eligible for general registration. This registrant category decreased by 4.85%
- less than 0.1% held limited registration, which allowed internationally qualified pharmacists to undertake supervised practice while they progressed towards being eligible for general registration, and
- 3.4% held non-practising registration and could not practise pharmacy, an increase of 2.9% from last year.

There were 7,280 registered pharmacy students at the end of the year, a decrease of 1.5% from 2014/15.

The Board received 3,324 new applications for registration, a decrease of 0.5% on last year. Of these, 48.8% were for general registration and 4.5% were applications to move to the non-practising register. The remaining applications were for provisional registration.

At total of 570 notifications were received nationally about pharmacists (including the HPCA in NSW). This is an increase of 16.3% from last year. The number of matters received and managed by AHPRA was 311 (excluding HPCA). Notifications about pharmacists represent 5.1% of all notifications received by AHPRA (excluding HPCA) this year.

On a national basis, the percentage of registered health practitioners with notifications received during the year was 1.5%. The percentage of all registered pharmacists with notifications received was 1.9%, which is 0.4% higher than the national percentage across all registered professions.

A total of 301 notifications relating to a registered pharmacist (excluding HPCA) were closed during the year. This represents 5.8% of all matters closed across all professions. Outcomes of the closed notifications included:

- 21.3% resulted in conditions being imposed or an undertaking accepted by the Board
- 29.9% resulted in the pharmacist receiving a caution or reprimand by the Board
- 1% resulted in suspension or cancellation of registration by the Board, and
- 46.8% resulted in no further action being taken by the Board. No further action is taken when, based on the available information, the Board determines there is no risk to the public that requires regulatory action.

As at 30 June 2016, there were 184 open notifications and 178 active monitoring cases involving registered pharmacists (excluding HPCA). The level of monitoring represents 3.6% of all monitoring cases managed by AHPRA across all professions.

Thirteen new complaints about possible statutory offences relating to pharmacy were received this year. These complaints constitute less than 1% of all statutory offence matters received in 2015/16. Almost all new matters related to title protection or advertising concerns. Thirteen statutory offence matters were considered and closed.

Physiotherapy Board of Australia

This year, the Physiotherapy Board of Australia worked with its appointed accreditation authority, the Australian Physiotherapy Council, to embed the physiotherapy practice thresholds, which were developed and launched last year in conjunction with co-authors the Physiotherapy Board of New Zealand.

The Board continued to refine its regulatory approach, working closely with stakeholders to ensure clarity of regulatory requirements, particularly as it rolled out revised registration standards for professional indemnity insurance, professional development and recency of practice.

The Board's focus in 2015/16 was to think scheme-wide, seeking consistency, efficiency and effectiveness in undertaking its regulatory role. It took part in cross-professional work within the scheme, such as the review of supervision guidelines. This work is ongoing and a framework is being developed to cover all situations in which supervision is a requirement for registration.

The Board has been involved in early conversations with the profession about non-medical health practitioner prescribing. This is cross-professional work with other relevant National Scheme professions. Whether physiotherapist prescribing

becomes a reality will depend on many factors, including the clear and unequivocal safety of the community and the value proposition to the health system and community as a whole. The conversation is expected to continue for some time.

As part of its statutory role, the Board is currently conducting a scheduled review of its *Approved accreditation standard*. In regards to closing the gap on Indigenous health issues, the Board will work with the Australian Physiotherapy Council to ensure that the culturally appropriate educational aspects are broadly consulted upon and included before finalising.

The Board's Chair and Tasmanian practitioner member, Paul Shinkfield, resigned from his position during the year to take up a role with AHPRA. Paul led the Board very ably for over three years, and his clear thinking and collaborative manner were appreciated by the Board.

Dr Charles Flynn was elected Presiding Member in December 2015, after the departure of Chair Mr Paul Shinkfield, until Health Ministers appoint a Chair.

Physiotherapy regulatory data 2015/16

There were 28,855 physiotherapists registered across Australia as at 30 June 2016. This represents a national increase of 4.8% from the previous year. Physiotherapists made up 4.4% of all registered health practitioners across the National Scheme. Of the registrant base:

- 95.9% held general registration to practise physiotherapy, with this cohort of registrants increasing by 4.63% this year
- 1.2% held limited registration, which allows internationally qualified physiotherapists to provide physiotherapy services under supervision, and
- 2.9% held non-practising registration and could not practise physiotherapy. This category of registrants increased by 2% from last year.

There were 8,943 registered physiotherapy students at the end of the financial year, a decrease of 1.7% on 2014/15.

The Board received 2,505 new applications for registration, 1.4% fewer than last year. Of these, 83.9% were for general registration and 6.4% were applications to move to the non-practising register.

This year, 102 notifications were received nationally about physiotherapists (including the HPCA in NSW). This represents an increase of 5.2% from last year. AHPRA received and managed 66 matters (excluding HPCA). Notifications about physiotherapists represent 1.1% of all notifications received by AHPRA (excluding HPCA) this year.

On a national basis, the percentage of registered health practitioners with notifications received during the year was 1.5%. The percentage of all registered physiotherapists with notifications received was 0.4%, which is 1.1% lower than the national percentage across all registered professions.

A total of 55 notifications relating to a registered physiotherapist were closed during the year (excluding HPCA). This represents 1.1% of all matters closed across all professions. Of the closed notifications:

- 18.2% resulted in conditions being imposed or an undertaking accepted by the Board
- 16.4% resulted in the practitioner receiving a caution or reprimand by the Board
- none resulted in suspension or cancellation of registration, and
- 65.4% resulted in no further action being taken by the Board. No further action is taken when, based on the available information, the Board determines there is no risk to the public that requires regulatory action.

At the end of the year, there were 49 open notifications about registered physiotherapists (excluding HPCA). There were 60 active monitoring cases, which represent 1.2% of all monitoring cases managed by AHPRA across all professions.

AHPRA received 66 new complaints about possible statutory offences relating to physiotherapy this year. These complaints constitute 4.9% of all statutory offence matters received in 2015/16. Almost all the new matters related to the use of protected titles or advertising concerns. Forty statutory offence matters were considered and closed in 2015/16.

Podiatry Board of Australia

This year, three revised registration standards for podiatrists and podiatric surgeons were approved by the Australian Health Workforce Ministerial Council and are progressively coming into effect. The revised standard for continuing professional development took effect on 1 December 2015, the new standard for professional indemnity insurance arrangements took effect from 1 July 2016, and the recency of practice standard will take effect from 1 December 2016.

The Podiatry Board of Australia has been working closely with AHPRA to implement the new registration standards and keep practitioners informed about the timing and content of the revised standards. In addition to publicising the changes in its regular newsletters and communiqués, the Board gave presentations about the new standards at an association conference in Melbourne and a registrant forum in Darwin.

AHPRA's analysis of the 213 notifications made to the Board since the National Scheme began in 2010 revealed a relatively high incidence of issues relating to systems and processes for infection prevention and control. It is critical that podiatrists and podiatric surgeons make preventing and controlling infection an integral part of all aspects of their professional practice. The Board expects practitioners to practise in a way that maintains and enhances public health and safety by ensuring that the risk of spreading infection is prevented or minimised.

The Board published revised *Guidelines on infection prevention and control*, which describe the obligations of registered podiatrists and podiatric surgeons in this critical area of maintaining a safe healthcare practice. The guidelines adopt the National Health and Medical Research Council's (NHMRC's) *Australian guidelines for the prevention and control of infection in healthcare*. Practitioners must be familiar with and practise within the recommendations of the NHMRC guidelines as they apply to the practice setting/s in which they work. The Board also published a self-audit tool that practitioners can use to check whether their workplace hygiene complies with the revised guidelines.

AHPRA continued to conduct registration compliance audits of randomly selected practitioners during the year and the Board was pleased with the high level of compliance recorded across the profession.

The Board engaged regularly with its stakeholders, including the Australian and New Zealand Podiatry Accreditation Council, the Australasian Podiatry Council and its member associations, and the Podiatrists Board of New Zealand.

Ms Catherine Loughry was reappointed to serve her second term as Board Chair in August 2016. It is her third term as practitioner member.

Podiatry regulatory data 2015/16

There were 4,655 registered podiatrists and podiatric surgeons in Australia as at 30 June 2016, which represents a national increase of 6.1% from the previous year. Podiatrists and podiatric surgeons made up 0.7% of all registered health practitioners across the National Scheme. Of the registrant base:

- 97.2% held general registration to practise as a podiatrist, with this cohort of registrants increasing by 6.2% from last year
- 0.6% held both general registration and specialist registration to practise podiatric surgery, with the number of registrants in this category unchanged from 2014/15, and
- 2.2% held non-practising registration and cannot practise podiatry, an increase of 5.2%.

At the end of the year there were 1,718 registered podiatry students, a decrease of 3.6% on the previous year.

The Board received 445 new applications for registration, an increase of 3.3% on last year. Of these, 91.7% were for general registration and 8.1% were requests to move to the non-practising register.

A total of 57 notifications were received nationally about podiatrists and podiatric surgeons (including the HPCA in NSW). This represents an increase of 54.1% from last year. The number of matters received and managed by AHPRA was 42 (excluding HPCA). Notifications about podiatrists and podiatric surgeons represent 0.7% of all notifications received by AHPRA (excluding HPCA) this year.

On a national basis, the percentage of registered health practitioners with notifications received during the year was 1.5%. The percentage of all registered podiatrists with notifications received this year was 1.2%, which is 0.3% lower than the national percentage across all registered professions.

Twenty-seven notifications relating to registered podiatrists and podiatric surgeons (excluding HPCA) were closed during the year. This represents 0.5% of all matters closed across all professions. Outcomes of the closed notifications included:

- 22.2% resulted in conditions being imposed or an undertaking accepted by the Board
- 11.1% resulted in the practitioner receiving a caution or reprimand by the Board
- none resulted in suspension or cancellation of registration, and
- 59.3% resulted in no further action being taken by the Board. No further action is taken when, based on the available information, the Board determines there is no risk to the public that requires regulatory action.

At the end of the financial year, there were 21 open notifications and 21 active monitoring cases about registered podiatrists and podiatric surgeons (excluding HPCA). The level of monitoring represents 0.4% of all monitoring cases managed by AHPRA across all professions.

AHPRA received 26 new complaints about possible statutory offences relating to podiatry this year. These complaints constitute 1.9% of all statutory offence matters received by AHPRA this year. Almost all new matters related to advertising concerns. Seventeen statutory offence matters were considered and closed.

Psychology Board of Australia

The Psychology Board of Australia made significant progress this year in its review of the profession's current education and training model.

The Board often receives feedback that psychology training is unnecessarily complex, fragmented and lengthy. Reforming the education and training model

is therefore a priority and is an important next step in developing the regulatory environment for the psychology profession.

The Board partnered with the Australian Psychological Society (APS), the Australian Psychology Accreditation Council, and the Heads of Departments and Schools of Psychology Association to host a national psychology education forum in Canberra in December 2015. This forum brought together leaders across government, education, health services, employer groups, regulation and the profession to consider the future of psychology education and training and discuss the challenges with existing arrangements. The Board prepared a green paper on training reform to stimulate discussion at the event.

Delegates attending the national forum recognised that the training model needs to change and recommended that the current 4+2 internship program be retired as a pathway to registration. Reform options raised at the forum were analysed by a collaborative working party to build a clear picture of the implications for education, training and the psychology workforce. There will be further engagement with the Board's partners, stakeholder groups and practitioners about the proposed reforms during the coming year.

Another significant milestone was achieved on 1 June 2016, when the final step in streamlining the application process for overseas-qualified applicants came into effect. Assessments of the knowledge and skills of overseas-qualified applicants are now carried out as part of an application for registration that is administered by AHPRA with oversight by the Board. This replaces the previous two-stage application process involving an assessment by the APS followed by a determination by the Board.

To support the revised process, the Board established a new qualification assessment framework that sets down clear expectations about the educational standards to be met by all overseas practitioners applying for registration, regardless of where they completed their studies. This critical information helps AHPRA and the Board determine whether an overseas applicant is suitably qualified and competent to provide safe care to the public. The Board will continue to benchmark its assessment framework against international best practice.

The Board updated its *Guidelines for the National Psychology Examination* and developed two new resources to help candidates prepare for the exam. A three-minute video highlighting important information about the exam was launched on the Board's website in late 2015. An orientation guide was developed to familiarise candidates with the format, purpose and content of the exam, and to help them develop a study plan. The guide will be published later in 2016, leading up to the next examination period.

The Board signed a three-year memorandum of understanding with the New Zealand Psychologists Board to reinforce the mutual recognition of registration and mobility between our two countries.

Professor Brin Grenyer was Chair of the Board during 2015/16.

Psychology regulatory data 2015/16

As at 30 June 2016, there were 33,907 psychologists registered across Australia. This represents a national increase of 3.5% from last year.

Psychologists made up 5.2% of all registered health practitioners across the National Scheme. Of the registrant base:

- 81.5% held general registration to practise psychology, with this cohort of registrants increasing by 2.9% from last year
- 13.6% held provisional registration and are participating in a supervised practice internship while they progress towards being eligible for general registration. This cohort increased by 6.2%, and
- 4.9% held non-practising registration and cannot practise psychology. This category of registrants increased by 5.5% from last year.

The Psychology Board of Australia does not have a student registration category. Psychology students can apply for provisional registration, which allows them to practise in positions that are supervised, such as an accredited higher degree or a supervised practice program approved by the Board.

The Board received 4,759 new applications for registration, an increase of 10%. Of these, 37.3% were for general registration, while 11.1% were applications to move to the non-practising register. The remaining 51.6% were for provisional registration.

This year, 528 notifications were received nationally about psychologists (including the HPCA in NSW). This represents an increase of 22.2% from last year. AHPRA received and managed 331 matters (excluding HPCA). Notifications about psychologists represent 5.5% of all notifications received by AHPRA (excluding HPCA) this year.

On a national basis, the percentage of registered health practitioners with notifications received during the year was 1.5%. The percentage of all registered psychologists with notifications received was 1.6%, which is 0.1% higher than the national percentage across all registered professions.

A total of 307 notifications relating to a registered

psychologist (excluding HPCA) were closed. This represents 5.9% of all matters closed across all professions. Outcomes of the closed notifications included:

- 18.9% resulted in conditions being imposed or an undertaking accepted by the Board
- 6.8% resulted in the practitioner receiving a caution or reprimand by the Board
- 1.3% resulted in suspension or cancellation of registration, and
- 71.7% resulted in no further action being taken by the Board. No further action is taken when, based on the available information, the Board determines there is no risk to the public that requires regulatory action.

At the end of the financial year, there were 226 open notifications about registered psychologists. AHPRA was actively monitoring the registrations of 134 practitioners (excluding HPCA). This represents 2.7% of all monitoring cases managed by AHPRA across all professions.

AHPRA received 83 new complaints about possible statutory offences relating to psychology this year. These complaints constitute 6.2% of all statutory offence matters received in 2015/16. Almost all new matters related to title protection or advertising concerns. Sixty-four statutory offence matters were considered and closed.

Regional update

AHPRA's operational network includes offices in each capital city, which are responsible for the efficient and effective delivery of AHPRA's core regulatory functions under the National Law. They also provide leadership and strategic direction in developing and delivering AHPRA's operational policy and procedures.

These offices work directly with a variety of local stakeholders and support the local boards and committees. They are responsible for operational performance across our regulatory functions and implementing national policies and procedures. They are committed to continuously improving and quality-assuring our operational processes, and increasing efficiency and effectiveness. A number of regulatory services are organised across offices to improve overall service delivery.

Following are highlights from each of AHPRA's state and territory offices, setting out the progress made this year. More detailed information can be found in the state and territory summary reports, which can be downloaded from www.ahpra.gov.au/annualreport.

Australian Capital Territory

The Australian Capital Territory (ACT) office's focus over the past 12 months has been collaboration and on building new ways of working together to ensure a consistent approach. 'One team, one way' has been the aspiration, and the Canberra and Hobart registration teams now function as one team, using the same process to receive and allocate the caseload of applications. This new process has been digitised to cut down on paperwork and save time.

Stakeholder engagement is also a priority. We have held meetings with the ACT Health Services Commissioner (HSC), the ACT Civil and Administrative Tribunal, the Australian Medical Association, the Chief Pharmacist and Pharmacy Guild. We have also continued to present on registration requirements and Board-related standards to local universities and major health employers, and on notifications to local professional associations.

In June, as part of a national tour, the Nursing and Midwifery Board of Australia held a public forum for ACT practitioners and other stakeholders, such as professional associations, unions and nursing educators.

Another major focus for the ACT office is training and improving the quality of decision-making. Staff worked closely with the state boards to introduce new processes in implementing decisions.

Mr Bob Bradford was Territory Manager of the ACT office until October 2015 when Ms Catherine Miedecke was appointed Acting Territory Manager.

ACT regulatory data 2015/16

The number of registered practitioners in the ACT has increased to 11,362, which is an increase of 384 (3.5% growth) from last year. This represents 1.7% of all registered health practitioners nationally.

Registration applications received increased by 20.5%, with 1,134 new applications for 2015/16.

Notifications received about ACT practitioners in 2015/16 increased by 15.7%, totalling 206 compared with 178 in the previous year. This represents 3.4% of all notifications received by AHPRA in 2015/16 (excluding HPCA). There was a national increase of 19.7% in notifications received across all jurisdictions (including those managed by the HPCA).

The number of open notifications at end of June 2016 was four less than the previous year (110 at end of June 2016, compared with 114 at the end of the 2014/15 year).

The percentage of the ACT registrant base with notifications received in 2015/16 was 1.8%, 0.3% higher than the national percentage.

At the end of 2015/16, there were 117 cases under active compliance monitoring in the ACT.

Noting that the total numbers are relatively low, the ACT received 20 new complaints about possible statutory offences in 2015/16, an increase of 100% on the previous year. Fifteen statutory offences were closed during 2015/16, an increase on the previous year of 114.3%. Almost all new matters related to title protection or advertising concerns.

New South Wales

The NSW office heightened its focus on achieving greater efficiencies in core processes, and collaborating and engaging with stakeholders.

As NSW is a co-regulatory jurisdiction, the primary role of this office is managing registrations, including managing 27.9% of the applications for registration that are received nationally. A new process was implemented to streamline the way registration applications are assessed. The entire application assessment phase is now undertaken electronically with nothing printed onto paper. This has resulted in:

- more timely assessments, and
- improvements in the practitioner experience, as registration team members are able to easily track what stage an application is up to in the assessment process and respond to practitioner enquiries more promptly.

A new, paper-light process was also introduced to improve the preparation of board and committee papers.

The NSW and Western Australia (WA) offices are AHPRA's central assessment and processing centres for registration applications from internationally qualified nurses and midwives (IQNM). During the past year, we collaborated with the WA office to train staff working on IQNM applications. This has resulted in more timely assessments for international nurses and midwives seeking to practise in Australia. The two offices received more than 3,550 applications and completed just over 3,450 assessments.

This office also continues to deliver the national practitioner audit function and assisted all 14 National Boards with audits during 2015/16. Audits are tailored to the needs, practice requirements and, where applicable, cultural sensitivities of each Board. For example, when engaging with registrants of the Aboriginal and Torres Strait Islander Health Practice Board, members of the audit team use culturally sensitive language and endeavour to engage personally with the registrants to make the audit experience less formal.

The co-regulatory model in NSW involves continual collaboration between AHPRA, the National Boards and their committees, the various health professional councils, the Health Professional Councils Authority (HPCA) and the NSW Health Care Complaints Commission (HCCC). A memorandum of understanding was developed to confirm the relationships, roles and responsibilities of AHPRA and the HPCA when exchanging information relevant to regulatory matters under the National Law.

Mr Shane Dann was State Manager of the NSW office until April 2016 when Mr Peter Freeman was appointed Acting State Manager.

NSW registration data 2015/16

The number of registered practitioners in NSW increased to 190,986, which is 5,739 (or 3.1%) higher than last year. NSW registrants represent 29% of all registered health practitioners nationally.

There were 18,224 applications for registration during 2015/16, a 6% increase on 2014/15 figures.

AHPRA does not manage notifications in NSW. Notifications relating to health, performance or conduct occurring in NSW are managed by the 14 professional councils (supported by the HPCA), in consultation with the HCCC. However, we managed 94 notifications where a registrant's principal place of practice was listed as NSW and the specific health, performance or conduct issue that led to the notification occurred in a jurisdiction other than NSW. See Table N2 on page 49.

The percentage of the NSW registrant base with notifications during 2015/16 (including those managed by the HPCA) was 2.2%, which is 0.7% higher than the national average.

At the end of 2015/16, there were 1,381 cases under active compliance monitoring in NSW.

The state received 345 new complaints about possible statutory offences this year, a notable increase of 348.1% on the 77 received in the previous year. Almost all the new matters related to the use of protected titles or advertising concerns. In particular, a number of bulk complaints were received about potential breaches of the National Law in relation to advertising. Despite the increase in volume, 177 statutory offences were closed during the year, which represents a 142.5% increase on the number of matters closed in the previous year.

Northern Territory

Strengthening relationships with our stakeholders was an important focus for the Northern Territory (NT) office and the local boards and committees during the year. We held regular stakeholder meetings, presentations and events, and supported stakeholder engagement activities associated with hosting meetings of National Boards and the Agency Management Committee.

We continued our strong emphasis on improving how we manage notifications. This included participating in the pilot of a decision-making matrix for allocating matters between the National Boards and the health complaints entities (HCEs). The pilot involved AHPRA's NT, WA and Victorian offices and the HCEs in those jurisdictions. The resulting decision-making tool and protocols help us determine which notifications will be handled by AHPRA and the Boards, and which will be actioned by an HCE.

In partnership with the new NT Health and Community Services Commissioner, we completed a significant body of work to redesign the consultation process between our office and the Commission. This has considerably improved how we communicate about new notifications and complaints, making our interactions and the joint decision-making process more efficient, effective and transparent.

The NT office manages all the registration applications AHPRA receives for the Aboriginal and Torres Strait Islander health practice profession and provides secretariat support to the Registration and Notifications Committee of the Aboriginal and Torres Strait Islander Health Practitioner Board of Australia (the Board). The grandparenting provisions of the National Law (section 303) for this profession ceased to apply from the end of June 2015. There was a dramatic surge in registration applications in

the final weeks before the provisions expired, with the resulting increase in workload extending well into this reporting year.

The number of registered Aboriginal and Torres Strait Islander health practitioners increased by well over 50% by the end of June 2016, mainly as a result of the increase in applications under the grandparenting provisions. The geographic distribution of registered practitioners has also significantly improved.

We provided ongoing support for the Aboriginal and Torres Strait Islander health practice profession during the year, including:

- organising for the Board to visit Julanimawu Health Centre in the Tiwi Islands in May 2016, to meet with practitioners and other representatives from health clinics on the islands
- engaging with Aboriginal community-controlled health services, education providers and practitioner groups to raise awareness about the National Scheme, the importance of being registered, and how the profession is regulated
- providing additional assistance to applicants and registrants needing to negotiate complex registration processes, and
- presenting at the annual workshop held by the Quality Assurance for Aboriginal and Torres Strait Islander Medical Services (QAAMS) in Adelaide in September 2015.

The NT team also continued to provide well-informed advice and support to other boards and committees in relation to the special challenges facing health practitioners who work in remote areas and care for mostly Indigenous patients.

NT registrations staff took on additional responsibilities during the year for processing physiotherapy applications for NSW, Tasmania and the ACT, and provided a quality assurance process for psychology registration papers in the NT, South Australia and WA.

Ms Jill Huck was the Territory Manager of the NT office during 2015/16.

NT regulatory data 2015/16

The NT recorded 3.2% growth in the number of registered practitioners this year, with total registrations rising by 217 to 6,913. This represents 1.1% of all registered health practitioners nationally.

We received 673 registration applications, which is 6% more than we received in 2014/15.

The number of notifications received about NT practitioners decreased by 16.3%, to 123, compared with 147 in the previous year. This represents 2% of all notifications received by AHPRA in 2015/16 (excluding those managed by the HPCA).

There were 68 open notifications at the end of the financial year, which is 16 fewer than at the same time last year.

The percentage of the NT registrant base subject to notifications in 2015/16 was 1.8%, which is 0.3% higher than the national percentage.

As at 30 June 2016, there were 55 cases under active compliance monitoring in the NT, 19 fewer than at the end of 2014/15.

Noting that the total numbers are relatively small, the NT received 11 new complaints about possible statutory offences this year, an increase of 120% on the previous year. Almost all new matters related to the use of protected titles or advertising concerns. Ten statutory offences were closed, which was an increase of 150%.

Queensland

The Queensland office of AHPRA and the Boards has continued to work closely with the Office of the Health Ombudsman (OHO) to ensure that notifications about health practitioners are managed in a way that offers the best protection to the health and safety of the Queensland community. Improvements have been made to the timeliness of notification referrals and the information that is collected by the OHO prior to referral, to reduce time frames and duplication.

The number of notifications referred to AHPRA and National Boards by the OHO more than doubled this year, compared with 2014/15 (see regulatory data below). This increase provided the impetus to explore new ways to manage notifications and leverage the benefits of being a national organisation.

We continue to communicate and collaborate with the OHO on a regular basis to further streamline our operations, share information and find opportunities to better manage the regulation of health practitioners. The OHO acknowledged in *AHPRA and the national boards quarterly report: health, conduct and performance functions report* (June 2016) the 'consistent willingness and immeasurable efforts of AHPRA' to collaborate with the office.

While many improvements have been made to the co-regulatory arrangements since they were established on 1 July 2014, there is still room for further improvement, specifically to reduce duplication, improve efficiency, ensure that data are consistently captured and to further develop a shared understanding of regulatory thresholds.

We continue to place importance on working with our stakeholders and have regularly met with them and taken up every opportunity to share information about the National Scheme. We value the feedback we receive and have worked hard to build and maintain these important relationships.

Our core values of service, achievement and collaboration have provided the foundation for our work in 2015/16. We've streamlined business processes and maximised the use of our improved systems and reporting capability throughout the Qld office. Our performance improvements have been driven by a highly capable and dedicated team, who have demonstrated their willingness and ability to respond to challenges in a professional and purposeful way.

Ms Rose Kent was State Manager of the Queensland office during 2015/16.

Queensland regulatory data 2015/16

The number of registered practitioners in Queensland has increased to 127,376, an increase of 5,588 (4.6% growth) from last year. This represents 19.4% of all registered health practitioners nationally.

Applications received for registration increased by 6.6% with 12,957 new applications received for 2015/16.

The OHO receives all health complaints in Queensland, including those about registered health practitioners, and decides whether the complaint:

- is serious, in which case it must be retained by the OHO and investigated
- should be referred to another agency, including AHPRA and the relevant National Board, for management, or
- can be closed or referred for conciliation or local resolution.

The number of notifications relating to Queensland practitioners that the OHO referred to AHPRA and the National Boards in 2015/16 increased by 105.5% to 1,919, compared with 934 referrals in the previous year. This represents 31.7% of notifications received by AHPRA nationally in 2015/16 (excluding HPCA); significantly more than the national increase of 19.7% of (including those managed by the HPCA).

Due to this increase in matters referred by the OHO, there was also a 72% increase in the number of open notifications as at the end of June 2016 (1,288, compared with 749 at the end of the 2014/15 year).

The percentage of the Queensland registrant base with notifications received in 2015/16 was 1.5%, consistent with the national percentage.

At the end of 2015/16, there were 1,078 cases under active compliance monitoring in Queensland.

Queensland received 228 new complaints about possible statutory offences this year, an increase of 117.1% on the previous year. During 2015/16, 87 statutory offences were closed, a decrease of 7.5%. Almost all new matters related to title protections or advertising concerns.

South Australia

The end of grandparenting provisions for the Chinese medicine profession on 30 June 2015 had a significant impact on the South Australia (SA) office's workload during 2015/16. This office is responsible for managing all the registration applications AHPRA receives from existing Chinese medicine practitioners under the grandparenting provisions of the National Law (section 303) and from internationally qualified applicants.

The huge number of applications received towards the close of grandparenting amounted to about 20 times the volume usually processed by this office. Most submissions arrived in the final four weeks. They came from 580 individuals and contained approximately 1,100 separate applications under the three areas of practice requiring registration in this profession: acupuncture, Chinese herbal medicine and Chinese herbal dispensing.

We increased the capacity of our small registration team and introduced a number of procedural improvements to manage the influx of complex applications and provide additional support to the Chinese Medicine Board of Australia during this busy transition period.

Our notifications and board services teams supported the introduction of an Immediate Action Committee for the SA Board of the Nursing and Midwifery Board of Australia (Board). The committee enables the Board to quickly act on new notifications that may pose a significant risk to public safety and therefore warrant immediate action. Board members are rostered on a rotating basis to attend the weekly standing committee, if required. A similar committee structure was introduced the year before by the SA Board of the Medical Board of Australia, to expedite its handling of serious notifications.

Engaging with stakeholders was another strong area of activity for the SA office during the year. We held regular meetings with representatives from the office of the Health and Community Services Complaints Commissioner, the SA Chief Medical Officer, the SA Chief Nurse, and the SA branches of the Australian Medical Association, the Australian Dental Association, the Australian Nursing and Midwifery Federation, Medical Insurance Group Australia and Avant. These meetings enabled us to discuss issues of mutual interest in an informal and collegiate manner, including sharing information about emerging trends in notifications and potential public safety concerns.

Senior staff from the SA office delivered 25 education and training sessions on behalf of the National Boards to practitioners and final-year students in nursing and midwifery, medicine, psychology, Chinese medicine and occupational therapy. Topics were tailored to the needs of each

profession and included how to meet continuing professional development requirements and maintaining a portfolio, what constitutes notifiable behaviour, and explaining practitioners' obligations under the National Law. We also spoke at the annual Adelaide forum of the National Aboriginal and Torres Strait Islander Health Workers Association about the importance and benefits of being registered under the National Scheme.

We achieved a large number of successful disciplinary and statutory offence prosecutions, and also introduced changes to our legal service model after successfully piloting an approach that involves insourcing legal work associated with tribunal matters.

Dr Richenda Webb was State Manager of the SA office during 2015/16.

SA regulatory data 2015/16

As at 30 June 2016, the number of registered practitioners based in SA was 53,119, an increase of 927 (or 1.8% growth) on last year. SA has 8.1% of all registered health practitioners nationally.

Applications for registration increased by 0.8%, with 4,741 new applications received during the year.

There were 808 notifications about practitioners with a principal place of practice in SA, which is 23.4% more than were received in 2014/15. This was slightly above the national increase in notifications of 19.7% recorded across all jurisdictions. SA's notifications represent 13.3% of all those received by AHPRA in 2015/16 (excluding those managed by the HPCA).

The number of open notifications at the end of June 2016 was 118 greater than last year (564, compared with 446 at the end of 2014/15).

The percentage of the SA registrant base with notifications this year was 1.5%, consistent with the national percentage.

There were 452 cases under active compliance monitoring in SA at the end of the year.

SA received 51 new complaints about possible statutory offences this year, almost all of which related to the use of protected titles or advertising concerns. This represented an increase of 21.4% on last year. We closed 27 statutory offences, which was a decrease of 30.8% on 2014/15 results.

Tasmania

The Tasmanian Board of the Medical Board of Australia, along with the other state boards, has this year cemented the gains made last year in engaging with external stakeholders. Our stakeholder engagement program includes presentations at monthly board meetings by the Office of the Health Complaints Commissioner, Advocacy Tasmania, Health Recruitment Plus, Professional Services Review and Clinical Leadership at Deakin University.

Individual Boards have also ramped up their stakeholder engagement and professional development programs in Tasmania this year. In particular, the Tasmanian Board of the Nursing and Midwifery Board of Australia has encouraged presentations from various state health organisations at its monthly board meetings.

We have also shared various professional development opportunities this year. For example, the Nursing and Midwifery Board discussed end-of-life care plans and heard from the Public Guardian about its role.

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, 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. Staff regularly conduct briefings for new and transitioning practitioners, including first-year medical students, intern medical practitioners, new provisional psychologists and nursing students and graduates.

A large focus for the office was on developing the functional capabilities of the ACT and Tasmanian offices to work as one team across notifications and registrations. Staff have travelled and worked between the two offices and we have collaborated on new common processes.

Ms Catherine Miedecke was State Manager of the Tasmania office during 2015/16.

Tasmanian regulatory data 2015/16

The number of registered practitioners in Tasmania has increased to 14,123, an increase of 237 (1.7% growth) from last year. This represents 2.2% of all registered health practitioners nationally.

Applications received for registration increased by 6.2% with 1,137 new applications received in 2015/16.

Notifications received relating to practitioners with a principal place of practice in Tasmania in 2015/16 increased by 12.6% totalling 242, compared with 215 in the previous year. This represents 4% of all notifications received by AHPRA in 2015/16 (excluding HPCA). There was a national increase of 19.7% in notifications received across all jurisdictions (including those managed by the HPCA).

The number of open notifications at end of June 2016 was 13 fewer than the previous year (106 at end of June 2016, compared with 119 at the end of the 2014/15 year).

The percentage of the Tasmanian registrant base that were the subject of notifications in 2015/16 was 1.7% (0.2% higher than the national percentage).

At the end of 2015/16, there were 105 cases under active compliance monitoring in Tasmania.

Tasmania received 13 new complaints about possible statutory offences this year, an increase of 225% on the previous year. Fourteen statutory offences were closed during 2015/16, an increase of 250%. Almost all new matters related to title protections or advertising concerns.

Victoria

The key focus for the Victorian office this year has been to strengthen performance. We have developed strategies to ensure a strong culture of continuous improvement, which reflects AHPRA's values of service, achievement and collaboration.

In late 2015, AHPRA commissioned KPMG to review notifications systems and processes in the Victorian office. KPMG examined the effectiveness of changes that had already been implemented to improve notifications performance, and identified areas for ongoing attention. The review addressed concerns around a notification that took too long to finalise in Victoria.

Initiatives have been introduced throughout 2015/16 to ensure an appropriate balance between the interests of patients, public safety and the rights of practitioners under investigation. A stronger approach to information sharing has been developed, particularly with the Department of Health and Human Services, as have new protocols for information sharing under provisions in the National Law.

The Victorian office launched a national pilot to improve risk assessment of new notifications. A new national role of notifications liaison officer was also piloted, which has informed significant enhancements to the receipt and assessment of notifications, and communication with notifiers and practitioners. The legal team has helped to significantly reduce the number of matters waiting for extended periods to be heard in tribunal or by a panel.

In collaboration with the NSW office, the Victorian registration team managed a major project to process new graduate applications for medical, nursing, midwifery and physiotherapy. Over a five-month period, the team finalised nearly 10,000 graduate registration applications, ensuring practitioners were ready to commence internships and graduate programs in a timely manner.

Dr Mary Russell was the State Manager of the Victorian office during 2015/16.

Victorian regulatory data 2015/16

The number of registered practitioners in Victoria has increased to 169,478, an increase of 5,154 (3.1% growth) from last year. This represents 25.8% of all registered health practitioners nationally.

Applications received for registration increased by 8.9% with 15,799 new applications for 2015/16.

Notifications received relating to practitioners with a principle place of practice in Victoria saw a marginal decrease of 0.2%, totalling 1,886 in 2015/16, compared with 1,889 last year. This represents 31.1% of all notifications received by AHPRA in 2015/16 (excluding HPCA). There was a national increase of 19.7% in notifications received across all jurisdictions (including those managed by the HPCA).

The number of open notifications at end of June 2016 was 142 greater than the previous year (1,082 at end of June 2016, compared with 940 at the end of the 2014/15 year).

The percentage of the Victorian registrant base with notifications received in 2015/16 was 1.1% (0.4% lower than the national percentage).

At the end of 2015/16, there were 1,032 cases under active compliance monitoring in Victoria.

Victoria received 298 new complaints about possible statutory offences this year, an increase of 213.7% on the previous year. Sixty-three statutory offences were closed during of 2015/16, a decrease of 43.8%. Almost all new matters related to title protections or advertising concerns.

Western Australia

The notifications and legal teams in the Western Australia (WA) office worked closely together during the year to expedite the handling of notifications and disciplinary matters.

We intensified our focus on new notifications that involve a potential risk to the public and therefore warrant a Board's immediate attention. New notifications that arrive with sufficient explanatory information from the outset are also brought before the relevant Board as quickly as possible. And we now provide legal advice directly to the Boards at the time a decision is made. These changes have improved our internal processes and the timing of decisions made by the Boards, with flow-on benefits to the notifiers and practitioners involved.

Together with health complaints commissioners from our own state, the NT, SA, Tasmania and Victoria, and a representative from the Chairs of National Boards and AHPRA, we participated in a national working group and pilot project to improve how new notifications are managed and allocated. The initial focus was on developing a process for identifying the most appropriate entity to handle a notification, as well as improving how we communicate with notifiers about the roles of each organisation.

Our WA compliance team has been monitoring the conditions on an increasing number of practitioners' registrations. This increase is partly due to efforts

to reduce the time taken to conclude notifications where restrictions need to be applied to practitioners' registrations, and partly due to new requirements for monitoring prohibited practitioners.

Registration teams from the WA and NSW offices combined efforts to efficiently process complex registration applications from practitioners with an international nursing or midwifery qualification. We collectively assessed more than 3,450 applications, reducing the previous processing time by half.

We participated in 170 external stakeholder activities, engaging with approximately 50 different organisations about registration standards, notification processes and other issues related to the National Scheme. These stakeholders included the Health Consumers Council (WA), the Health and Disability Services Complaints Office, public and private hospitals, universities and other health education providers, and government and non-government health agencies. One of these events was a graduation ceremony for Indigenous enrolled nurses studying with Marr Mooditj Training, which we were invited to attend to field questions from new graduates.

Our office is coordinating a program to support easier collaboration and efficiencies across AHPRA's national network of offices. The initiative involves establishing a 'smart' working environment by maximising the use of modern telecommunications and computing solutions combined with cutting-edge office design.

Our quality assurance committee continued to meet every two months and implemented numerous changes across all functions of the office. Our compliance with AHPRA's internal policies was continually monitored and maintained.

Adjunct Associate Professor Robyn Collins was State Manager of the WA office during 2015/16.

WA regulatory data 2015/16

The number of registered practitioners in WA grew by 1,796, or 2.7%, to 67,384 this year. This represents 10.3% of all registered health practitioners nationally.

Applications for registration decreased by 0.8%, with 6,643 new applications received during the year.

There was a 5.3% drop in notifications received about practitioners with a principal place of practice in WA – 718 notifications were received this year, compared with 758 in 2014/15. This represents 11.9% of all notifications received by AHPRA in 2015/16 (excluding those managed by the HPCA).

The number of open notifications at the end of June 2016 was 495, which was 59 more than at the end of the previous year.

The percentage of the WA registrant base with notifications in 2015/16 was 1.1%, 0.4% lower than the national percentage.

At the end of the year, 635 cases were under active compliance monitoring in WA.

WA received 112 new complaints about possible statutory offences this year, an increase of 166.7% on the previous year. Almost all new matters related to the use of protected titles or advertising concerns. Fifty-two statutory offences were closed, which was 37.3% fewer than last year.

Registration

Performance snapshot

- 657,621 practitioners were registered to practise in the 14 regulated professions in all Australian states and territories (see Table R1, on the page 38). This represents 3.2% national growth over the past year, a 0.3% higher rate of growth than last year.
- We received 65,274 new applications for registration (across all registration categories). This is 3,757 more than last year, an increase of 6.1%.
- The number of registered Aboriginal and Torres Strait Islander health practitioners grew by over 50% in the past year, the largest growth of any registered profession.
- There were 153,710 students registered as studying in Australia to be health practitioners during 2015/16.
- AHPRA continues to achieve one of the world's highest online renewal rates for a large health practitioner regulator. The level of online renewals increased for another successive year in 2015/16, with 98.07% of registered health practitioners choosing to renew their registration in this way.
- Major improvements were made to the 2016 registration renewal process for nurses and midwives. Over 98% of nurses and midwives renewed online and on time, the Board's highest ever online renewal rate.
- The workforce survey, which practitioners voluntarily complete while renewing their registration, once again recorded an extremely high participation rate, with 94% of practitioners completing the full survey. This survey provides valuable information to support national workforce policy and planning.
- 66,698 domestic and international criminal history checks were requested, with 4.9% (3,275) returning disclosable court outcomes. As a result, one applicant was refused registration and 10 others had their registration approved, subject to specific regulatory conditions.
- Over 6,000 random audits of health practitioners' compliance with registration standards were conducted, with 93% full compliance recorded across all professions.
- By applying a rigorous focus on service improvement, we met all agreed performance measures for AHPRA's registration function and increased the overall effectiveness and responsiveness of our work.
- As at 30 June 2016, the median time taken to decide an application for registration was 16 days.

Note: Supplementary tables with registration data are available on the AHPRA website at www.ahpra.gov.au/annualreport/2016/downloads.html.

Table R1: Registered practitioners by profession by principal place of practice[1]

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[2]	Total 2015/16	Total 2014/15	% Change 2014/15-2015/16
Aboriginal and Torres Strait Islander health practitioner	4	106	210	103	52	3	11	98		**587**	**391**	**50.13%**
Chinese medicine practitioner	66	1,953	17	862	183	33	1,289	254	105	**4,762**	**4,494**	**5.96%**
Chiropractor	67	1,736	23	818	373	57	1,328	602	163	**5,167**	**4,998**	**3.38%**
Dental practitioner	402	6,580	153	4,326	1,800	356	4,972	2,548	604	**21,741**	**21,209**	**2.51%**
Medical practitioner	2,042	33,236	1,177	20,949	7,858	2,236	26,061	10,756	2,864	**107,179**	**103,133**	**3.92%**
Medical radiation practitioner	264	5,089	112	3,061	1,161	311	3,740	1,325	240	**15,303**	**14,866**	**2.94%**
Midwife	120	903	73	770	522	22	1,181	385	146	**4,122**	**3,682**	**11.95%**
Nurse	5,382	95,076	3,785	67,703	30,764	8,212	91,129	34,664	9,672	**346,387**	**336,099**	**3.06%**
Nurse and midwife[3]	579	8,742	520	6,019	2,123	646	7,769	2,968	333	**29,699**	**30,522**	**-2.70%**
Occupational therapist	335	5,167	175	3,544	1,430	285	4,521	2,626	221	**18,304**	**17,200**	**6.42%**
Optometrist	75	1,743	30	1,031	280	85	1,315	417	166	**5,142**	**4,915**	**4.62%**
Osteopath	34	572	3	190	37	42	1,109	62	45	**2,094**	**2,000**	**4.70%**
Pharmacist	516	9,171	217	5,843	2,142	701	7,360	3,163	604	**29,717**	**29,014**	**2.42%**
Physiotherapist	539	8,408	165	5,349	2,289	450	7,060	3,475	1,120	**28,855**	**27,543**	**4.76%**
Podiatrist	61	1,268	24	780	427	104	1,481	442	68	**4,655**	**4,386**	**6.13%**
Psychologist	876	11,236	229	6,028	1,678	580	9,152	3,599	529	**33,907**	**32,766**	**3.48%**
Total 2015/16	**11,362**	**190,986**	**6,913**	**127,376**	**53,119**	**14,123**	**169,478**	**67,384**	**16,880**	**657,621**		
Total 2014/15	**10,978**	**185,247**	**6,696**	**121,788**	**52,192**	**13,886**	**164,324**	**65,588**	**16,519**		**637,218**	

Notes:

1. Data are based on registered practitioners as at 30 June 2016.

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

3. Registrants who hold dual registration as both a nurse and a midwife.

For more detailed information about the professions that have divisions: Chinese medicine, dental, medical radiation practice, and nursing and midwifery – please refer to the list published on AHPRA's website: www.ahpra.gov.au/Registration/Registers-of-Practitioners/Professions-and-Divisions.aspx and the individual profession summaries published at www.ahpra.gov.au/annualreport.

Renewals

AHPRA renewed registration for 608,711 health practitioners across Australia this year.

There are three main annual renewal periods every year: nurses and midwives by 31 May; most medical practitioners by 30 September; and other health practitioners by 30 November. This year, 98.07% of all eligible health practitioners renewed their registration online; an increase of 19,803 practitioners compared with last year (an increase of 3.43%).

The continued high rate of online renewals is a significant achievement. It enhances the practitioner experience, reduces the costs associated with sending hard-copy reminders and improves efficiency.

We are committed to continuously improving the systems and processes that make it easier for health practitioners to use our online services. One example of this is the significant effort that went into streamlining the registration renewal process for the nursing and midwifery renewal campaign between March and May 2016. AHPRA worked with the Nursing and Midwifery Board of Australia to:

- review the frequency and style of correspondence sent to practitoners
- develop new 'how to' videos that guide practitioners through the process
- increase social media messages during the campaign, and
- survey practitioners at the end of the campaign to obtain feedback about their renewal experience.

The survey results were positive, with 95% of respondents saying the email reminder instructions were perfectly or mostly understood, and 85% saying they did not need to contact AHPRA for assistance while completing their renewal. Our customer service team recorded noticably fewer incoming telephone enquiries (17% less) and web inquiries (30% less) about the renewal process compared with last year. Over 98% of nurses and midwives renewed online and on time – the Board's highest ever online renewal rate.

Customer service team

AHPRA's customer service team manages telephone and online web enquiries from the community and health practitioners.

This year the team handled 382,207 phone and 44,603 web enquiries. Of the calls received, 75.47% were answered within 90 seconds and 92.74% were resolved on first contact, exceeding our service level agreement. In addition, 93% of callers responded with 'very satisfied' when asked to rate their interaction with our customer service team.

Examinations

AHPRA delivers examinations to support the registration requirements of the Pharmacy Board of Australia, the Psychology Board of Australia and the Medical Radiation Practice Board of Australia.

This year, 1,802 oral examinations were held for pharmacy candidates and 507 computer-based examinations were held for eligible provisional psychologists. An additional eight computer-based examinations were held for eligible medical radiation practice candidates.

Grandparenting provisions

Grandparenting arrangements for the four professions that joined the National Scheme in 2012 ended from 30 June 2015. These provisions under the National Law provided a possible pathway to registration for existing practitioners who did not have contemporary, approved qualifications.

The four professions involved were Aboriginal and Torres Strait Islander health practice, Chinese medicine, medical radiation practice and occupational therapy. A significant number of complex applications for registration were received in the final month leading up to the end of the provisions, most notably for the Aboriginal and Torres Strait Islander health practice and Chinese medicine professions.

Registration teams in AHPRA's South Australia office (for Chinese medicine) and Northern Territory office (for Aboriginal and Torres Strait Islander health practice) provided additional support to the Aboriginal and Torres Straight Islander Health Practice Board of Australia and the Chinese Medicine Board of Australia, respectively, to manage the high volume of applications.

The number of registered Aboriginal and Torres Strait Islander health practitioners increased by over 50% – from 391 to 587 – by the end of 2015/16; our fastest growing health profession in the National Scheme this year.

Indigenous health professionals

Table R2: Indigenous status of registered health professionals across 13 professions[1]

	2013 registrations		2014 registrations		2015 registrations	
	Indigenous born Aus*[2]	%	Indigenous born Aus*[2]	%	Indigenous born Aus*[2]	%
Chinese medicine practitioners	13	0.3%	17	0.4%	19	0.4%
Chiropractors	12	0.3%	17	0.3%	17	0.3%
Dental practitioners	58	0.3%	68	0.3%	74	0.3%
Medical practitioners	244	0.3%	282	0.3%	302	0.3%
Medical radiation practitioners	46	0.3%	49	0.3%	64	0.4%
Nurses and midwives	2,887	0.8%	3,196	0.9%	3,428	1.0%
Occupational therapists	62	0.4%	67	0.4%	76	0.4%
Optometrists	7	0.1%	5	0.1%	16	0.3%
Osteopaths	10	0.5%	11	0.6%	16	0.8%
Pharmacists	46	0.2%	59	0.2%	68	0.2%
Physiotherapists	113	0.4%	123	0.5%	142	0.5%
Podiatrists	14	0.3%	66	1.5%	30	0.7%
Psychologists	137	0.4%	142	0.5%	167	0.5%
Total percentage of overall health workforce	**3,649**	**0.6%**	**4,102**	**0.7%**	**4,419**	**0.7%**

Notes:

1. Aboriginal and Torres Strait Islander status is collected through the workforce survey completed by practitioners when they renew their registration. The workforce survey has very high response rates, making it a good source of information on the participation of Aboriginal and Torres Strait Islanders in the health workforce, however it should be noted that there are limitations associated with voluntary self-identification.

   It is also important to note that the data in this table indicate the proportion of Indigenous practitioners working in 13 of Australia's 14 regulated health professions. All of the practitioners registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia must be of Aboriginal or Torres Strait Islander origin to qualify for registration in that profession.

2. Aboriginal or Torres Strait Islander rates shown in this table represent those practitioners who were born in Australia and identified themselves in the survey as being Aboriginal, a Torres Strait Islander, or both.

AHPRA and the National Boards recognise the importance of contributing to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples, and the growth and development of the Indigenous workforce that provides health care within the community.

One way the National Scheme contributes to this is by facilitating the collection of data on the number of registered health practitioners who identify as being of Aboriginal and/or Torres Strait Islander origin. From 2015/16, we are reporting these data in our annual report.

This information is used for workforce policy and planning purposes. For example, it helps with implementing and measuring outcomes of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2011–2015), which prioritises Commonwealth, state and territory government initiatives to increase participation by Indigenous peoples in the health workforce.

In 2015, Australia's estimated resident Aboriginal and Torres Strait Islander population was 3% of the total population and 2.4% of those were aged 18 years and older. Table R2 indicates that Aboriginal and Torres Strait Islander participation in 13 of the health professions was 0.7% of the national health workforce in 2015, up 0.1% from 2013. The highest participation rate in 2015 was for Indigenous nurses and midwives, who comprised 1% of that workforce. The data do not reflect the 100% Indigenous status of practitioners registered with the Aboriginal and Torres Strait Islander Board of Australia. When these practitioners are included, the overall participation rate of Indigenous practitioners in the health workforce rises to 0.8%.

During 2016/17, AHPRA and the National Boards will consider additional ways to ensure that the health and cultural needs of Indigenous peoples are addressed through the policies, standards and operation of the National Scheme.

Student registration

Registration data supplied by accredited education providers indicate that 153,710 students were studying in Australia to be health practitioners during 2015/16.

Under the National Law, a National Board must decide whether students who are enrolled in an approved program of study or undertaking clinical training should be registered. A student does not need to apply for registration, as education providers are responsible for arranging the registration of all their students with AHPRA. Student registration is free and the register is not made public. All National Boards have decided to register students, with the exception of the Psychology Board of Australia, which requires provisional registration.

The accuracy of the student registration information AHPRA receives depends on the quality of data supplied to us by education providers. We continue to work with more than 120 education providers to improve the exchange of information and identify the status of students to ensure that information is accurate, particularly in relation to completion/cessation of students who may have otherwise remained on the student register.

Table R3: Student registration numbers[1]

Profession	Approved program of study[2] students by expected completion date	Clinical training[3] students by expected completion date	Total 2015/16	Total 2014/15
Aboriginal and Torres Strait Islander health practitioner	260	32	**292**	**140**
Chinese medicine practitioner	1,318		**1,318**	**1,481**
Chiropractor	796	444	**1,240**	**1,894**
Dental practitioner	4,796	14	**4,810**	**4,710**
Medical practitioner	19,184	576	**19,760**	**18,680**
Medical radiation practitioner	3,223	224	**3,447**	**4,088**
Midwife	3,949		**3,949**	**3,703**
Nurse	88,919	701	**89,620**	**77,974**
Occupational therapist	7,921	1	**7,922**	**8,234**
Optometrist	1,652		**1,652**	**1,590**
Osteopath	1,759		**1,759**	**1,189**
Pharmacist	7,277	3	**7,280**	**7,389**
Physiotherapist	8,283	660	**8,943**	**9,097**
Podiatrist	1,718		**1,718**	**1,782**
Total 2015/16	**151,055**	**2,655**	**153,710**	
Total 2014/15	**138,212**	**3,739**		**141,951**

Notes:

1. These student figures are based on the number of students reported as undertaking an approved program of study/clinical training program within the relevant financial year. This may include ongoing students or students with a completion date falling within the period. It is important to note that this information is reliant on the data provided by education providers. AHPRA continues to work both internally and with the 120+ education providers to improve the exchange of information and accurately identify the status of students to ensure that information is accurate, particularly in relation to completion/cessation of students who may have remained on the student register.
2. Approved programs of study refer to those students enrolled in a course that has been approved by a National Board and leads to general registration. These courses can be found on the AHPRA website: www.ahpra.gov.au/Education/Approved-Programs-of-Study.aspx.
3. Clinical training has been defined as any form of clinical experience (also known as clinical placements, rotations, etc) in a regulated health profession that does not form part of an approved program of study AND the student does not hold registration under division 6 of the National Law in the health profession in which the clinical training is being undertaken. This obligation is imposed by section 91 of the National Law and may apply for example:
   a. when an overseas student arranges a clinical placement as part of the course requirements set out by the education provider in their home country
   b. when an education provider is running a course that is accredited by an accreditation authority but has not yet been approved by a National Board, or
   c. when an education provider is running a course that has not yet been accredited by an accreditation authority or approved by a National Board.

   A clinical training education provider could be a university, registered training organisation, hospital, health facility, private practice or retail outlet (e.g. retail pharmacy). Because of this, exact numbers of clinical training providers are largely unknown to AHPRA and we are reliant on the clinical training figures reported to us under section 91(1) of the National Law. Due to the nature of the clinical training provisions within the National Law, the student numbers reported may fluctuate significantly each year.

Criminal history checks

AHPRA requested 66,698 domestic and international criminal record checks of practitioners this year, an increase of 28.4%.

While there has been a moderate increase in domestic criminal record checks, most of the increase is due to a new approach to checking international criminal history, which was introduced in 2014/15. Of all criminal record checks obtained in 2015/16:

- 50,661 (76%) were domestic, and
- 16,037 (24%) were international.

Overall, 4.9% (3,275) of the results indicated that the applicant had a disclosable court outcome. All disclosable outcomes are assessed in accordance with the criminal history standard, which is common across all 14 National Boards. In the majority of cases, the applicant was granted registration because the nature of the individual's disclosable court outcome had little relevance to their ability to practise in their profession safely and competently.

One applicant was refused registration due to their disclosable court outcome. A further 10 practitioners had conditions imposed on their registration.

How we check criminal history

Under the National Law, applicants for initial registration must undergo criminal history checks.

Applicants seeking registration must disclose any criminal history information when they apply for registration, and practitioners renewing their registration are required to disclose if there has been a change to their criminal history status within the preceding 12 months.

Table R4: Domestic and international criminal history checks by profession, state or territory and cases where a criminal history check resulted in or contributed to imposition of conditions or undertakings

State/territory[1]	ACT			NSW			NT			QLD			SA		
Profession	Number of CHCs[2]	Number of DCOs[3]	Conditions/undertakings resulting from CHCs	Number of CHCs	Number of DCOs	Conditions/undertakings resulting from CHCs	Number of CHCs	Number of DCOs	Conditions/undertakings resulting from CHCs	Number of CHCs	Number of DCOs	Conditions/undertakings resulting from CHCs	Number of CHCs	Number of DCOs	Conditions/undertakings resulting from CHCs
Aboriginal and Torres Strait Islander health practitioner	1	1		95	29		65	37		97	30		32	23	
Chinese medicine practitioner	6	1		361	25		1	0		173	15		31	4	
Chiropractor	10	1		268	25		1	0		118	14		41	5	
Dental practitioner	22	2		511	26		9	0		416	18	1	171	10	
Medical practitioner	217	1		2,774	86		150	8		2,028	51		692	23	
Medical radiation practitioner	26	1		615	20		12	1		255	14		99	3	
Midwife	32	3		179	15		18	2		152	15		83	4	
Nurse	557	23		9,491	490		383	13		6,444	408	1	2,731	233	
Occupational therapist	43	1		672	15		9	0		425	11		156	7	
Optometrist	5	0		122	1		0	0		65	0		38	2	
Osteopath	0	0		51	9		0	0		19	3		2	1	
Pharmacist	48	1		776	23		19	1		525	14	1	187	6	
Physiotherapist	52	2		884	28		11	0		492	14		195	12	
Podiatry practitioner	8	2		260	20		2	0		128	6		61	8	
Psychologist	56	2		1,037	56		26	2		540	38		124	5	
Total 2015/16	**1,083**	**41**	**0**	**18,096**	**868**	**0**	**706**	**64**	**0**	**11,877**	**651**	**3**	**4,643**	**346**	**0**
Total 2014/15	**723**	**58**	**3**	**14,302**	**887**	**8**	**488**	**79**	**0**	**9,547**	**541**	**11**	**3,994**	**298**	**4**

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.

International applicants seeking registration in Australia and certain registered health practitioners, including those registered under Trans-Tasman mutual recognition arrangements, need to obtain an independent international criminal history check from an AHPRA-approved supplier, who will provide the report to them as well as directly to us. A check is required when an applicant or health practitioner declares an international criminal history and/or has lived, or been primarily based, in any country other than Australia for six consecutive months or more when aged 18 years or over.

AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. The criminal history reports are used as one part of assessing an applicant's suitability to hold registration.

There is a common criminal history standard across all 14 National Boards.

While a failure to disclose a criminal history by a registered health practitioner does not constitute an offence under the National Law, such a failure may constitute behaviour for which a National Board may take health, conduct or performance action.

TAS			VIC			WA			No PPP[4]			Total 2015/16				Total 2014/15			
Number of CHCs	Number of DCOs	Conditions/undertakings resulting from CHCs	Number of CHCs	Number of DCOs	Conditions/undertakings resulting from CHCs	Number of CHCs	Number of DCOs	Conditions/undertakings resulting from CHCs	Number of CHCs	Number of DCOs	Conditions/undertakings resulting from CHCs	Number of CHCs	Number of DCOs	% of DCOs resulting from CHCs	Conditions/undertakings resulting from CHCs	Number of CHCs	Number of DCOs	% of DCOs resulting from CHCs	Conditions/undertakings resulting from CHCs
0	0		10	5		96	67	1	0	1		396	193	48.74%	1	**266**	**111**	**41.73%**	**1**
3	0		272	8		54	6		32	1		933	60	6.43%	0	**1,187**	**78**	**6.57%**	**1**
3	1		233	11		102	8		11	1		787	66	8.39%	0	**664**	**62**	**9.34%**	**2**
19	10		555	17		212	12		77	1		1,992	96	4.82%	1	**1,764**	**106**	**6.01%**	**4**
218	28		4,387	31		1,191	35		234	4		11,891	267	2.25%	0	**9,298**	**320**	**3.44%**	**6**
18	7		453	9		158	5		92	1		1,728	61	3.53%	0	**1,989**	**102**	**5.13%**	**0**
3	2		244	3		81	7		67	1		859	52	6.05%	0	**1,422**	**55**	**3.87%**	**0**
574	291		10,567	261		3,354	236	5	2,039	22		36,140	1,977	5.47%	6	**24,328**	**1,738**	**7.14%**	**21**
19	9		641	8		310	14		13	1		2,288	66	2.88%	0	**1,626**	**60**	**3.69%**	**0**
0	0		144	2		24	0		10	0		408	5	1.23%	0	**618**	**32**	**5.18%**	**1**
0	0		108	2		3	0		2	0		185	15	8.11%	0	**266**	**21**	**7.89%**	**0**
56	16		648	14		237	11		20	0		2,516	86	3.42%	1	**2,264**	**105**	**4.64%**	**0**
23	5		672	14		312	19		61	0		2,702	94	3.48%	0	**2,645**	**96**	**3.63%**	**0**
19	6		268	4		52	7		16	1		814	54	6.63%	0	**738**	**55**	**7.45%**	**0**
40	13		844	34	1	361	32		31	1		3,059	183	5.98%	1	**2,872**	**159**	**5.54%**	**1**
995	**388**	**0**	**20,046**	**423**	**1**	**6,547**	**459**	**6**	**2,705**	**35**	**0**	**66,698**	**3,275**	**4.91%**	**10**				
819	**336**	**0**	**16,337**	**425**	**2**	**5,737**	**476**	**9**								**51,947**	**3,100**	**5.97%**	**37**

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

Auditing compliance with registration standards

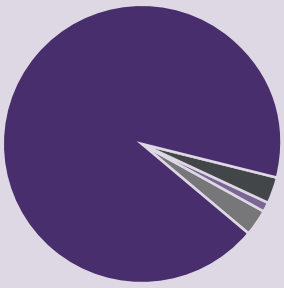
AHPRA conducts regular audits of health practitioners on behalf of the National Boards. Audits provide assurance that practitioners understand the registration standards for their profession and are meeting these obligations. During an audit, a practitioner is contacted and required to provide evidence in support of the declarations made in their previous year's registration renewal application.

Since we began conducting audits in 2012, the vast majority of practitioners audited have been found to comply with registration standards. In that time, 3% of those audited have either surrendered their registration or moved to non-practising registration while being audited. Analysis of the circumstances of those practitioners demonstrates two clear groups: practitioners residing overseas and those no longer practising but maintaining registration.

In 2015/16, AHPRA audited 6,125 practitioners across all 14 professions. All National Boards audited compliance with one or more of the registration standards.

For all audits initiated and completed this year, 93% of practitioners were found to be in full compliance with the registration standards being audited. While this is a 3% decrease from 2014/15, when 96% were found to be fully compliant, less than 1% of all audited practitioners were formally cautioned in 2015/16 – the same as last year. We analysed the audit outcomes to better understand the reasons for this change. In some professions, practitioners were not always fully aware of specific requirements for continuing professional development. This is being addressed through increased communication about what is required to comply with professional development standards.

Audit outcomes for 2015/16:



93%	Compliant: fully compliant with the registration standards
3%	Compliant (education): compliant through education in one or more standard
1%	Non-compliant: non-compliant with one or more standard
3%	No audit action required[1]

Notes:

1 'No audit action required' refers to practitioners who changed registration type (became non-practising) or surrendered their registration after being advised that they were subject to an audit.

How our audit process works

All registered practitioners are required to comply with a range of national registration standards. Each time a practitioner applies to renew their registration they must make a declaration that they have met the registration standards for their profession.

Our auditing function provides additional assurance to the public, Boards and practitioners that the requirements of the National Law are understood and that practitioners are compliant with their Board's registration standards. During an audit a practitioner is required to provide evidence of the declarations they made in the previous year's renewal of registration.

The standards that may be audited are continuing professional development, recency of practice, professional indemnity insurance arrangements and criminal history.

All Boards have adopted an educational approach to conducting audits, seeking to balance the protection of the public with the use of appropriate regulatory force to manage those practitioners found to be less than fully compliant with the audited standards. Practitioners who are found to have 'not quite' met the registration standard but are able to provide evidence of achieving full compliance during the audit period, are managed through education to achieve full compliance.

For example, we may encounter a number of practitioners across different professions who have gaps in compliance with continuing professional development, most commonly by being one or two hours/units short of the required amount. In these instances, all Boards have accepted that the practitioner can complete the required hours before the closure of the audit. These practitioners are recorded as being 'compliant (education)' and this year represent 3% of all completed audits across the 14 professions.

What if a practitioner is non-compliant?

When an audit finds that a practitioner has not met the requirements of the registration standards, all Boards follow an approach consistent with the regulatory principles, which aims to work with the practitioner to ensure compliance before the next period of renewal.

This may include formally cautioning the practitioner about the importance of complying with registration standards. All matters that involve issuing a caution or placing conditions on a registration are subject to a 'show cause' process. The show cause process alerts the practitioner of the Board's intended action and gives the practitioner an opportunity to respond before a final decision is made.

Notifications

In the National Scheme, a complaint or concern about a registered health practitioner or student is called a 'notification'. They are called notifications because we are 'notified' about concerns or complaints, which AHPRA manages on behalf of the National Boards.

Keeping the public safe is our core focus when Boards make decisions about notifications.

Anyone can notify us about a registered student or registered health practitioner's health, performance or conduct. While registered health practitioners, employers and education providers (in relation to students) have mandatory reporting obligations required by the National Law, the majority of reports are voluntary.

There is a different process in New South Wales and Queensland. In NSW, AHPRA does not manage notifications. They are managed by the 14 health-profession councils (supported by the Health Professional Councils Authority) and by the Health Care Complaints Commission (HCCC). In Queensland, the Office of the Health Ombudsman (OHO) receives all notifications and determines which of those are referred to a National Board/ AHPRA to manage.

Performance snapshot

- 10,082 total notifications received nationally in 2015/16, up from 8,426 in 2014/15 (including NSW figures). This represents an increase of 19.7% nationally.
- The top three notifier complaints relate to clinical care (41.8% or 2,533 complaints); medication issues (11.5% or 697 complaints) and health impairment (10.7% or 646 complaints).
- 1.5% of 657,621 practitioners were the subject of a notification.
- 53.3% of notifications were about medical practitioners, who make up 16.3% of total practitioners. This is consistent with previous years.
- 17.7% increase in mandatory notifications, with variations across states and territories.
- 13.2% increase in nursing and midwifery notifications and 18.3% increase in notifications about medical practitioners.
- 81% of the finalised 'immediate actions' – for the most serious risks – led to restrictions on registration.
- 97.7% of preliminary assessments were completed within our 60-day targets.
- AHPRA closed 5,227 matters in 2015/16.

Note: Supplementary data tables on notifications by issue category and profession, and by source and profession, are available on the AHPRA website at www.ahpra.gov.au/annualreport/2016/downloads.html.

Overview

Our continued focus is on the timeliness of response to notifications, improving the notifier and practitioner experience and effective regulatory decision-making. We are committed to ensuring that our assessments and investigations are completed in a timely manner, taking into account the complexities of individual notifications.

Over the past year, there has been an increase in the number of open notifications. The total number increased by 28%, from 2,958 as at 30 June 2015 to 3,787 as at 30 June 2016. See Table N14. In part, this reflects the growth in the number of notifications received.

In particular, the number of matters referred to National Boards and AHPRA by the OHO in Queensland this year was 105.5% higher than the number of notifications referred in 2014/15. This increase significantly impacted national figures.

In 2015/16, 97.7% of prelimary assessments were completed within our 60-day targets. See *Closure outcomes and timeliness* on page 47.

The median age of open notifications as at 30 June 2016 was 137 days, five days fewer than when compared at the same point in 2014/15.

The number of matters open for longer than 365 days from receipt of notification has remained steady despite the significant increase in new matters received. Investigations older than 12 months increased to 426 in 2015/16 from 360 in 2014/15. While this remains lower than 2013/14 (436) we continue to refine our processes to ensure timely outcomes for notifiers and practitioners. See Table N15.

A program of quality audits of long-standing investigations has been initiated to reduce the time it takes for AHPRA and the National Boards to investigate concerns about registered practitioners, wherever possible. In the fourth quarter of 2015/16, 40.3% of the 520 investigations closed by AHPRA were older than 12 months.

This year, AHPRA initiated a number of major strategies to improve the notifier and practitioner experience including simplifying our official correspondence, consultation with professional groups (in particular the AMA), trialling a notifications liaison officer role and implementing surveys for notifiers on their experience and how it could be improved.

An important note about our data

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

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

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

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

As part of our ongoing focus on improving our ways of working, we have continued to refine our data collection and reporting. This may mean that comparisons between years may not directly coincide. This year, notifications data are based on the practitioner's Principal Place of Practice (PPP). This differs from previous years, when data were captured based on the jurisdiction where the individual notification was received and managed.

Improving notifier and practitioner experience

This year we piloted a survey of community notifiers, which rated AHPRA's performance on the following criteria: accessibility, responsiveness, transparency, timeliness and fairness. The first survey was sent to notifiers whose cases were closed after the assessment stage in Victoria during the period December 2015 to May 2016. Preliminary results showed AHPRA rated well for ease of making a notification, having a point of contact and being advised of Board decisions and the reasons for those decisions. Areas for improvement included our timeliness in our response to initial contact, notifiers feeling they were treated fairly and being kept up to date during the process.

We are now looking to roll out a Notifier Survey online, which will aim to increase the number of respondents and allow a greater level of analysis, including targeting specific aspects of the notifier experience. We also plan to survey the experience of practitioners who are subject to a notification.

Notifications received

In total, there were 10,082 notifications received across the National Scheme in 2015/16, representing a national increase of 19.7% from the previous year. However, there are differences across states and territories and professions.

For example, there has been a marginal reduction in the number of notifications received in Western Australia (less than 1%), with a more significant reduction of 16% in the Northern Territory.

This contrasted with a significant increase of 23% in notifications received in South Australia, and a 105.5% increase in the number of matters referred from the OHO to AHPRA in Queensland.

The remaining jurisdictions had moderate percentage increases in the number of notifications received. Victorian notification numbers were steady when compared with the previous year.

Consistent with previous years, the highest number of notifications related to medical practitioners, with 5,371 (53.3%) notifications made about the profession. See Table N2.

The proportion of registered health practitioners with a notification increased to 1.5% in 2015/16, a 0.2% increase when compared with the previous year. The most significant increases were recorded in the chiropractic (increase of 1.3%) and dental (increase of 1.1%) professions. See Table N3.

There were 78 notifications received nationally about registered students, an increase of 56%. Most were in relation to medical and nursing students, which is consistent with previous years. The national increase is mainly attributed to a rise in student notifications being managed by the HPCA in NSW. See Table N12.

Mandatory notifications

Of the 10,082 notifications received nationally, there were 980 mandatory notifications. This represents 9.7% of notifications received nationally in 2015/16.

This is an increase of 23.8% mandatory notifications in 2015/16 when compared with 2014/15 (AHPRA only; 17.7% including HPCA). The most significant increases were in South Australia and Victoria. See Table N9.

Of the mandatory notifications received by AHPRA in 2015/16, 71.3% relate to professional standards, while a further 20.9% relate to impairment. This was an increase in mandatory notifications relating to professional standards. See Table N10.

The proportion of mandatory notifications that resulted in regulatory action taken by a National Board was 49.2% in 2015/16.

These data suggest that notifiers are making more appropriate mandatory notifications, having reasonably assessed that the risk to the public warrants the notification being made. Our awareness-raising campaigns aimed at practitioners and their employers may also have contributed. See Table N11.

Closure outcomes and timeliness

AHPRA closed a total of 5,227 matters in 2015/16. Of all notifications closed, 30.2% led to some form of regulatory action taken by a National Board in relation to a practitioner. See Tables N4 and N5.

Table N6 reports outcomes at closure for HPCA.

Of the notifications finalised in 2015/16 by AHPRA, 14.6% resulted in conditions being placed on registration or undertakings accepted by a National Board, a slight decrease from last year.

66.3% of all notifications that were closed resulted in no further regulatory action, which is a slight increase but generally consistent with the proportion from 2014/15 (60%). 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 legal threshold for regulatory action.

No further regulatory action on the part of a Board may also be because a practitioner has taken steps to voluntarily address issues of concern.

An overall increase in the volume of notifications received saw assessment timeframes impacted, particularly by the significantly increased referral rate from the OHO in Queensland.

In 2015/16, AHPRA and the National Boards took 82 days to close matters in assessment. See Table N1. When data from Queensland are not included, the average time that it took to close notifications in assessment in 2015/16 was 70 days. On average, it took 48 days to move notifications from assessment to another stage of the notification process because further enquiries or investigation was required. When data from Queensland are not included, the average time reduced to 40 days.

Table N1: Timeframes for matters in assessment

Average time (in days) to:	2014/15	2015/16	% change
Close matters in assessment	73	82	13% increase
Complete assessments and move to another stage	46	48	4% increase

Who makes complaints and why?

In 2015/16, 48.8% of the notifications we received were made directly by a patient, relative or other member of the public. A further 7.2% of the notifications we received came via a health complaints entity (not including notifications referred from the OHO), representing a decrease in referral rate when compared with 14% in 2014/15.

Just 1.9% of notifications received were made anonymously. See supplementary data tables on AHPRA's website at: www.ahpra.gov.au/annualreport/2016/downloads.html.

In 2015/16, 41.8% of the notifications we received were about the clinical care provided by a health practitioner. A further 10.7% of notifications were about practitioners with a health impairment.

After these two categories, the main areas of concern were pharmacy/medication (11.5%), communication (6.5%), documentation (4.4%) and boundary violation (3.4%). See supplementary data tables on AHPRA's website (link as above).

Immediate action

Taking immediate action is a serious step that a Board can take only when it believes it may need to suspend or limit a practitioner's registration in some way to keep the public safe, as an interim step while more information is gathered during an investigation.

National Boards considered taking immediate action in relation to a practitioner on 464 separate occasions in 2015/16. This is an increase of 26.8% on the previous year, with a significant proportion of the increase attributed to an increase of immediate actions considered in Queensland. Three hundred

and seventy-six immediate actions were taken in response to a mandatory notification, which is generally consistent with data from the previous year (excluding HPCA data).

The median time to take immediate action over 2015/2016 was eight days. This is the time from when an immediate-action record is created in AHPRA's database (triggered by receiving information that makes AHPRA consider immediate action may be necessary) to when the Board's decision to take immediate action is entered into AHPRA's database. This time includes a 'show-cause' period, which allows the practitioner the opportunity to make a submission about the action being proposed and is an important part of maintaining procedural fairness.

While there is no clearly accepted international benchmark, we continue to compare favourably to regulators in the United Kingdom on the timeliness of taking interim actions when there is an identified significant risk to the public. According to the Professional Standards Authority (PSA) *Annual report and accounts and performance review report 2014/15*, the median time for UK regulators to issue an interim order (upon receipt of information indicating the need for an interim order) is between 2.4 and 6 weeks.

Of all immediate actions considered by National Boards, 63.8% resulted in conditions or undertakings on practice, an increase of almost 47.3% on the previous year. As these restrictions and undertakings are closely monitored once imposed, any risk is being managed while the investigation continues. The number of immediate actions taken that resulted in a practitioner's registration being suspended fell compared with 2014/15.

A further breakdown of immediate actions considered by National Boards in 2015/16:

- 15.95% resulted in no immediate action taken
- 49.4% resulted in conditions being imposed on registration
- 14.4% resulted in undertakings by the practitioner being accepted
- 15.95% resulted in suspension of registration
- 1.3% resulted in surrender of registration, and
- 3.0% still had a decision pending as at 30 June 2016.

Table N2: Notifications received in 2015/16 by profession and state or territory[1]

Profession[2]	AHPRA[3]									AHPRA Subtotal 2015/16	HPCA[7]	Total 2015/16	Total 2014/15
	ACT	NSW[4]	NT	QLD[5]	SA	TAS	VIC	WA	No PPP[6]				
Aboriginal and Torres Strait Islander health practitioner			4		1					**5**		**5**	**7**
Chinese medicine practitioner	1	1		10	4	1	10		1	**28**	26	**54**	**22**
Chiropractor	1		1	24	9		31	12	4	**82**	64	**146**	**75**
Dental practitioner	16	12	6	167	55	14	138	86	3	**497**	528	**1,025**	**766**
Medical practitioner	105	58	54	1,058	379	131	953	382	27	**3,147**	2,224	**5,371**	**4,541**
Medical radiation practitioner			1	11	6		13	4	1	**36**	12	**48**	**31**
Midwife	5	3	3	35	8	2	27	11	1	**95**	8	**103**	**74**
Nurse	35	10	35	417	258	60	378	130	17	**1,340**	602	**1,942**	**1,733**
Occupational therapist		1	1	12	2		14	5		**35**	24	**59**	**49**
Optometrist	1			7	3	1	3	1	1	**17**	22	**39**	**55**
Osteopath	2		1	2			8	1		**14**	9	**23**	**13**
Pharmacist	20	2	7	68	32	21	132	28	1	**311**	259	**570**	**490**
Physiotherapist	2	1	3	23	5	2	20	10		**66**	36	**102**	**97**
Podiatrist				10	5	2	15	8	2	**42**	15	**57**	**37**
Psychologist	18	6	7	75	41	8	135	40	1	**331**	197	**528**	**432**
Not identified[2]							9		1	**10**		**10**	**4**
2015/16 Total (PPP)[1]	**206**	**94**	**123**	**1,919**	**808**	**242**	**1,886**	**718**	**60**	**6,056**	**4,026**	**10,082**	
2014/15 Total (PPP)[1]	**178**	**53**	**147**	**934**	**655**	**215**	**1,889**	**758**	**55**	**4,884**	**3,542**		**8,426**
2014/15 Total (Responsible Office)[3]	**194**		**178**	**917[4]**	**676**	**237**	**1,901**	**781**		**4,884**	**3,542**		**8,426**

Notes:

1. Based on state and territory of the practitioners' principal place of practice.
2. Profession of registrant is not always identifiable in the early stages of a notification.
3. Based on the state or territory where the notification is handled for registrants, including those registrants who do not reside in Australia.
4. Matters managed by AHPRA where the conduct occurred outside NSW.
5. Based on the number of matters referred by the Office of the Health Ombudsman to AHPRA and the National Boards.
6. No principal place of practice (No PPP) will include practitioners with an overseas address.
7. Health Professional Councils Authority.

Table N3: Percentage of registrant base with notifications received in 2015/16 by profession and state or territory[1]

Profession	ACT	NSW (including HPCA complaints)[4]	NT	QLD[5]	SA	TAS	VIC	WA	No PPP[6]	Total 2015/16	Total 2014/15
Aboriginal and Torres Strait Islander health practitioner		0.0%	1.9%		1.9%					**0.9%**	**1.8%**
Chinese Medicine practitioner	1.5%	1.4%		1.2%	2.2%	3.0%	0.8%		1.0%	**1.1%**	**0.5%**
Chiropractor	1.5%	3.7%	4.3%	2.9%	2.4%		2.3%	2.0%	2.5%	**2.8%**	**1.5%**
Dental practitioner	4.0%	8.2%	3.9%	3.9%	3.1%	3.9%	2.8%	3.4%	0.5%	**4.7%**	**3.6%**
Medical practitioner	5.1%	6.9%	4.6%	5.1%	4.8%	5.9%	3.7%	3.6%	0.9%	**5.0%**	**4.4%**
Medical radiation practitioner		0.2%	0.9%	0.4%	0.5%		0.3%	0.3%	0.4%	**0.3%**	**0.2%**
Midwife[2]	0.7%	0.1%	0.5%	0.5%	0.3%	0.3%	0.3%	0.3%	0.7%	**0.3%**	**0.2%**
Nurse[3]	0.6%	0.6%	0.8%	0.6%	0.8%	0.7%	0.4%	0.3%	0.2%	**0.5%**	**0.5%**
Occupational therapist		0.5%	0.6%	0.3%	0.1%		0.3%	0.2%	0.0%	**0.3%**	**0.3%**
Optometrist	1.3%	1.3%		0.7%	1.1%	1.2%	0.2%	0.2%	0.6%	**0.8%**	**1.1%**
Osteopath	5.9%	1.6%	33.3%	1.1%			0.7%	1.6%	0.0%	**1.1%**	**0.7%**
Pharmacist	3.9%	2.8%	3.2%	1.2%	1.5%	3.0%	1.8%	0.9%	0.2%	**1.9%**	**1.7%**
Physiotherapist	0.4%	0.4%	1.8%	0.4%	0.2%	0.4%	0.3%	0.3%	0.0%	**0.4%**	**0.4%**
Podiatry practitioner		1.2%		1.3%	1.2%	1.9%	1.0%	1.8%	2.9%	**1.2%**	**0.8%**
Psychologist	2.1%	1.8%	3.1%	1.2%	2.4%	1.4%	1.5%	1.1%	0.2%	**1.6%**	**1.3%**
Total 2015/16 (PPP)	**1.8%**	**2.2%**	**1.8%**	**1.5%**	**1.5%**	**1.7%**	**1.1%**	**1.1%**	**0.4%**	**1.5%**	
Total 2014/15 (PPP)	**1.6%**	**1.9%**	**2.2%**	**0.8%**	**1.3%**	**1.5%**	**1.1%**	**1.2%**	**0.3%**		**1.3%**
Total 2014/15 (Responsible Office)	**1.8%**	**1.9%**	**2.7%**	**0.8%**	**1.3%**	**1.7%**	**1.2%**	**1.2%**			**1.3%**

Notes:

1. Percentages for each state and profession are based on registrants whose profession has been identified and whose principal place of practice (PPP) is an Australian state or territory. Notifications where the profession of the registrant has not been identified are represented only in the profession totals above.
   Registrants whose principal place of practice is not in Australia are represented in the 'No PPP' section.
2. The registrant base used for midwives includes registrants with midwifery or with nursing and midwifery registration.
3. The registrant base for nurses includes registrants with nursing registration or with nursing and midwifery registration.
4. The registrant base for NSW includes registrants with a complaint managed by the HPCA as well as notifications managed by AHPRA about a practitioner with a PPP in NSW.
5. Based on the number of matters referred by the Office of the Health Ombudsman to AHPRA and the National Boards.
6. No principal place of practice (No PPP) will include practitioners with an overseas address.

Table N4: Notifications closed in 2015/16 by profession, stage at closure and jurisdiction (including HPCA[1])														
Profession	Assessment		Investigation		Health or performance assessment		Panel hearing		Tribunal hearing		Subtotal 2015/16		Total 2015/16	Total 2014/15
	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA		
Aboriginal and Torres Strait Islander health practitioner	4		4		1		0		0		**9**	**0**	**9**	**5**
Chinese medicine practitioner	17	10	3		2	1	1		2		**25**	**11**	**36**	**27**
Chiropractor	24	41	20	6	2	1	3	3	0	1	**49**	**52**	**101**	**98**
Dental practitioner	246	365	112		10	11	8	23	17	2	**393**	**401**	**794**	**849**
Medical practitioner	1,739	1,402	689	85	108	358	86	126	96	25	**2,718**	**1,996**	**4,714**	**4,885**
Medical radiation practitioner	13	8	8		4	1	0	2	2		**27**	**11**	**38**	**31**
Midwife	42	6	20		11		1	1	2		**76**	**7**	**83**	**92**
Nurse	587	275	348	17	176	172	27	116	36	8	**1,174**	**588**	**1,762**	**1,755**
Occupational therapist	18	19	8		0	6	2	3	0		**28**	**28**	**56**	**48**
Optometrist	12	27	5		0		0		0		**17**	**27**	**44**	**53**
Osteopath	9	1	0	6	0	1	0		0	10	**9**	**18**	**27**	**13**
Pharmacist	191	158	74	8	10	36	20	29	6	5	**301**	**236**	**537**	**528**
Physiotherapist	31	32	16	2	6	1	1	3	1		**55**	**38**	**93**	**115**
Podiatrist	19	11	6	6	1	3	1		0	2	**27**	**22**	**49**	**44**
Psychologist	184	87	73	8	9	42	29	35	12	5	**307**	**177**	**484**	**458**
Not identified[2]	11		0		1		0		0		**12**	**0**	**12**	**2**
Total 2015/16	**3,147**	**2,442**	**1,386**	**138**	**341**	**633**	**179**	**341**	**174**	**58**	**5,227**	**3,612**	**8,839**	
Total 2014/15	**3,069**	**2,598**	**1,772**	**85**	**440**	**556**	**269**	**35**	**179**	**0**	**5,729**	**3,274**		**9,003**

Notes:

1. Health Professional Councils Authority.
2. Practitioner profession may not have been identified in notifications closed at an early stage.

Table N5: Notifications closed in 2015/16 by outcome (excluding HPCA)[1]

Profession	No further action	Refer all or part of the notification to another body	HCE to retain[2]	Accept undertaking	Caution or reprimand	Fine registrant	Impose conditions	Accept surrender of registration	Suspend registration	Cancel registration	Not permitted to reapply for registration for 12 months or more	Proceedings withdrawn	Total 2015/16	Total 2014/15
Aboriginal and Torres Strait Islander health practitioner	6	0	0	0	1	0	2	0	0	0	0	0	**9**	**5**
Chinese medicine practitioner	18	0	0	1	3	0	3	0	0	0	0	0	**25**	**17**
Chiropractor	33	0	0	1	8	0	7	0	0	0	0	0	**49**	**68**
Dental practitioner	236	9	10	16	62	0	45	0	1	12	0	2	**393**	**538**
Medical practitioner	1,936	34	89	68	329	5	205	0	30	13	5	4	**2,718**	**2,954**
Medical radiation practitioner	18	0	0	0	5	0	3	0	1	0	0	0	**27**	**19**
Midwife	48	0	2	7	8	0	9	0	1	1	0	0	**76**	**84**
Nurse	707	8	13	61	171	0	191	5	11	3	3	1	**1,174**	**1,222**
Occupational therapist	21	0	0	0	4	0	3	0	0	0	0	0	**28**	**36**
Optometrist	10	0	1	0	5	0	1	0	0	0	0	0	**17**	**27**
Osteopath	9	0	0	0	0	0	0	0	0	0	0	0	**9**	**7**
Pharmacist	141	1	2	14	90	0	50	0	0	3	0	0	**301**	**323**
Physiotherapist	36	0	0	0	9	0	10	0	0	0	0	0	**55**	**83**
Podiatrist	16	0	2	2	3	0	4	0	0	0	0	0	**27**	**31**
Psychologist	220	1	0	11	21	0	47	1	2	2	0	2	**307**	**313**
Not identified	11	0	1	0	0	0	0	0	0	0	0	0	**12**	**2**
2015/16 Total	**3,466**	**53**	**120**	**181**	**719**	**5**	**580**	**6**	**46**	**34**	**8**	**9**	**5,227**	
2014/15 Total	**3,439**	**22**	**435**	**311**	**811**	**12**	**612**	**12**	**38**	**24**	**9**	**4**		**5,729**

Notes:

1. A matter may result in more than one outcome. Only the most serious outcome from each closed notification has been noted.
2. Health complaints entity.

Table N6: HPCA jurisdiction notifications closed in 2015/16 by outcome[1,2]

Profession	No further action[3]	No jurisdiction[4]	Discontinued	Withdrawn	Make a new complaint	Refer all or part of the notification to another body	Caution	Reprimand	Orders - No conditions	Finding - No orders	Counselling /Interview	Resolution/Conciliation by HCCC	Fine	Refund/Payment/ Withhold fee/ Retreat	Conditions by consent	Order - Impose conditions; would be conditions if registered	Accept surrender	Accept registration type change to non-practising	Suspend	Cancelled registration/Disqualified from registering	Total 2015/16	Total 2014/15
Aboriginal and Torres Strait Islander health practitioner																					**0**	
Chinese medicine practitioner	7		2			2															**11**	**10**
Chiropractor	19		17	1		2		1	3		6					1			3		**53**	**30**
Dental practitioner	208	3	132	17		4	7	13			17			2		18					**421**	**316**
Medical practitioner	558	31	1,092	60		91	4	18	8		4	48				58	17	6	3	18	**2,016**	**1,935**
Medical radiation practitioner	9		2																		**11**	**12**
Midwife	1	2	3												1						**7**	**8**
Nurse	190	80	155	7		15	1	3		3	36	9			62	18	5			8	**592**	**537**
Occupational therapist	16		9	1												2					**28**	**12**
Optometrist	4		9	1		2					11										**27**	**26**
Osteopath	3		3								2									10	**18**	**6**
Pharmacist	117	4	56	3		8	4	3	4		10					24			5	4	**242**	**212**
Physiotherapist	17	1	12	3							3	1				1					**38**	**32**
Podiatrist			9	1							6								6		**22**	**13**
Psychologist	42	14	62	8		3		1	1		13	1			4	11	8		2	8	**178**	**146**
Total 2015/16	**1,191**	**135**	**1,563**	**102**	**0**	**127**	**16**	**39**	**16**	**3**	**108**	**59**	**0**	**2**	**67**	**133**	**30**	**6**	**19**	**48**	**3,664**	
Total 2014/15	**902**	**81**	**1,559**	**103**	**44**	**89**	**7**	**19**	**9**	**2**	**166**	**96**	**1**	**2**	**60**	**112**	**15**	**6**	**4**	**18**		**3,295**

Notes:

1. Health Professional Councils Authority. NSW legislation provides for a range of different outcomes for complaints in NSW. Some of these map to outcomes available under the National Law; others are specific to the NSW jurisdiction.
2. Each notification may have more than one outcome; all outcomes have been included.
3. Includes Resolved before assessment, Apology, Advice, Council Letter, Comments by Health Care Complaints Commission (HCCC), Deceased, Interview.
4. Includes practitioners who failed to renew.

Table N7: Immediate action cases (including HPCA)[1]

Profession	No action taken		Action taken										Total 2015/16		Total 2014/15	
			Suspend registration		Accept surrender of registration		Impose conditions		Accept undertaking		Decision pending[2]					
	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA[3]
Aboriginal and Torres Strait Islander health practitioner	0	0	0	0	0	0	0	0	0		0	0	**0**	**0**	**2**	**0**
Chinese medicine practitioner	0	0	1	0	0	0	1	2	0		0	0	**2**	**2**	**2**	**2**
Chiropractor	1	0	3	0	0	0	3	1	1		0	0	**8**	**1**	**5**	**3**
Dental practitioner	2	15	3	9	1	0	35	10	3		0	0	**44**	**34**	**15**	**33**
Medical practitioner	42	14	9	18	3	7	66	57	39		8	5	**167**	**101**	**132**	**67**
Medical radiation practitioner	1	0	1	1	0	0	4	0	0		0	0	**6**	**1**	**4**	**0**
Midwife	0	0	2	0	0	0	7	0	1		0	0	**10**	**0**	**10**	**2**
Nurse	19	23	46	2	2	0	99	78	20		2	0	**188**	**103**	**138**	**100**
Occupational therapist	0	0	0	0	0	0	0	0	0		0	0	**0**	**0**	**1**	**0**
Optometrist	0	0	0	0	0	0	0	0	0		1	0	**1**	**0**	**1**	**0**
Osteopath	0	0	0	0	0	0	0	1	0		0	0	**0**	**1**	**0**	**1**
Pharmacist	4	10	2	1	0	0	9	15	2		3	0	**20**	**26**	**11**	**25**
Physiotherapist	4	0	0	0	0	0	2	1	0		0	0	**6**	**1**	**4**	**0**
Podiatrist	0	0	1	0	0	0	1	0	0		0	0	**2**	**0**	**3**	**0**
Psychologist	1	3	6	1	0	0	2	11	1		0	0	**10**	**15**	**8**	**9**
Total 2015/16	**74**	**65**	**74**	**32**	**6**	**7**	**229**	**176**	**67**	**0**	**14**	**5**	**464**	**285**		
Total 2014/15	**45**	**40**	**66**	**40**	**2**	**1**	**124**	**161**	**77**	**0**	**22**	**0**			**336**	**242**

Notes:

1. Cases where immediate action has been initiated under Part 8, Division 7 of the National Law.
2. In these cases where immediate action was initiated towards the close of the reporting year, an outcome decision has not been finalised.
3. HPCA data exclude matters that were considered for immediate action but did not proceed to a hearing.

Table N8: Tribunals in each state and territory

State/Territory	Tribunal
New South Wales	NSW Civil and Administrative Tribunal
Australian Capital Territory	Civil and Administrative Tribunal
Northern Territory	Health Professional Review Tribunal
Queensland	Civil and Administrative Tribunal
South Australia	Health Practitioners Tribunal
Tasmania	Health Practitioners Tribunal
Victoria	Civil and Administrative Tribunal
Western Australia	State Administrative Tribunal

Table N9: Mandatory notifications received by profession and state or territory (including HPCA)[1]

Profession	AHPRA									AHPRA Subtotal 2015/16	HPCA	Total 2015/16	Total 2014/15
	ACT	NSW	NT	QLD[2]	SA	TAS	VIC	WA	No PPP[4]				
Aboriginal and Torres Strait Islander health practitioner					1					**1**	0	**1**	**2**
Chinese medicine practitioner							2			**2**	2	**4**	**1**
Chiropractor					3		3	2		**8**	2	**10**	**4**
Dental practitioner	3			2	3	1	9	2	2	**22**	5	**27**	**22**
Medical practitioner	12	3		6	43	11	72	37	3	**187**	85	**272**	**212**
Medical radiation practitioner					1		1	3		**5**	2	**7**	**6**
Midwife	3				3	1	3	3		**13**	3	**16**	**20**
Nurse	16	5	1	7	138	18	103	41	3	**332**	187	**519**	**472**
Occupational therapist					1		1			**2**	0	**2**	**4**
Optometrist					1					**1**	0	**1**	**1**
Osteopath										**0**	1	**1**	**1**
Pharmacist	9	1			5	2	10	7		**34**	4	**38**	**38**
Physiotherapist								1		**1**	4	**5**	**6**
Podiatrist					1		3			**4**	1	**5**	**2**
Psychologist	1				5	2	17	4		**29**	43	**72**	**42**
Total 2015/16 (PPP)[1]	**44**	**9**	**1**	**15**	**205**	**35**	**224**	**100**	**8**	**641**	**339**	**980**	
Total 2014/15 (PPP)[1]	**17**	**11**	**2**	**16**	**149**	**30**	**171**	**106**	**16**	**518**	**315**		**833**
Total 2014/15 (Responsible Office)[3]	**20**		**4**	**14**	**160**	**34**	**172**	**114**		**518**	**315**		**833**

Notes:

1. Based on state and territory of the practitioners' principal place of practice.
2. Based on the number of matters referred by the Office of the Health Ombudsman to AHPRA and the National Boards.
3. Based on the state or territory where the notification is handled for registrants, including those registrants who do not reside in Australia.
4. No principal place of practice (No PPP) will include practitioners with an overseas address.

Table N10: Grounds for mandatory notification by profession and jurisdiction (including HPCA)														
Profession	Standards		Impairment		Alcohol or drugs		Sexual misconduct		Not classified		Total 2015/16		Total 2014/15	
	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA
Aboriginal and Torres Strait Islander health practitioner	1		0		0		0		0		**1**	**0**	**2**	**0**
Chinese medicine practitioner	2	1	0	1	0		0		0		**2**	**2**	**0**	**1**
Chiropractor	7	2	0		0		1		0		**8**	**2**	**4**	**0**
Dental practitioner	14	2	6	2	0		1	1	1		**22**	**5**	**18**	**4**
Medical practitioner	135	48	40	18	1	11	7	8	4		**187**	**85**	**159**	**53**
Medical radiation Practitioner	2	2	1		2		0		0		**5**	**2**	**3**	**3**
Midwife	12	2	1		0		0	1	0		**13**	**3**	**14**	**6**
Nurse	232	118	74	62	20	2	4	5	2		**332**	**187**	**261**	**211**
Occupational therapist	2		0		0		0		0		**2**	**0**	**3**	**1**
Optometrist	1		0		0		0		0		**1**	**0**	**1**	**0**
Osteopath		1									**0**	**1**	**1**	**0**
Pharmacist	26		6	2	2	2	0		0		**34**	**4**	**26**	**12**
Physiotherapist	1	2	0	1	0		0	1	0		**1**	**4**	**5**	**1**
Podiatrist	2	1	2		0		0		0		**4**	**1**	**2**	**0**
Psychologist	20	31	4	8	0	1	5	3	0		**29**	**43**	**19**	**23**
Total 2015/16	**457**	**210**	**134**	**94**	**25**	**16**	**18**	**19**	**7**	**0**	**641**	**339**		
Total 2014/15	**313**	**164**	**121**	**127**	**54**	**9**	**25**	**15**	**5**	**0**			**518**	**315**

Table N11: Outcomes of mandatory notifications closed by profession and jurisdiction

Profession	Discontinued /Proceedings withdrawn		Changed to non-practising		Other/No jurisdiction		Counselling		No further action		Refer all or part of the notification to another body		Fine registrant		Finding - No Orders		Caution or reprimand		Accept undertaking		Impose conditions		Accept surrender of registration		Suspend registration		Cancel registration/Disqualify		Not permitted to reapply for registration for 12 months or more		Total 2015/16		Total 2014/15	
	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA[1]	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA[2]	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA
Aboriginal and Torres Strait Islander health practitioner	0								1		0		0				0		0		0				0		0		0		**1**	**0**	**1**	
Chinese medicine practitioner	0								0	1			0				0		0		0				0		0		0		**0**	**1**	**1**	**1**
Chiropractor	0								3	2	0		0				3		0		1				0		0		0		**7**	**2**	**5**	**2**
Dental practitioner	0	1							14		0		0				1	3	0		4	3			1		3		0		**23**	**7**	**26**	**1**
Medical practitioner	1	18		2		1			97	21	2	4	4				27	2	12		39	13		2	9	1	4	2	1		**196**	**66**	**230**	**39**
Medical radiation practitioner	0								3	1	0		0				1		0		1				1		0		0		**6**	**1**	**3**	**7**
Midwife	0	1				2			10	1	0		0				0		4		0				0		0		0		**14**	**4**	**26**	**4**
Nurse	1	5				48		12	152	66	3	5	0			1	42	2	36		66	48		3	5		2	3	2		**309**	**193**	**370**	**152**
Occupational therapist	0								1	1	0		0				1		0		0				0		0		0		**2**	**1**	**9**	**1**
Optometrist	0								0		0		0				0		0		0				0		0		0		**0**	**0**	**1**	**0**
Osteopath	0								0		0		0				0		0		0				0		0	1	0		**0**	**1**	**1**	
Pharmacist	0	1							9	2	0		0				7	1	6		6	2			0		0		0		**28**	**6**	**44**	**6**
Physiotherapist	0								3		0		0				0		0		1				0		0		0		**4**	**0**	**16**	**3**
Podiatrist	0	1							4		0		0				0		1		0				0		0		0		**5**	**1**	**5**	**0**
Psychologist	0	6						2	17	5	0	1	0				2	1	6		9	8		4	1	1	2	2	0		**37**	**30**	**37**	**18**
Unknown	0								0		0		0				0		0		0				0		0		0		**0**	**0**		
Total 2015/16	**2**	**33**	**0**	**2**	**0**	**51**	**0**	**14**	**314**	**100**	**5**	**10**	**4**	**0**	**0**	**1**	**84**	**9**	**65**	**0**	**127**	**74**	**0**	**9**	**17**	**2**	**11**	**8**	**3**	**0**	**632**	**313**		
Total 2014/15	**1**	**31**	**0**	**4**	**0**	**25**	**0**	**28**	**307**	**79**	**4**	**4**	**4**	**0**			**121**	**1**	**114**	**0**	**198**	**53**	**4**	**2**	**13**	**2**	**6**	**5**	**3**	**0**			**775**	**234**

Notes:

1. Includes practitioners who failed to renew.
2. Includes conditions by consent.

Table N12: Student notifications received (mandatory/voluntary) in 2015/16[1]

Profession	AHPRA									AHPRA Subtotal 2015/16	HPCA	Total 2015/16	Total 2014/15
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[3]				
Aboriginal and Torres Strait Islander health practitioner										0		**0**	**0**
Chinese medicine practitioner									1	1		**1**	**0**
Chiropractor							1			1		**1**	**0**
Dental practitioner									3	3	2	**5**	**1**
Medical practitioner						1			6	7	15	**22**	**10**
Medical radiation practitioner										0		**0**	**0**
Midwife				1	1					2		**2**	**0**
Nurse			1		2		1		13	17	26	**43**	**32**
Occupational therapist										0	1	**1**	**1**
Optometrist										0		**0**	**0**
Osteopath										0		**0**	**0**
Pharmacist							1		1	2		**2**	**3**
Physiotherapist										0	1	**1**	**3**
Podiatrist										0		**0**	**0**
Psychologist										0		**0**	**0**
Total 2015/16 (PPP)[1]	**0**	**0**	**1**	**1**	**3**	**1**	**3**	**0**	**24**	**33**	**45**	**78**	
Total 2014/15 (PPP)[1]	**0**	**0**	**0**	**3**	**5**	**1**	**3**	**0**	**19**	**31**	**19**		**50**
Total 2014/15 (Responsible Office)[2]	**0**		**0**	**10**	**9**	**4**	**8**	**0**		**31**	**19**		**50**

Notes:

1. Based on state and territory of the students' principal place of practice.
2. State and territory where the notification is handled for student registrants and for student registrants who do not reside in Australia.
3. No principal place of practice (No PPP) will include students with an overseas address.

Table N13: Outcomes of notifications (mandatory/voluntary) about students by stage at closure

Stage at closure	No further action		Impose conditions		Accept undertaking		Caution		No jurisdiction		Refer to other		Discontinue		Counselling		Total 2015/16	Total 2014/15
	AHPRA	HPCA[1]	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA		
Assessment	15	2					1			1		2		3		2	**26**	**14**
Investigation																	**0**	**2**
Health or performance assessment	3	8			1					5							**17**	**1**
Panel hearing		5		8													**13**	
Total 2015/16	**18**	**15**	**0**	**8**	**1**	**0**	**1**	**0**	**0**	**6**	**0**	**2**	**0**	**3**	**0**	**2**	**56**	
Total 2014/15	**13**		**2**		**1**		**1**											**17**

Notes:

1. Health Professional Councils Authority.

Table N14: Open notifications at 30 June 2016 by profession and state and territory (including HPCA)[1]

Profession	AHPRA									AHPRA Subtotal 2015/16	HPCA[5]	Total 2015/16	Total 2014/15
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[4]				
Aboriginal and Torres Strait Islander health practitioner					1					**1**		**1**	**5**
Chinese medicine practitioner				4	4		6			**14**	19	**33**	**15**
Chiropractor	2	1	1	18	33		20	15	2	**92**	34	**126**	**76**
Dental practitioner	7	4	4	106	51	5	72	75		**324**	297	**621**	**381**
Medical practitioner	52	29	28	710	209	53	528	223	11	**1,843**	1,039	**2,882**	**2,212**
Medical radiation practitioner			1	9	6		5	1	1	**23**	4	**27**	**17**
Midwife	5	1	1	23	10	1	27	7	2	**77**	5	**82**	**57**
Nurse	23	11	20	290	198	32	235	78	8	**895**	331	**1,226**	**1,053**
Occupational therapist				8	1		8	2		**19**	6	**25**	**19**
Optometrist				6	3	1		1		**11**	4	**15**	**20**
Osteopath			1	2			3			**6**	3	**9**	**12**
Pharmacist	14	2	2	40	17	8	71	30		**184**	146	**330**	**311**
Physiotherapist			3	15	7	2	13	9		**49**	18	**67**	**57**
Podiatrist				6	2		10	3	1	**22**	6	**28**	**21**
Psychologist	7	1	7	51	22	4	83	51		**226**	90	**316**	**273**
Not identified[2]							1			**1**		**1**	**2**
Total 2015/16 (PPP)[1]	**110**	**49**	**68**	**1,288**	**564**	**106**	**1,082**	**495**	**25**	**3,787**	**2,002**	**5,789**	
Total 2014/15 (PPP)[1]	**114**	**44**	**84**	**749**	**446**	**119**	**940**	**436**	**26**	**2,958**	**1,573**		**4,531**
Total 2014/15 (Responsible Office)[3]	**121**		**90**	**773**	**462**	**127**	**918**	**467**		**2,958**	**1,573**		**4,531**

Notes:

1. Based on state and territory of the practitioners' principal place of practice.
2. Profession of registrant is not always identifiable in the early stages of a notification.
3. Based on the state or territory where the notification is handled for registrants, including those registrants who do not reside in Australia.
4. No principal place of practice (No PPP) will include practitioners with an overseas address.
5. Health Professional Councils Authority.

Table N15: Open notifications at 30 June 2016 by length of time at each stage (excluding HPCA)[1]							
Current stage of open notification	**< 3 Months**	**3 – 6 Months**	**6 – 9 Months**	**9 – 12 Months**	**12 – 24 Months**	**> 24 Months**	**Total 2015/16**
Assessment	855	137	19		6	12	**1,029**
Health or performance assessment	114	98	53	26	18	2	**311**
Investigation	622	512	326	245	333	93	**2,131**
Panel hearing	27	14	4	3	7	1	**56**
Subtotal 2015/16	**1,618**	**761**	**402**	**274**	**364**	**108**	**3,527**
Subtotal 2014/15	**1,167**	**587**	**271**	**198**	**316**	**83**	**2,622**
Tribunal hearing	41	11	20	25	48	115	**260**
Total 2015/16	**1,659**	**772**	**422**	**299**	**412**	**223**	**3,787**
Total 2014/15	**1,198**	**623**	**304**	**225**	**455**	**153**	**2,958**

Notes:

1. Tribunal proceedings are conducted in accordance with timetables set by the responsible tribunal in each jurisdiction.

Tribunals, panels and appeals

Performance snapshot

- 84.6% of the matters decided by tribunals in the year resulted in disciplinary action.
- 81.5% of the matters decided by panels in the year resulted in disciplinary action.
- 92.6% of appeals against regulatory decisions resulted in the original decision remaining in place.
- Only 7.4% of appeals against regulatory decisions resulted in the original decision being substituted with a new decision or the original decision being amended.

Tribunal and panel hearings

A National Board can refer a matter to a tribunal for hearing. This happens only when the allegations involve the most serious unprofessional conduct (professional misconduct), and a National Board believes suspension or cancellation of the practitioner's registration may be warranted. For a list of tribunals in each state and territory, see Table N8.

Tribunals in each state and territory

There were 260 notifications open in the tribunal stage as at 30 June 2016, compared with 336 at the same time last year.

The total number of tribunal hearings involving matters older than 12 months was lower this year compared with 2014/15. However, the proportion of tribunal hearings involving matters older than 12 months was largely steady at 62.7% of matters, compared with 62.2% last year. Tribunal proceedings are conducted in accordance with timetables set by the responsible tribunal in each jurisdiction.

Of the 175 National Board matters decided by tribunals in the year:

- 84.6% (148) resulted in disciplinary action
- 10.3% (18) resulted in no further action, and
- 5.1 (9) were withdrawn and did not proceed.

Since 2010, all health practitioners who have had their registration cancelled by a court or tribunal, been disqualified from practice or have had their registration prohibited appear on the cancelled health practitioners register. The register is online at www.ahpra.gov.au/Registration/Registers-of-Practitioners/Cancelled-Health-Practitioners.aspx.

We publish summaries of outcomes on the AHPRA website: www.ahpra.gov.au/publications/tribunal-decisions.aspx.

Panels

A National Board has the power to establish two types of panel depending on the type of notification. There are health panels (for health matters) and performance and professional standard panels, for conduct and performance issues. Under the National Law, panels must include members from the relevant health profession as well as community members. Health panels must include a medical practitioner. Each National Board has a list of approved people who may be called on to sit on a panel.

There were 56 notifications open in the panel stage as at 30 June 2016, compared to 138 the previous year. Only 14.3% of these matters were older than 12 months.

Of the 173 matters decided by panels during the year:

- 51.4% (89) resulted in conditions being imposed or an undertaking being accepted
- 28.9% (50) resulted in a caution or reprimand
- 0.6% (1) resulted in a suspension
- 0.6% (1) resulted in surrender of registration, and
- 18.5% (32) resulted in no further action.

We publish information about panel decisions on AHPRA's website: www.ahpra.gov.au/publications/panel-decisions.aspx.

Appeals against decisions made under the National Law

The National Law provides a mechanism of appeal against a decision by a National Board in certain circumstances. This includes:

- decisions to refuse an application for registration or endorsement of registration, or to refuse renewal of registration or renewal of an endorsement of registration
- decisions to impose or change a condition placed on registration, or to refuse to change or remove a condition imposed on registration or an undertaking given by the registrant, and
- decisions to suspend registration or to reprimand a registrant.

There were 102 appeals lodged nationally about decisions made under the National Law in 2015/16, including matters handled by the Health Professional Councils Authority (HPCA) in NSW (see Table TPA1). This represents a national reduction of 42.4% when compared to the previous year. This was primarily due to a decline in appeals against decisions following assessments for registration of internationally qualified nurses and midwives.

Of the appeals, 65.2% were lodged in the jurisdictions of Queensland (21), Victoria (20) and NSW (17). All jurisdictions had fewer decisions appealed compared to last year.

Of the 89 appeals managed by AHPRA (excluding HPCA):

- 42.7% related to a decision to impose or change a condition on a person's registration or endorsement (38 matters)
- 34.8% related to a decision to refuse registration, refuse renewal of registration or refuse an endorsement on registration (31 matters)
- 10.1% related to a decision to refuse to change or remove a condition imposed on a person's registration or the endorsement of a person's registration (9 matters)
- 6.7% related to a decision to impose conditions on a person's registration under section 178 of the National Law (6 matters)
- 3.4% related to a decision to suspend a person's registration (3 matters), and
- 2.3% related to appeals against other decisions.

The majority of these appeals related to the professions with higher regulatory decision volumes, such as medical practitioners (35), and nursing and midwifery practitioners (28).

Table TPA2 provides details of appeal matters closed in 2015/16. Of the 54 appeals finalised during the year:

- 35.2% had the original decision confirmed. This is a significant increase when compared with 10.2% in the previous year
- 57.4% were withdrawn by the appellant and did not proceed, meaning the original decision remained in place, and
- only 7.4% resulted in the original decision being substituted with a new decision (2 matters) or the original decision being amended (2 matters).

There were 65 appeals still open as at 30 June 2016.

The policy and assessment approach for internationally qualified nurses and midwives was further embedded during the year. This has contributed to a reduction in the number of appeals, an increased rate of decisions being confirmed and low rates of amendment or substitution of the original decision.

In addition, the National Scheme's regulatory principles apply when evaluating qualifications and eligibility for registration. The principles are designed to encourage a responsive, risk-based approach to regulation across all professions to ensure the public is safe. The regulatory principles continue to have a positive impact on regulatory decision-making.

Supplementary tables on appeals are available on AHPRA's website at www.ahpra.gov.au/annualreport.

Table TPA1: Appeals lodged in 2015/16 by profession and jurisdiction[1]

Profession	AHPRA								AHPRA Subtotal 2015/16	HPCA[2]	Total 2015/16	Total 2014/15
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA				
Aboriginal and Torres Strait Islander health practitioner									**0**			
Chinese medicine practitioner	0	0	0	0	1	0	0	0	**1**		**1**	**3**
Chiropractor	0	1	0	0	0	0	0	1	**2**		**2**	**2**
Dental practitioner	0	2	1	2	1	1	2	0	**9**	3	**12**	**11**
Medical practitioner	2	2	1	11	3	1	9	6	**35**	5	**40**	**64**
Medical radiation practitioner	0	1	0	2	0	0	0	0	**3**		**3**	**4**
Midwife									**0**	1	**1**	**2**
Nurse	0	11	1	5	3	1	4	3	**28**	2	**30**	**61**
Occupational therapist	0	0	0	0	0	0	1	0	**1**		**1**	**0**
Optometrist									**0**		**0**	**0**
Osteopath									**0**		**0**	**3**
Pharmacist	0	0	0	0	0	0	2	2	**4**	1	**5**	**5**
Physiotherapist	0	0	0	1	0	0	0	0	**1**		**1**	**2**
Podiatrist									**0**		**0**	**0**
Psychologist	1	0	1	0	1	0	2	0	**5**	1	**6**	**20**
Total 2015/16	**3**	**17**	**4**	**21**	**9**	**3**	**20**	**12**	**89**	**13**	**102**	
Total 2014/15	**5**	**26**	**7**	**25**	**28**	**5**	**24**	**32**	**152**	**25**		**177**

Notes:

1. Based on state and territory of the practitioner's principal place of practice.
2. NSW Health Professional Councils Authority.

Table TPA2: Nature of decisions appealed where the appeal was finalised through consent orders or a contested hearing by jurisdiction

Nature of decision appealed	Original decision amended		Original decision confirmed		Original decision substituted for a new decision		Withdrawn		Total 2015/16		Total 2014/15	
	AHPRA[1]	HPCA[2]	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA
Decision to impose conditions on a person's registration under section 178	0		0		0		2		**2**	**0**	**13**	**1**
Decision to impose or change a condition on a person's registration or the endorsement of the person's registration	2	2	8		2	1	10	1	**22**	**4**	**36**	**5**
Decision to refuse to change or remove a condition imposed on the person's registration or the endorsement of the person's registration	0		2		0		2	2	**4**	**2**	**5**	**0**
Decision to refuse to endorse a person's registration	0		0		0		1		**1**	**0**	**3**	**0**
Decision to refuse to register a person	0		5		0		9	1	**14**	**1**	**41**	**7**
Decision to refuse to renew a person's registration	0		0		0		4		**4**	**0**	**4**	**0**
Decision to reprimand a person	0		1		0		0		**1**	**0**	**0**	**0**
Decision to suspend a person's registration	0		3	2	0		1		**4**	**2**	**13**	**4**
Other	0		0		0		2		**2**	**0**	**3**	**0**
Total 2015/16	**2**	**2**	**19**	**2**	**2**	**1**	**31**	**4**	**54**	**9**		
Total 2014/15	**5**	**0**	**12**	**4**	**26**	**2**	**75**	**11**			**118**	**17**

Notes:

1. AHPRA manages appeals of decisions about NSW registrations.
2. Health Professional Councils Authority.

Monitoring and compliance

Performance snapshot

- There were 4,963 cases actively monitored by AHPRA in 2015/16.
- A National Restrictions Library was launched, currently containing 73 restrictions (conditions and undertakings) used across all regulatory functions.
- A strengthened compliance framework was implemented, which categories cases and assigns each monitoring case to one of five streams: health, performance, conduct, suitability/eligibility and prohibited practitioner/student.
- Risk-based reporting was introduced for National Boards. New reports provide data on the monitoring of registrant compliance with conditions or undertakings on their registration and include a summary of actions being undertaken by AHPRA when compliance is being assessed and where non-compliance is being managed.

Monitoring compliance with restrictions on registration

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

Table MC1 reports on active monitoring cases by state and territory. Table MC2 reports on these cases by each profession.

Restrictions are placed on registration through a number of mechanisms, including as an outcome of a notification, application for registration or renewal of registration. This year, a strengthened compliance framework was introduced as a way to categorise restrictions, and each monitoring case is assigned to one of the following five streams:

Health: The practitioner or student is being monitored because they have a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence).

Performance: The practitioner is being monitored to ensure they practise safely and appropriately while demonstrated deficiencies in their knowledge, skill, judgement or care in the practice of their profession are addressed.

Conduct: The practitioner is being monitored to ensure they practise safely and appropriately following consideration of their criminal history, or they have demonstrated a lesser standard of professional conduct than expected.

Suitability/eligibility: The practitioner is being monitored because they:

- do not hold an approved or substantially equivalent qualification in the profession
- lack the required competence in the English language
- do not meet the requirements for recency of practice, or
- do not fully meet the requirements of any other approved registration standard.

Prohibited practitioners/student: The practitioner/student is being monitored because they:

- are subject to a cancellation order, suspension or restriction not to practise, or
- have surrendered registration or changed to non-practising registration, in lieu of further action, under Part 8 of the National Law or suspension.

This year, the number of monitoring cases in the health, performance and conduct streams have all seen a slight decrease, the majority of these being due to closures associated with a comprehensive review of all active cases and re-allocation to the prohibited practitioners/student stream. There was a slight increase in monitoring cases associated with suitability/eligibility restrictions.

We have maintained our focus on service improvement with the introduction of compliance performance reporting. This has created opportunities to improve the quality, timeliness and accuracy of our compliance work. Performance was strong across all key performance indicators in all quarters.

Launch of the National Restrictions Library

This year, AHPRA developed and implemented a National Restrictions Library which will aid decision-making and improve national consistency. The library provides a best practice approach and consolidated structure for common restrictions used across regulatory functions, ensuring consistency in:

- recommendations made by AHPRA to the Boards, delegates, panels, tribunals and other decision-makers under the National Law
- how restrictions appear on the national register, and
- how a practitioner's compliance with restrictions is monitored.

The National Restrictions Library currently includes standardised wording for the health, performance and conduct streams. Work has commenced on expanding the library across the remaining compliance streams. The library content was also shared externally with co-regulatory entities in New South Wales and Queensland, State and Territory tribunals and published at www.ahpra.gov.au/Registration/Monitoring-and-compliance/National-Restrictions-Library.aspx.

Introducing risk-based reporting for National Boards

This year, new reporting for local and regional boards and national committees was introduced to assist National Boards in overseeing AHPRA's monitoring of conditions, undertakings and suspensions that are imposed on practitioners' and students' registration.

The reports provide data on the monitoring of registrant compliance with conditions or undertakings on their registration and include a summary of actions being undertaken by AHPRA when compliance is being assessed and where non-compliance is being managed. The reports enable the boards and committees to manage risks and quickly respond to non-compliance. Reporting is underpinned by a set of critical compliance events endorsed by the National Boards. Critical compliance events describe those issues of non-compliance which must be escalated to a Board or committee for review and action as required.

Table MC1: Active monitoring cases at 30 June 2016 by state or territory (including HPCA[1])

Stream	AHPRA									AHPRA Subtotal 2015/16	HPCA	Total 2015/16	2014/15		
	ACT	NSW[3]	NT	QLD	SA	TAS	VIC	WA	No PPP[4]				AHPRA	HPCA	Total
Conduct	10	5	4	141	55	11	132	42	2	402	307	709	**482**	**293**	**775**
Health	25	12	18	284	111	17	125	64	7	663	337	1000	**826**	**327**	**1,153**
Performance	24	10	10	173	55	26	171	75	6	550	127	677	**600**	**91**	**691**
Prohibited practitioner/ student	8	5		43	39	9	79	35	1	219		219			
Suitability/ eligibility[2]	50	1,349	23	437	192	42	525	419	92	3,129		3,129	**3,083**		**3,083**
Total 2015/16	**117**	**1,381**	**55**	**1,078**	**452**	**105**	**1,032**	**635**	**108**	**4,963[5]**	**771**	**5,734**			
Total 2014/15	**155**	**1,412**	**74**	**1,186**	**472**	**101**	**948**	**554**	**89**				**4,991**	**711**	**5,702**

Notes:

1. Health Professional Councils Authority, which monitors conduct in relation to health, performance and conduct in NSW.
2. AHPRA performs monitoring of compliance cases in 'suitability/eligibility' matters for NSW registrations.
3. Includes cases to be transitioned from AHPRA to Health Professional Councils Authority (HPCA) for conduct, health and performance streams.
4. No principal place of practice (No PPP) will include practitioners with an overseas address.
5. It should be noted that the AHPRA data structure provides reports by monitoring cases established rather than by registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. The 4,963 AHPRA monitoring cases relate to 4,861 registrants. The data provided by HPCA report the number of registrants being monitored.

Table MC2: Active monitoring cases at 30 June 2016 by profession and stream

Profession	Conduct		Health		Performance		Prohibited practitioner/ student	Suitability/ eligibility[1]	Total 2015/16		Total 2014/15	
	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	AHPRA	AHPRA	HPCA	AHPRA	HPCA
Aboriginal and Torres Strait Islander health practitioner	0		3		1		0	69	**73**	**0**	**6**	**0**
Chinese medicine practitioner	5	1	0		1	1	1	947	**954**	**2**	**882**	**1**
Chiropractor	12	7	1		9	1	3	21	**46**	**8**	**60**	**8**
Dental practitioner	24	28	23	10	64	15	6	24	**141**	**53**	**165**	**46**
Medical practitioner	164	171	244	119	232	30	52	1,075	**1,767**	**320**	**1,697**	**323**
Medical radiation practitioner	1		6	1	1		2	99	**109**	**1**	**533**	**2**
Midwife	5		10	4	14	4	2	113	**144**	**8**	**108**	**9**
Nurse	111	47	327	166	154	52	129	553	**1,274**	**265**	**1,013**	**232**
Occupational therapist	1		2	2	1		3	29	**36**	**2**	**71**	**2**
Optometrist	0		1	1	1	1	0	15	**17**	**2**	**15**	**1**
Osteopath	2	1	0		0		0	7	**9**	**1**	**15**	**1**
Pharmacist	26	37	17	11	39	10	12	84	**178**	**58**	**187**	**51**
Physiotherapist	6	3	6	3	6	3	0	42	**60**	**9**	**75**	**7**
Podiatrist	1	1	4		4	2	0	12	**21**	**3**	**14**	**1**
Psychologist	44	11	19	20	23	8	9	39	**134**	**39**	**150**	**27**
Total 2015/16	**402**	**307**	**663**	**337**	**550**	**127**	**219**	**3,129**	**4,963**[2]	**771**		
Total 2014/15	**482**	**293**	**826**	**327**	**600**	**91**		**3,083**			**4,991**	**711**

Notes:

1. AHPRA performs monitoring of compliance cases in 'suitability/eligibility' matters for NSW registrations.
2. It should be noted that the AHPRA data structure provides reports by monitoring cases established rather than by registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. The 4,963 AHPRA monitoring cases relate to 4,861 registrants. The data provided by HPCA report the number of registrants being monitored.

Statutory offences

Breaches of the National Law can put individuals and the community at risk. These offences may be committed by registered health practitioners, unregistered individuals or companies and are covered under Part 7 of the National Law.

The National Law sets out the following types of statutory offences:

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

Performance snapshot

- Nine individuals were prosecuted in the Magistrates' Court for statutory offences under the National Law, leading to six convictions.
- 1,348 statutory offence complaints were received this year, which represents a 166% increase in the number of offence complaints received compared with last year.
- Complaints about advertising rose by 237.7% and accounted for 75.2% of all offence complaints. Almost 57.3% of these complaints related to chiropractic services.
- 600 offence complaints were considered and closed, which is 15.8% higher than was achieved in 2014/15.
- Given the significant increase in statutory offence complaints this year, 1,330 open complaints were still under review as at 30 June 2016.

Managing offence complaints

Our focus is on resolving issues quickly and efficiently. In the first instance, depending on the level of potential risk posed by the alleged breach, we send letters to the practitioner outlining our concerns and how they can be rectified. Most matters are resolved through this process, without the need for further regulatory action.

In some circumstances, AHPRA has the power to apply to the Magistrates' Court for a warrant to search premises and seize evidence. A Magistrate may grant an application for a search warrant when there is evidence to support the belief that an offence under the National Law is being committed at a specific location.

When deciding whether a matter is suitable for prosecution, we consider a number of factors, including whether the prosecution is in the public interest.

Offences under the National Law are 'summary offences' and are prosecuted in the Magistrates' Court (or equivalent) of the relevant state or territory. All offences under the National Law carry penalties or fines that may be imposed by a court on a finding of guilt.

Protected titles

The National Law restricts the use of protected titles. This means that it is unlawful for someone to knowingly or recklessly take or use a title to make someone believe they are registered in one of the health professions listed in the National Law, when they are not registered. It is unlawful to use a specialist title, when the person does not have specialist registration. It is also unlawful for someone to lead another person to believe that a third person is registered in a health profession listed in the National Law.

A breach of the protected titles provisions in the National Law is an offence and carries a maximum fine of $60,000 for a body corporate or $30,000 for an individual, per offence.

Restricted acts

The National Law restricts certain practices:

- restricted dental acts
- restricted prescription of optical appliances, and
- restricted spinal manipulation.

A breach of the restricted act provisions in the National Law is an offence and carries a maximum fine of $60,000 for a body corporate or $30,000 for an individual, per offence.

Holding out – claiming to be registered when not

It is unlawful to knowingly or recklessly claim to be a registered health practitioner under the National Law. This can include using a title, name, initial, symbol, word or description that could be reasonably understood to indicate that an individual is a health practitioner or is qualified to practise in a health profession. The National Law also states that a person must not claim that another individual is a registered health practitioner.

A breach of the holding out provisions in the National Law is an offence and carries a maximum fine of $60,000 for a body corporate or $30,000 for an individual, per offence.

Advertising

Under the National Law, a regulated health service or a business providing a regulated health service must not advertise in a way that:

- is false, misleading or deceptive
- uses gifts, discounts or inducements without the terms and conditions of the offer
- uses a testimonial or purported testimonial
- creates an unreasonable expectation of beneficial treatment, or
- directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services.

National Boards have guidelines that interpret this section of the National Law for each profession. These are available on each board's website in an accessible format. General information about advertising is available in a fact sheet on AHPRA's website: www.ahpra.gov.au/Publications/AHPRA-FAQ-and-Fact-Sheets.aspx.

A breach of the advertising requirements in the National Law is an offence and carries a maximum fine of $10,000 for a body corporate or $5,000 for an individual, per offence.

Statutory offences received/closed in 2015/16

AHPRA received 1,348 offence complaints during 2015/16, which is 166% higher than last year. See Table SO1. This significant increase was largely due to a series of complaints by a number of external organisations about alleged advertising breaches.

Of the offence complaints received:

- 1,013 related to advertising offences, an increase of 237.7%
- 288 related to title protection offences, an increase of 68.4%
- 15 related to practice protection offences, a decrease of 11.8%
- 12 related to directing or inciting unprofessional conduct/professional misconduct, an increase of 71.4%, and
- 20 related to other offences, an increase of 81.8%.

All jurisdictions recorded increases in the number of offence complaints received, with NSW, Victoria and Queensland accounting for 64.6% of all statutory offence complaints received in 2015/16.

Concerns about advertising of health services accounted for over 75% of all offence complaints received this year. Large volumes of advertising complaints were lodged with AHPRA in relation to:

- chiropractic services – 57.3% of all advertising complaints
- dental services – 16% of all advertising complaints, and
- medical services – 13.1% of all advertising complaints.

There were no advertising complaints received for Aboriginal and Torres Strait Islander health practice, medical radiation practice or occupational therapy services. The remaining professions accounted for the other 13.6% of advertising complaints received.

This year, 600 offence complaints were considered and closed, an increase of 15.8% on the amount of closures achieved last year. This includes offence complaints about registered practitioners that were referred and managed under Part 8 of the National Law.

Noting the significant increase in the volume of complaints received nationally, there were 1,330 open statutory offence complaints still under review by AHPRA as at 30 June 2016.

Table SO1: Offences received and closed by type of offence and profession[1]

Profession	Title protections (s.113 – 120)		Practice protections (s.121 – 123)		Advertising breach (s.133)		Directing or inciting unprofessional conduct/ professional misconduct (s.136)		Other offence		Total 2015/16		Total 2014/15	
	Received	Closed	Received	Closed	Received	Closed	Received	Closed	Received	Closed	Received	Closed	Received	Closed
Aboriginal and Torres Strait Islander health Practitioner											**0**	**0**	**0**	**0**
Chinese medicine practitioner	12	5	1	2	13	5	0	0	0	0	**26**	**12**	**16**	**11**
Chiropractor	9	9	2	4	580	54	9	1	1	0	**601**	**68**	**63**	**112**
Dental practitioner	27	15	4	3	162	136	0	2	3	1	**196**	**157**	**109**	**114**
Medical practitioner	60	47	4	2	133	76	1	0	4	3	**202**	**128**	**103**	**81**
Medical radiation practitioner	8	6	0	0	0	1	0	0	0	0	**8**	**7**	**6**	**4**
Midwife	30	3	0	1	3	2	0	0	0	0	**33**	**6**	**6**	**6**
Nurse	43	28	1	1	8	10	0	0	2	1	**54**	**40**	**32**	**37**
Occupational therapist	6	4	0	0	0	1	0	0	0	0	**6**	**5**	**5**	**6**
Optometrist	4	4	0	0	4	4	0	1	1	0	**9**	**9**	**3**	**9**
Osteopath	5	2	0	0	7	23	0	0	0	0	**12**	**25**	**33**	**9**
Pharmacist	4	5	0	0	6	6	2	2	1	0	**13**	**13**	**9**	**12**
Physiotherapist	19	16	1	0	44	24	0	0	2	0	**66**	**40**	**31**	**38**
Podiatrist	6	5	0	0	20	12	0	0	0	0	**26**	**17**	**10**	**17**
Psychologist	53	43	1	1	27	18	0	0	2	2	**83**	**64**	**69**	**58**
Unknown[2]	2	2	1	1	6	2	0	0	4	4	**13**	**9**	**11**	**4**
Total 2015/16	**288**	**194**	**15**	**15**	**1,013**	**374**	**12**	**6**	**20**	**11**	**1,348**	**600**		
Total 2014/15	**171**	**188**	**17**	**9**	**300**	**312**	**7**	**2**	**11**	**7**			**506**	**518**

Notes:

1. This table includes all offences from sections 113-136 of the National Law, not only offences about advertising, title and practice protection.
2. AHPRA also receives offence complaints about unregistered persons.

Prosecutions under the National Law in 2015/16

AHPRA finalised nine proceedings in the Magistrates' Court for offences under the National Law across a number of jurisdictions. Of the prosecution outcomes:

- 66.7% resulted in a conviction recorded against the individual (6 matters), and an order to pay a fine and/or complete a period of community service or good behaviour, and
- 33.3% resulted in a finding of guilt with no conviction recorded (3 matters), but the individuals were still ordered to pay a fine and/or complete a period of community service or good behaviour. One of these matters also resulted in a conviction recorded against a company.

A further eight prosecutions were started and are ongoing before the courts as at 30 June 2016. Further information about those matters is outlined in tables SO2 and SO3.

Some prosecutions started in 2014/15 were concluded after the financial year and have been reported here for completeness.

News about AHPRA's prosecutions is available at: www.ahpra.gov.au/News.aspx.

Completed prosecutions

Table SO2: Completed prosecutions as at 30 June 2016

Defendant	Date of decision	Jurisdiction	Relevant Board	Relevant section of National Law	Type of offence	Outcome
Muhammet Velipasaoglu	13 August 2015	Victoria	Dental Board of Australia	s 113 s116 s121 Drugs & Poisons offences	▸ Restriction on use of protected title ▸ Claims by persons to be registered as a practitioner ▸ Restricted dental acts ▸ Drugs & Poisons offences	Conviction
Practitioner	21 August 2015	Western Australia	Pharmacy Board of Australia	s116	▸ Claims by persons to be registered as a practitioner	Spent conviction
Nicolas Crawford	28 August 2015	Western Australia	Nursing and Midwifery Board of Australia	s113 s116	▸ Restriction on use of protected title ▸ Claims by persons to be registered as a practitioner	Conviction
Anthony Cashman	28 August 2015	Western Australia	Optometry Board of Australia	s116 s122	▸ Claims by persons to be registered as a practitioner ▸ Restriction on prescription of optical appliances	Conviction
Practitioner	2 February 2016	Victoria	Nursing and Midwifery Board of Australia	s113 s116	▸ Restriction on use of protected title ▸ Claims by persons to be registered as a practitioner	Non-conviction
Practitioner	May 2016	Victoria	Medical Board of Australia	s116 s3bB(2)	▸ Claims by persons to be registered as a practitioner	No conviction recorded
CDC Clinics Pty Ltd	May 2016	Victoria	Medical Board of Australia	s116 (2)	▸ Claims by persons to be registered as a practitioner	Conviction
Jennifer Reed	7 June 2016	South Australia	Nursing and Midwifery Board of Australia	s113 s116	▸ Restriction on use of protected title ▸ Claims by persons to be registered as a practitioner	Conviction
Pierre Allauch	9 June 2016	South Australia	Psychology Board of Australia	s113	▸ Restriction on use of protected title	Conviction

Current prosecutions

Table SO3: Current prosecutions as at 30 June 2016

Jurisdiction	Relevant Board	Relevant section of National Law	Type of offence
Victoria and Queensland	Medical Board of Australia	s115 s116 s118	▸ Restriction on use of specialist titles ▸ Claims by persons to be registered as a practitioner ▸ Claims by persons as to specialist registration
Queensland	Nursing and Midwifery Board of Australia	s113 s116	▸ Restriction on use of protected title ▸ Claims by persons to be registered as a practitioner
Western Australia	Pharmacy Board of Australia	s113 s116	▸ Restriction on use of protected title ▸ Claims by persons to be registered as a practitioner
South Australia	Psychology Board of Australia, Medical Board of Australia	s116 s118 s133	▸ Claims by persons to be registered as a practitioner ▸ Claims by persons as to specialist registration ▸ Advertising
Victoria	Psychology Board of Australia	s113 s116	▸ Restriction on use of protected title ▸ Claims by persons to be registered as a practitioner
Victoria	Dental Board of Australia	s116 s121	▸ Claims by persons to be registered as a practitioner ▸ Restricted dental acts
New South Wales	Occupational Therapy Board of Australia	s113 s116	▸ Restriction on use of protected title ▸ Claims by persons to be registered as a practitioner
Western Australia	Chiropractic Board of Australia	s113 s116 s123	▸ Restriction on use of protected title ▸ Claims by persons to be registered as a practitioner ▸ Restriction on spinal manipulation

Accreditation

Accreditation and the National Scheme

Accreditation within the National Scheme provides a framework for evaluating whether individuals seeking registration are suitably qualified and competent to practise as a health practitioner in Australia. This framework is a crucial quality-assurance and risk-management mechanism for the scheme.

Effective delivery of the accreditation function ensures:

- graduates of accredited and approved programs of study have the knowledge, skills and professional attributes to practise their profession, and
- overseas-trained practitioners are subject to rigorous and responsive assessment to determine whether they have the knowledge, skills and professional attributes necessary to practise their profession in Australia.

The accreditation functions are performed by accreditation authorities, which may be external accreditation entities or accreditation committees established by the relevant National Board. A list of accreditation authorities can be found at www.ahpra.gov.au/Education/Accreditation-Authorities.aspx.

Accreditation authorities develop, review and submit accreditation standards to National Boards for approval, and they assess and accredit programs of study and education providers against the approved accreditation standards. Accreditation authorities are often responsible for assessment of overseas-trained practitioners, and may be responsible for assessing overseas accrediting and assessing authorities.

The National Law provides that each accreditation authority must publish how it exercises the accreditation function. Each accreditation authority publishes information about its functions online.

National Boards publish the accreditation standards they approve on their websites.

Cross-profession work

Cross-profession work on accreditation issues is undertaken through a collaborative, consensus-building approach – reflecting the model of independent decision-making by accreditation authorities agreed before the National Scheme started. The National Boards, the accreditation authorities and AHPRA have established an Accreditation Liaison Group (ALG) to support this approach and to provide advice and guidance on common accreditation issues to facilitate effective delivery of accreditation within the National Scheme. In 2015/16, AHPRA appointed a joint policy and project officer to support collaborative work on priority accreditation issues across the National Scheme.

Over the past six years, collaborative work across National Boards, accreditation authorities and AHPRA, primarily coordinated by the ALG, has progressively built a framework of common policies and guidance about good practice in accreditation. The framework includes reference documents such as *Accreditation under the National Law*, the *Quality Framework for the accreditation function* and several other documents that promote shared understanding, consistent approaches and good practice across the National Scheme. These documents are published at www.ahpra.gov.au/Publications/Accreditation-publications.aspx. This year, the ALG initiated a collaborative project to seek feedback from accreditation authorities, National Boards and AHPRA about their use of these documents.

In 2015/16, the ALG coordinated work on a range of cross-profession issues including a more comprehensive analysis of accreditation costs and preliminary research on international models of accreditation. This work is intended to assist the further review of accreditation arrangements to be commissioned by Health Ministers.

Reporting

Accreditation authorities provide six-monthly reports to their relevant National Board on developments relevant to the domains of the Quality Framework. The National Law requires communication between accreditation authorities and their National Boards when certain decisions are made or required.

This year, AHPRA worked with the National Boards to implement an integrated approach to monitoring the six-monthly reports from accreditation authorities. This work aims to better support National Board oversight of the accreditation functions, to better meet the regulatory principles and objectives and guiding principles of the National Law, and to share lessons learnt.

Procedures for the development of accreditation standards

AHPRA procedures for the development of accreditation standards are an important governance mechanism. They inform the National Boards, the accreditation authorities and AHPRA about the matters that:

- an accreditation authority should take into account in developing accreditation standards or changing accreditation standards
- an accreditation authority should explicitly address when submitting accreditation standards to a National Board for approval
- a National Board should consider when deciding whether to approve accreditation standards developed by the accreditation authority, and
- a National Board should raise with Ministerial Council – and when they should be raised – as they may trigger a Ministerial Council policy direction.

The procedures are published at www.ahpra.gov.au/Publications/Procedures.aspx.

Joint meetings

Joint meetings are held annually between representatives of all National Boards, accreditation authorities and AHPRA. These provide a formal mechanism to discuss common accreditation issues. They facilitate shared understanding of accreditation under the National Law to address the objectives and guiding principles of the National Scheme.

This year, the focus of the joint annual meeting held in December 2015 was to discuss innovation and improvements in accreditation since the National Scheme began in 2010, reflect on the learnings from the independent review of the National Scheme and prepare for the further review of accreditation functions proposed by Health Ministers. A meeting summary is published at www.ahpra.gov.au/Publications/Accreditation-publications.aspx.

Accreditation committees

Three of the National Boards have decided to exercise accreditation functions through a committee established by the Board. The accreditation authorities for these professions are:

- the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee
- the Chinese Medicine Accreditation Committee, and
- the Medical Radiation Practice Accreditation Committee.

AHPRA's role in supporting the effective delivery of the accreditation authorities' functions for these three professions provides an opportunity for more consistent approaches across professions and shared lessons.

This year, the accreditation committees continued progressing their assessment and accreditation of programs of study, and monitoring approved programs. In late 2015, the first accredited programs were approved by the Chinese Medicine Board of Australia as leading to qualifications for general registration. In April 2016, AHPRA, in consultation with the chairs of the accreditation committees, developed and delivered a one-day workshop on risk-based monitoring for committee members. This cross-profession collaboration provided an opportunity for the committees to learn from each other, drawing upon a range of experiences and professional backgrounds in the development of a risk-based approach to monitoring.

Future work

There is potential for exploring further collaborative work to enhance delivery of the accreditation functions in the National Scheme, such as:

- risk-based approaches
- opportunities to reduce perceived duplication and improve effectiveness through joint accreditation site visits and/or common aspects of accreditation standards and/or common accreditation processes
- opportunities to deliver greater efficiency in administrative functions, and
- international examples of good practice and potential lessons for the National Scheme, including comparative work with international models of accreditation.

AHPRA will work with the accreditation authorities to further explore some of these opportunities.

Table A1: National Board funding contributions to accreditation[1]		
Board	**Amount ($'000)**	
	2016	**2015**
Aboriginal and Torres Strait Islander Health Practice Board of Australia	158	214
Chinese Medicine Board of Australia[2]	218	63
Chiropractic Board of Australia	207	185
Dental Board of Australia	473	486
Medical Board of Australia	3,446	3,643
Medical Radiation Practice Board of Australia	306	319
Nursing and Midwifery Board of Australia[3]	2,619	4,528
Occupational Therapy Board of Australia[4]	0	170
Optometry Board of Australia	297	290
Osteopathy Board of Australia	219	190
Pharmacy Board of Australia	530	330
Physiotherapy Board of Australia	365	365
Podiatry Board of Australia	162	174
Psychology Board of Australia	754	702
Total	**9,754**	**11,659**

1. These are actual amounts. Requirements of the accounting standards may result in differences between these and the amounts stated in our financial statements.
2. The variance is in part because education provider fees received in 2015 were spent in 2016.
3. The variance is in part because the 2015 amount includes specific 'one-off' project funding.
4. The accreditation authority for occupational therapy did not request any funding from the Board.

Management and accountability

Overview

AHPRA works with the National Boards to deliver five core regulatory functions.

- **Professional standards:** Providing policy advice to the National Boards regarding registration standards created under the National Law.
- **Registration:** Ensuring only health practitioners with the skills and qualifications to provide competent and ethical care to the Australian community are registered to practise.
- **Notifications:** Managing concerns raised about the health, performance and conduct of individual health practitioners.
- **Compliance:** Monitoring and auditing to ensure practitioners are complying with Board requirements.
- **Accreditation:** Working with accreditation authorities and committees to ensure graduating students are suitably qualified and skilled to apply to register as a health practitioner.

Our work in the last year focused on three priority areas.

- **Refining our service model:** Delivering a new way of working to ensure we can deliver a more streamlined, efficient and effective service. This includes strengthening a multi-profession approach to how we work.
- **Risk-based regulation:** Implementing the regulatory principles that underpin the work of the National Boards and AHPRA, and developing our risk-based activities. This includes undertaking initiatives to improve data quality, structure and architecture, and providing proactive risk analysis.
- **Building our organisational capacity for performance:** Consolidating our organisational capability by improving our internal culture; building our performance management and reporting frameworks; and ensuring we have the regulatory and management support systems and infrastructure we need for the future.

Financial management

The finance function ensures that our financial systems and records are well managed, accurate and compliant with legislation, and provide financial reporting and guidance to AHPRA and the National Boards. The Finance, Audit and Risk Management Committee (FARMC) is the principal committee of the Agency Management Committee that oversees finance, audit and risk management at the enterprise level. This committee reviewed the quarterly, half-year and annual financial reports and projections with management, focusing on the integrity and clarity of disclosure, compliance with relevant legal and financial reporting standards, and the application of accounting policies and judgements.

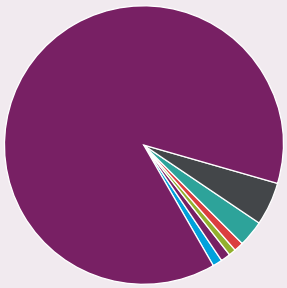
AHPRA's income for the full financial year to 30 June 2016 was $170.9 million. Our income for the full year includes the following components, shown below in Table MA1 and in Figure MA1.

Table MA1: Income type 2015/16[1]

Income type	Full year $'000
Registration income	151,172
Application income	8,482
Interest income	5,861
Legal fee recoveries	1,708
Exam fees	928
Late fees and fast-track fees	1,384
Certificates of registration status	464
Accreditation income	145
PESCI[1] income	41
Application for registrar program	186
Other income	558
Total	**170,929**

1. Pre-employment structured clinical interview.

Figure MA1: Financial year 2015/16 – income by type



88% Registration income
5% Application income
3% Interest income
1% Legal fee recoveries
1% Exam fees
1% Late fees and fast-track fees
1% Certificates of registration status

AHPRA and the National Boards work in partnership to deliver financial performance. AHPRA and the National Boards recorded a net surplus of $1.8 million this year.

The financial statements section of the annual report describes our performance in more detail, including the net result and equity position for each National Board.

In 2015/16, fees for six National Boards were reduced, fees for three boards were frozen, and fees for five boards rose by no more than the national Consumer Price Index (CPI). See Table MA2 for National Board registration fees for each profession.

AHPRA's organisational structure and resources

AHPRA is led by a national Chief Executive Officer and is structured around three core directorates: Regulatory Operations, Strategy and Policy, and Business Services.

Regulatory Operations: Responsible for the efficient and effective delivery of AHPRA's core regulatory functions (registration, notifications, compliance and legal services) under the National Law. The directorate provides leadership and strategic direction to develop and embed operational policy and procedures that support decision-making across the regulatory functions. Offices in each capital city deal directly with local stakeholders, support decision-making by local Boards and committees and are responsible for operational performance.

Strategy and Policy: Responsible for engaging with national and international stakeholders, consumers, practitioners and partners in regulation of other regulatory bodies. The directorate coordinates and manages AHPRA inter-governmental relationships, communication and media services.

The directorate provides Boards and their committees with policy and governance advice and oversees accreditation activities. It delivers a program of research and analysis that provides an empirical basis for health practitioner regulation. It undertakes strategic analysis, planning and management, and supports community and professions reference groups established to engage with the community and the professions.

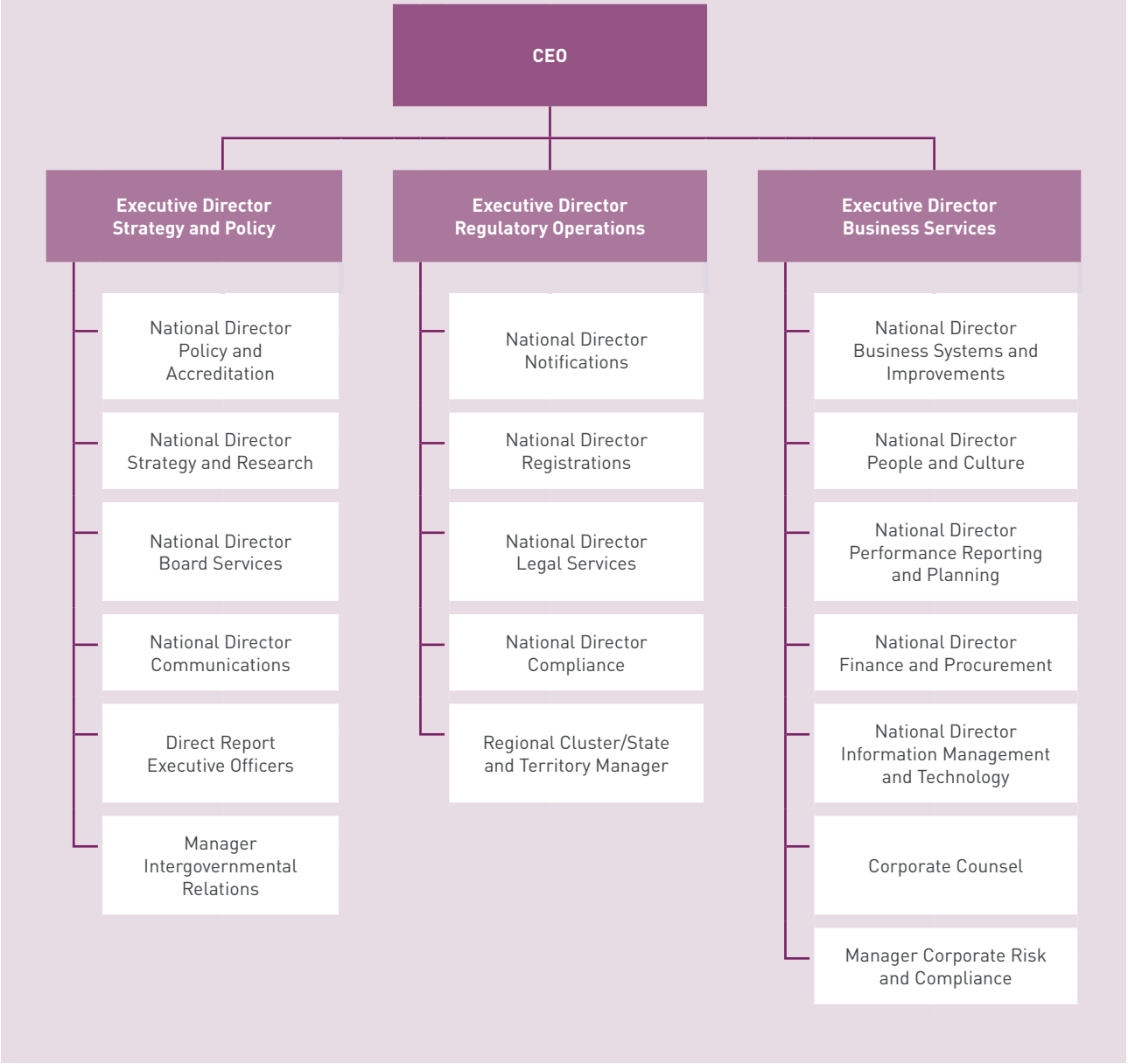
Business Services: Responsible for providing effective and efficient business and corporate support to deliver AHPRA's objectives. The directorate ensures regulatory functions and strategic research are supported by the most efficient and effective systems and processes. To successfully deliver this support, it manages and develops AHPRA's overall corporate and regulatory systems, provides high quality corporate functions, overall business plan, performance reporting, and maintains a transparent corporate risk profile to ensure the organisation manages risk well.

Figure MA2 outlines AHPRA's organisational structure.

Table MA2: National Board registration fees for each profession

Profession	Fee					
	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Aboriginal and Torres Strait Islander health practice			$100	$100	$100	$100
Chinese medicine			$550	$563	$579	$579
Chiropractic	$495	$510	$518	$530	$545	$552
Dentists & specialists	$545	$563	$572	$586	$603	$610
Dentists prosthetists	$485	$501	$509	$521	$536	$542
Dental hygienists and therapists	$270	$279	$283	$290	$298	$301
Medical	$650	$670	$680	$695	$715	$724
Medical radiation			$325	$295	$250	$180
Nursing and midwifery	$115	$160	$160	$160	$150	$150
Occupational therapy			$280	$230	$160	$130
Optometry	$395	$408	$415	$395	$365	$325
Osteopathy	$480	$496	$504	$516	$416	$386
Pharmacy	$295	$305	$310	$317	$317	$320
Physiotherapy	$190	$196	$199	$179	$159	$120
Podiatry	$350	$362	$368	$377	$388	$378
Psychology	$390	$403	$409	$419	$431	$436

Figure MA2: AHPRA's organisational structure 2015/16



AHPRA's full-time equivalent resourcing as at 30 June 2016 is detailed below.

Table MA3: Full-time equivalent resourcing (FTE) in 2015/16	
Directorate	**FTE**
Strategy and Policy	86.9
Regulatory Operations	645.1
Business Services (including CEO office)	138.5
Total	**870.5**

Enterprise agreement

AHPRA is moving toward a single national enterprise agreement by consolidating our existing five enterprise agreements, which expired on 30 June 2016, into one nationally consistent agreement to cover all AHPRA staff nationwide. The enterprise bargaining meetings began in February 2016 and have been conducted within all AHPRA's offices. The aim of this bargaining round is to achieve common employment standards and conditions for all AHPRA staff. Once the negotiations are complete, voting invitations will be issued to all staff and a vote will be taken. After voting, if the new enterprise agreement receives majority staff support, it will be sent to the Fair Work Commission for approval.

Statutory appointments

The Statutory Appointments Unit (SAU) provides strategic and compliance advice and support across AHPRA in relation to statutory appointments. The unit works closely with internal stakeholders across the organisation to deliver a professional service to the National Boards and governments.

During 2015/16, the SAU managed recruitment to fill approximately 480 vacancies on National Boards and committees, state, territory and regional boards, local committees, advisory panels, assessors' panels, and list of approved persons appointments. This involved coordinating several large campaigns covering over 100 vacancies for National Boards.

Getting value from our data

The National Scheme represents a significant statistical asset that can be leveraged to inform policy, planning and research. In addition to the valuable information on the public register, each year AHPRA administers a workforce survey in conjunction with the National Boards, made available to all practitioners at the time of renewal. This year, 94% of practitioners who received a survey during renewal responded. These data are critical to support workforce policy and planning through the National Health Workforce Dataset.

Data access and research

AHPRA collects comprehensive national data on health practitioner regulation. While these data have registration, workforce planning, demographic, commercial and research value, the National Law, as in force in each state and territory, and the *Privacy Act 1988* (Cth) impose strict limits on their use.

Our *Data access and research policy* assists researchers and other interested parties to better understand the framework for considering requests for data and research. In addition, following amendments to the Privacy Act, we have developed more robust processes on data governance, access and release of National Scheme data.

Table MA4: Data access requests by type in 2015/16	
Request type	**Number of requests received**
Contact or survey practitioners	19
Copies or extracts of the National Register	18
Quantitative statistics	37
Other	2
Total	**76**

Practitioner information exchange program

AHPRA receives requests from employers wanting to participate in our practitioner information exchange (PIE) program. PIE provides information to employers about the registration of the health practitioners they employ, including any restrictions that a Board might have placed on a person's registration, which are published on the national register.

PIE is a secure web-based system. It can assist employers with connecting human resources, clinical management, risk management, IT security and customer management systems into a secure and effective health practitioner registration data source. Further details about the PIE program can be found at www.ahpra.gov.au/Registration/Employer-Services/Practitioner-information-exchange.aspx.

This year, there were 60 subscribers to the PIE service from government departments, public and private hospitals, and the educational and research sector. The subscriber base almost doubled in 2015/16 from last year's 32.

Legal services

AHPRA's legal advisers operate in two broad streams:

- lawyers in the Regulatory Operations directorate are located in all our offices and provide day-to-day legal advice and services regarding the operation and application of the Health Practitioner Regulation National Law (as in force in each state and territory), and the obligations of AHPRA and the National Boards under that Law, and
- lawyers in the Business Services directorate provide corporate legal services, such as contract negotiation and drafting, privacy analysis and advice, legislative compliance testing and advice about AHPRA's general compliance obligations as a statutory corporation.

Overall leadership is provided by the National Director of Legal Services. AHPRA's lawyers work closely and cooperatively to ensure that decisions are made under the National Law effectively and efficiently, and consistently with legal requirements. The legal advisers manage legal risks relating to the administration of the National Law and the complex business of operating a number of entities (including AHPRA and the National Boards) that operate nationally under the National Law.

AHPRA's legal advisers, in conjunction with our panel of external legal services providers, conduct matters relating to decisions under the National Law and the performance of functions under the National Law.

Administrative complaints

Anyone can make a complaint about AHPRA, the Agency Management Committee or a National Board. A complaints form is available on AHPRA's website, along with AHPRA's *Complaint handling policy and procedure*, at www.ahpra.gov.au/About-AHPRA/Complaints.aspx.

If anyone believes that they have been treated unfairly in our administrative processes or in our handling of Freedom of Information (FOI) processes, a complaint can also be lodged with the independent National Health Practitioner and Privacy Ombudsman (NHPO), who will receive complaints and help people who believe they have been treated unfairly by the bodies within the National Scheme. The NHPO will usually only deal with complaints that have already been lodged with AHPRA, and when AHPRA has been given a reasonable opportunity to resolve the complaint.

AHPRA is committed to resolving complaints and to learning from what has happened and making improvements to services. Complaints are considered at a senior level in AHPRA, in recognition of their importance. There is a designated complaints officer in each AHPRA office. A database records all complaints received by AHPRA and all complaints directed to AHPRA from the NHPO.

AHPRA regularly liaises with the NHPO to address, wherever possible, issues and concerns raised by complaints lodged with their office.

In the year ending 30 June 2016, AHPRA received a total of 378 administrative complaints, a reduction from 2015 (when we received 469 complaints). Of the 378 received, 266 were received directly by AHPRA and 112 formal complaints were received from the NHPO. Issues raised in complaints included:

- communication issues
- time to process a new registration application
- time to process an overseas registration application, and
- issues about failure to renew registration.

See Table MA5 for a breakdown of the nature of complaints by profession.

Table MA5: Nature of complaint by profession in 2015/16

Nature of complaint categorised by profession (YTD)	Medical	Chiropractic	Nursing/Midwifery	Pharmacy	Psychology	Dental	Optometry	Physiotherapy	Osteopathy	Podiatry	Chinese Medicine	Medical Radiation	Aboriginal and Torres Strait Islander Health Practice	Occupational Therapy	Total
Board complaint	5	0	0	0	4	2	0	0	0	0	0	0	0	0	**11**
Registration complaint	37	1	77	12	15	6	0	3	0	3	15	13	1	3	**186**
Notification complaint	93	0	22	2	11	4	2	1	0	0	0	0	0	4	**139**
Other complaint	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Campaign	9	0	1	0	1	0	0	0	0	0	24	0	0	0	**35**
Privacy complaint	3	0	2	0	0	0	0	0	0	1	0	0	0	1	**7**
Total	**147**	**1**	**102**	**14**	**31**	**12**	**2**	**4**	**0**	**4**	**39**	**13**	**1**	**8**	**378**

This year, 11 complaints were received about Board matters (policy-related issues), five less than last year. For the year, 186 registration complaints were received (a reduction from the 216 registration-related complaints received last year). Of these, 91 complaints were about the period taken to process a new registration application. There were 57 complainants who were unhappy about the registration requirements not being clearly conveyed to them. There were 11 registration renewal-related complaints that were concerned with the time taken to finalise a registration renewal application (an identical number of complaints were received last year expressing a similar concern), and seven complainants were concerned with the time taken to register an overseas applicant (again an identical number of similar complaints were received last year).

There were 139 notification-related complaints received this year (a reduction from the 173 received last year). The overwhelming majority of the complainants expressed dissatisfaction with Boards deciding to take no further action in relation to their notification. No further action is taken when, based on the available information, the Board determines there is no risk to the public that requires regulatory action.

The drop in notification-related complaints can be partly explained by more detailed and explanatory decision letters being provided to notifiers once a Board has made a decision.

There were 35 campaign-related complaints received, the majority of which were in response to announcements about changes to the policies of some National Boards.

Freedom of information

Section 215 of the National Law provides that the *Commonwealth Freedom of Information Act 1982* (FOI Act) applies to the National Law, as modified by regulations made under that Law.

In the year to 30 June 2016, AHPRA received 176 FOI applications, slightly more than we received in the previous financial year. During the 2015/16 reporting period, 175 applications were finalised.

Approximately 53% of applications that received a 'refused access' decision were from applicants seeking practitioner contact details under the FOI Act. During the year there were 15 applications for internal review and four for tribunal/court review of these decisions. Of these 19 decisions, four were amended after review and granted in part, and 15 decisions to refuse access were affirmed.

In total, 33,932 pages were assessed in responding to FOI applications. We also removed application fees during the financial year. A summary of FOI decisions is provided in Table MA6.

Table MA6: Finalised FOI applications in 2015/16

FOI application	Number
Granted in full	25
Granted in part	65
Access refused[1]	63
Access request was transferred in whole to another agency	0
Access request was transferred in part to another agency	0
Access request withdrawn	22
Total	**175**

1. Approximately 53% of applications that received a 'refused access' decision were from applicants seeking practitioner contact details under the FOI Act.

Information governance

AHPRA has continued to advance its information governance during the reporting period, making significant progress. This included finalising outcomes of the privacy impact assessment performed by the Australian Government Solicitor (AGS) on AHPRA's behalf.

Our Information Governance and Assurance Group was also responsible for:

- strengthening our risk-based approach to managing information governance outcomes
- establishing an Information Awareness Group, which conducts an ongoing staff awareness campaign about information security, privacy, records management and data access
- introducing a compulsory Privacy Compliance training module for all staff
- establishing a cross-directorate Policy Working Group to keep AHPRA's policies and standards up to date, and
- undertaking the Information Asset Owners program, which has identified, classified and established appropriate controls for AHPRA's information assets. We subsequently conducted a pilot review to assess compliance across a targeted section of AHPRA's business.

AHPRA has also been active in the area of information security during the reporting period. We commissioned a number of information security reviews to understand AHPRA's current compliance level and identify the risks/issues we are facing. The reviews have generally noted that AHPRA has made significant improvement over the past five years, but given the increased activity in this area and therefore inherent risk, needs to continue these efforts. As a result, AHPRA has developed an improvement program designed to maintain a high level of risk mitigation and compliance and increase our security.

Risk management

AHPRA's Agency Management Committee, together with the National Boards, determines the appetite for risk, after taking into account the strategic objectives and other factors including community expectations, financial and reporting requirements, and legal and regulatory obligations.

The Agency Management Committee and the National Boards are jointly responsible for ensuring material risks have been identified. The Agency Management Committee is responsible for ensuring that appropriate and adequate control, monitoring and reporting mechanisms are in place.

AHPRA's corporate assurance framework provides the structures and processes to influence behaviour within the organisation, designed to facilitate achievement of the corporate objectives through the effective management of both opportunities and adverse effects encountered in the environment in which AHPRA operates. AHPRA aims to maximise the impact of its operations within the resources available to it. In doing so it aims to manage and minimise risks at all levels of the organisation from the top strategic level to the operations/project levels without dampening innovation. This requires consideration of a full cross-section of risks to the organisation's objectives, including reputation, organisational, operational and financial risks.

Compliance with state and territory laws

AHPRA is subject to a wide range of Commonwealth, state and territory legislation and subordinate rules made under that legislation such as regulations, as well as obligations under the general law. AHPRA is committed to constantly testing, reviewing and improving its procedures and activities to comply with these laws and to promote a culture of compliance. In particular, AHPRA has undertaken a range of activities, described below, to instil the principles set out in *Australian standard 3806-2006: compliance programs* into AHPRA's everyday activities.

AHPRA has compiled a register of Commonwealth, state and territory legislation that applies to it and the National Boards. Responsibility for compliance with particular legal obligations has been allocated to relevant AHPRA staff, who have been advised of their compliance responsibilities. AHPRA has tested legislative compliance with those staff members by asking them to advise on whether AHPRA is fully compliant with relevant legislation or not, and has put in place a program to continue to regularly test compliance.

When compliance concerns have been identified in legislative compliance tests, relevant staff have been allocated responsibility to take practical steps to ensure compliance. These staff members regularly report to AHPRA's senior executives and the Finance, Audit and Risk Management Committee on the compliance steps they propose to take or have taken.

AHPRA engages a number of contractors to assist with administering the National Law. AHPRA's standard contract terms require contractors to comply with applicable legislation and policies, including confidentiality, privacy, employment law and proper record-keeping obligations. Where it is appropriate, AHPRA requires contractors to permit AHPRA audits to ensure their compliance. An online contract register has been maintained, designed to assist with monitoring contractor performance.

Requests for telecommunications data

Until mid-October 2015, AHPRA was an enforcement agency for the purposes of the *Telecommunications (Interception and Access) Act 1979* (Cth) (the TI Act).

In previous years AHPRA has accessed information or documents about telecommunications data under the TI Act to enforce the National Law. However, the TI Act was amended, with effect from 13 October 2015, to significantly narrow the definition of 'enforcement agency', and that definition does not currently cover AHPRA.

This year, before this change, AHPRA issued four requests for access to telecommunications data under the TI Act.

Governance statement

Introduction

This governance statement sets out in broad terms:

- the governance structure of the Australian Health Practitioner Regulation Agency (AHPRA)
- how AHPRA manages and reviews its activities to ensure delivery of its functions and objectives in accordance with the requirements of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law), and
- how AHPRA manages risk, in particular during the 2015/16 financial year.

Governance structure

The Agency Management Committee has control of AHPRA's affairs and has the power under the National Law to decide AHPRA's policies. The Agency Management Committee's functions under the National Law also include ensuring AHPRA performs its functions in a proper, effective and efficient way. It discharges this function through oversight, scrutiny and strategic challenge of AHPRA's Chief Executive Officer (CEO) and the National Executive.

The Agency Management Committee consists of a non-executive Chair and seven non-executive members, appointed by the Australian Health Workforce Ministerial Council (the Ministerial Council), which comprises all state, territory and Commonwealth health ministers.

The Chief Executive Officer

The CEO of AHPRA is responsible for maintaining an effective system of internal control that supports the achievement of AHPRA's policies, aims and objectives. The CEO is also responsible for overseeing the financial management and assets of AHPRA and on behalf of the National Boards. A structure has been put in place to support the CEO in this important role and this includes three executive directors who manage AHPRA's operations in the following areas: regulatory operations, strategy and policy, and business services. The CEO and three executive directors form the National Executive of AHPRA.

AHPRA's functions are set out in section 25 of the National Law and its financial management responsibilities are set out in Part 9 of the National Law.

Agency Management Committee – membership tenure	
Mr Michael Gorton AM, Chair	Re-appointed 29 February 2016 for a period of three years to 28 February 2019.
Professor Merrilyn Walton AM	Re-appointed 28 April 2014 for a period of three years to 11 April 2017.
Ms Karen Crawshaw PSM	Re-appointed 2 March 2016 for a period of three years to 1 March 2019.
Ms Jenny Taing	Appointed 28 April 2014 for a period of three years to 11 April 2017.
Ms Barbara Yeoh	Appointed 28 April 2014 for a period of three years to 11 April 2017.
Mr Ian Smith PSM	Re-appointed 2 March 2016 for a period of three years to 1 March 2019.
Mr David Taylor	Appointed 28 April 2014 for a period of three years to 11 April 2017.
Dr Peggy Brown	Appointed 29 February 2016 for a period of three years to 28 February 2019.

The Agency Management Committee met 11 times during the 2015/16 financial year. Agency Management Committee members' attendance at these meetings is shown in the composite table on page 84.

Subcommittees of the Agency Management Committee

The Agency Management Committee has created three subcommittees, which make recommendations to the Agency Management Committee about their areas of responsibility.

- **The Performance Committee** monitors the performance of registration, notifications and compliance of the National Registration and Accreditation Scheme (the National Scheme) established by the National Law, and recommends measures to improve performance. This committee has seven members and met four times during the 2015/16 financial year.
- **The Finance, Audit and Risk Management Committee** (FARMC) is responsible for ensuring AHPRA monitors and manages risks appropriately. The committee oversees the audit program, reviews audit and assurance reports of audits undertaken by AHPRA, and considers their recommendations; reviews the Corporate Assurance Framework (CAF) and arrangements for risk management; and scrutinises financial performance. The committee reviewed the annual report and accounts for 2015/16, including considering related reports from external auditors and an annual report on the activities and effectiveness of the committee. This committee has five members and met four times during the 2015/16 financial year.

- **The Remuneration Committee** makes recommendations regarding performance measures, succession planning and remuneration of the CEO, and remuneration of staff under AHPRA's executive contract and AHPRA's remuneration policies. This committee has five members and met twice during the 2015/16 financial year.

The attendance of members of these subcommittees in the 2015/16 financial year is shown in the composite table to right.

Attendance at meetings of the Agency Management Committee and its subcommittees

The table to right sets out how many meetings of the Agency Management Committee and its subcommittees each member attended during the 2015/16 financial year, compared with the total number of meetings those members were eligible to attend. Agency Management Committee/committee members who left or joined during the financial year therefore have a smaller number of meetings they were eligible to attend. Not all Agency Management Committee members are members of each subcommittee. The Agency Management Committee has also appointed non-Agency Management Committee members to its subcommittees, including National Board Chairs and members.

Agency Management Committee	
Mr Michael Gorton AM, Chair	10/11
Professor Merrilyn Walton AM	09/11
Ms Karen Crawshaw PSM	09/11
Ms Jenny Taing	10/11
Ms Barbara Yeoh	10/11
Mr Ian Smith PSM	10/11
Mr David Taylor	11/11
Dr Peggy Brown	04/04
Professor Con Michael AO[1]	02/02

1. Professor Michael retired from the Agency Management Committee in August 2015 to accept an appointment to the Medical Board of Australia from 31 August 2015.

Finance, Audit and Risk Management Committee	
Ms Barbara Yeoh, Chair	04/04
Ms Prudence Ford	02/04
Mr David Taylor	04/04
Mr David Balcombe	04/04
Dr Peggy Brown	00/01
Professor Con Michael AO	01/01

Performance Committee	
Mr Ian Smith PSM, Chair	04/04
Professor Merrilyn Walton AM	04/04
Dr Joanna Flynn AM	04/04
Ms Jenny Taing	03/03
Dr Peggy Brown	00/01
Dr John Lockwood AM	01/01
Mr Ian Bluntish	01/01
Mr Paul Shinkfield	02/02

Remuneration Committee	
Mr Michael Gorton AM, Chair	02/02
Ms Karen Crawshaw PSM	01/02
Mr Ian Smith PSM	02/02
Ms Jenny Taing	01/02
Mr Colin Waldron	01/02
Dr John Lockwood AM	01/02

How AHPRA manages its activities and risks

Corporate Assurance Framework

AHPRA has an agreed business plan that assigns responsibility to each of the three Executive Directors for managing risks on a day-to-day operational level for their directorates. Each directorate has an assurance plan that records the risks relevant to that directorate.

Risks are identified, assessed, monitored and managed at a directorate level, but escalated in accordance with the requirements of the Corporate Assurance Framework and recorded in the *Corporate assurance plan* for review and monitoring by the CEO.

The *Corporate assurance plan* reports the escalated risks and risk ratings, along with the key controls and assurances put in place to mitigate the risks. The plan is reviewed by the FARMC to monitor the effective management of risks reported to the Agency Management Committee and the National Boards.

The FARMC assures that systems are in place so that AHPRA effectively and appropriately manages risk, and oversees the operation of those systems. AHPRA's internal audit function forms part of the review process, provides assurance on the risk management process, and advises the committee accordingly. The internal audit work undertaken during the year provided an independent assessment of this to the committee.

Data handling

AHPRA handles significant volumes of sensitive and personal information relating to registered health practitioners, students and notifiers. AHPRA recognises its obligations to protect this information, and established a program of work to strengthen its current practices in minimising the risk of data loss, and to ensure data are collected, held and used in accordance with law and best practice. The Information Governance and Assurance Group (IGAG), under the chairmanship of the Executive Director Business Services, coordinates the Information Governance (IGAG) work program.

IGAG's work program for 2015/16 included development and maintenance of an IGAG risk assurance plan, delivery of an annual information awareness program aligned with external activities such as Privacy Week, and an information asset ownership program. The information asset ownership program is multifaceted, with a pilot being completed this year and a whole-of-organisation program of work to be planned for next year.

The system of internal control

The CEO is responsible for reviewing the effectiveness of the system of internal control, which has been in place in AHPRA from 1 July 2015 to 30 June 2016, and up to the date of approval of the annual report and accounts, in accordance with guidance from the Victorian Auditor-General's Office (VAGO).

The review is informed by the work of internal auditors and the senior managers within AHPRA who are responsible for the development and maintenance of the internal control framework, and comments made by external auditors in their management letter and other reports. We have been advised of the implications of the result of the review of the effectiveness of the system of internal control by the FARMC. Plans are in place to address identified weaknesses and ensure continuous improvements are in place.

The managers responsible for the system of internal control provided the CEO, through the Executive Director Business Services, with assurance that AHPRA's system of internal control is subject to consistent monitoring, review and improvement, and that AHPRA's key risks are being identified, assessed and managed appropriately to ensure the goals and objectives of the National Scheme are achieved.

The Corporate Assurance Framework itself provides us with evidence that we have reviewed the effectiveness of controls that manage the risks to AHPRA to allow the organisation to effectively and efficiently perform its functions. Particular aspects of AHPRA's activities are, from time to time, the subject of independent external review by entities such as VAGO.

The effectiveness of the system of internal control has been subject to review by AHPRA's internal financial and risk management staff, who, in liaison with the internal auditors, plan and carry out a FARMC-approved program of work to review the design and operation of the systems of internal control. Where weaknesses have been identified these are reported to the FARMC and an action plan is agreed with management to implement the recommendations agreed as part of this process.

We are not aware of any significant internal control issues affecting AHPRA that do not have an effective management plan in place. We are satisfied the system of internal control has operated effectively and has identified risks that AHPRA is managing. We are also satisfied that significant work is continuing to better identify, assess and appropriately manage AHPRA's risks in the future. Importantly, AHPRA is committed to constant improvement in the way it manages risk to ensure the goals and objectives of the National Scheme are delivered.

Our risk mitigation strategy includes the appropriate and proportional placement of insurances. Throughout the financial year our insurance portfolio was up to date and has been reviewed and renewed for a further 12-month period on 30 June 2016. The insurance program is overseen by the FARMC.

Capacity to handle risk

The Executive Director Business Services is the designated director with operational responsibility for maintaining and developing the organisation-wide system of internal control. The CEO is the designated executive with operational responsibility for the system of risk management and risk reporting.

The Agency Management Committee takes an active role in risk management, receiving periodic reports and reviewing the Corporate Assurance Framework.

The FARMC has the role of overseeing AHPRA's governance processes and has reviewed the Corporate Assurance Framework at its meetings, together with movements in the risks identified through that framework and the management of them.

We are not aware of any significant risk management issues that would prevent AHPRA from delivering the National Scheme's goals and objectives that have not been identified, assessed and which do not have an appropriate plan. We are satisfied that work is underway that is designed to ensure AHPRA identifies, assesses, monitors and manages risks appropriately.

Michael Gorton
Chair
Agency Management Committee

30 June 2016

Martin Fletcher
Chief Executive Officer
Australian Health Practitioner Agency

30 June 2016

Australian Health Practitioner Regulation Agency

Financial statements for the year ended 30 June 2016

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Financials

The Australian Health Practitioner Regulation Agency (AHPRA), working in partnership with the 14 National Boards, recorded a surplus of $1.852 million for the financial year 2015/16. This was similar to the $1.861 million recorded for the financial year 2014/15.

Equity

Equity held by AHPRA on behalf of the 14 National Boards as at 30 June 2016 was $86.756 million, an increase of $1.852 million from 30 June 2015 through accumulated surplus during the 2015/16 financial year. The last contribution to contributed capital was in 2012/13 and related to the 2012 addition of four professions to the National Registration and Accreditation Scheme. The contributed capital component of equity is $43.895 million, and is attributed to the National Boards.

It is expected that the National Boards will have reasonable and sufficient equity to cover their commitments. To reduce some equity levels National Boards will deliberately utilise these funds to cover operational expenditure, including funding the replacement of core business infrastructure during 2016/17.

Income

Total income from transactions was $170.929 million during the 2015/16 financial year, an increase of $0.466 million from 2014/15. The growth was due to an increase in the number of registrants throughout the year and Consumer Price Index increase for four of the National Boards, with the remaining National Boards reducing or maintaining their registration fees during the year.

Expenditure

Total expenses from transactions were $169.077 million, an increase of $0.475 million from the 2014/15 financial year. Though staffing increased by indexation during the year, this was offset by less spending on travel and accommodation, external legal expenditure and accreditation.

Balance sheet

AHPRA's net assets increased by $1.852 million during the year to $86.756 million. Cash and cash equivalents combined with investments remained similar to the previous year ($174.421 million to 30 June 2016, compared with $167.217 million at 30 June 2015). The most significant change was that investments classified as non-current increased from $71 million to $119 million, reflecting the change in maturity timeframes for a number of the investments due to the cash flow requirements of the business.

Overall the balance sheet is healthy and the largest contributor to this is both cash and cash equivalents, and investments held by AHPRA.

The year ahead

An organisational transformation program will continue during 2016/17 and will require the partial use of accumulated surpluses from previous years. Overall, after several years of increased equity we expect equity to reduce from its current level of $86.756 million in 2016/17.

It is expected that AHPRA, in partnership with the National Boards, will continue to be solvent throughout 2016/17. The next five year financial strategy, which will commence from 2017, will be important to ensure the long-term financial sustainability to fund the work of the National Registration and Accreditation Scheme.

Declaration by Chair, Agency Management Committee, Chief Executive Officer, Executive Director, Business Services and Chief Financial Officer

We certify that the attached financial statements for the Australian Health Practitioner Regulation Agency have been prepared in accordance with Schedule 3, Part 3 of the Health Practitioner Regulation National Law Act 2009 as in force in each state and territory (the National Law), Australian Accounting Standards and Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the Comprehensive Income Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement and notes to and forming part of the financial statements, presents fairly the financial transactions for the year ended 30 June 2016 and the financial position of the Australian Health Practitioner Regulation Agency as at 30 June 2016.

We are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We were authorised by the Agency Management Committee to issue the attached financial statements on this day.

Michael Gorton AM
Chair, Agency Management Committee
26 August 2016

Sarndrah Horsfall
Executive Director, Business Services
26 August 2016

Martin Fletcher
Chief Executive Officer
26 August 2016

Anthony DeJong
National Director Finance and Procurement
(Chief Financial Officer)
26 August 2016

Australian Health Practitioner Regulation Agency
Statement of comprehensive income for the year ended 30 June 2016

Continuing operations	Notes	2016 $'000	2015 $'000
Income from transactions			
Registration fee income	A1	161,038	159,698
Interest income	A2	5,861	6,543
Other income	A3	4,030	4,222
Total income from transactions		**170,929**	**170,463**
Expenses from transactions			
Board and committee sitting fees	A4	5,467	5,854
Legal and notification costs	A4	11,543	13,186
Office of the Health Ombudsman (Queensland)	E5	4,202	4,500
Accreditation expenses (external)	A4	6,880	11,063
Staffing costs	A4	95,665	92,583
Travel and accommodation	A4	5,821	6,646
Systems and communications		7,622	6,554
Property expenses		9,530	9,338
Strategic and project consultant costs		3,543	1,754
Depreciation and amortisation	B5(1)	4,912	3,861
Administration expenses	A4(1)	13,892	13,263
Total expenses from transactions		**169,077**	**168,602**
Net result for the year		**1,852**	**1,861**

The statement of comprehensive income should be read in conjunction with the accompanying notes.

Australian Health Practitioner Regulation Agency
Statement of financial position as at 30 June 2016

	Notes	2016 $'000	2015 $'000
Current assets			
Cash and cash equivalents	C1	3,421	6,217
Investments	C2	52,000	90,000
Prepayments		2,360	1,801
Receivables	B2	1,259	1,412
Accrued income	A2	2,414	2,728
Leased assets	C4	0	577
Total current assets		**61,454**	**102,735**
Non-current assets			
Long-term investments	C2	119,000	71,000
Plant and equipment	B4	5,755	5,996
Intangible assets	B5	5,577	8,680
Total non-current assets		**130,332**	**85,676**
Total assets		**191,786**	**188,411**
Current liabilities			
Payables and accruals	B3	9,685	11,914
Income in advance	A1	76,973	75,633
Employee benefits	D1	11,992	10,252
Make good provision	C4(1)	306	0
Total current liabilities		**98,956**	**97,799**
Non-current liabilities			
Employee benefits	D1	2,728	2,323
Lease liability	C4	2,975	3,325
Make good provision	C4(1)	371	60
Total non-current liabilities		**6,074**	**5,708**
Total liabilities		**105,030**	**103,507**
Net assets		**86,756**	**84,904**
Equity			
Contributed capital	C3	43,895	43,895
Accumulated surplus	C3	42,861	41,009
Total equity		**86,756**	**84,904**
Commitments	C5		
Contingent assets and liabilities	B6		

The statement of financial position should be read in conjunction with the accompanying notes.

Australian Health Practitioner Regulation Agency
Statement of changes in equity for the year ended 30 June 2016

	Notes	Contributed capital $'000	Accumulated surplus $'000	Total $'000
Balance at 1 July 2014		**43,895**	**39,148**	**83,043**
Net result for the year		0	1,861	1,861
Balance at 30 June 2015		**43,895**	**41,009**	**84,904**
Net result for the year		0	1,852	1,852
Balance at 30 June 2016	**C3**	**43,895**	**42,861**	**86,756**

The statement of changes in equity should be read in conjunction with the accompanying notes.

Australian Health Practitioner Regulation Agency
Statement of cash flows for the year ended 30 June 2016

	Notes	2016 $'000	2015 $'000
Cash flows from operating activities			
Payments to suppliers, employees and others		(169,207)	(168,198)
Receipts relating to registrant fees		162,378	158,122
Net GST received from the Australia Taxation Office (ATO)		6,098	6,097
Other receipts		4,183	4,442
Interest received		6,175	7,270
Net cash flows from operating activities	B1	**9,627**	**7,733**
Cash flows from investing activities			
Payments for plant and equipment, intangibles and work in progress		(2,474)	(7,890)
Proceeds from the disposal of assets	B4(2)	51	8
Purchase of investments		(10,000)	0
Proceeds from sale of investments		0	5,000
Net cash flows used in investing activities		**(12,423)**	**(2,882)**
Net increase/(decrease) in cash and cash equivalents		**(2,796)**	**4,851**
Cash and cash equivalents at the beginning of the year		6,217	1,366
Cash and cash equivalents at end of the year	C1	**3,421**	**6,217**

All amounts are inclusive of Goods and Services Tax (GST).
The statement of cash flows should be read in conjunction with the accompanying notes.

Note A: Agency performance

A1. Registration fee income
A2. Interest income
A3. Other income
A4. Expenses from transactions
A5. Events occurring after the balance sheet date

Income is recognised to the extent that it is probable that the economic benefits will flow to AHPRA and it can be reliably measured.

Note A1: Registration fee income

Registrations are payable periodically in advance. Only those registration fees that are attributable to the current financial year are recognised as income. Registration fees that relate to future periods are recorded as income in advance within the statement of financial position.

Where a person pays an application fee, the fee is recognised in the financial year in which it is received.

Registration fee income	2016 $'000	2015 $'000
Registration fees	151,172	150,411
Application fees	9,866	9,287
Total registration fee income	**161,038**	**159,698**

Income in advance	2016 $'000	2015 $'000
Aboriginal and Torres Strait Islander Health Practice Board of Australia	19	24
Chinese Medicine Board of Australia	813	904
Chiropractic Board of Australia	958	915
Dental Board of Australia	3,871	3,735
Medical Board of Australia	15,171	14,361
Medical Radiation Practice Board of Australia	944	1,353
Nursing and Midwifery Board of Australia	43,357	42,203
Occupational Therapy Board of Australia	861	1,027
Optometry Board of Australia	618	646
Osteopathy Board of Australia	285	290
Pharmacy Board of Australia	3,136	3,040
Physiotherapy Board of Australia	1,187	1,578
Podiatry Board of Australia	640	622
Psychology Board of Australia	5,113	4,935
Total income in advance	**76,973**	**75,633**

Note A2: Interest income

Interest income is accrued by reference to the principal of a financial asset at the effective interest rate when earned.

Interest income	2016 $'000	2015 $'000
Interest on term deposits	5,861	6,543
Total interest income	**5,861**	**6,543**

Interest earned but not received in the bank is recorded as accrued income in the statement of financial position.

Accrued income	Notes	2016 $'000	2015 $'000
Accrued interest on term deposits		2,410	2,695
Other accrued income		4	33
Total accrued income	E2(b)	**2,414**	**2,728**

Note A3: Other income

Other income includes income that is not registration fees or interest. Key items of other income include certificates of registration status requested by registrants, legal fee recoveries and fees related to the Pharmacy Board of Australia's examinations.

	2016 $'000	2015 $'000
Accreditation	145	245
Certificate of registration status	464	449
Government grants	260	0
Legal fee recovery	1,708	1,743
Pharmacy Board of Australia examinations	928	1,032
Other	525	753
Total other income	**4,030**	**4,222**

Note A4: Expenses from transactions

Expenses from transactions are recognised in the statement of comprehensive income when they are incurred.

Board and committee sitting fees

Board and committee sitting fee costs include national, state and regional board expenditure relating to meetings held by the boards and their committees.

Legal and notification costs

Legal costs include external costs relating to managing the notification (complaint) process by AHPRA. These costs include legal fees paid to external firms and costs of civil tribunals. They do not include the costs associated with AHPRA staff in the assessment and investigation of notifications, or the cost of legal staff employed by AHPRA.

Accreditation expenses (external)

Accreditation expenses (external) relate to payments to external accreditation bodies to exercise accreditation functions, as defined in Section 42 of the National Law. Staff costs and committee sitting fees when these functions are carried out by board committees are not included.

ATSIHPBA, CMBA and MRPBA have assigned accreditation functions under Section 42 of the National Law to accreditation committees administered by AHPRA.

Accrediting activities relating to registration of health practitioners under Section 52 of the National Law are disclosed separately. During 2015/16, funding for accrediting activities of $957k (2015: $999k) were incurred for intern training accreditation authorities (refer to Note A4(1)).

AHPRA allocated costs

AHPRA incurs the following expenses and then proportionally allocates the expenditure to the National Boards, based on an agreed formula. The formula is based on an analysis of historical and financial data to estimate the proportion of AHPRA costs required to regulate each profession. Costs include salaries, systems and communication, property and administration costs. AHPRA supports the work of the National Boards by employing all staff and providing systems and infrastructure to manage registration, compliance and notification functions, as well as the support services necessary to run a national organisation with eight state and territory offices.

Staffing costs	Staffing costs relate to AHPRA employee costs including on-costs and contractors.
Travel and accommodation	Travel and accommodation relates to flights, taxis and hotel costs incurred by AHPRA, National Boards and their committees for travel attending scheduled board and committee meetings.
Systems and communication	Systems and communication costs relate to the technology systems of AHPRA.
Property expenses	Property expenses include rental, outgoings and maintenance of all properties.
Strategic and project consultant costs	Strategic and project consultant costs relate to project costs incurred in the year for both National Boards and AHPRA projects.

Comparative figures have been adjusted to conform to changes in presentation for the current financial year. The adjustments were made as the Health Profession Agreement (HPA) between AHPRA and each of the National Boards re-classified expenditure categories for 2015/16. These changes are summarised below:

	2015 reported $'000	2015 adjusted $'000
Board sitting fees and direct board costs	10,247	5,854
Staffing costs	92,226	92,583
Travel and accommodation	2,316	6,646
Administration costs	13,557	13,263
Total expenses from transactions	**118,346**	**118,346**
Net result for the year	**1,861**	**1,861**

Board sitting fees and direct board costs in 2015 included direct board costs for staffing, and travel and accommodation. These direct board costs have been re-classified as follows:

- Board and committee meetings sitting fees on-cost re-classified to staffing costs.
- Travel associated with scheduled board and committee meetings re-classified to travel and accommodation.

Administration costs in 2015 included conference and venue hire. These costs have been re-classified to travel and accommodation.

Note A4(1): Administration expenses

Administration expenses include corporate legal, bank charges and merchant fees, postage, freight and couriers, printing and stationery, insurance and recruitment.

	2016 $'000	2015 $'000
Bank charges and merchant fees	755	486
Criminal history checks	1,164	1,110
External contract services	1,692	2,422
Funding for intern training accreditation authorities for registration of health practitioners (Section 52)	957	999
Health programs	1,684	1,159
Insurance	1,002	1,147
Internal audit fees	119	130
Legal – corporate	396	352
Meals and catering	422	415
National Health Practitioner Ombudsman and Privacy Commissioner Office	1,500	1,500
Pharmacy Board of Australia examinations	481	515
Printing, postage, freight and courier	2,100	2,022
Publications	363	306
Recruitment	338	309
Other	919	391
Total administration expenses	**13,892**	**13,263**

Note A5: Events occurring after the balance sheet date

Assets, liabilities, income or expenses arise from past transactions or other past events.

Where transactions result from an agreement between AHPRA and other parties, the transactions are only recognised when the agreement is irrevocable at or before the end of the reporting period.

Adjustments are made to amounts recognised in the financial statements for events which occur between the end of the reporting period and the date when the financial statements are authorised for issue, where those events provide information about conditions which existed at the reporting date.

Note that disclosure is made about events between the end of the reporting period and the date the financial statements are authorised for issue where the events relate to conditions which arose after the end of the reporting period that are considered to be of material interest.

No subsequent events are indentifed for disclosure in this report.

Note B: Operating assets and liabilities

B1 Reconciliation of net result for the year to operating cash flows
B2 Receivables
B3 Payables and accruals
B4 Plant and equipment
B5 Intangible assets and amortisation
B6 Contingent assets and liabilities

Note B1: Reconciliation of net result for the year to operating cash flows

	2016 $'000	2015 $'000
Net result for the year	**1,852**	**1,861**
Adjustments for:		
Depreciation	4,912	3,861
(Gain)/loss on disposal of assets	(15)	4
Write off work in progress / assets	870	49
Recognition of lease assets	577	(577)
Make good provision	617	60
Provision for doubtful debts	370	59
Changes in assets and liabilities		
(Increase)/decrease in receivables	(217)	219
(Increase) in prepayments	(559)	(50)
Decrease in accrued income	314	727
Increase/(decrease) in income in advance	1,340	(1,635)
(Decrease) in payables and accruals	(2,229)	(1,920)
Increase in employee benefits	2,145	1,750
(Decrease)/increase in lease liability	(350)	3,325
Net cash flows from operating activities	**9,627**	**7,733**

Note B2: Receivables

Receivables consist of:

- contractual receivables, such as debtors in relation to goods and services, and
- statutory receivables, such as Goods and Services Tax (GST) input tax credits recoverable.

The terms of trade are 30 days from invoice date. Receivables are recognised and carried at original invoice amount less any allowance for any uncollectable amounts. Receivables are subject to annual impairment testing. A provision for doubtful receivables is recognised when collection of the full amount is no longer probable. Bad debts are written off when identified, and recognised as an expense in the statement of comprehensive income.

	Notes	2016 $'000	2015 $'000
Trade receivables	E2	1,255	859
Less allowances for doubtful debts		(681)	(311)
GST receivable		685	864
Total receivables		**1,259**	**1,412**
Movement in the allowance for doubtful debts			
Balance at beginning of year		311	252
Increase in allowance recognised in net result for the year		381	79
Decrease in amounts written off as uncollectable		(11)	(20)
Balance at end of year		**681**	**311**

Note B3: Payables and accruals

Payables are recognised at fair value. Payables represent liabilities for goods and services provided to AHPRA prior to the end of the financial year that are unpaid, and arise when AHPRA is obliged to make future payments in respect of the purchase of goods and services. Terms of settlement are generally 30 days from the date of invoice.

	Notes	2016 $'000	2015 $'000
Trade creditors	E2	1,885	2,130
Accrued expenses	E2	7,800	9,784
Total payables and accruals		**9,685**	**11,914**

Note B4: Plant and equipment

Plant and equipment (PE) is measured at cost less accumulated depreciation and impairment. These assets are depreciated at rates based on their expected useful lives, using the straight-line method, which is reviewed annually.

The annual depreciation rates used for major assets in each class are as follows:

	2016	2015
Furniture and fittings	13%	13%
Computer equipment	20% to 40%	20% to 40%
Office equipment	15%	15%

Leasehold improvements are amortised over the term of the lease, or the life of the assets, whichever is shorter.

Work in progress is not depreciated until it reaches service delivery capacity.

	Leasehold improvements $'000	Furniture and fittings $'000	Computer equipment $'000	Office equipment $'000	Total PE $'000
At cost					
Balance at 30 June 2014	6,098	658	1,664	219	8,639
Additions	3,039	36	340	36	3,451
Disposals/write offs	(658)	(43)	0	(27)	(728)
Balance at 30 June 2015	**8,479**	**651**	**2,004**	**228**	**11,362**
Additions	753	58	724	13	1,548
Disposals/write offs	0	0	(321)	0	(321)
Balance at 30 June 2016	**9,232**	**709**	**2,407**	**241**	**12,589**
Accumulated depreciation					
Balance at 30 June 2014	(3,077)	(237)	(1,002)	(82)	(4,398)
Depreciation charge during the year	(972)	(87)	(541)	(35)	(1,635)
Disposals/write offs	640	14	0	13	667
Balance at 30 June 2015	**(3,409)**	**(310)**	**(1,543)**	**(104)**	**(5,366)**
Depreciation charge during the year	(1,102)	(86)	(530)	(35)	(1,753)
Disposals/write offs	0	0	285	0	285
Balance at 30 June 2016	**(4,511)**	**(396)**	**(1,788)**	**(139)**	**(6,834)**
Net book value					
At 30 June 2015	**5,070**	**341**	**461**	**124**	**5,996**
At 30 June 2016	**4,721**	**313**	**619**	**102**	**5,755**

Note B4(1): Written down value of non-financial assets written off

All non-financial assets are assessed annually for indications of impairment. If there is an indication of impairment, the asset concerned is tested as to whether its carrying amount exceeds its possible recoverable amount. The difference is written off as an expense except to the extent that the write down can be debited to an asset revaluation surplus amount applicable to that same class of asset.

	2016 $'000	2015 $'000
Office equipment	0	14
Furniture and fittings	0	17
Leasehold improvement	0	18
Intangible assets	870	0
Total written down value of non-current assets written off	**870**	**49**

Note B4(2): Net gains/(loss) on disposal of non-financial assets

The net gain or loss arising from the sale of non-current assets is included as revenue (Other Income) or expenses (Administration Expenses – Other) at the date control passes to the buyer, usually when an unconditional contract of sale is signed.

The net gain or loss on disposal is calculated as the difference between the carrying amount of the asset at the time of the disposal and the net proceeds on disposal.

	2016 $'000	2015 $'000
Proceeds from disposals of non-current assets		
Furniture and fittings	0	8
Computer equipment	51	0
Total proceeds from disposal of non-current assets	**51**	**8**
Less: written down value of non-current assets sold		
Furniture and fittings	0	(12)
Computer equipment	(36)	0
Net gain/(loss) on disposal of non-financial assets	**15**	**(4)**

Note B5: Intangible assets and amortisation

When the recognition criteria in AASB138 *Intangible Assets* is met, internally generated intangible assets are recognised and measured at cost less accumulated amortisation and accumulated impairment.

An internally generated intangible asset arising from development (or from the development phase of an internal project) is recognised if, and only if, all of the following are demonstrated:

i. the technical feasibility of completing the intangible asset so that it will be available for use or sale
ii. an intention to complete the intangible asset and use it
iii. the ability to use the intangible asset
iv. the intangible asset will generate probable future economic benefits
v. the availability of adequate technical, financial and other resources to complete the development and to use the intangible asset, and
vi. the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Intangible assets are amortised annually at a rate of between 10% and 40% depending on their useful life.

Expenditure on research activities is recognised as an expense in the period in which it is incurred.

Expenditure in developing internally-generated intangible asset are recorded as work in progress before they reach completion. These work in progress expenses were reported under Plant and equipment in 2014/15 but reclassified to be included in intangibles assets in 2015/16.

	Computer software $'000	Work in progress $'000	Total $'000
At cost			
Balance at 30 June 2014	6,140	2,643	8,783
Additions	3,163	4,438	7,601
Transfer to additions	0	(3,162)	(3,162)
Balance at 30 June 2015	**9,303**	**3,919**	**13,222**
Additions	2,831	750	3,581
Disposals/write offs	0	(870)	(870)
Transfer to additions	0	(2,655)	(2,655)
Balance at 30 June 2016	**12,134**	**1,144**	**13,278**
Accumulated amortisation			
Balance at 30 June 2014	(2,316)	0	(2,316)
Amortisation during the year	(2,226)	0	(2,226)
Balance at 30 June 2015	**(4,542)**	**0**	**(4,542)**
Amortisation charge during the year	(3,159)	0	(3,159)
Balance at 30 June 2016	**(7,701)**	**0**	**(7,701)**
Net book value			
At 30 June 2015	4,761	3,919	8,680
At 30 June 2016	**4,433**	**1,144**	**5,577**

Note B5(1): Depreciation and amortisation

	2016 $'000	2015 $'000
Depreciation		
Leasehold improvements	1,102	972
Furniture and fittings	86	87
Computer equipment	530	541
Office equipment	35	35
Amortisation		
Computer software	3,159	2,226
Total depreciation and amortisation	**4,912**	**3,861**

Note B6: Contingent assets and liabilities

Contingent assets and contingent liabilities are not recognised in the statement of financial position, but are disclosed by way of note and, if quantifiable, are measured at nominal value. Contingent assets and contingent liabilities are presented inclusive of GST receivable or payable respectively.

	2016 $'000	2015 $'000
Contingent assets		
Legal proceedings and disputes	0	0

No claim for damages was lodged during the year.

	2016 $'000	2015 $'000
Contingent liabilities		
Legal proceedings and disputes	0	0

Claims for damages were lodged during the year. Liabilities have been disclaimed and the actions have been defended. Insurers are involved in defending these matters. The extent to which an outflow of funds is required in excess of insurance is dependent on the case outcomes being more or less favourable than currently expected.

Note C: Equity and investment

C1. Cash and cash equivalents
C2. Investments
C3. Equity by board
C4. Leased assets and liabilities
C5. Commitments

Note C1: Cash and cash equivalents

Cash and cash equivalents include cash on hand and cash at bank, deposits held at call, and other short-term liquid deposits with an original maturity of three months or less, which are readily convertible to known amounts of cash with an insignificant risk of changes in value.

	Notes	2016 $'000	2015 $'000
Cash and cash equivalents, at bank		3,421	6,217
Total cash and cash equivalents	E2	3,421	6,217

Note C2: Investments

Investments include term deposits for which AHPRA has the positive intent and ability to hold to maturity at fixed or repricing interest rates.

	Notes	2016 $'000	2015 $'000
Current			
Term deposits less than 90 days		15,000	0
Bank term deposits more than 90 days but less than 1 year		37,000	90,000
		52,000	**90,000**
Non-current			
Bank term deposits greater than 1 year		119,000	71,000
Total investments	E2	**171,000**	**161,000**

Note C3: Equity by board

Consistent with the requirements of AASB 1004 *Contributions*, contributions by owners (that is, contributed capital) are treated as equity transactions and, therefore, do not form part of the income and expenses of AHPRA.

Additions to net assets which have been designated as contributions by government or statutory bodies are recognised as contributed capital.

Summary of contributed capital, equity and net result by board ($'000)

	ATSHIBA	CMBA	ChiroBA	DBA	MBA	MRPBA	NMBA	OTBA	OptomBA	OsteoBA	PharmBA	PhysioBA	PodBA	PsyBA	Other	Total
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Contributed capital	276	1,293	1,164	3,120	12,257	2,218	12,816	3,574	1,061	996	2,716	2,728	420	2,194	(2,938)	43,895
Accumulated net result to 30 June 2015	68	1,595	248	521	5,848	3,963	12,642	4,160	666	234	3,124	4,063	1,315	(376)	2,938	41,009
Equity at 30 June 2015	344	2,888	1,412	3,641	18,105	6,181	25,458	7,734	1,727	1,230	5,840	6,791	1,735	1,818	0	84,904
2015/16 net result	0	912	259	0	4,810	0	0	62	176	0	0	0	357	282	0	6,858
2015/16 result funded from equity	(22)	0	0	(29)	0	(324)	(3,599)	0	0	(58)	(633)	(341)	0	0	0	(5,006)
Total	(22)	912	259	(29)	4,810	(324)	(3,599)	62	176	(58)	(633)	(341)	357	282	0	1,852
Accumulated net result to 30 June 2016	46	2,507	507	492	10,658	3,639	9,043	4,222	842	176	2,491	3,722	1,672	(94)	2,938	42,861
Equity at 30 June 2016	322	3,800	1,671	3,612	22,915	5,857	21,859	7,796	1,903	1,172	5,207	6,450	2,092	2,100	0	86,756

	2016 $'000	2015 $'000
(a) Contributed capital		
Balance at the beginning of the financial year	43,895	43,895
Capital contributions from former boards	0	0
Balance at end of the financial year	**43,895**	**43,895**
(b) Accumulated surplus		
Balance at the beginning of the financial year	41,009	39,148
Net result for the year	1,852	1,861
Balance at end of the financial year	**42,861**	**41,009**

Note C4: Lease assets and liabilities

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. AHPRA is not party to a finance lease.

In the event that lease incentives are received to enter into operating leases, the aggregate cost of incentives are recognised as a reduction of rental expense over the lease term on a straight-line basis.

During 2014/15, AHPRA entered into a new 10-year underlease office agreement. The lease contract includes a $3.5 million lease incentive clause. AHPRA has recognised this as a lease liability which is reduced over the term of the lease. The lease incentive comprised reimbursement for the fit out of the new premises and a rent-free period. The rent-free period is recorded as a leased asset and reduced over the rent-free period.

	2016 $'000	2015 $'000
Leased assets	0	577
Lease liabilities	2,975	3,325

Note C4(1): Make good provision

	2016 $'000	2015 $'000
Opening balance	60	0
Additional provisions required	617	60
Reductions arising from payments	0	0
Closing balance	**677**	**60**
Current	306	0
Non-current	371	60
Total	**677**	**60**

Note C5: Commitments

Commitments include operating and capital commitments arising from non-cancellable contractual or statutory obligations. All amounts shown in the commitments note are inclusive of GST.

Operating lease commitments

Commitments (including GST) in relation to operating leases are payable as:

Non-cancellable:	2016 $'000	2015 $'000
Not later than 1 year	8,979	8,596
Later than 1 year but not later than 5 years	15,347	17,908
Later than 5 years	8,508	8,250
Total operating leases	**32,834**	**34,754**

Note D: Employee benefits

D1. Employee benefits and on-costs
D2. Remuneration of executives and payments to other personnel
D3. Superannuation

Note D1: Employee benefits and on-costs

(a) Annual leave

Employee benefits including non-monetary benefits and annual leave are recognised in the provision for employee benefits as current liabilities.

When the annual leave is expected to wholly settle within 12 months of the reporting date, it is measured at its nominal value. Those liabilities not expected to be wholly settled within 12 months of the reporting date are measured at the present value of the amounts expected to be paid when the liabilities are settled using remuneration rates expected to apply at the time of settlement.

(b) Long service leave

The long service leave entitlement under existing arrangements is recognised from an employee's commencement date and becomes payable according to the employment arrangements in place. The valuation of long service leave for employees who have met the conditions of service to take long service leave is recognised as a current liability, whilst the valuation for those employees still to meet the conditions of service is recognised as a non-current liability.

Part of the current liability is measured at nominal value when it is expected to wholly settle within 12 months of the reporting date. When liabilities are not expected to wholly settle within 12 months of the reporting date, they are measured at the present value of the expected future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given to expected future wage and salary levels, experience of employee departures, and periods of service. Expected future payments are discounted using interest rates on national government guaranteed securities with terms to maturity that match, as closely as possible, the estimated future cash outflows.

(c) Termination benefits

Termination benefits are payable when employment is terminated before the normal retirement date or when an employee accepts voluntary redundancy in exchange for these benefits. AHPRA recognises termination benefits when it demonstrably committed to either terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal or providing termination benefits as a result of an offer made to encourage voluntary redundancy. Benefits falling due more than 12 months after the end of the reporting period are discounted to present value.

(d) Employee benefits on-costs

Employee benefits on-costs include payroll tax, workcover insurance premium and superannuation entitlements. The benefits on-costs are recognised as liabilities when the employee benefits to which they relate are recognised.

	2016 $'000	2015 $'000
Current employee benefits and on-costs		
Unconditional annual leave expected to be settled within 12 months	5,645	5,115
Unconditional annual leave expected to be settled after 12 months	1,754	1,215
Unconditional long service leave expected to be settled within 12 months	4,593	3,922
Total current employee benefits and on-costs	**11,992**	**10,252**
Non-current employee benefits and on-costs		
Conditional long service leave entitlements expected to be settled after 12 months	2,728	2,323
Total non-current employee benefits and on-costs	**2,728**	**2,323**
Total employee benefits and on-costs	**14,720**	**12,575**

	2016 $'000	2015 $'000
Current employee benefits		
Annual leave	6,302	5,342
Long service leave	3,876	3,310
Non-current employee benefits		
Long service leave	2,302	1,960
Total employee benefits	**12,480**	**10,612**
Current on-costs	1,814	1,600
Non-current on-costs	426	363
Total on-costs	**2,240**	**1,963**
Total employee benefits and on-costs	**14,720**	**12,575**

(e) Movement in employee benefit provision

	Annual leave $'000	Long service leave $'000	Total $'000
Opening balance	**6,330**	**6,245**	**12,575**
Additional provisions required	8,237	1,737	9,974
Reductions arising from payments	(7,168)	(661)	(7,829)
Closing balance	**7,399**	**7,321**	**14,720**
Current	7,399	4,593	11,992
Non-current	0	2,728	2,728
Total	**7,399**	**7,321**	**14,720**

Note D2 : Remuneration of executives and payments to other personnel

(a) Remuneration of Agency Management Committee

Income	2016 Number	2015 Number
$0 - $9,999	4	5
$10,000 - $19,999	4	1
$20,000 - $29,999	1	1
$50,000 - $59,999	0	1
Total numbers	**9**	**8**
Total amount	**$94,097**	**$119,067**

Remuneration shown above includes all committee meetings the Agency Management Committee members attended.

(b) Remuneration of Chief Executive Officer and Executive Directors

The Chief Executive Officer (CEO) is Mr Martin Fletcher who held the position for the period 1 July 2015 to 30 June 2016.

The aggregate compensation made to the CEO and Executive Directors is set out below:

	2016 $'000	2015 $'000
Short-term employee benefits	1,194,882	1,112,616
Post-employment benefits	84,422	78,583
Termination benefits	0	96,199
	1,279,304	**1,287,398**
Total number of executives	4	5
Total annualised employee equivalents	4	3 8

(c) Related party transactions

Mr Michael Gorton AM is a principal of Russell Kennedy Solicitors which provides legal services on notification matters to AHPRA on normal commercial terms and conditions.

Mr Michael Gorton is also a board member of Melbourne Health. During the year, AHPRA engaged in transaction with Melbourne Health on normal commercial terms.

	2016 $'000	2015 $'000
Russell Kennedy Solicitors	419	396
Melbourne Health	2	0

Note D3: Superannuation

The amount expensed in respect of superannuation represents AHPRA contributions for members of both defined benefit and defined contribution superannuation plans that are paid or payable during the reporting period.

Employees of AHPRA are entitled to receive superannuation benefits and AHPRA contributes to both defined benefit and defined contribution plans. The defined benefit plans provide benefits based on years of service and final average salary.

AHPRA does not recognise any defined benefit liability in respect of the plans because it has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due.

Superannuation contributions paid or payable for the reporting period are included as part of staffing costs in AHPRA's statement of comprehensive income.

The name, details and amounts expensed in relation to the major employee superannuation funds and contributions made by AHPRA are as follows:

Fund	Paid contribution for the year		Contribution outstanding at year end	
	2016 $'000	2015 $'000	2016 $'000	2015 $'000
Defined benefit plans:				
Gold state	106	46	10	0
Q super	227	150	9	0
Other	89	79	3	0
Defined contribution plans:				
AGEST super	1,354	1,379	48	47
Australian super	1,361	1,023	66	45
First state accumulation fund	278	277	6	9
Qsuper accumulation V2	369	293	30	14
VicSuper FutureSaver	394	339	16	13
Other	4,413	4,073	194	251
Total	**8,591**	**7,659**	**382**	**379**

Note E: Other

E1. Summary of significant accounting policies
E2. Financial instruments
E3. Responsible persons and accountable officer
E4. Remuneration of external auditor
E5. Co-regulatory jurisdictions

Note E1: Summary of significant accounting policies

Statement of compliance

These financial statements are referred to as a general purpose financial report which has been prepared in accordance with Australian Accounting Standards (AAS) and Interpretations and other mandatory requirements. AASs include Australian equivalents to the International Financial Reporting Standards.

The financial statements have also been prepared in accordance with the relevant requirements of the *Health Practitioner Regulation National Law Act 2009*.

For the purpose of preparing the financial statements, it is a not-for-profit entity.

These financial statements were authorised to be issued by the Agency Management Committee on 26 August 2016.

(a) Reporting entity

AHPRA is the organisation responsible for the administration of the National Registration and Accreditation Scheme across Australia.

AHPRA's operations are governed by the *Health Practitioner Regulation National Law Act 2009* as in force in each state and territory, which came into effect on 1 July 2010 and on 18 October 2010 in Western Australia. This law means that registered health professions are regulated by nationally consistent legislation.

AHPRA supports the National Health Practitioner Boards in the administration of the National Registration and Accreditation Scheme. National Boards are responsible for regulating their respective health professions. The primary role of the National Boards is to protect the public and set standards and policies that all registered health practitioners must meet.

The Agency Management Committee oversees the work of AHPRA. The Chair of the Agency Management Committee is Mr Michael Gorton. The Chief Executive Officer is Mr Martin Fletcher.

The financial statements include the controlled activities of AHPRA.

AHPRA's corporate address is 111 Bourke Street, Melbourne 3000.

(b) Basis of accounting preparation and measurement

Accounting policies are selected and applied in preparing the financial statements for the year ended 30 June 2016 in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is appropriately reported.

The financial statements have been prepared using the accrual basis of accounting. Under the accrual basis, items are recognised as assets, liabilities, equity, income or expenses when they satisfy the definition and recognition criteria for those items, that is they are recognised in the reporting period to which they relate.

The financial report is prepared in accordance with the historical cost convention.

The estimates and underlying assumptions used in preparing these financial statements are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision. Judgements and assumptions made by management in the application of AASs that have significant effects on the financial statements and estimates relate to:

- assumptions for employee benefit provisions based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates, and
- the fair value of intangible assets.

(c) Corporate structure

AHPRA is a statutory body governed by the Health Practitioner Regulation National Law Act 2009 as in force in each state and territory (the National Law).

(d) Prepayments

Prepaid expenditure is recognised when payments are made in advance of receipt of goods or services or expenditure made in one accounting period that covers a term extending beyond that period. It is then recognised as expenditure to the period in which the service relates.

(e) Goods and service tax (GST)

All application, registration and late fees are exempt from GST legislation. Income, expenses and assets are recognised net of GST except where the amount of GST incurred is not recoverable, in which case it is recognised as part of the cost of acquisition of an asset or part of an item of expense or revenue. GST receivable from or payable to the Australian Taxation Office (ATO) is included in the statement of financial position. The GST component of a receipt or payment is recognised on a gross basis in the cash flow statement in accordance with AASB 107 *Statement of Cash Flows*.

(f) Income tax

Tax effect accounting has not been applied as AHPRA is exempt from income tax under section 50-25 of the Income Tax Assessment Act 1997.

(g) Functional and presentation currency

All amounts specified in these statements are presented in Australian dollars.

(h) Rounding of amounts

Amounts in the financial statements have been rounded to the nearest thousand dollars unless otherwise stated. Figures in the financial statements may not equate due to rounding.

(i) Changes in accounting policy

Subsequent to the 2014/15 reporting period, no new and revised AASs or AHPRA accounting policies have been adopted in the current period.

(j) New accounting standards and interpretations

Certain new Australian accounting standards and interpretations that are not mandatory for the 30 June 2016 reporting period have been published.

As at 30 June 2016, the following standards and interpretations had been issued but were not mandatory for the financial year ended 30 June 2016. AHPRA has not adopted, and does not intend to adopt, these standards early.

AASB 108 requires disclosure of the impact on AHPRA's financial statements of these changes. These are set out below.

Standard/ interpretation	Summary	Applicable for annual reporting periods beginning on	Impact on AHPRA financial statements
AASB 9 *Financial instruments*	The key changes include the simplified requirements for the classification and measurement of financial assets, a new hedging accounting model, and a revised impairment loss model to recognise impairment losses earlier, as opposed to the current approach that recognises impairment only when incurred.	1 January 2018	While the preliminary assessment has not identified any material impact arising from AASB 9, it will continue to be monitored and assessed.
AASB 2010-7 *Amendments to Australian Accounting Standards arising from AASB 9* (December 2010)	The requirements for classifying and measuring financial liabilities were added to AASB 9. The existing requirements for the classification of financial liabilities and the ability to use the fair value option have been retained. However, where the fair value option is used for financial liabilities the change in fair value is accounted for as follows: ▸ the change in fair value attributable to changes in credit risk is presented in other comprehensive income (OCI); and ▸ other fair value changes are presented in profit and loss. If this approach creates or enlarges an accounting mismatch in the profit or loss, the effect of the changes in credit risk are also presented in profit or loss.	1 January 2018	The assessment has identified that the amendments are likely to result in earlier recognition of impairment losses and at more regular intervals.

AASB 2014-7 *Amendments to Australian Accounting Standards arising from AASB 9*	Amends various AASs to incorporate the consequential amendments arising from the issuance of AASB 9.	1 January 2018	The assessment has indicated that there will be no significant impact for the public sector.
AASB 15 *Revenue from contracts with customers*	The core principle of AASB 15 requires an entity to recognise revenue when the entity satisfies a performance obligation by transferring a promised good or service to a customer.	1 January 2018	The changes in revenue recognition requirements in AASB 15 may result in changes to the timing and amount of revenue recorded in the financial statements. A potential impact will be the upfront recognition of revenue from registrations that cover multiple reporting periods. Revenue that was deferred and amortised over a period may now need to be recognised immediately as a transitional adjustment against the opening accumulated surplus if there are no former performance obligations outstanding.
AASB 2015-8 *Amendments to Australian Accounting Standards – Effective Date of AASB 15*	This standard defers the mandatory effective date of AASB 15 from 1 January 2017 to 1 January 2018.	1 January 2018	This amending standard will defer the application period of AASB 15 to the 2018/19 reporting period in accordance with the transition requirements.
AASB 2016-3 *Amendments to Australian Accounting Standards – Clarifications to AASB 15*	This standard amends AASB 15 to clarify the requirements on identifying performance obligations, principal versus agent considerations and the timing of recognising revenue from granting a licence. The amendments require: ▸ a promise to transfer to a customer a good or service that is 'distinct' to be recognised as a separate performance obligation; ▸ for items purchased online, the entity is a principal if it obtains control of the good or service prior to transferring to the customer; and ▸ for licences identified as being distinct from other goods or services in a contract, entities need to determine whether the licence transfers to the customer over time (right to use) or at a point in time (right to access).	1 January 2018	The impact will be the same as identifed in AASB 15.
AASB 2014-1 *Amendments to Australian Accounting Standards* [Part E *financial instruments*]	Amends various AASs to reflect the AASB's decision to defer the mandatory application date of AASB 9 to annual reporting periods beginning on or after 1 January 2018 as a consequence of Chapter 6 Hedge accounting, and to amend reduced disclosure requirements.	1 January 2018	This amended standard will defer the application period of AASB 9 to the 2018/19 reporting period in accordance with the transition requirements.
AASB 2014-4 *Amendments to Australian Accounting Standards – Clarification of acceptable methods of depreciation and amortisation*	Amends AASB 116 Property, plant and equipment and AASB 138 *Intangible assets* to: ▸ establish the principle for the basis of depreciation and amortisation as being the expected pattern of consumption of the future economic benefits of an asset ▸ prohibit the use of revenue-based methods to calculate the depreciation or amortisation of an asset, tangible or intangible, because revenue generally reflects the pattern of economic benefits that are generated from operating the business, rather than the consumption through the use of the asset.	1 January 2016	The assessment has indicated that there is no expected impact as the revenue-based method is not used for depreciation and amortisation.

AASB 16 *Leases*	The key changes introduced by AASB 16 include the recognition of most operating leases (which are currently not recognised) on the balance sheet.	1 January 2019	The assessment has indicated that as most operating leases will come on balance sheet, recognition of lease assets and lease liabilities will cause net debt to increase. Depreciation of lease assets and interest on lease liabilities will be recognised in the income statement with marginal impact on the operating surplus. The amounts of cash paid for the principal portion of the lease liability will be presented within financing activities and the amounts paid for the interest portion will be presented within operating activities in the cash flow statement.

AHPRA does not anticipate early adoption of any of the above Australian Accounting Standards or Interpretations.

Note E2: Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of AHPRA's activities, certain financial assets and financial liabilities arise under statute rather than contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*.

Where relevant, for note disclosure purposes, a distinction is made between those financial assets and financial liabilities that meet the definition of financial instruments in accordance with AASB 132 and those that do not.

Categories of financial instruments include:

Receivables
Receivables are financial instrument assets with fixed and determinable payments that are not quoted on an active market. These assets are initially recognised at fair value plus any directly attributable transaction costs. Subsequent to initial measurement, receivables are measured at amortised cost using the effective interest method, less any impairment.

Contractual receivables are classified as financial instruments and categorised as receivables. Statutory receivables are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments because they do not arise from a contract.

The receivables category includes cash and deposits (refer to Note C1), term deposits with maturity greater than three months, trade receivables and other receivables, but not statutory receivables such as GST.

Impairment of financial assets

At the end of each reporting period, AHPRA assesses whether there is objective evidence that a financial asset or group of financial assets is impaired. All financial instrument assets are subject to annual review for impairment. Any impairment loss is recognised in the statement of comprehensive income.

Financial liabilities at amortised cost
Financial instrument liabilities are initially recognised on the date they originate. They are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these liabilities are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in income statement over the period of the interest bearing liability, using the effective interest rate method.

Financial instrument liabilities measured at amortised cost include all of AHPRA's contractual payables.

(a) Financial risk management

AHPRA's principal financial instruments consist of at call variable interest deposits, fixed and repricing term deposits and trade receivables and payables. AHPRA has no exposure to foreign exchange rate risk.

(b) Credit risk exposure

Credit risk is the risk that a party will fail to fulfil its obligations to AHPRA resulting in financial loss. The maximum exposure to credit risk, excluding the value of any collateral or other security at balance date, is the carrying amount, net of any provisions for impairment of those assets, as disclosed in the statement of financial position and notes to the financial statements. AHPRA does not have any material credit risk exposure to any single receivable or group of receivables under financial instruments entered into by the entity.

There are no material amounts of collateral held as security at 30 June 2016 (2015: $Nil).

Credit risk is managed by the entity and reviewed regularly. It arises from exposures to debtors as well as through deposits with major financial institutions.

AHPRA monitors the credit risk by actively assessing the rating quality and liquidity of counterparties.

Credit quality of contractual assets that are neither past due nor impaired

	Financial institutions (*AA- credit rating) $ '000	Other $ '000	Total $ '000
2016 Financial assets			
Cash and cash equivalents	3,421	0	3,421
Investments	171,000	0	171,000
Receivables	0	574	574
Total	**174,421**	**574**	**174,995**
2015 Financial assets			
Cash and cash equivalents	6,217	0	6,217
Investments	161,000	0	161,000
Receivables	0	548	548
Total	**167,217**	**548**	**167,765**

Ageing analysis of financial assets

	Carrying amount $ '000	Not past due and not impaired $ '000	Past due but not impaired				Impaired financial assets $ '000
			Less than 1 month $ '000	1-3 months $ '000	3-12 months $ '000	More than 1 year $ '000	
2016 Financial assets							
Cash and cash equivalents	3,421	3,421	0	0	0	0	0
Investments	171,000	0	0	15,000	37,000	119,000	0
Receivables	1,255	288	6	13	442	506	(681)
Accrued income	2,414	2,414	0	0	0	0	0
Total	**178,090**	**6,123**	**6**	**15,013**	**37,442**	**119,506**	**(681)**
2015 Financial assets							
Cash and cash equivalents	6,217	6,217	0	0	0	0	0
Investments	161,000	0	0	35,000	55,000	71,000	0
Receivables	859	136	123	66	31	503	(311)
Accrued income	2,728	2,728	0	0	0	0	0
Total	**170,804**	**9,081**	**123**	**35,066**	**55,031**	**71,503**	**(311)**

* Fitch Ratings and Standard & Poor's both rate AA-.
Moody's Investors Service rate Aa2.

(c) Liquidity risk exposure

Liquidity risk is the risk that AHPRA will encounter difficulty in meeting obligations associated with financial liabilities. AHPRA manages liquidity risk by monitoring cash flows' forecast and ensuring that adequate liquid funds are available to meet current obligations.

Maturity analysis of AHPRA s financial liabilities				
		Maturity dates		
	Carrying amount $ '000	Less than 1 month $ '000	1–3 months $ '000	3 months –1 year $ '000
2016 Payables				
Trade creditors	1,885	1,701	153	31
Accrued expenses	7,800	7,800	0	0
Total	**9,685**	**9,501**	**153**	**31**
2015 Payables				
Trade creditors	2,130	2,064	41	25
Accrued expenses	9,784	9,784	0	0
Total	**11,914**	**11,848**	**41**	**25**

The maximum exposure to liquidity risk is the total carrying amount of the financial liabilities as shown above.

(d) Market risk exposure

Currency risk
AHPRA has no exposure to currency risk at 30 June 2016 or at 30 June 2015.

Equity price risk
AHPRA has no exposure to equity price risk at 30 June 2016 or at 30 June 2015.

Interest rate risk
Exposure to interest rate risk is limited to assets bearing variable interest rates. AHPRA has a combination of deposits with floating and fixed interest rates. Exposure to variable interest rate risk is with financial institutions with *AA- credit rating.

Interest rate exposure of financial instruments					
	Weighted average interest rate	Non-interest bearing $'000	Floating interest rate $'000	Fixed interest rate $'000	Total $'000
2016 Financial assets					
Cash and cash equivalents	1 75%	0	0	3,421	**3,421**
Investments	3 14%	0	72,000	99,000	**171,000**
Receivables	0 00%	574	0	0	**574**
Total		**574**	**72,000**	**102,421**	**174,995**
2016 Financial liabilities					
Payables	0 00%	1,885	0	0	**1,885**
Accrued expenses	0 00%	7,800	0	0	**7,800**
Total		**9,685**	**0**	**0**	**9,685**
2015 Financial assets					
Cash and cash equivalents	2 00%	0	6,217	0	**6,217**
Investments	3 59%	0	3,000	158,000	**161,000**
Receivables	0 00%	548	0	0	**548**
Total		**548**	**9,217**	**158,000**	**167,765**
2015 Financial liabilities					
Payables	0 00%	2,130	0	0	**2,130**
Accrued expenses	0 00%	9,784	0	0	**9,784**
Total		**11,914**	**0**	**0**	**11,914**

* Fitch Ratings and Standard & Poor's both rate AA-. Moody's Investors Service rate Aa2.

Sensitivity analysis
Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, AHPRA believes the following movements are 'reasonably possible' over the next 12 months:

- A parallel shift of +0.5% and -1.0% (2015: +0.5% and -1.0%) in market interest rates (AUD) from year-end rates of 1.75% and 3.14%.

The following table discloses the impact on net operating result and equity for each category of financial instrument held by AHPRA at year end as presented to key management personnel, if changes in the market interest rates occur.

Sensitivity analysis of financial instruments	Carrying amount $'000	At -1.0% $'000 Surplus	At -1.0% $'000 Equity	At +0.5% $'000 Surplus	At +0.5% $'000 Equity
2016 Financial assets					
Cash and cash equivalents	3,421	(34)	(34)	17	17
Investments	171,000	(752)	(752)	376	376
Receivables	1,255	0	0	0	0
2016 Financial liabilities					
Payables	1,885	0	0	0	0
Accruals	7,800	0	0	0	0
Total		**(786)**	**(786)**	**393**	**393**
2015 Financial assets					
Cash and cash equivalents	6,217	(62)	(62)	31	31
Investments	161,000	(558)	(558)	279	279
Receivables	859	0	0	0	0
2015 Financial liabilities					
Payables	2,130	0	0	0	0
Accruals	9,784	0	0	0	0
Total		**(620)**	**(620)**	**310**	**310**

Other market risk
AHPRA has no exposure to other market risk at 30 June 2016 or at 30 June 2015.

(e) Fair value

The fair values and net fair values of financial instrument assets and liabilities are determined as follows:

- Level 1 – the fair value of financial instrument with standard terms and conditions and traded in active liquid markets are determined with reference to quoted market prices.
- Level 2 – the fair value is determined using inputs other than quoted prices that are observable for the financial asset or liability, either directly or indirectly.
- Level 3 – the fair value is determined in accordance with generally accepted pricing models based on discounted cash flow analysis using unobservable market inputs.

AHPRA considers that the carrying amount of financial instrument assets and liabilities recorded in the financial statements to be a fair approximation of their fair values, because of the short-term nature of the financial instruments and the expectation that they will be settled in full.

The following table shows that the fair values of the contractual financial assets and liabilities are the same as the carrying amounts.

Comparison between carrying amount and fair value	Carrying amount 2016 $'000	Fair value 2016 $'000	Carrying amount 2015 $'000	Fair value 2015 $'000
Contractual financial assets				
Cash and cash equivalents	3,421	3,421	6,217	6,217
Investments	171,000	171,000	161,000	161,000
Receivables	1,255	574	859	548
Accrued income	2,414	2,414	2,728	2,728
Total	**178,090**	**177,409**	**170,804**	**170,493**
Contractual financial liabilities				
Payables	1,885	1,885	2,130	2,130
Accrued expenses	7,800	7,800	9,784	9,784
Total	**9,685**	**9,685**	**11,914**	**11,914**

Note E3: Responsible persons and accountable officer

(a) Australian Health Workforce Ministerial Council

The Ministerial Council comprises Ministers of the governments of the participating jurisdictions and the Commonwealth with portfolio responsibility for health. The following Ministers were members of the Australian Health Workforce Ministerial Council during the year 1 July 2015 to 30 June 2016, unless otherwise noted.

Name	Portfolio	Jurisdiction
The Hon Sussan Ley MP	Minister for Health and Aged Care (from 30 September 2015)	Commonwealth
	Minister for Sport	
	Minister for Health (to 29 September 2015)	
The Hon Jillian Skinner MP	Minister for Health	New South Wales
The Hon Jill Hennessey MP	Minister for Health	Victoria
	Minister for Ambulance Services	
	Chair, Australian Health Workforce Ministerial Council (from May 2016)	
The Hon Cameron Dick MP	Minister for Health	Queensland
	Minister for Ambulance Services	

The Hon Jack Snelling MP	Minister for Health	South Australia
	Minister for the Arts	
	Minister for Health Industries	
	Minister for Mental Health and Substance Abuse (to 19 January 2016)	
	Chair, Australian Health Workforce Ministerial Council (ended April 2016)	
The Hon Michael Ferguson MLA	Premier	Tasmania
	Minister for Health	
	Minister for Information Technology and Innovation	
The Hon Dr Kim Hames MLA (to 31 March 2016)	Minister for Health; Tourism (16 February 2016 to 31 March 2016)	Western Australia
	Deputy Premier	
	Minister for Health	
	Minister for Tourism (to 16 February 2016)	
The Hon John Day MLA (from April 2016)	Minister for Health	
	Minister for Culture and the Arts	
Mr Simon Corbell MLA	Minister for Health	Australian Capital Territory
	Deputy Chief Minister	
	Attorney-General	
	Minister for the Environment and Climate Change	
	Minster for Police and Emergency Services	
	Minister for Capital Metro	
Hon Johan (John) Wessel Elferink MLA	Attorney-General and Minister for Justice	Northern Territory
	Minister for Children and Families	
	Minister for Health	
	Minister for Disability Services	
	Minister for Mental Health Services	
	Minister for Correctional Services	

Amounts relating to responsible ministers are reported in the financial statements of the relevant minister's jurisdiction.

(b) Agency Management Committee members

	Period
Mr Michael Gorton AM	1/07/15 – 30/06/16
Ms Karen Crawshaw PSM	1/07/15 – 30/06/16
Professor Con Michael AO	1/07/15 – 03/09/15
Professor Merrilyn Walton AM	1/07/15 – 30/06/16
Mr Ian Smith PSM	1/07/15 – 30/06/16
Ms Jenny Taing	1/07/15 – 30/06/16
Mr David Taylor	1/07/15 – 30/06/16
Ms Barbara Yeoh	1/07/15 – 30/06/16
Dr Peggy Brown	29/02/16 – 30/06/16

Note E4: Remuneration of external auditor

	2016 $'000	2015 $'000
Victorian Auditor-General's Office	155	151
	155	**151**

Note E5: Co-regulatory jurisdictions

The *Health Practitioner Regulation National Law (NSW) No. 86a* and the *Queensland Health Ombudsman Act 2013* allow for co-regulation of registered health practitioners at the discretion of the respective member jurisdictions. Both New South Wales (NSW) and Queensland (QLD) have determined that co-regulation applies.

NSW Health Professional Councils Authority

In NSW, the Health Minister informs AHPRA and the National Boards of the amount to be collected per registrant on behalf of the NSW Health Professional Councils Authority (HPCA), for the purpose of handling notifications related to NSW-based practitioners. AHPRA collects these amounts and passes them on to the various Health Profession Councils, via HPCA. As this amount is set per registrant and collected by AHPRA and remitted to the HPCA within seven days of the end of the month, it is treated as an administered item in these financial statements. These amounts are not recorded within the statement of comprehensive income or statement of financial position.

Transactions relating to this activity are reported as administered (non-controlled) items as per the table below:

	Summary of HPCA fee collected and payable														
	ATSIHPBA	CMBA	ChiroBA	DBA	MBA	MRPBA	NMBA	OTBA	OptomBA	OsteoBA	PharmBA	PhysioBA	PodBA	PsyBA	Total
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
2014/15	2	548	187	2,318	12,311	489	7,565	255	186	169	1,719	531	240	1,161	**27,682**
2015/16	4	477	195	2,385	12,997	393	7,828	218	196	194	1,778	563	277	1,228	**28,733**

Office of the Health Ombudsman (Queensland)

In Queensland, the Health Minister informs AHPRA and the National Boards of the amount to be paid to the Office of the Health Ombudsman (Queensland). This payment is included in the statement of comprehensive income as an expense. In 2015/16, AHPRA paid $4.2 million to the Office of the Health Ombudsman (Queensland) under these arrangements (2014/15: $4.5 million). The breakdown of the payment is shown in the table below:

National Board	2016 $'000	2015 $'000
ATSIHPBA	0	0
CMBA	37	12
ChiroBA	30	38
DBA	253	502
MBA	2,032	2,008
MRPBA	26	13
NMBA	1,300	1,198
OTBA	13	48
OptomBA	16	9
OsteoBA	7	1
PharmBA	244	428
PhysioBA	47	41
PodBA	10	17
PsyBA	187	186
Total	**4,202**	**4,500**

Abbreviations	
ATSIHPBA	Aboriginal and Torres Strait Islander Health Practice Board of Australia
CMBA	Chinese Medicine Board of Australia
ChiroBA	Chiropractic Board of Australia
DBA	Dental Board of Australia
MBA	Medical Board of Australia
MRPBA	Medical Radiation Practice Board of Australia
NMBA	Nursing and Midwifery Board of Australia
OTBA	Occupational Therapy Board of Australia
OptomBA	Optometry Board of Australia
OsteoBA	Osteopathy Board of Australia
PharmBA	Pharmacy Board of Australia
PhysioBA	Physiotherapy Board of Australia
PodBA	Podiatry Board of Australia
PsyBA	Psychology Board of Australia

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INDEPENDENT AUDITOR'S REPORT

To the Agency Management Committee, Australian Health Practitioner Regulation Authority

The Financial Report

I have audited the accompanying financial report for the year ended 30 June 2016 of the Australian Health Practitioner Regulation Authority which comprises the statement of comprehensive income, statement of financial position, statement of changes in equity, statement of cash flows, notes comprising a summary of significant accounting policies and other explanatory information, and the declaration by chair, agency management committee, chief executive officer, executive director, business services and chief financial officer.

The Agency Management Committee's Responsibility for the Financial Report

The Agency Management Committee of the Australian Health Practitioner Regulation Authority is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, and the financial reporting requirements of the *Health Practitioner Regulation National Law Act 2009*, and for such internal control as the Agency Management Committee determine is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit, which has been conducted in accordance with Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The audit procedures selected depend on judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, consideration is given to the internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Agency Management Committee, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independent Auditor's Report (continued)

Independence

The Auditor-General's independence is established by the *Constitution Act 1975*. The Auditor-General is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised. In conducting the audit, I and my staff and delegates have complied with the applicable independence requirements of the Australian Auditing Standards and relevant ethical pronouncements.

Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of the Australian Health Practitioner Regulation Authority as at 30 June 2016 and its financial performance and its cash flows for the year then ended in accordance with applicable Australian Accounting Standards, and the financial reporting requirements of the *Health Practitioner Regulation National Law Act 2009*.

MELBOURNE
30 August 2016

Dr. Peter Frost
Acting Auditor-General

Appendices

Appendix 1: Regulatory principles for the National Scheme

These regulatory principles underpin the work of the Boards and AHPRA in regulating Australia's health practitioners, in the public interest. They shape our thinking about regulatory decision-making and have been designed to encourage a responsive, risk-based approach to regulation across all professions.

1	The Boards and AHPRA **administer and comply with the Health Practitioner Regulation National Law**, as in force in each state and territory. The scope of our work is defined by the National Law.
2	We protect the **health and safety of the public** by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.
3	While we balance all the objectives of the National Registration and Accreditation Scheme, **our primary consideration is to protect the public**.
4	When we are considering an application for registration, or when we become aware of concerns about a health practitioner, **we protect the public by taking timely and necessary action under the National Law**.
5	In all areas of our work we: ▸ **identify the risks** that we are obliged to respond to ▸ **assess the likelihood and possible consequences** of the risks, and ▸ **respond in ways that are proportionate and manage risks** so we can adequately protect the public. This does not only apply to the way in which we manage individual practitioners but in all of our regulatory decision-making, including in the development of standards, policies, codes and guidelines.
6	When we take action about practitioners, **we use the minimum regulatory force appropriate to manage the risk** posed by their practice, to protect the public. **Our actions are designed to protect the public and not to punish practitioners**. While our actions are not intended to punish, we acknowledge that practitioners will sometimes feel that our actions are punitive.
7	Community confidence in health practitioner regulation is important. Our response to risk considers **the need to uphold professional standards and maintain public confidence in the regulated health professions**.
8	**We work with our stakeholders**, including the public and professional associations, to achieve good and protective outcomes. **We do not represent the health professions or health practitioners**. However, we will work with practitioners and their representatives to achieve outcomes that protect the public.

Appendix 2: National Board consultations 2015/16

Note: All-Board consultations, completed 2015/16: Nil

Board-specific consultations, completed 2015/16, are set out below:

Board	Consultations completed, July 2015 – June 2016
Aboriginal and Torres Strait Islander Health Practice Board	Nil
Chinese Medicine Board	Draft guidelines for health record keeping Released: 30 July 2015 Closed: 24 September 2015
Chiropractic Board	Nil
Dental Board	Proposed entry level competencies for dental specialists Released: 30 November 2015 Closed: 15 February 2016
Medical Board	Draft revised registration standard for specialist registration Draft revised registration standard for granting general registration to medical practitioners in the standard pathway who hold an AMC certificate Released: 24 March 2016 Closed: 31 May 2016
Medical Radiation Practice Board	Draft National Exam guidelines Released: 17 August 2015 Closed: 16 October 2015
Nursing and Midwifery Board	Registration standard for scheduled medicines endorsement – rural and isolated practice Released: 16 December 2015 Closed: 22 February 2016 Public consultation on review of the registered nurse standards for practice Released: 11 May 2015 Closed: 3 July 2015
Occupational Therapy Board	Nil
Optometry Board	Revised guidelines for continuing professional development for endorsed and non-endorsed optometrists Revised guidelines on prescription of optical appliances Released: 25 September 2015 Closed: 20 November 2015
Osteopathy Board	Nil
Pharmacy Board	Review of guidance on expiry of compounded parenteral medicines Released: 1 February 2016 Closed: 30 March 2016
Physiotherapy Board	Nil
Podiatry Board	Nil
Psychology Board	Review of registration standard and guidelines for area of practice endorsements Released: 11 January 2016 Closed: 4 March 2016 Ending the higher degree exemption from sitting the National Psychology Exam Released: 7 August 2015 Closed: 2 October 2015

Appendix 3: Approved registration standards, codes and guidelines

For the reporting period 1 July 2015 to 30 June 2016, a number of registration standards for the 14 currently regulated health professions were submitted for approval by the Australian Health Workforce Ministerial Council (AHWMC) in accordance with the Health Practitioner Regulation National Law as in force in each state and territory (the National Law).

Codes and guidelines were also developed and approved by the relevant National Boards.

Prior to approval, there must be public consultation on the proposed registration standards, codes and guidelines.

Registration standards, codes and guidelines are developed by the relevant National Board in accordance with the National Law and AHPRA's procedures for the development of registration standards, codes and guidelines.

Board(s)	Registration standard, code or guideline	Approved by	Date of approval	Commencement date
Chiropractic Board of Australia Dental Board of Australia Medical Board of Australia Nursing and Midwifery Board of Australia Optometry Board of Australia Osteopathy Board of Australia Medical Radiation Practice Board of Australia Pharmacy Board of Australia Physiotherapy Board of Australia Podiatry Board of Australia Psychology Board of Australia	Professional indemnity insurance (PII) arrangements registration standard (revised)	AHWMC	27 August 2015	Medical: 1/01/16 Nursing and midwifery: 1/06/16 Chiropractic, dental, osteopathy, optometry, medical radiation practice, pharmacy, physiotherapy and podiatry: 1/07/16 *NB: The Psychology Board of Australia did not revise its standard*
	Recency of practice (RoP) registration standard (revised)	AHWMC	27 August 2015	Dental, chiropractic optometry, osteopathy, pharmacy: 1/12/15 Nursing and midwifery: 1/06/16 Medical: 1/10/16 Medical radiation practice, physiotherapy, podiatry, psychology: 1/12/16
	Continuing professional development (CPD) registration standard (revised)	AHWMC	27 August 2015	Chiropractic, dental, osteopathy, medical radiation practice, pharmacy, physiotherapy, podiatry, psychology: 1/12/15 Medical: 1/10/16 Nursing and midwifery: 1/06/16 *NB: The Optometry Board of Australia did not revise its standard*
Dental Board of Australia	Dental guidelines on continuing professional development (revised)	National Board	21 November 2014[1]	1/12/15
Chiropractic Board of Australia	Continuing professional development guidelines for chiropractors (revised)	National Board	27 August 2015	1/07/16
Medical Radiation Practice Board of Australia	Continuing professional development guidelines for medical radiation practice (revised)	National Board	21 October 2014[1]	1/12/15
Nursing and Midwifery Board of Australia	Guidelines: continuing professional development for nurses and midwives (revised)	National Board	27 August 2015	1/06/16
Osteopathy Board of Australia	Osteopathy continuing professional development guidelines (revised)	National Board	27 November 2014[1]	1/12/15

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Board(s)	Registration standard, code or guideline	Approved by	Date of approval	Commencement date
Pharmacy Board of Australia	Guidelines on continuing professional development for pharmacists (revised)	National Board	17 October 2014[1]	1/12/15
Physiotherapy Board of Australia	Physiotherapy guidelines on continuing professional development (revised)	National Board	26 September 2014[1]	1/12/15
Podiatry Board of Australia	Podiatry guidelines: continuing professional development (revised)	National Board	25 February 2015[1]	1/12/16
Medical Radiation Practice Board of Australia	Guidelines: Professional indemnity insurance arrangements for medical radiation practice (revised)	National Board	21 October 2014[1]	To commence on 1 July 2016
Physiotherapy Board of Australia	Physiotherapy guidelines on recency of practice (revised)	National Board	26 September 2014[1]	To commence on 1 December 2016
Podiatry Board of Australia	Podiatry guidelines: Recency of practice	National Board	29 August 2014[1]	To commence on 1 December 2016

1. The guidelines were approved by the National Board on this date subject to approval of related registration standards. The registration standard was approved in this reporting period, hence the guidelines are also included in this year's annual report.

Chinese Medicine Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Commencement date
Limited registration standard for teaching or research	AHWMC	27 August 2015	9/10/15

Dental Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Commencement date
Conscious sedation registration standard	AHWMC	27 August 2015	27/10/15

Medical Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Commencement date
Limited registration standard (area of need) Limited registration standard (public interest) Limited registration standard (post grad training or supervised practice) Limited registration standard (teaching or research) (revised standards)	AHWMC	27 August 2015	1/07/16
Guidelines for short-term training in a medical specialty	National Board	24 September 2014[1]	1/07/16
Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures	National Board	23 March 2016	1/10/16

1. The guidelines were approved by the National Board on this date subject to approval of related registration standards. The registration standard was approved in this reporting period, hence the guidelines are also included in this year's annual report.

Medical Radiation Practice Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Commencement date
Guidelines for the medical radiation practice national examination	National Board	27 October 2015	1/12/15

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Nursing and Midwifery Board of Australia			
Registration standard, code or guideline	**Approved by**	**Date of approval**	**Commencement date**
Safety and quality guidelines (revised)	National Board	30 July 2015	1/01/17
Registration standard for scheduled medicines endorsement for midwives (revised standard)	AHWMC	22 October 2015	1/01/17
Registration standard: endorsement as a nurse practitioner (revised standard)	AHWMC	22 October 2015	1/06/16

Optometry Board of Australia			
Registration standard, code or guideline	**Approved by**	**Date of approval**	**Commencement date**
Guidelines on the prescription of optical appliances	National Board	24 March 2016	1/06/16

Pharmacy Board of Australia			
Registration standard, code or guideline	**Approved by**	**Date of approval**	**Commencement date**
Registration standard: Examinations for eligibility for general registration (revised standard)	AHWMC	27 August 2015	1/12/15
Registration standard: Supervised practice arrangements (revised standard)	AHWMC	27 August 2015	1/12/15
Guidelines for dispensing of medicines (revised)	National Board	24 July 2015	7/12/15
Guidelines on practice-specific issues (revised)	National Board	24 July 2015	7/12/15
Guidelines for proprietor pharmacists (revised)	National Board	24 July 2015	7/12/15
Guidelines on dose administration aids and staged supply of dispensed medicines (revised)	National Board	24 July 2015	7/12/15

Podiatry Board of Australia			
Registration standard, code or guideline	**Approved by**	**Date of approval**	**Commencement date**
Guidelines: Infection prevention and control (revised)	National Board	26 August 2015	4/04/16

Psychology Board of Australia			
Registration standard, code or guideline	**Approved by**	**Date of approval**	**Commencement date**
General registration standard (revised standard)	AHWMC	6 November 2015	2/05/16

Appendix 4: Meetings of national and state boards and committees in 2015/16

The table below details the number of National Board, national committee, state board and state committee meetings held during 2015/16. Each Board has a different committee structure to support its day-to-day regulatory decision-making and policy work, largely determined by both the volume and risk profile of tasks (see Appendix 5 for the National Boards' structure). The purposes of the committees vary, and include both decision-making about individual practitioners (e.g. registration, notifications, immediate action and compliance matters) and policy-oriented committees looking at standards, codes and guidelines for the profession. All the meetings listed as state board or state committee, along with the majority of national committee meetings, would have been engaged in regulatory decision-making affecting individual practitioners. Numbers include out-of-sessions and immediate-action committee meetings where those occurred.

National Board	National Board meetings	National committee meetings	Total national meetings	State board meetings	State committee meetings	Total state meetings	Total
Aboriginal and Torres Strait Islander Health Practice	4	14	18				**18**
Chinese Medicine	11	33	44				**44**
Chiropractic	23	43	66				**66**
Dental	11	5	16		111	111	**127**
Medical	11	9	20	112	631	743	**763**
Medical Radiation Practice	11	55	66				**66**
Nursing and Midwifery	20	49	69	122	423	545	**614**
Occupational Therapy	10	29	39				**39**
Optometry	11	24	35				**35**
Osteopathy	14	25	39				**39**
Pharmacy	12	92	104				**104**
Physiotherapy	11	39	50		12	12	**62**
Podiatry	11	26	37				**37**
Psychology	12	27	39	58	16	74	**113**

Appendix 5: National Boards' structure

National Board	National committees	Regional boards	State and territory boards	State and territory/ regional committees
Aboriginal and Torres Strait Islander Health Practice Board of Australia	Registration and Notifications Committee	None	None	None
Chinese Medicine Board of Australia	Accreditation Committee Registration and Notifications Committee Policy, Planning and Communications Committee	None	None	None
Chiropractic Board of Australia	Immediate Action Committee Registration, Notifications and Compliance Committee Accreditation, Assessment and Education Working Group Communications and Relationships Working Group CPD Working Group Governance, Finance and Administration Working Group Regulatory Policy and Standards Working Group Statutory Offences Unit Liaison Group	None	None	None
Dental Board of Australia	Expert Reference Group – Specialist Oral Surgery Advisory Panel Conscious Sedation Advisory Panel Review Panel for endorsement for conscious sedation refresher programs Accreditation Committee Recency of Practice Advisory Panel Registration and Notifications Committee (until August 2015)	None	None	Immediate Action Committee (excluding New South Wales) Registration Committee (New South Wales only) Registration and Notifications Committee (excluding New South Wales)
Medical Board of Australia	Finance Committee	None	All states and territories	Health Committee (excluding New South Wales) Immediate Action Committee (excluding New South Wales) Notifications Committee (excluding New South Wales) Registration Committee (all jurisdictions)
Medical Radiation Practice Board of Australia	Accreditation Committee National Examination Committee Registration and Notifications Committee Overseas Qualifications Assessment Committee	None	None	None
Nursing and Midwifery Board of Australia	Registration and Accreditation Committee Finance, Governance and Communications Committee Policy, Compliance and Notifications Committee State and Territory Chairs' Committee	None	All states and territories	Immediate Action Committee (excluding New South Wales) Notifications Committee (excluding New South Wales) Registration Committee (all jurisdictions)

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National Board	National committees	Regional boards	State and territory boards	State and territory/ regional committees
Occupational Therapy Board of Australia	Immediate Action Committee Registration and Notifications Committee	None	None	None
Optometry Board of Australia	Finance and Risk Committee Policy and Education Committee (since September 2015) Registration and Notification Committee Scheduled Medicines Advisory Committee Immediate Action Committee Policy, Standards and Guidelines Advisory Committee (until September 2015) Continuing Professional Development Accreditation Committee (until September 2015)	None	None	None
Osteopathy Board of Australia	Registration and Notifications Committee Immediate Action Committee Statutory Offences Unit Liaison Group	None	None	None
Pharmacy Board of Australia	Finance, Risk and Governance Committee Immediate Action Committee Notifications Committee Policies, Codes and Guidelines Committee Registration and Examinations Committee	None	None	None
Physiotherapy Board of Australia	Continuous Improvement Committee Registration and Notifications Committee (except Victoria; until March 2016) Immediate Action Committee (except Victoria; until March 2016) Registration and Notifications Committee Immediate Action Committee	None	None	Victorian Registration and Notifications Committee (until March 2016) Victorian Immediate Action Committee (until March 2016)
Podiatry Board of Australia	Immediate Action Committee Registration and Notifications Committee Scheduled Medicines Advisory Committee Strategic Planning and Policy Committee	None	None	None
Psychology Board of Australia	Governance Working Group (including Finance) Examination Committee Regulatory Risk Working group Regulatory Reform Working group	Australian Capital Territory, Tasmania and Victoria Northern Territory, South Australia and Western Australia	New South Wales Queensland	ACT/TAS/Vic Immediate Action Committee NT/SA/WA Immediate Action Committee Queensland Immediate Action Committee

Glossary

A full glossary is available on AHPRA's website at www.ahpra.gov.au/support/glossary.aspx

Accreditation

Accreditation ensures that the education and training leading to registration as a health practitioner is rigorous and prepares the graduates to practise a health profession safely.

The accreditation authority may be a committee of a National Board, or a separate organisation.

AHPRA

The Australian Health Practitioner Regulation Agency, established by section 23(1) of the National Law.

Caution

A formal caution may be issued by a National Board or an adjudication body. A caution is intended to act as a deterrent so that the practitioner does not repeat the conduct. A caution is not usually recorded on the national register. However, a National Board can require a caution to be recorded on the register of practitioners.

Condition

A National Board or an adjudication body can impose a condition on the registration of a practitioner or student, or on an endorsement of registration. A condition aims to restrict a practitioner's practice in some way, to protect the public.

Current conditions which restrict a practitioner's practice of the profession are published on the register of practitioners. When a National Board or adjudication body decides the conditions are no longer required to ensure safe practice, they are removed and no longer published.

Examples of conditions include requiring the practitioner to:

- complete specified further education or training within a specified period
- undertake a specified period of supervised practice
- do, or refrain from doing, something in connection with the practitioner's practice
- manage their practice in a specified way
- report to a specified person at specified times about the practitioner's practice, or
- not employ, engage or recommend a specified person, or class of persons.

There may also be conditions related to a practitioner's health (such as psychiatric care or drug screening). The details of health conditions are not usually published on the register of practitioners. Also see the definition of Undertaking.

Division

Part of a health profession. A practitioner can be registered in more than one division within a profession. Not all professions have divisions. For more information, please refer to the list published online at www.ahpra.gov.au/Registration/Registers-of-Practitioners/Professions-and-Divisions.aspx.

Education provider

The name of the university, tertiary education institution, specialist medical or other health profession college that provides a program of study.

Endorsement

An endorsement of registration recognises that a person has an extended scope of practice in a particular area because they have an additional qualification that is approved by the National Board. There are a number of different types of endorsement available under the National Law, including:

- scheduled medicines[1]
- nurse practitioner
- acupuncture, and
- approved area of practice.

In psychology, these are divided into 'subtypes' which describe additional qualifications and expertise. An endorsement can include more than one 'subtype'.

Health impairment

Physical or mental impairment, disability, condition or disorder (including substance abuse or dependence), that detrimentally affects or is likely to detrimentally affect a registered health practitioner's capacity to safely practise the profession or a student's capacity to undertake clinical training.

HCE (health complaints entity)

An entity:

- that is established by or under an Act of a participating jurisdiction, and
- whose functions include conciliating, investigating and resolving complaints made against health service providers and investigating failures in the health system.

Immediate action

Immediate action can include:

- the suspension, or imposition of a condition on, a registered health practitioner's or student's registration, or
- accepting an undertaking from a registered health practitioner or student, or
- accepting the surrender of a registered health practitioner's or student's registration.

1. For registered nurses, there is an additional endorsement subtype to supply scheduled medicines (rural and isolated practice).

Issue/s

Concerns about a registered practitioner's health, performance, or conduct, related to events/behaviour raised within a notification. Also applies to concerns about a student's health.

Mandatory notifications

Notification that an entity is required to make to AHPRA under Division 2 of Part 8 of the National Law.

Ministerial Council

The Australian Health Workforce Ministerial Council comprising Commonwealth, state and territory health ministers, which oversees the National Scheme.

National Board

Appointed by the Ministerial Council to regulate the profession in the public interest and meet the responsibilities set down in the National Law. National Board members and/or state board members and/or committee members are delegated the functions/powers of the National Board.

National Law

The Act, adopted in each state and territory, setting out the provisions of the Health Practitioner Regulation National Law. The National Law has been adopted by the parliament of each state or territory through adopting legislation. The National Law is generally consistent in all states and territories. New South Wales did not adopt Part 8 of the National Law.

National Scheme

The National Registration and Accreditation Scheme for registered health practitioners, established by the Council of Australian Governments (COAG). In 2010, under the National Law, 10 professions became nationally regulated by a corresponding National Board. In 2012, four additional professions joined the National Scheme.

Notation

Records a limitation on the practice of a registrant. Used by National Boards to describe and explain the scope of a practitioner's practice by noting the limitations on that practice. The notation does not change the practitioner's scope of practice but may reflect the requirements of a registration standard.

Notifiable conduct

A registered health practitioner has:

- practised the practitioner's profession while intoxicated by alcohol or drugs
- engaged in sexual misconduct in connection with the practice of the practitioner's profession
- placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment, or
- placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.

Notification

Anyone can make a notification (complaint) about a registered health practitioner. This is the way to raise a concern about a practitioner's professional conduct, performance or health. More detailed information about notifications is published on our website at www.ahpra.gov.au/Notifications.aspx. Notifications can be made by contacting AHPRA on 1300 419 495.

Notifications may be investigated by National Boards. A National Board may decide to take action about a notification if:

- the practitioner has been found to have engaged in unprofessional conduct or professional misconduct
- the practitioner has been found to have engaged in unsatisfactory professional performance, or
- the practitioner's health is impaired and their practice may place the public at risk.

The Boards are 'notified' of an issue. The word 'notification' is deliberate and reflects that the Boards are not complaint resolution agencies. Health practitioner regulation is a protective jurisdiction. The role of the National Boards is to protect the public by dealing with practitioners who may be putting the public at risk as a result of their conduct, professional performance or health.

Practice

This definition of practice is used in a number of National Board registration standards.

It means any role, whether remunerated or not, in which an individual uses their skills and knowledge as a practitioner in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.

Some National Boards have also issued guidance about when practitioners need to be registered.

Principal place of practice

The location declared by a practitioner as the address at which they mostly practise the profession. If the practitioner is not practising, or not practising mostly at one address, then the practitioner's principal place of residence is used.

If the location of the principal place of practice is in Australia, the following information is displayed on the registers of practitioners:

- suburb
- state
- postcode, and
- country.

If the location is outside Australia, the following information is displayed on the registers of practitioners:

- international state/province
- international postcode, and
- country.

In rare cases, when a practitioner has demonstrated that their health and safety may be at risk from the publication of this information about their principal place of practice, a National Board may choose to not publish this information.

Profession

The name of the profession being practised by a practitioner.

Qualifications

Professional qualifications for which a practitioner must have to meet the requirements for registration in a profession. Undergraduate and postgraduate Australian qualifications recognised by National Boards are published on the National Boards' websites.

Individual practitioners' approved qualifications are published on the register of practitioners.

Registered health practitioner

An individual who:

- is registered under the National Law to practise a health profession, other than as a student, or
- holds a non-practising registration in a health profession under the National Law.

Registration expiry date

Date when a practitioner's current registration expires. Practitioners must apply to renew their registration annually. If the practitioner's name appears on the register, they are registered and can practise within the scope of their registration, consistent with any conditions or undertakings that apply.

Under the National Law, registrants who apply to renew on time are able to practise while their annual renewal application is being processed.

Practitioners remain registered for one month after their registration expiry date. If they apply to renew their registration during this period, they are required to pay a late fee and are able to continue to practise while their application is being processed.

Registration number

Since March 2012, practitioners have been allocated one unique registration number for each profession in which they are registered. This number stays with the practitioner for life, even if they have periods when they are not registered. Practitioners registered in more than one profession have one registration number for each profession.

Registration status

The status of a registration can be:

- **Registered:** The practitioner is registered to practise.
- **Suspended:** The registration has been suspended and the practitioner is not permitted to practise while suspended. The practitioner's name is published on the register of practitioners.
- **Cancelled:** The registration has been cancelled and the practitioner is not permitted to practise. The practitioner's name is not published on the register of practitioners but is published on the list of cancelled practitioners.

Registration type

The National Law defines the type of registration that a National Board can grant to an eligible practitioner. More information is available on AHPRA's website: wwww.ahpra.gov.au/Publications/AHPRA-FAQ-and-Fact-Sheets.aspx

Reprimand

A reprimand is a chastisement for conduct; a formal rebuke. Reprimands issued since the start of the National Scheme (1 July 2010 or 18 October 2010 in WA) are published on the registers of practitioners.

Specialty

There are currently three professions with specialist registration under the National Law: podiatry, dental and medicine. The Ministerial Council is responsible for approving a list of specialties for each profession and for approving one or more specialist titles for each specialty on the list. The National Boards each decide the requirements for specialist registration in their profession.

Requirements for specialist registration vary across the professions that have specialist recognition (medical, dental and podiatry).

Student

A person whose name is entered in a student register as being currently registered under the National Law.

Suspension

If a practitioner's registration is suspended, they are not eligible to practise. A tribunal has the power to suspend a practitioner's registration as a result of a hearing. A National Board also has the power to suspend a practitioner's registration pending other assessment or action, if it believes there is serious risk to the health and safety of the public from the practitioner's continued practice of the profession, and that suspension is necessary to protect the public from that risk. A health panel can suspend a practitioner's registration if the panel finds that the practitioner (or student) has an impairment and it is necessary to suspend the practitioner's registration to protect the public.

Undertaking

National Boards can seek and accept an undertaking from a practitioner to limit the practitioner's practice in some way if this is necessary to protect the public. The undertaking means the practitioner agrees to do, or to not do, something in relation to their practice of the profession. Current undertakings which restrict a practitioner's practice of the profession are published on the register of practitioners. When a National Board or adjudication body decides the undertakings are no longer required to ensure safe practice, they are revoked and are no longer published. Current undertakings which relate to a practitioner's health are mentioned on the national register but details are not provided.

An undertaking is voluntary, whereas a condition is imposed on a practitioner's registration.

Unprofessional conduct

Professional conduct that is of a lesser standard than that which might reasonably be expected of a health practitioner by the public or the practitioner's professional peers. A more extensive definition is available under section 5 of the National Law.

Each profession has a set of standards and guidelines which clarify the acceptable standard of professional conduct.

Unsatisfactory professional performance

The knowledge, skill or judgement possessed, or care exercised by, a practitioner in the practice of the health profession in which the practitioner is registered is below the standard reasonably expected for a health practitioner of an equivalent level of training or experience.

Voluntary notification

A notification made on a voluntary basis. The grounds for a voluntary notification are set out in section 144 of the National Law.

Notes

Notes

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Annual report online
www.ahpra.gov.au/annualreport

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PUBLISHED

Australian Health Practitioner Regulation Agency
Melbourne, November 2016
ISSN 1858-5060

ACKNOWLEDGEMENTS

Thank you to all AHPRA contributors.

PRINTED

Cover printed on Precision Offset 310 gsm
Internals printed on Precision Offset 120 gsm

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