

Managing risk to the public:
Regulation at work in Australia

Aboriginal and Torres Strait
Islander Health Practice
Board of Australia

2015/16 Annual Report Summary



Aboriginal and
Torres Strait Islander
Health Practice
Board of Australia

AHPRA

Download this summary of the work of the Aboriginal and Torres Strait Islander Health Practice Board of Australia in 2015/16 from www.ahpra.gov.au or go to www.atsihealthpracticeboard.gov.au.

The full 2015/16 annual report by AHPRA and the National Boards, plus supplementary data tables and annual report summaries by state and territory, can be downloaded from www.ahpra.gov.au/annualreport/2016.

At a glance: Regulating Aboriginal and Torres Strait Islander health practitioners in 2015/16

This annual report summary provides a snapshot of our work regulating almost 600 registered Aboriginal and Torres Strait Islander health practitioners in the financial year to 30 June 2016.

A more detailed profile, encompassing data relating to all 14 National Boards in Australia, is published in AHPRA and the National Boards' 2015/16 annual report: www.ahpra.gov.au/annualreport/2016.

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

587 of these were registered as Aboriginal and Torres Strait Islander health practitioners

This is less than **0.1%** of the registrant base



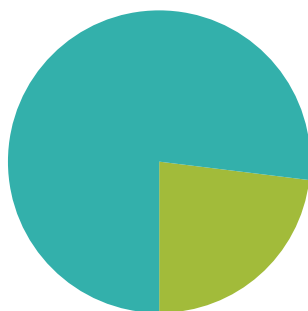
Registration increased by **50%**¹, making it the fastest growing profession in the National Scheme



292 registered students; up **109%**



269 new applications for registration received

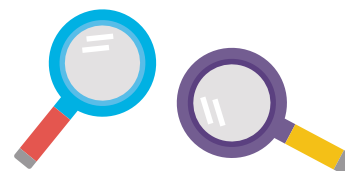


77% women
23% men

5 notifications (complaints or concerns)² were lodged about practitioners; **0.9%** of the profession



9 notifications closed (including matters carried over from 2014/15)



396 criminal history checks carried out

193 disclosable court outcomes

1 required regulatory action

1. Compared with 2014/15.

2. This figure includes data from New South Wales, where health complaints are managed by the Health Professional Councils Authority. For more information on our data, refer to page 8.

About this report

This report provides a profession-specific view of the Aboriginal and Torres Strait Islander Health Practice Board of Australia's (the Board) work to manage risk to the public and regulate the profession in the public interest in 2015/16.

The Board has worked in close partnership with the Australian Health Practitioner Regulation Agency (AHPRA) to provide all Australians with a safe, qualified and competent workforce under the National Registration and Accreditation Scheme (the National Scheme).

Information included in this report is drawn from the data published in [the 2015/16 annual report](#) by AHPRA and the National Boards, and is correct as at 30 June 2016.

Whenever possible, historical data are provided to show trends over time, as well as comparisons between states and territories.

For a wider context, and to compare the profession against national data from all 14 professions regulated by National Boards under the National Scheme, this report should be read in conjunction with the 2015/16 annual report. You can download the report from www.ahpra.gov.au/annualreport/2016.

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Message from the Presiding Member, Aboriginal and Torres Strait Islander Health Practice Board of Australia

The Board's major role under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), is to protect the public from harm.

Unlike the other professions in the National Scheme, in order to be an Aboriginal or Torres Strait Islander health practitioner, applicants must identify as an Aboriginal or Torres Strait Islander as well as meet the qualification and eligibility requirements.

Regulating this profession helps to ensure that the first peoples of Australia receive culturally appropriate healthcare. Aboriginal and Torres Strait Islander health practitioners work in a variety of positions across the country and more opportunities for these registrants are emerging as the profession matures. The profession is new, having been included in the list of regulated health professions by Health Ministers in 2012. It was previously only regulated in the Northern Territory.

The Board also meets as the Registration and Notifications Committee (RNC). Our work is made much easier by the hard work of AHPRA staff, particularly in the Darwin office. The Board expresses its gratitude to Jill Huck, who retired from the position of Manager of the AHPRA Darwin office, particularly as this profession found its regulatory feet from 2012.

We would particularly like to thank the Board's appointed accreditation authority, the Aboriginal and Torres Strait Islander Accreditation Committee, ably led by Professor Elaine Duffy, for its diligence and hard work to accredit and present for approval the programs of study leading to a qualification appropriate for registration. Many others, including accreditation assessors, spend a lot of time away from their families conducting site visits in order to complete the work required to ensure programs of study are accredited in a timely way. For those programs of study that were not able to be accredited in time for their graduates completing their courses, the Board provided two other pathways to registration to ensure that no one was disadvantaged.

We are 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 develop this plan.



Ms Lisa Penrith

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

Members of the Board in 2015/16

Ms Lisa Penrith (Presiding Member, succeeding Mr Bruce Davis in May 2016)

Ms Karrina DeMasi (Deputy Presiding Member)

Mr Bruce Brown

Ms Linda Bunn

Mr Bruce Davis

Ms Celia Harnas

Ms Renee Owen

Ms Anita Phillips

Mrs Jennifer Poelina (until 12 October 2015)

During 2015/16, the Board was supported by Executive Officer Jill Humphreys.

More information about the work of the Board, including codes, guidelines and information on registration standards, can be found on the Board website at www.atsihealthpracticeboard.gov.au.

Message from the AHPRA CEO and the Agency Management Committee Chair

Since the National Scheme began six years ago, AHPRA has worked in partnership with the National Boards to ensure that the community has access to a safe and competent health workforce across 14 registered health professions Australia-wide.

We rely on the expertise and insights of the National Boards to make decisions about the 657,621 health practitioners currently registered in Australia in the interests of the Australian public. It's a role that board members commit to with dedication and passion, and the community can be assured that its safety is always their number-one priority.

As at 30 June 2016, there were 587 registered Aboriginal and Torres Strait Islander health practitioners. While these practitioners represent less than 0.1% of the total registrant base, theirs is the fastest growing profession in Australia, having increased by over 50% from 2014/15. Student registrations grew even more markedly, with an increase of 109% year on year.

Aboriginal and Torres Strait Islander health practice is a relatively new profession, having joined the National Scheme in July 2012. One of the main facilitators to registration, particularly for people in remote communities, is the ability to access an approved 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. In 2016/17, the number of approved training programs is expected to reach 15.

Overseeing the registration and regulation of the profession is the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board), with valuable input from professional and community groups. Together, they uphold the values of the National Scheme by taking a risk-based approach to regulatory decision-making and policy implementation, with a continued focus on improving effectiveness, efficiencies and timeliness.

The registration of Aboriginal and Torres Strait Islander health practitioners is an important part of closing the gap on Indigenous health issues in Australia, such as the disparity between non-Indigenous and Indigenous Australians in areas such as life expectancy, child mortality and employment.

We'd like to thank the Board members, and members of its independent accreditation committee, for their continued commitment to ensuring a competent and flexible health workforce meets the current and future health needs of the community.

We look forward to continuing to work in partnership with the Board.



Mr Martin Fletcher
Chief Executive Officer,
AHPRA



Mr Michael Gorton AM
Chair, Agency
Management
Committee

Year in review: 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 in 2014/15 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 Board focused on assessing a significant 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 increase significantly 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 common to the other regulated professions and are therefore being reviewed collaboratively. The reviews are being conducted through AHPRA's formal, two-stage consultation process, which will 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 as well as the Board's trusted stakeholders involved in the preliminary round of consultation. 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.

Data snapshot: Regulation at work in 2015/16

The profession in brief

- ▶ **The Aboriginal and Torres Strait Islander health practitioner registrant base grew by 50% year on year, to 587 in 2015/16.**
- ▶ **The Northern Territory (NT) was the principal place of practice for the majority of these practitioners (210); Tasmania (Tas) was home to the fewest (3).**
- ▶ **The age bracket with the most practitioners was 50–54 (106 registrants).**
- ▶ **22 practitioners were under 25 years of age; four were over 70.**
- ▶ **Women comprised 77% of the profession.**

- ▶ Queensland (Qld), where complaints are received and managed by the Office of the Health Ombudsman (OHO) and may be referred to AHPRA and the relevant National Board. We are not able to report on all complaints about health practitioners in Qld.

Note that some NSW regulatory data published in this report may vary from data published in the HPCA's annual report. This is due to subsequent data review by the HPCA after submission of initial data to AHPRA. For more information on how complaints about practitioners are managed in NSW, and for data about complaints made in the state, please refer to [the HPCA website](#).

For data relating to complaints in Qld that have not been referred to AHPRA, please refer to [the OHO website](#).

About our data

Data in this Board summary are drawn from the 2015/16 annual report, published by AHPRA and the National Boards. Data relating to Aboriginal and Torres Strait Islander health practitioners have been extracted from national source data that includes all 14 health professions currently regulated under the National Law.

In the following pages you'll find registration data, including registrant numbers by division, age and principal place of practice, as well as data about notifications (complaints or concerns) received about Aboriginal and Torres Strait Islander health practitioners in the financial year to 30 June 2016.

For a further breakdown of data from the 2015/16 annual report by AHPRA and the National Boards, including information on tribunals and panel hearings, criminal history checks and data on other professions, as well as summary reports by state and territory, go to www.ahpra.gov.au/annualreport/2016.

Notifications data

Notifications are complaints or concerns that are lodged with AHPRA about registered health practitioners or students practising in Australia, excluding:

- ▶ New South Wales (NSW), where complaints about health practitioners are handled by the Health Professional Councils Authority (HPCA) and the Health Complaints Commission (HCC), and

Registration of the Aboriginal and Torres Strait Islander health workforce

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.

See Tables 1–3 for segmentation of registration data about Aboriginal and Torres Strait Islander health practitioners.

As a standard part of the registration process, applicants for initial registration as a health practitioner in Australia must undergo a criminal record check. AHPRA requested 66,698 domestic and international criminal history checks for practitioners across all professions in 2015/16. Of these, 396 checks were carried out for practitioners wanting to register as Aboriginal and Torres Strait Islander health practitioners. The checks resulted in 193 disclosable court outcomes. Conditions or undertakings were imposed on one practitioner's registration.

For source data on student registration numbers, domestic and international criminal history checks, as well as more registration information across all regulated health professions, please refer to the 2015/16 annual report by AHPRA and the National Boards, which is published online at www.ahpra.gov.au/annualreport/2016.

Regulation of the Aboriginal and Torres Strait Islander health workforce

Five notifications (complaints or concerns) 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 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.

No immediate action was taken on any Aboriginal and Torres Strait Islander health practitioner in 2015/16 (compared with two in 2014/15). A National Board has the power to take immediate action in relation to a health practitioner's registration at any time, if it believes this is necessary to protect the public. Immediate action limits a practitioner's registration by suspending or imposing conditions on it, or accepting an undertaking or surrender of the registration from the practitioner or student. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

To take immediate action, the Board must reasonably believe that:

- ▶ because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- ▶ the practitioner's registration was improperly obtained, or
- ▶ the practitioner or student's registration was cancelled or suspended in another jurisdiction.

Nine notifications relating to registered Aboriginal and Torres Strait Islander health practitioners 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 reporting 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 in 2015/16. It should be noted that the majority of these cases (69) related to suitability/eligibility requirements for registration. Three cases related to health and one to performance. No monitoring cases related to conduct.

See Tables 4–10 for segmentation of notifications and active monitoring data relating to Aboriginal and Torres Strait Islander health practitioners.

Want to know more?

For more information about the work of the National Boards, please refer to the full 2015/16 annual report and supplementary data tables published by AHPRA and the National Boards at www.ahpra.gov.au/annualreport/2016.

Segmentation of data by state and territory is also available.

For an overview of the National Law as it applies to each state and territory, please see www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation.

Table 1: Registrant numbers at 30 June 2016*

Aboriginal and Torres Strait Islander health practitioners	ACT	NSW	NT	QLD	SA	Tas	Vic	WA	No PPP ¹	Total
2015/16	4	106	210	103	52	3	11	98		587
2014/15	4	54	215	47	13	3	7	47	1	391
% change from 2014/15	0.0%	96.3%	-2.3%	119.1%	300.0%	0.0%	57.1%	108.5%	-100.0%	50.1%

Notes:

*Blank fields in all tables denote zeros.

1. No PPP (principal place of practice) includes practitioners with an overseas address.

Table 2: Registrants by age

Aboriginal and Torres Strait Islander health practitioners	U-25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	Total
2015/16	22	35	52	66	81	93	106	77	36	15	4			587
2014/15	14	25	35	49	61	65	61	48	19	13		1		391

Table 3: Registrants by gender

Aboriginal and Torres Strait Islander health practitioners	ACT	NSW	NT	QLD	SA	Tas	Vic	WA	No PPP ¹	Total
Total 2015/16	4	106	210	103	52	3	11	98		587
Female	2	85	154	85	36	3	9	78		452
Male	2	21	56	18	16		2	20		135
Total 2014/15	4	54	215	47	13	3	7	47	1	391
Female	2	42	156	38	8	3	6	39	1	295
Male	2	12	59	9	5		1	8		96

Notes:

1. No PPP (principal place of practice) includes practitioners with an overseas address.

Table 4: Notifications received, by state or territory¹

Aboriginal and Torres Strait Islander health practitioners	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Subtotal	HPCA ⁵	Total
2015/16 (PPP) ⁶			4		1					5		5
2014/15 (PPP)			5					2		7		7
2014/15 (Responsible Office) ⁷			5					2		7		7

Notes:

1. Data relating to notifications (complaints or concerns) are based on the state or territory of the practitioner's principal place of practice (PPP).
2. Matters managed by AHPRA where the conduct occurred outside NSW.
3. The number of matters referred to AHPRA and the National Board by the Office of the Health Ombudsman.
4. No PPP (principal place of practice) includes practitioners with an overseas address.
5. Matters managed by the Health Professional Councils Authority (HPCA) in NSW.
6. For 2015/16, notifications are based on the practitioner's PPP.
7. Prior to this, notifications were based on the state or territory where the notification was handled (Responsible Office).

Table 5: Immediate action cases, by state or territory (excluding HPCA)

Aboriginal and Torres Strait Islander health practitioners	ACT	NSW	NT	QLD	SA	Tas	Vic	WA	No PPP ¹	Total
2015/16 (PPP) ²										0
2014/15 (PPP)								2		2
2014/15 (Responsible Office) ³								2		2

Notes:

1. No PPP (principal place of practice) includes practitioners with an overseas address.
2. For 2015/16, notifications are based on the practitioner's PPP.
3. Prior to this, notifications were based on the state or territory where the notification was handled (Responsible Office).

Table 6: Percentage of registrant base with notifications received, by state or territory

Aboriginal and Torres Strait Islander health practitioners	ACT	NSW (including HPCA) ¹	NT	QLD	SA	TAS	VIC	WA	No PPP ²	Total
2015/16 (PPP) ³			1.9%		1.9%			4.3%		0.9%
2014/15 (PPP)			2.3%					4.3%		1.8%
2014/15 (Responsible Office) ⁴			2.3%					4.3%		1.8%

Notes:

1. Health Professional Councils Authority.
2. No PPP (principal place of practice) includes practitioners with an overseas address.
3. For 2015/16, notifications are based on the practitioner's PPP.
4. Prior to this, notifications were based on the state or territory where the notification was handled (Responsible Office).

Table 7: Notifications closed in 2015/16, by state or territory

Aboriginal and Torres Strait Islander health practitioners	ACT	NSW ¹	NT	QLD	SA	TAS	VIC	WA	No PPP ²	Subtotal	HPCA ³	Total
2015/16 (PPP) ⁴			8					1		9		9
2014/15 (PPP)			4					1		5		5
2014/15 (Responsible Office) ⁵			4					1		5		5

Notes:

1. Matters managed by AHPRA where the conduct occurred outside NSW.
2. No PPP (principal place of practice) includes practitioners with an overseas address.
3. Matters managed by the Health Professional Councils Authority (HPCA) in NSW.
4. For 2015/16, notifications are based on the practitioner's PPP.
5. Prior to this, notifications were based on the state or territory where the notification was handled (Responsible Office).

Table 8: Notifications closed, by stage at closure (excluding HPCA)¹

Stage at closure	Total 2015/16	Total 2014/15
Assessment ³	4	0
Health or performance assessment ⁴	1	2
Investigation	4	3
Total	9	5

Notes:

1. Excludes matters managed by the Health Professional Councils Authority (HPCA) in NSW.
2. Closed after initial assessment of the matter.
3. Performance assessments are carried out by a Board-selected assessor whose scope of practice is similar to that of the practitioner being assessed (assessors are not Board members or AHPRA staff).

Table 9: Notifications closed, by outcome at closure (excluding HPCA)¹

Outcome at closure	Total 2015/16	Total 2014/15
No further action ²	6	3
Caution	1	2
Impose conditions	2	0
Total	9	5

Notes:

1. Excludes matters managed by the Health Professional Councils Authority (HPCA) in NSW.
2. No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

Table 10: Active monitoring cases at 30 June 2016, by stream¹

Aboriginal and Torres Strait Islander health practitioners	Conduct	Health	Performance	Prohibited practitioner/student	Suitability/eligibility ²	Total
2015/16		3	1		69	73
2014/15	1	1	1		3	6

Notes:

1. AHPRA reports by stream, rather than registrants being monitored, because a registrant may have restrictions (conditions or undertakings) in more than one stream. For example, nationally, 4,963 cases monitored by AHPRA relate to 4,861 registrants.
2. AHPRA performs monitoring of compliance cases for 'suitability/eligibility' stream matters for NSW registrations.

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