

Annual report summary

2016/17

Your National Scheme: Regulating health practitioners in **Queensland**

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



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

Occupational therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

Performance summary for 2016/17

This annual report summary offers a snapshot of our work regulating more than 130,000 registered health practitioners in Queensland (Qld) for the financial year to 30 June 2017.

For a national perspective, refer to the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards' 2016/17 annual report at www.ahpra.gov.au/annualreport/2017.



Qld practitioners accounted for **19.6%** of all registered health practitioners in Australia¹

Largest practitioner contingent:
20.4% of all dual registrant nurse and midwives in Australia were based in Queensland

Smallest practitioner contingent:
9.4% of all osteopaths in Australia were based in Queensland

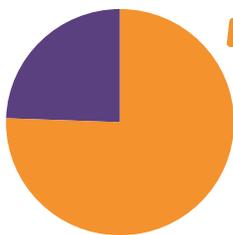


133,103 health practitioners were registered in Qld in 2016/17, compared with 127,376 the previous year



13,445 new applications for registration were received in Qld this year

That's an increase of **3.8%** from 2015/16



Women comprised **75.9%** of the registered Qld health workforce²



29.7% of all notifications (complaints or concerns) received by AHPRA were about practitioners in Qld, down from 31.7% in 2015/16

2,046 notifications about registrants with a principal place of practice in Qld were referred by the Office of the Health Ombudsman

That's a **6.6%** increase in notifications referred (up from 1,919 in 2015/16)

1,035 health practitioners with a principal place of practice in Qld were being monitored for compliance with restrictions on their registration³



197 new statutory offence complaints were received in Qld; down from 228 in 2015/16

AHPRA and the National Boards closed **1,901** notifications in Qld this year, compared with 1,372 in the previous year

¹ This percentage is slightly higher than in 2015/16, when Queensland (Qld) accounted for 19.4% of registrants nationally.

² The national percentage of women in the registered health workforce is 75.8%.

³ Data as at 30 June 2017. See page 27 for more information about monitoring cases relating to compliance with restrictions on registration for practitioners in Qld.

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About the National Scheme

Who

The National Registration and Accreditation Scheme (the National Scheme) regulates almost 680,000 registered health practitioners across Australia.

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

The 14 National Boards are:

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

The National Scheme makes sure that only those practitioners who are suitably skilled and qualified to provide safe and ethical healthcare are registered to practise in Australia.

What

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

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

A searchable online database, the *Register of practitioners*, provides the community with information about the current registration status of all regulated health practitioners in Australia, including any restrictions on practice. A register of cancelled health practitioners is also published. Visit the registers on the AHPRA website at www.ahpra.gov.au/registration/registers-of-practitioners.

Agreed regulatory principles underpin the work of the National Boards and AHPRA in regulating Australia's health practitioners in the public interest (see right).

The National Scheme also sets a standardised framework for the accreditation of health practitioner education and training in Australia.

When

The National Scheme started in July 2010. Since then, there has been an increase in the number of registered practitioners, from 530,115 in June 2011 to 678,938 on 30 June 2017.

Where

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

Why

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

For more information on the National Law, visit www.ahpra.gov.au/about-ahpra/what-we-do/legislation.

Our regulatory principles

Eight regulatory principles underpin AHPRA and the Boards' work, and guide our decision-making in the public interest. These principles foster a responsive, risk-based approach to regulation. In brief, they are to:

Protect the public

Take timely and necessary action

Administer the National Law

Ensure registrants are qualified

Work with stakeholders

Uphold professional standards

Identify and respond to risk

Use appropriate regulatory force

Foreword from the AHPRA Chair and the CEO

This year the number of registered health practitioners in the National Scheme increased to almost 680,000. AHPRA and the 14 National Boards work through our local AHPRA offices, Boards and committees to regulate health practitioners in Australia under the National Law. We are committed to regulating health practitioners efficiently and effectively to protect the public.

In 2016/17, there was an increase of 4.5% registered health practitioners in Queensland, bringing the total number to 133,103. This represents 19.6% of all registered health practitioners in Australia.

Members of the community can be safe in the knowledge that registered health practitioners must meet national registration standards and be adequately trained and qualified.

A focus of the past year was improving community awareness of both the online Register of practitioners and the National Scheme more widely. Greater engagement with our local community and stakeholders means we are better able to respond to issues relevant to the Queensland community.

AHPRA manages complaints about practitioners with a principal place of practice in Queensland when they are referred to us by the Office of the Health Ombudsman (OHO). The OHO manages all other complaints, so it is important to note that the data in this report only include matters managed by AHPRA and the National Boards.

This year, AHPRA's Queensland office contributed to the Parliamentary Committee inquiry into the performance of the Health Ombudsman's functions in the regulatory environment. It is always important to consider how co-regulators can best work together to share information and improve processes to ensure public safety. You can read more about the outcomes of the inquiry in the Foreword by Queensland State Manager on page 4.

In 2016/17, 2,046 notifications were referred to us by the OHO, compared with 1,919 the previous year. We are committed to improving the timely and efficient handling of notifications. We recognise that the notifications process can be very stressful and we have made improvements in our information and communication with both notifiers and health practitioners subject to a notification.

We would like to thank all the staff in our Brisbane office and local Boards and committees for their hard work and commitment. Everyone should take great pride in the accomplishments of the past year.



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

Mr Michael Gorton AM

Chair,
Agency Management
Committee, AHPRA



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

Mr Martin Fletcher

Chief Executive Officer,
AHPRA

Foreword from Queensland State Manager

In 2016/17, AHPRA and the National Boards worked to ensure that the Queensland community had access to qualified health practitioners and safe healthcare.

Highlights for 2016/17:

We welcomed more than 5,700 additional health practitioners to the National Scheme in Queensland, increasing the number of registered health practitioners with a principal place of practice of Queensland by 4.5%.

We delivered a significant increase in the number of notifications closed in the year.

We contributed to the Parliamentary Committee Inquiry into the performance of the Health Ombudsman's functions.

We worked with the OHO to ensure that the management of notifications about health practitioners offers protection to the health and safety of Queenslanders.

We met regularly with key stakeholders and participated in external activities to increase understanding of registration standards and processes, notifications management and other issues related to the National Scheme.

Working in partnership with National Boards

The number of registered health practitioners in Queensland increased by 4.5% to 133,103 practitioners in 2016/17. This is above the national average increase of 3.2%. About 19.6% of the country's 678,938 registered health practitioners have Queensland as their principal place of practice.

The OHO receives all health service complaints in Queensland, including those about registered health practitioners, and decides whether the complaint should be referred to AHPRA and the relevant National Board for management. There was a 6.6% increase in the number of notifications referred by the OHO in 2016/17 compared to last year, with 2,046 notifications referred. The notifications about Queensland registered health practitioners accounted for almost 30% of the 6,898 notifications received by AHPRA nationally in 2016/17 (excluding complaints managed by the Health Professional Councils Authority in New South Wales). Our notification closure rate improved significantly this year with increased resources dedicated to this task.

We continued to strengthen our approach to monitoring practitioners' compliance with restrictions placed on their practice, and improved the quality and timeliness of our compliance work. As at 30 June 2017, there were 1,069 monitoring cases relating to 1,035 individual Queensland practitioners, with 514 of these cases relating to health, performance and conduct issues being managed by this office (see page 27 for more information about monitoring for compliance).

Working with our stakeholders

During the year, we have been in regular touch with many of our important stakeholders, sharing information about the National Scheme, Queensland co-regulatory arrangements, emerging trends and potential safety concerns. We value opportunities to listen to ideas about ways we can improve the experience of practitioners, notifiers, employers and others, and we will continue to work hard to develop and maintain these important relationships.

We also continued to work closely with the OHO. Our staff liaises on a daily basis to ensure that we provide the most appropriate response to complaints about health practitioners in the co-regulatory arrangement.

The Health Ombudsman also maintains oversight of AHPRA's and the National Boards' performance in Queensland in relation to the management of health, performance and conduct of health practitioners. We have provided the Health Ombudsman with quarterly performance reports and information for annual assurance activities.

During 2016/17, Queensland Parliament's Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (the Committee) conducted an inquiry into the performance of the Health Ombudsman's functions pursuant to section 179 of the Health Ombudsman Act 2013. AHPRA and the National Boards made submissions to the inquiry and appeared before the Committee during its public hearings.

The Committee tabled its report on 16 December 2016, making four recommendations aimed at improving the performance of the system. Three of these were for the Queensland Government to:

- ▶ investigate the merits of amending the Health Ombudsman Act 2013 to introduce a joint consideration process between the OHO and AHPRA and the National Boards
- ▶ consider options for ensuring that potentially serious professional misconduct matters, which may also raise issues about a health practitioner's health or performance can be dealt with as a whole, rather than being split between the OHO and AHPRA and the National Boards, and
- ▶ consider whether to introduce legislation to make the Health Ombudsman's suggested amendments to the Health Ombudsman Act 2013 and the Health Practitioner Regulation National Law Act 2009 (Qld).

The Queensland Government adopted these recommendations and we are working closely with the Department of Health to realise the benefits that these changes will bring.

The fourth recommendation is for the OHO, AHPRA and the National Boards to produce a joint plan, which identifies the information needs of all parties and any barriers to the sharing of information, and sets out an agreed approach for resolving any data issues that prevent the production of nationally-consistent data about health service complaints. Implementation of this recommendation is well underway.

Local office, national contribution

Our Queensland office staff work to ensure that our core regulatory functions of registration, notifications and compliance are well managed and that local Boards and committees are supported in their decision-making. I thank the staff for the work they do to protect the public. They continually demonstrate their dedication and commitment to their roles and have professionally and positively responded to every challenge faced. I am proud of their achievements and the manner in which they conduct themselves.

I would also like to thank the members of Queensland Boards and committees for their diligence, expertise and commitment to the people of Queensland. I look forward to continuing to work in partnership with them to serve the Queensland community.



Rose Kent

Queensland State Manager, AHPRA



Part 1

Decision-making in
Queensland: Board and
committee reports

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

The Queensland Registration and Notification Committee of the Dental Board of Australia (the committee) makes decisions about matters relating to the health, performance and conduct of registered dental practitioners to support the safe and competent delivery of oral health services in the state.

This has been a busy year for the committee. The original terms of appointment of all practitioner and community members were extended to 30 June 2017.

The OHO referred an increased number of notifications for management. At our monthly meetings, decisions were made about these notifications, as well as about complex applications for new registrations and renewals. These decisions were underpinned by the policies, codes and guidelines of the Dental Board of Australia (the National Board) whilst adhering to the regulatory principles of the National Scheme. This process has allowed the committee to achieve national consistency while locally managing any risk to the public created by health, performance or conduct issues relating to registered dental practitioners.

The committee has been assisted by regular communication from the National Board through its Chair and Executive Officer, who attended our February meeting and who have been part of the Queensland Notifications Improvement Project, where regular teleconferencing has reviewed data volume and timeliness of actions. As Chair of the committee, I attended National Board meetings twice in the year and met with interstate equivalents to share information and experiences.

Working with stakeholders has been a priority. In April, AHPRA and the committee hosted an information session for government, education providers and professional bodies that allowed a productive exchange of knowledge and boosted understanding and awareness. We will continue to build on this foundation. Other speaking opportunities have been taken up with students and practitioners.

The end of the year has been marked by renewal of the committee. I would like to thank all my colleagues on the committee and especially the three outgoing members, Dr Ed Hsu, Ms Neda Nikolovski and Mr Neil Roberts, for their commitment and enthusiasm during their appointments. The people of Queensland have been well served. Also, the dedication and expertise of the AHPRA staff has enabled our functions to flow smoothly from recommendations to decisions to actions. Congratulations and thank you to all involved.



Dr Robert McCray

Chair, Queensland Registration and Notification Committee, Dental Board of Australia



Dr John Lockwood AM

Chair, Dental Board of Australia

Members of the Queensland Committee in 2016/17

Dr Robert McCray (Chair)

Dr Edward Hsu

Dr Bruce Newman

Ms Nedelijika Nikolovski

Mr Neil Roberts

Mr Stuart Unwin

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

The focus of Queensland Board of the Medical Board of Australia (the Queensland Board) continues to be on supporting the safe and competent delivery of medical services in the state as we make decisions about individual medical practitioners.

These decisions fall into two broad categories: complex applications for registration which require detailed individual assessment, and action needed to manage risk to the public as a result of a notification.

During 2016/17, we farewelled some members and welcomed new members. The Queensland Board has seven practitioner members and five community members. Thank you to previous Chair, Adjunct Associate Professor Susan Young, for her leadership over the past three years and for her continued participation on the Board as a community member. The Queensland Board and the community continue to benefit from the breadth and depth of experience and commitment of our Board members. In addition to Board members, practitioners and community members serve on our committees. We extend our thanks to them also.

The Queensland Board's work continues to focus on registration, notifications, and compliance and monitoring. Annually, registration numbers increase, as do notifications referred to us from the OHO.

There have been several developments over the past year to strengthen decision-making and improve timeliness of decision-making. In 2016, the Queensland Triage and Assessment Committee (QTAC) was established to improve timeliness of decision-making at the point of assessment. This has resulted in more than 50% of notifications being assessed in 20 days upon referral from the OHO. On 1 March 2017, we commenced a fast-track investigation process for matters deemed to need only one round of enquiry for decision-making. The Medical Board of Australia (MBA) conference held on 1 and 2 June was also focused on notifications and resulted in several actions, including the recruitment of clinical advisors to support investigations and investigators.

As a result of issues that arose in Victoria about the use of chaperones, an independent review was conducted by Professor Ron Paterson. The resulting review report and findings are published on the MBA's website at www.medicalboard.gov.au. The MBA and AHPRA accepted all recommendations. A National Sexual Boundaries Notification Committee to focus expertise and enhance consistency in decision-making concerning sexual boundary notifications has been established, and two members of our Queensland Board are participating in this committee.

The Queensland Parliamentary Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee inquired into the performance of the Queensland Health Ombudsman's functions pursuant to section 179 of the Health Ombudsman Act 2013. I appeared before the committee twice. The inquiry made four recommendations that are being progressed in consultation with the OHO and Queensland Health, and we are confident their implementation will bring improvements to the management of notifications for practitioners and notifiers.

I would like to thank our AHPRA partners and the staff who support us tirelessly through the committees and Board meetings. I would also like to thank the broader stakeholder community with whom we continue to engage in information sharing, education and new initiatives.

The Queensland Board has kept up to date with developments in the medical profession and medical practice through presentations at our meetings. We are grateful to those presenters for their wisdom and time.



Dr Susan O'Dwyer

Chair, Queensland Board of the Medical Board of Australia



Dr Joanna Flynn AM

Chair, Medical Board of Australia

Members of the Queensland Board in 2016/17

Dr Susan O'Dwyer (Chair from 13 December 2016)

Dr Susan Young (Chair until 12 December 2016)

Dr Cameron Bardsley

Dr Patrick Clancy (from 13 December 2016)

Professor William Coman (until 20 July 2016)

Ms Christine Gee

Dr Genevieve Goulding (from 31 August 2016)

Dr Maria Ho (from 31 August 2016)

Dr Robert Ivers (from 13 December 2016)

Mr Gregory McGuire (until 15 December 2016)

Professor Eleanor Milligan

Associate Professor David Morgan OAM (until 15 December 2016)

Ms Megan O'Shannessy (from 31 August 2016)

Dr Philip Richardson (from 13 December 2016)

Mr George Seymour (from 13 December 2016)

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

In making decisions about individual nurses and midwives, the focus of the Queensland Board of the Nursing and Midwifery Board of Australia (the Queensland Board) remains on protecting the public.

The decisions we make in Queensland are guided by the national standards and policies set by the Nursing and Midwifery Board of Australia (the NMBA). These policies and regulatory guidelines inform the decisions we make in Queensland about local practitioners, supported by AHPRA's Brisbane office.

During the year, the Queensland Board engaged in a range of activities to support a nationally consistent approach to decision-making about notifications and registration issues for nurses and midwives. I attended monthly meetings with Chairs from other state and territory Boards to discuss policy matters and share information about the implementation of regulatory principles. Queensland Board members also provided input into, and comments on, a number of new NMBA policies.

The Queensland Board worked in collaboration with the NMBA to implement its stakeholder engagement plan. A number of forums were held throughout Queensland, including NMBA stakeholder and consultation forums in July 2016 and February 2017. The forums provide an opportunity for NMBA representatives to review activities and seek input from stakeholders on issues such as the revised *Codes of conduct*. The forums were well attended and provided opportunity to address a range of questions from Queensland nurses and midwives about regulatory matters.

At a local level, Queensland Board members meet with the staff from the Office of the Chief Nursing and Midwifery Officer to discuss matters of interest to the regulation of nurses and midwives in Queensland. Queensland Board members have also met with the Health Ombudsman to promote collaborative approaches to regulatory matters. The Queensland Notification Improvement Project continued to enable detailed review of data regarding the timeliness of notifications management and to identify areas for improvement. Compliance and monitoring reports have provided Queensland Board members and AHPRA staff with high-quality data to ensure the public is protected.

Queensland Board members continue to develop knowledge and skills in regulation through activities including attendance at the National NMBA Conference in Melbourne in November 2016. The conference provided an excellent opportunity to learn about developments in professional regulation and to participate in practical problem-solving workshop sessions.

I wish to acknowledge the outstanding work that AHPRA staff do to provide the Queensland Board with the support needed to ensure effective decision-making. As some members of the Board come to the end of their terms, I would also like to extend my thanks to them for the time, energy and commitment they give to help protect the Queensland community.



Professor Patsy Yates

Chair, Queensland Board of the Nursing and Midwifery Board of Australia



Associate Professor Lynette Cusack RN

Chair, Nursing and Midwifery Board of Australia

Members of the Queensland Board in 2016/17

Professor Patsy Yates (Chair)

Ms Suzanne Cadigan (from 31 August 2016)

Mr John Chambers

Ms Tracey Duke

Ms Michelle Garner

Dr Amanda Henderson

Ms Susan Johnson

Mr Stanley Macionis

Ms Helen Towler

Pharmacy Board of Australia: Chair's message

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

Practitioner membership on the Board from each state and territory helps to ensure consistency and transparency in its work to implement the National Scheme at a local level. This is supported by a public perspective which comes from community member representatives from four states. Mr Brett Simmonds is the practitioner member from Queensland and Dr Katherine Sloper is a community member from Queensland.

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

The representatives (jurisdictional members) from Queensland on the notifications committee are:

- ▶ Mr Peter Mayne, and
- ▶ Mrs Julianna Neill.

Other external practitioners who continue to contribute to the work of the Board are the pharmacists who have assessed the competence of intern pharmacists in the oral examinations, which enables the Board to ensure that pharmacists who are registered are competent to practise.

Input throughout the year from stakeholders in Queensland has been valuable in helping the Board to complete significant work. For example, the finalisation of the Board's guidance on *Compounding of sterile injectable medicines* demonstrated essential and valuable engagement with stakeholders (for more on this, visit our website: www.pharmacyboard.gov.au).

Stakeholder engagement routinely extends to other aspects of the Board's work, such as our twice-yearly interstate Board meetings, which include engagement with local stakeholders and pharmacists.

The receipt and review of the report on the 'Pharmacist notifications analysis project' will provide helpful insights to inform the development of right-touch regulatory standards and approaches by the Board during the year ahead. In the coming year, the Board will also develop a series of communication tools to inform the profession, the public and other stakeholders of the outcomes of the research.

The Board developed a pilot survey of interns and preceptors to investigate issues relevant to the quality of the intern training experience. The pilot survey, which was developed by AHPRA with involvement from representatives of pharmacy stakeholders, was aimed at informing the development of a larger-scale study which the Board will conduct during the next year.

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



Mr William Kelly

Chair, Pharmacy Board of Australia

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

In 2016/17 the Queensland Board of the Psychology Board of Australia (the Queensland Board) continued to focus on protection of the public, making decisions about individual psychologists.

The principle objective of the Queensland Board is protection of the public. Over the past year, the work of the Queensland Board has focused primarily on registration and notification matters concerning individual practitioners. We have seen an increase in the psychology workforce during the year. There has also been an increase in the number of referrals from the OHO, relating to the health, conduct or performance of psychologists, which have potential to impact public safety. We have continued to work collaboratively with the OHO to ensure that our mutual objective of protecting the public is central to our work.

Reflective decision-making lies at the core of the work of the Queensland Board, drawing upon national standards and policy, as well as the professional code of ethics guiding the work of registered psychologists in Australia.

The Queensland AHPRA office has introduced significant enhancements to compliance and monitoring reports over the past year, and these have provided the Queensland Board with better oversight of matters currently before it, benefiting all stakeholders. Further progress has also been made in the implementation of national policy. We have also moved towards a more centralised registration process. Each of these changes is associated with achieving greater consistency in decision-making at a national level.

The Queensland Board benefits from the support and advice provided by the AHPRA Queensland office, advice from the Psychology Board of Australia (the National Board) as required and the expertise of practitioner and community members of the Queensland Board. I would like to acknowledge, in particular, the high level of advice provided by the legal staff at AHPRA who, together with members of the National Risk and Regulation Sub-Committee have been instrumental in managing risk over the past 12 months.

As the terms of the current Queensland Board members end, I wish to acknowledge the commitment of all members and thank them for the contributions they have made to protect the Queensland public. It has been a privilege to work with them, and the AHPRA staff in the Queensland office, who provide invaluable support to the work carried out by the Board.



Professor Robert Schweitzer

Chair, Queensland Chair of the Psychology Board of Australia



Professor Brin Grenyer

Chair, Psychology Board of Australia

Members of the Queensland Board in 2016/17

Professor Robert Schweitzer (Chair)

Dr Fiona Black

Mrs Gail Hartridge

Mrs Jeanette Jifkins

Ms Susan Johnson

Professor Gene Moyle

Professor Kevin Ronan

Dr Melissa Sands

Dr Haydn Till

National Boards and committees making local decisions

The remaining nine National Boards of the National Scheme use national committees to make decisions about local practitioners.

National Boards of these professions appoint national committees to make decisions about registration and notifications in relation to individual practitioners. These national committees comprise representatives from each state and territory. Additional members may be appointed to these committees to bring specific professional or jurisdictional expertise when needed. Using national committees is an important way to minimise the cost of regulation for professions with proportionately fewer registrants than dental, medical, pharmacy, psychology and nursing and midwifery, while maintaining the benefits provided by the National Scheme.

The national committees are overseen by the National Boards to support consistent and robust decision-making to keep the public safe. See the 'Meet the Chairs' panel below to find out who is the Chair of each of these National Boards.

National Boards work closely with our network of AHPRA state and territory offices so that they can monitor and respond to any jurisdiction-specific issues for their professions.

In 2016/17, National Boards engaged with local stakeholders in a range of ways, including:

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

For more information about the work of National Boards during the year, read the 2016/17 annual report of AHPRA and the National Boards, at www.ahpra.gov.au/annualreport/2017.

Meet the Chairs



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



Professor Charlie Xue
Chair, Chinese
Medicine Board of
Australia



Dr Wayne Minter AM
Chair, Chiropractic
Board of Australia



Mr Mark Marcenko
Chair, Medical
Radiation Practice
Board of Australia



Ms Julie Brayshaw
Chair, Occupational
Therapy Board of
Australia



Mr Ian Bluntish
Chair, Optometry
Board of Australia



Dr Nikole Grbin
Chair, Osteopathy
Board of Australia



Dr Charles Flynn
Chair, Physiotherapy
Board of Australia



Ms Catherine Loughry
Chair, Podiatry Board
of Australia



Part 2

Regulating health
practitioners in
Queensland

Queensland data snapshot

Five local insights for 2016/17

As at 30 June 2017, there were 133,103 registered health practitioners with a principal place of practice in Queensland.

Queensland is the principal place of practice for 20.4% of all practitioners who are registered as both a nurse and a midwife.

13,445 new applications were received for registration in Queensland, an increase of 3.8% from the previous year.

Notifications referred to AHPRA by the OHO increased by 6.6% from the previous year, to 2,046 new notifications.

Of the 2,297 new statutory offence complaints received by AHPRA nationally, 197 were made about practice in Queensland.

Background

Data in this annual report summary are drawn from the 2016/17 annual report published by AHPRA and the National Boards. Queensland data have been extracted from national source data to highlight the work we have undertaken over the past year to keep the public safe. All data were correct as at 30 June 2017.

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

In the following pages, you'll find registration data, such as the number of practitioners in each profession whose principal place of practice (PPP) is in Queensland, including a breakdown by registration type, registration division (for professions with divisions), information about specialties (for dental, medical and podiatry practitioners), and endorsements or notations held. A gender breakdown of practitioners by profession is also included.

Notifications data (complaints or concerns referred to AHPRA by the OHO) are also included, with details of notifications received and closed during the year, as well as those that remained open at the end of the reporting year. Details of mandatory reports received and immediate actions taken are included, as well as information on the rate of notifications and mandatory notifications in the jurisdiction.

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

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

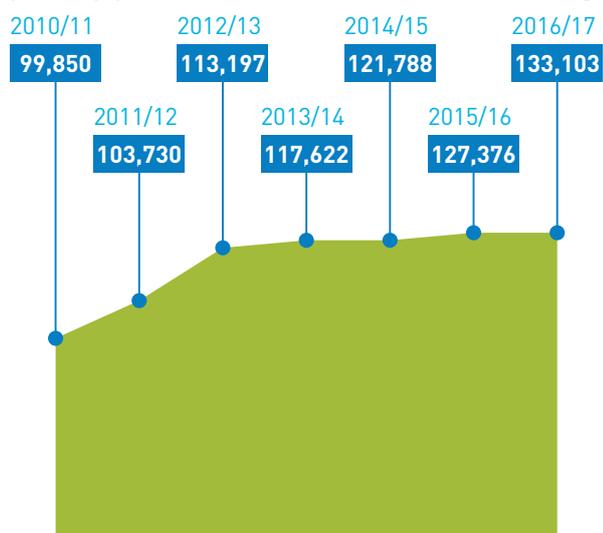
- ▶ is serious, in which case it must be retained by the OHO for further investigation
- ▶ should be referred to AHPRA and the National Board for management, or
- ▶ can be closed, or managed in another way, including through conciliation or local resolution.

This means that AHPRA only reports data relating to matters referred to us by the OHO. We are not able to report on all complaints about registered health practitioners in Queensland. For more data about health complaints in Queensland, please visit the OHO's website: www.oho.qld.gov.au/news-updates/our-reporting.

To view the full 2016/17 annual report by AHPRA and the National Boards, visit www.ahpra.gov.au/annualreport/2017. Annual report summaries for each of the eight jurisdictions and 14 National Boards are also published on the website.

Registration in Queensland

Figure 1: Queensland registrant numbers, year by year, since the National Scheme began



Health practitioners who practise in any of the 14 professions regulated by the National Scheme must be registered to a principal place of practice (PPP). Their PPP is the location declared by the practitioner as the address at which they mostly practise the profession.

Tables 1–8 provide details of registered health practitioners with a PPP in Queensland. At 30 June 2017, the number of registered health practitioners in Queensland was 133,103, an increase of 5,727 (4.5%) from 2015/16. This jurisdiction represents 19.6% of all registered health practitioners in Australia.

The proportion of practitioners who had a principal place of practice in Queensland ranged from 9.4% of all registered osteopaths to 20.4% of all dual-registrant nurses and midwives. See Table 1.

Data also showed that in 2016/17, Queensland had:

- ▶ 19.6% of registered health practitioners with a recognised specialty nationally, and
- ▶ 19.9% of health practitioners with a recognised endorsement or notation nationally, which permits an expanded scope of practice within their profession.

In 2016/17, applications received for registration in Queensland increased by 3.8%, with 13,445 new applications. This equates to 19.5% of new applications received nationally during the year. Details of new registration applications received, with a breakdown of profession and registration type, are provided in Table 6. Registration application outcomes are detailed at Table 7.

Table 1: Registered practitioners with Queensland as the principal place of practice, by profession¹

Profession	Qld	National total ⁴	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	108	608	17.8%
Chinese medicine practitioner	872	4,860	17.9%
Chiropractor	844	5,284	16.0%
Dental practitioner	4,478	22,383	20.0%
Medical practitioner	22,109	111,166	19.9%
Medical radiation practitioner	3,167	15,683	20.2%
Midwife	907	4,624	19.6%
Nurse	70,904	357,701	19.8%
Nurse and midwife ²	5,890	28,928	20.4%
Occupational therapist	3,780	19,516	19.4%
Optometrist	1,061	5,343	19.9%
Osteopath	209	2,230	9.4%
Pharmacist	6,000	30,360	19.8%
Physiotherapist	5,696	30,351	18.8%
Podiatrist	826	4,925	16.8%
Psychologist	6,252	34,976	17.9%
Total 2016/17	133,103	678,938	19.6%
Total 2015/16	127,376	657,621	19.4%
Qld's population as a proportion of national population³	4,883,700	24,385,600	20.0%

Criminal history checks

As part of the registration process, AHPRA requested 70,544 domestic and international criminal history checks of practitioners nationally this year. Overall, 3.8% of the results indicated that the applicant had a disclosable court outcome.

In Queensland, 12,723 criminal history checks were carried out (compared with 11,877 in 2015/16). Of these, there were 582 disclosable court outcomes (compared with 651 in 2015/16).

In the majority of cases nationally, the applicant was granted registration because the nature of an individual's disclosable court outcome had little relevance to their ability to practise safely and competently. No applicants had conditions imposed on their registration due to a disclosable court outcome this year, compared with 10 in 2015/16. No applicants were refused registration, compared with one in 2015/16.

See www.ahpra.gov.au/Registration/Registration-Standards/Criminal-history.

1 Data are based on registered practitioners as at 30 June 2017 and are segmented from data in AHPRA and the National Boards' 2016/17 annual report.
 2 Registrants who hold dual registration as both a nurse and a midwife.
 3 Based on Australian Bureau of Statistics (ABS) Demographics Statistics as at 30 December 2016.
 4 National total also includes registrants who have no specified principal place of practice (PPP), including practitioners with an overseas address.

Table 2: Registered practitioners with Queensland as the principal place of practice, by registration type

Profession/registration type	Qld	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	108	608	17.8%
General	108	605	17.9%
Non-practising	0	3	0.0%
Chinese medicine practitioner	872	4,860	17.9%
General	827	4,583	18.0%
General and non-practising	0	3	0.0%
Limited	0	2	0.0%
Non-practising	45	272	16.5%
Chiropractor	844	5,284	16.0%
General	813	4,967	16.4%
Limited	2	2	100.0%
Non-practising	29	315	9.2%
Dental practitioner	4,478	22,383	20.0%
General	4,073	20,053	20.3%
General and non-practising ¹	1	1	100.0%
General and specialist	320	1,655	19.3%
Limited	18	58	31.0%
Non-practising	62	576	10.8%
Specialist	4	40	10.0%
Medical practitioner	22,109	111,166	19.9%
General	7,950	38,798	20.5%
General (teaching and assessing)	11	40	27.5%
General (teaching and assessing) and specialist	0	1	0.0%
General and specialist	9,838	52,264	18.8%
Limited	396	2,473	16.0%
Non-practising	278	2,762	10.1%
Provisional	1,347	5,495	24.5%
Specialist	2,289	9,333	24.5%
Medical radiation practitioner	3,167	15,683	20.2%
General	3,084	15,010	20.5%
Limited	0	1	0.0%
Non-practising	22	235	9.4%
Provisional	61	437	14.0%
Midwife	907	4,624	19.6%
General	895	4,548	19.7%
Non-practising	11	73	15.1%
Provisional	1	3	33.3%

Profession/registration type	Qld	National total	% of national total
Nurse	70,904	357,701	19.8%
General	69,982	352,011	19.9%
General and non-practising ¹	4	27	14.8%
General and provisional	1	5	20.0%
Non-practising	863	5,421	15.9%
Provisional	54	237	22.8%
Nurse and Midwife	5,890	28,928	20.4%
General	5,594	26,835	20.8%
General and non-practising ²	193	1,401	13.8%
General and provisional	1	8	12.5%
Non-practising	100	679	14.7%
Provisional	2	5	40.0%
Occupational therapist	3,780	19,516	19.4%
General	3,639	18,755	19.4%
Limited	7	69	10.1%
Non-practising	132	659	20.0%
Provisional	2	33	6.1%
Optometrist	1,061	5,343	19.9%
General	1,040	5,167	20.1%
Limited	1	4	25.0%
Non-practising	20	172	11.6%
Osteopath	209	2,230	9.4%
General	198	2,129	9.3%
Limited	0	1	0.0%
Non-practising	8	89	9.0%
Provisional	3	11	27.3%
Pharmacist	6,000	30,360	19.8%
General	5,494	27,544	19.9%
Limited	1	10	10.0%
Non-practising	134	1,097	12.2%
Provisional	371	1,709	21.7%
Physiotherapist	5,696	30,351	18.8%
General	5,518	29,114	19.0%
Limited	54	371	14.6%
Non-practising	124	866	14.3%
Podiatrist ³	826	4,925	16.8%
General	806	4,790	16.8%
General and specialist	1	30	3.3%
Non-practising	19	105	18.1%
Psychologist	6,252	34,976	17.9%
General	5,001	28,442	17.6%
Non-practising	270	1,695	15.9%
Provisional	981	4,839	20.3%
Total	133,103	678,938	19.6%

1 Practitioners holding general registration in one division and non-practising registration in another division.

2 Practitioners holding general registration in one profession and non-practising registration in the other profession.

3 Includes podiatric surgeons.

Table 3: Registered practitioners who hold an endorsement, with Queensland as the principal place of practice

Profession/endorsement	Qld	National total	% of national total
Chiropractor	0	31	0.0%
Acupuncture	0	31	0.0%
Dental practitioner	21	96	21.9%
Area of practice - conscious sedation	21	96	21.9%
Medical practitioner	94	583	16.1%
Acupuncture	94	583	16.1%
Midwife ¹	122	333	36.6%
Midwife Practitioner	0	1	0.0%
Scheduled Medicines	122	332	36.7%
Nurse ¹	1,227	2,676	45.9%
Nurse Practitioner	406	1,559	26.0%
Scheduled Medicines - Rural and isolated practice	821	1,117	73.5%
Optometrist	522	2,717	19.2%
Scheduled Medicines	522	2,717	19.2%
Osteopath	0	2	0.0%
Acupuncture	0	2	0.0%
Physiotherapist	0	7	0.0%
Acupuncture	0	7	0.0%
Podiatrist ²	17	82	20.7%
Scheduled Medicines	17	82	20.7%
Psychologist	1,780	11,702	15.2%
Area of Practice	1,780	11,702	15.2%
Total	3,783	18,229	20.8%

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

Profession/gender	Qld	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	108	608	17.8%
Female	89	463	19.2%
Male	19	145	13.1%
Chinese medicine practitioner	872	4,860	17.9%
Female	473	2,683	17.6%
Male	399	2,177	18.3%
Chiropractor	844	5,284	16.0%
Female	298	2,064	14.4%
Male	546	3,220	17.0%

Profession/gender	Qld	National total	% of national total
Dental practitioner	4,478	22,383	20.0%
Female	2,197	11,244	19.5%
Male	2,281	11,139	20.5%
Medical practitioner	22,109	111,166	19.9%
Female	9,075	46,751	19.4%
Male	13,034	64,415	20.2%
Medical radiation practitioner	3,167	15,683	20.2%
Female	2,124	10,664	19.9%
Male	1,043	5,019	20.8%
Midwife	907	4,624	19.6%
Female	906	4,608	19.7%
Male	1	16	6.3%
Nurse	70,904	357,701	19.8%
Female	62,902	315,993	19.9%
Intersex or indeterminate	1	2	50.0%
Male	8,001	41,706	19.2%
Nurse and midwife	5,890	28,928	20.4%
Female	5,798	28,419	20.4%
Male	92	509	18.1%
Occupational therapist	3,780	19,516	19.4%
Female	3,472	17,812	19.5%
Male	308	1,704	18.1%
Optometrist	1,061	5,343	19.9%
Female	545	2,819	19.3%
Male	516	2,524	20.4%
Osteopath	209	2,230	9.4%
Female	96	1,217	7.9%
Male	113	1,013	11.2%
Pharmacist	6,000	30,360	19.8%
Female	3,739	18,782	19.9%
Male	2,261	11,578	19.5%
Physiotherapist	5,696	30,351	18.8%
Female	3,786	20,489	18.5%
Male	1,910	9,862	19.4%
Podiatrist ²	826	4,925	16.8%
Female	497	2,952	16.8%
Male	329	1,973	16.7%
Psychologist	6,252	34,976	17.9%
Female	5,000	27,854	18.0%
Intersex or indeterminate	0	1	0.0%
Male	1,252	7,121	17.6%
Total	133,103	678,938	19.6%

1 Nursing and midwifery registrants may hold dual nursing and midwifery registration and may have endorsements against each registration.

2 Includes podiatric surgeons.

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

Profession/division	Qld	National total	% of national total
Chinese medicine practitioner	872	4,860	17.9%
Acupuncturist	566	1,726	32.8%
Acupuncturist and Chinese herbal dispenser ¹	2	3	66.7%
Acupuncturist and Chinese herbal dispenser and Chinese herbal medicine practitioner ¹	56	833	6.7%
Acupuncturist and Chinese herbal medicine practitioner ¹	236	2,178	10.8%
Chinese herbal dispenser	2	45	4.4%
Chinese herbal dispenser and Chinese herbal medicine practitioner ¹	2	20	10.0%
Chinese herbal medicine practitioner	8	55	14.5%
Dental practitioner	4,478	22,383	20.0%
Dental hygienist	143	1,439	9.9%
Dental hygienist and dental prosthetist ¹	1	3	33.3%
Dental hygienist and dental prosthetist and dental therapist ¹	0	2	0.0%
Dental hygienist and dental therapist ¹	139	472	29.4%
Dental hygienist and dental therapist and dentist ¹	2	2	100.0%
Dental hygienist and dental therapist and oral health therapist ¹	3	3	100.0%
Dental hygienist and dentist ¹	1	4	25.0%
Dental hygienist and oral health therapist ¹	0	8	0.0%
Dental prosthetist	270	1,271	21.2%
Dental prosthetist and dental therapist ¹	0	1	0.0%
Dental prosthetist and dentist ¹	0	2	0.0%
Dental therapist	173	965	17.9%
Dental therapist and dentist ¹	0	1	0.0%
Dental therapist and oral health therapist ¹	0	6	0.0%
Dentist	3,360	16,732	20.1%
Dentist and oral health therapist ¹	1	2	50.0%
Oral health therapist	385	1,470	26.2%
Medical radiation practitioner	3,167	15,683	20.2%
Diagnostic radiographer	2,480	12,117	20.5%
Diagnostic radiographer and nuclear medicine technologist ¹	10	17	58.8%
Diagnostic radiographer and radiation therapist ¹	1	2	50.0%
Nuclear medicine technologist	162	1,145	14.1%
Radiation therapist	514	2,402	21.4%
Nurse	70,904	357,701	19.8%
Enrolled nurse (Division 2)	13,108	64,021	20.5%
Enrolled nurse (Division 2) and registered nurse (Division 1) ¹	1,498	7,264	20.6%
Registered nurse (Division 1)	56,298	286,416	19.7%
Nurse and midwife²	5,890	28,928	20.4%
Enrolled nurse and midwife ¹	23	70	32.9%
Enrolled nurse and registered nurse and midwife ¹	4	66	6.1%
Registered nurse and midwife ¹	5,863	28,792	20.4%
Total	85,311	429,555	19.9%

1 Practitioners who hold dual or multiple registration.

2 Refers to dual-registrant nurses and midwives. Note that there are no divisions within the midwifery profession.

Table 6: Applications received, by profession and registration type

Profession/registration type	Qld	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	27	141	19.1%
General	27	140	19.3%
Non-practising	0	1	0.0%
Chinese medicine practitioner	80	629	12.7%
General	56	446	12.6%
Limited	0	6	0.0%
Non-practising	24	177	13.6%
Chiropractor	56	388	14.4%
General	44	307	14.3%
Limited	2	2	100.0%
Non-practising	10	79	12.7%
Dental practitioner	339	1,652	20.5%
General	299	1,381	21.7%
Limited	3	30	10.0%
Non-practising	20	142	14.1%
Specialist	17	99	17.2%
Medical practitioner	3,670	16,953	21.6%
General	1,329	5,649	23.5%
Limited	235	1,540	15.3%
Non-practising	70	515	13.6%
Provisional	1,236	5,311	23.3%
Specialist	800	3,938	20.3%
Medical radiation practitioner	269	1,596	16.9%
General	204	1,130	18.1%
Non-practising	8	64	12.5%
Provisional	57	402	14.2%
Midwife	405	1,848	21.9%
General	345	1,557	22.2%
Non-practising	51	269	19.0%
Provisional	9	22	40.9%
Nurse	5,848	31,412	18.6%
General	5,485	29,687	18.5%
Non-practising	283	1,415	20.0%
Provisional	80	310	25.8%
Occupational therapist	426	2,282	18.7%
General	365	1,918	19.0%
Limited	15	102	14.7%
Non-practising	45	241	18.7%
Provisional	1	21	4.8%

Profession/registration type	Qld	National total	% of national total
Optometrist	46	328	14.0%
General	36	294	12.2%
Limited	1	3	33.3%
Non-practising	9	31	29.0%
Osteopath	23	258	8.9%
General	17	205	8.3%
Limited	0	1	0.0%
Non-practising	3	39	7.7%
Provisional	3	13	23.1%
Pharmacist	700	3,321	21.1%
General	345	1,576	21.9%
Limited	1	24	4.2%
Non-practising	40	221	18.1%
Provisional	314	1,500	20.9%
Physiotherapist	532	2,695	19.7%
General	456	2,276	20.0%
Limited	43	251	17.1%
Non-practising	33	168	19.6%
Podiatrist³	78	468	16.7%
General	71	434	16.4%
Limited	1	1	100.0%
Non-practising	6	33	18.2%
Psychologist	946	5,018	18.9%
General	358	1,892	18.9%
Non-practising	81	515	15.7%
Provisional	507	2,611	19.4%
Total 2016/17	13,445	68,989	19.5%
Total 2015/16	12,957	65,274	19.9%

Table 7: Outcome of applications for registration finalised in 2016/17

Outcome	Qld	National total ²	% of national total
Register	12,030	59,559	20.2%
Register with conditions	240	1,505	15.9%
Register in a type other than applied for	14	117	12.0%
Register in a type other than applied for with conditions	29	130	22.3%
Refuse application	230	2,800	8.2%
Withdrawn	665	4,194	15.9%
Total 2016/17¹	13,208	68,305	19.3%

1 Based on state and territory of the applicants' principal place of practice (PPP).

2 National total figure includes overseas applicants and applicants who did not indicate their PPP.

3 Includes podiatric surgeons.

Table 8: Health practitioners with specialties at 30 June 2017¹

Profession/area of specialty practice	Qld	National total	% of national total
Dental practitioner	334	1,745	19.1%
Dento-maxillofacial radiology	6	10	60.0%
Endodontics	29	169	17.2%
Forensic odontology	2	25	8.0%
Oral and maxillofacial surgery	47	211	22.3%
Oral medicine	5	35	14.3%
Oral pathology	4	23	17.4%
Oral surgery	4	51	7.8%
Orthodontics	127	612	20.8%
Paediatric dentistry	24	134	17.9%
Periodontics	39	226	17.3%
Prosthodontics	42	216	19.4%
Public health dentistry (Community dentistry)	1	16	6.3%
Special needs dentistry	4	17	23.5%
Medical practitioner	13,112	66,659	19.7%
Addiction medicine	29	172	16.9%
Anaesthesia	1,007	4,929	20.4%
Dermatology	93	540	17.2%
Emergency medicine	472	2,059	22.9%
General practice	5,365	25,240	21.3%
Intensive care medicine	193	888	21.7%
Paediatric intensive care medicine	2	11	18.2%
No sub-specialty declared	191	877	21.8%
Medical administration	82	337	24.3%
Obstetrics and gynaecology	387	1,983	19.5%
Gynaecological oncology	10	47	21.3%
Maternal-fetal medicine	8	40	20.0%
Obstetrics and gynaecological ultrasound	4	73	5.5%
Reproductive endocrinology and infertility	3	54	5.6%
Urogynaecology	7	31	22.6%
No sub-specialty declared	355	1,738	20.4%
Occupational and environmental medicine	42	310	13.5%
Ophthalmology	168	1,016	16.5%
Paediatrics and child health	498	2,698	18.5%
Clinical genetics	5	31	16.1%
Community child health	13	62	21.0%
General paediatrics	351	1,880	18.7%

Profession/area of specialty practice	Qld	National total	% of national total
Neonatal and perinatal medicine	30	181	16.6%
Paediatric cardiology	9	40	22.5%
Paediatric clinical pharmacology	0	1	0.0%
Paediatric emergency medicine	18	59	30.5%
Paediatric endocrinology	9	34	26.5%
Paediatric gastroenterology and hepatology	4	30	13.3%
Paediatric haematology	3	15	20.0%
Paediatric immunology and allergy	4	29	13.8%
Paediatric infectious diseases	7	26	26.9%
Paediatric intensive care medicine	3	6	50.0%
Paediatric medical oncology	9	34	26.5%
Paediatric nephrology	1	11	9.1%
Paediatric neurology	5	40	12.5%
Paediatric palliative medicine	1	4	25.0%
Paediatric rehabilitation medicine	2	8	25.0%
Paediatric respiratory and sleep medicine	10	34	29.4%
Paediatric rheumatology	2	11	18.2%
Paediatric nuclear medicine	0	1	0.0%
No sub-specialty declared	12	161	7.5%
Pain medicine	58	287	20.2%
Palliative medicine	59	329	17.9%
Pathology	386	2,116	18.2%
Anatomical pathology (including cytopathology)	178	914	19.5%
Chemical pathology	14	93	15.1%
Forensic pathology	15	51	29.4%
General pathology	19	112	17.0%
Haematology	98	538	18.2%
Immunology	12	117	10.3%
Microbiology	41	241	17.0%
No sub-specialty declared	9	50	18.0%
Physician	1,743	10,165	17.1%
Cardiology	270	1,366	19.8%
Clinical genetics	7	70	10.0%
Clinical pharmacology	10	56	17.9%
Endocrinology	122	688	17.7%
Gastroenterology and hepatology	161	874	18.4%

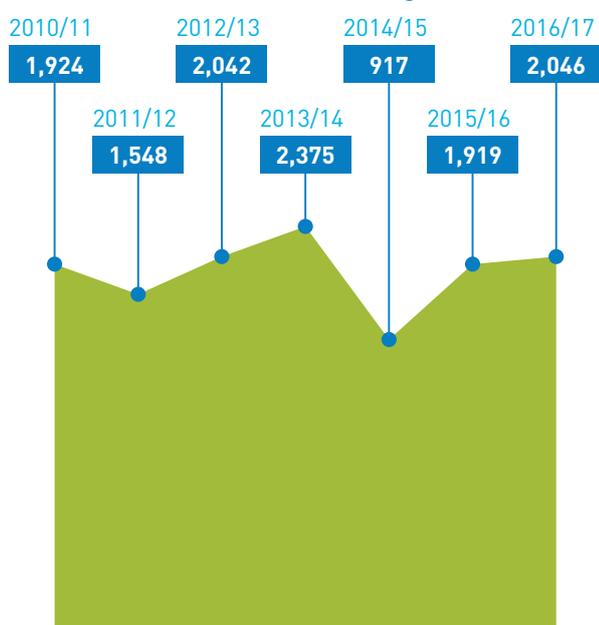
¹ The data above record the number of practitioners with registration in the specialist fields listed. Individual practitioners may be registered to practise in more than one specialist field.

Table 8: Health practitioners with specialties at 30 June 2017 *(Continued from previous page)*

Profession/area of specialty practice	Qld	National total	% of national total
General medicine	380	1,798	21.1%
Geriatric medicine	101	718	14.1%
Haematology	97	563	17.2%
Immunology and allergy	16	163	9.8%
Infectious diseases	63	434	14.5%
Medical oncology	110	667	16.5%
Nephrology	90	556	16.2%
Neurology	77	601	12.8%
Nuclear medicine	29	255	11.4%
Respiratory and sleep medicine	130	685	19.0%
Rheumatology	49	371	13.2%
No sub-specialty declared	31	300	10.3%
Psychiatry	706	3,689	19.1%
Public health medicine	78	433	18.0%
Radiation oncology	79	386	20.5%
Radiology	456	2,464	18.5%
Diagnostic radiology	394	2,097	18.8%
Diagnostic ultrasound	0	4	0.0%
Nuclear medicine	49	188	26.1%
No sub-specialty declared	13	175	7.4%
Rehabilitation medicine	66	517	12.8%
Sexual health medicine	19	127	15.0%
Sport and exercise medicine	11	121	9.1%
Surgery	1,115	5,853	19.1%
Cardio-thoracic surgery	41	203	20.2%
General surgery	364	2,024	18.0%
Neurosurgery	51	252	20.2%
Oral and maxillofacial surgery	34	133	25.6%
Orthopaedic surgery	310	1,436	21.6%
Otolaryngology - head and neck surgery	94	510	18.4%
Paediatric surgery	16	102	15.7%
Plastic surgery	68	461	14.8%
Urology	88	445	19.8%
Vascular surgery	47	238	19.7%
No sub-specialty declared	2	49	4.1%
Podiatrist	1	30	3.3%
Podiatric surgeon	1	30	3.3%
Total	13,447	68,434	19.6%

Notifications in Queensland

Figure 2: Total notifications received by AHPRA about practitioners with a principal place of practice in Queensland, year by year, since the National Scheme began



Notifications are complaints or concerns that are raised with AHPRA about registered health practitioners or students practising in Australia, excluding in New South Wales (NSW), where complaints are handled by the Health Professional Councils Authority (HPCA), and in Queensland, where complaints may be referred to AHPRA by the Office of the Health Ombudsman (OHO). For more information on our data, see 'Background' on page 14.

Tables 9–20 contain data relating to notifications about registered health practitioners with a principal place of practice (PPP) in Queensland. Some tables do not contain data from the HPCA in NSW, as indicated in the table headings.

Nationally, notifications received by AHPRA in 2016/17 increased by 13.9%. Notifications received about practitioners with a PPP in Queensland increased by 6.6%, to 2,046 complaints, compared with 1,919 in the previous year. This represents 29.7% of all notifications received by AHPRA nationally.

Of the new notifications received, mandatory notifications in Queensland decreased from 15 matters in 2015/16 to 13 matters in 2016/17; this represents just 1.5% of mandatory notifications received by AHPRA nationally in 2016/17. However, information that captures whether the complaint is voluntary or mandatory is not always captured on receipt by the OHO or referral to AHPRA and likely explains the small proportion identified for Queensland.

There was also an increase of 11% in the number of open notifications (1,431 at 30 June 2017, compared with 1,288 at 30 June 2016). This represents 35.6% of all open notifications nationally. See Table 9.

The percentage of the Queensland registrant base with notifications received in 2016/17 was 2.2%, which was 0.6% higher than the national percentage (1.6%).

A large proportion of notifications (985) were about clinical care. Notifications referred to AHPRA by the OHO came largely from the patient (874) or another practitioner (262). See Table 13.

There were 58 cases where immediate action was initiated against practitioners in Queensland. In 46 of these cases the registration of the practitioner was suspended or restricted in order to protect the public. In the remaining 12 cases the practitioner surrendered registration (1) or the Board determined that immediate action was not required. See Table 14.

Tables 15–19 detail the outcomes of key stages in the notifications process during 2016/17. Please note that the national data in these tables do not include data for NSW because complaints in that jurisdiction are managed by the HPCA.

The majority of the 2,344 enquiries received about Queensland registrants in 2016/17 were considered to meet the criteria for a notification or statutory offence complaint (1,997) and an assessment commenced.

On completion of assessment of cases in 2016/17, 1,277 were closed and 735 were taken to a further stage. See Table 16. Refer to Table 17 for the outcomes of investigations finalised during the year.

There were 28 cases closed following a panel hearing and 43 were closed following a tribunal hearing. See Tables 18 and 19.

In total, 1,901 matters were closed in Queensland in 2016/17. See Table 20.

Table 9: Notifications received or closed in 2016/17 or open at 30 June 2017, by profession (excluding HPCA)¹

Notifications	All received			Mandatory received			Closed			Open at 30 June		
	Qld	National total	% of national total	Qld	National total	% of national total	Qld	National total	% of national total	Qld	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	1	7	14.3%	0	2	0.0%	1	6	16.7%	0	2	0.0%
Chinese medicine practitioner	20	36	55.6%	0	0	0.0%	17	34	50.0%	7	16	43.8%
Chiropractor	35	103	34.0%	0	11	0.0%	27	88	30.7%	27	108	25.0%
Dental practitioner	185	526	35.2%	0	21	0.0%	123	485	25.4%	169	362	46.7%
Medical practitioner	1,141	3,617	31.5%	4	224	1.8%	1,139	3,557	32.0%	710	1,905	37.3%
Medical radiation practitioner	6	23	26.1%	0	6	0.0%	8	29	27.6%	7	17	41.2%
Midwife	35	75	46.7%	0	17	0.0%	25	86	29.1%	33	65	50.8%
Nurse	422	1,568	26.9%	6	471	1.3%	372	1,473	25.3%	337	992	34.0%
Occupational therapist	13	37	35.1%	0	4	0.0%	13	39	33.3%	8	17	47.1%
Optometrist	8	33	24.2%	0	1	0.0%	10	27	37.0%	5	17	29.4%
Osteopath	2	14	14.3%	0	0	0.0%	2	13	15.4%	2	8	25.0%
Pharmacist	84	373	22.5%	2	51	3.9%	80	355	22.5%	45	202	22.3%
Physiotherapist	20	80	25.0%	0	8	0.0%	20	83	24.1%	16	46	34.8%
Podiatrist	9	42	21.4%	0	4	0.0%	8	47	17.0%	6	17	35.3%
Psychologist	65	360	18.1%	1	27	3.7%	56	344	16.3%	59	241	24.5%
Not identified ²	0	4	0.0%	0	0	0.0%	0	3	0.0%	0	1	0.0%
Total 2016/17	2,046	6,898	29.7%	13	847	1.5%	1,901	6,669	28.5%	1,431	4,016	35.6%
Total 2015/16	1,919	6,056	31.7%	15	641	2.3%	1,372	5,227	26.2%	1,288	3,787	34.0%

Table 10: Percentage of registrant base with notifications received in 2016/17, by profession³

Profession	Qld	National total
Aboriginal and Torres Strait Islander Health Practitioner	0.9%	1.2%
Chinese medicine practitioner	2.5%	1.2%
Chiropractor	5.7%	3.1%
Dental practitioner	5.6%	3.8%
Medical practitioner	7.7%	5.1%
Medical radiation practitioner	0.3%	0.3%
Midwife ⁴	0.7%	0.3%
Nurse ⁵	0.7%	0.6%
Occupational therapist	0.5%	0.3%
Optometrist	1.1%	1.1%
Osteopath	2.4%	1.1%
Pharmacist	1.8%	1.8%
Physiotherapist	0.7%	0.4%
Podiatrist	2.1%	1.3%
Psychologist	2.0%	1.6%
Total 2016/17	2.2%	1.6%
Total 2015/16	1.5%	1.5%

1 All national totals include notifications managed by AHPRA only (excludes data from the HPCA in NSW).

2 Profession of registrant is not always identifiable in the early stages of a notification.

3 Percentages for each state and profession are based on registrants whose profession has been identified and whose principal place of practice is an Australian state or territory. Notifications where the profession of the registrant has not been identified and registrants whose principal place of practice is not in Australia are only represented in the state and profession totals above.

4 The registrant base used for midwives includes registrants with midwifery or with nursing and midwifery registration.

5 The registrant base for nurses includes registrants with nursing registration or with nursing and midwifery registration.

Table 11: Queensland registrants involved in mandatory notifications (excluding HPCA)

Practitioners	Qld	National total
Number of practitioners ¹ 2016/17	10	1,023
Rate/10,000 practitioners ² 2016/17	0.8	15.1
Number of practitioners ¹ 2015/16	14	920
Rate/10,000 practitioners ² 2015/16	1.1	14.0

Table 12: Issues in notifications received in 2016/17 (excluding HPCA)

Issue	Qld	National total	% of national total
Behaviour	47	257	18.3%
Billing	14	70	20.0%
Boundary violation	41	248	16.5%
Clinical care	985	2,950	33.4%
Communication	94	496	19.0%
Confidentiality	33	159	20.8%
Conflict of interest	3	15	20.0%
Discrimination	0	6	0.0%
Documentation	56	272	20.6%
Health impairment	219	581	37.7%
Infection/hygiene	21	71	29.6%
Informed consent	10	54	18.5%
Medico-legal conduct	2	64	3.1%
National Law breach	75	178	42.1%
National Law offence	27	45	60.0%
Offence	84	214	39.3%
Offence by student	0	3	0.0%
Other	42	282	14.9%
Pharmacy/medication	283	821	34.5%
Professional conduct	2	3	66.7%
Research/teaching/assessment	0	3	0.0%
Response to adverse event	2	22	9.1%
Teamwork/supervision	5	47	10.6%
Treatment	1	1	100.0%
Not recorded	0	36	0.0%
Total	2,046	6,898	29.7%

Table 13: Source of notifications received in 2016/17

Source	Qld	National total (excluding HPCA) ³	% of national total (excluding HPCA)
Anonymous	25	141	17.7%
Drugs and poisons	1	20	5.0%
Education provider	2	26	7.7%
Employer	56	585	9.6%
Government department	76	169	45.0%
Health complaints entity	3	438	0.7%
Health advisory service	28	34	82.4%
Hospital	114	123	92.7%
HPCA/HCCC		1	0.0%
Insurance company	2	9	22.2%
Lawyer	5	44	11.4%
Medicare		3	0.0%
Member of the public	96	318	30.2%
Ombudsman	73	82	89.0%
Other Board	21	46	45.7%
Other practitioner	262	879	29.8%
Own motion	36	291	12.4%
Patient	874	2,406	36.3%
Police	15	56	26.8%
Relative	259	748	34.6%
Self	80	186	43.0%
Treating practitioner	2	57	3.5%
Unclassified	16	236	6.8%
Total	2,046	6,898	29.7%

1 Figures present the number of practitioners involved in the mandatory reports received.

2 Practitioners with no principal place of practice are not represented in the calculation of a rate for each state, but are included in the calculation of the national total rate.

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

Table 14: Immediate action cases about notifications received in 2016/17 (excluding HPCA)

Outcome	Qld	National total	% of national total
Not take immediate action	11	76	14.5%
Accept undertaking	7	69	10.1%
Impose conditions	22	147	15.0%
Accept surrender of registration	1	1	100.0%
Suspend registration	17	103	16.5%
Decision pending	0	23	0.0%
Total	58	419	13.8%

Table 15: Outcome of enquiries received in 2016/17 (excluding HPCA)

Outcome	Qld	National total	% of national total
Moved to notification, complaint or offence	1,997	7,275	27.5%
Closed at lodgement	22	1,233	1.8%
Yet to be determined	325	1,497	21.7%
Total	2,344	10,005	23.4%

Table 16: Outcomes of assessments finalised in 2016/17

Outcome	Qld	National total (excluding HPCA)	% of national total
Outcome of decisions to take the notification further			
Investigation	609	2,159	28.2%
Health or performance assessment	109	228	47.8%
Panel hearing	11	11	100.0%
Other stage	6	88	6.8%
Total	735	2,486	29.6%
Outcome of notifications closed following assessment			
No further action ¹	927	3,111	29.8%
Health complaints entity to retain	2	148	1.4%
Refer all or part of the notification to another body	5	29	17.2%
Dealt with as enquiry	0	10	0.0%
Caution	229	485	47.2%
Accept undertaking	23	44	52.3%
Impose conditions	91	200	45.5%
Total	1,277	4,027	31.7%

Table 17: Outcomes of investigations finalised in 2016/17

Outcome	Qld	National total (excluding HPCA)	% of national total
Outcome of decisions to take the notification further			
Assessment	4	7	57.1%
Health or performance assessment	29	152	19.1%
Panel hearing	13	61	21.3%
Tribunal hearing	2	153	1.3%
Other stage	0	3	0.0%
Total	48	376	12.8%
Outcome of notifications closed following investigation			
No further action ¹	260	1,170	22.2%
Refer all or part of the notification to another body	13	25	52.0%
Caution	69	400	17.3%
Accept undertaking	15	64	23.4%
Impose conditions	47	261	18.0%
Total	404	1,920	21.0%

Table 18: Outcomes of panel hearings finalised in 2016/17

Outcome	Qld	National total (excluding HPCA)	% of national total
No further action ¹	1	11	9.1%
Caution	13	28	46.4%
Reprimand	1	5	20.0%
Impose conditions	13	26	50.0%
Suspend registration	0	2	0.0%
Total	28	72	38.9%

¹ No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public.

Table 19: Outcomes of matters referred to tribunal finalised in 2016/17

Outcome	Qld	National total (excluding HPCA)	% of national total
No further action ¹	3	15	20.0%
Caution	0	3	0.0%
Reprimand	8	16	50.0%
Fine registrant	0	11	0.0%
Accept undertaking	2	3	66.7%
Impose conditions	21	60	35.0%
Practitioner surrenders registration	0	1	0.0%
Suspend registration	0	27	0.0%
Cancel registration	9	34	26.5%
Not permitted to reapply for registration for 12 months or more	0	3	0.0%
Total	43	173	24.9%

Table 20: Notifications closed in Queensland in 2016/17, by profession and stage at closure

Profession	Assessment	Investigation	Health or performance assessment	Panel hearing	Tribunal hearing	Total 2016/17
Aboriginal and Torres Strait Islander Health Practitioner	1	0	0	0	0	1
Chinese medicine practitioner	14	3	0	0	0	17
Chiropractor	21	5	0	1	0	27
Dental practitioner	99	19	4	1	0	123
Medical practitioner	813	261	25	12	28	1,139
Medical radiation practitioner	4	1	3	0	0	8
Midwife	16	4	5	0	0	25
Nurse	193	82	85	9	3	372
Occupational therapist	10	1	1	1	0	13
Optometrist	5	5	0	0	0	10
Osteopath	1	1	0	0	0	2
Pharmacist	55	7	8	1	9	80
Physiotherapist	10	7	3	0	0	20
Podiatrist	8	0	0	0	0	8
Psychologist	34	7	6	3	6	56
Total 2016/17	1,284	403	140	28	46	1,901

¹ No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public.

Monitoring and compliance

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

Monitoring can be for any of the following reasons:

- ▶ suitability/eligibility to be registered to practise
- ▶ compliance with restrictions on their registration – health, conduct, performance, or
- ▶ to make sure that any practitioner who was suspended or cancelled from the register did not practise.

The 1,069 active monitoring cases shown in Table 21 relate to 1,035 individuals with a principal place of practice in Queensland¹.

The majority of these cases related to nurses (375 cases), medical practitioners (336 cases) and Chinese medicine practitioners (130 cases), and were about eligibility/suitability for registration. See Table 22 for the breakdown by stream.

For more information on monitoring and compliance, visit the AHPRA website at www.ahpra.gov.au/Registration/Monitoring-and-compliance.

Table 21: Active monitoring cases at 30 June 2017, by profession

Profession	Qld	National total (excluding HPCA)	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	19	72	26.4%
Chinese medicine practitioner	130	945	13.8%
Chiropractor	11	49	22.4%
Dental practitioner	30	134	22.4%
Medical practitioner	336	1,620	20.7%
Medical radiation practitioner	29	88	33.0%
Midwife	22	155	14.2%
Nurse	375	1,553	24.1%
Occupational therapist	8	51	15.7%
Optometrist	4	15	26.7%
Osteopath	0	6	0.0%
Pharmacist	46	175	26.3%
Physiotherapist	17	64	26.6%
Podiatrist	4	14	28.6%
Psychologist	38	143	26.6%
Total	1,069	5,084	21.0%

1 A practitioner who has restrictions for more than one reason may be allocated more than one 'monitoring case'. For example, if a practitioner in Queensland has conditions imposed as a result of health concerns and conduct, they may be allocated two monitoring cases.

2 Excludes cases monitored by the HPCA.

3 Includes cases to be transitioned from AHPRA to the Health Professional Councils Authority (HPCA) for Conduct, Health and Performance streams.

Table 22: Active monitoring cases¹ at 30 June 2017, by stream

Stream	Qld	National total ²	% of national total
Conduct ³	91	356	25.6%
Health ³	252	577	43.7%
Performance ³	171	552	31.0%
Prohibited practitioner/student	46	256	18.0%
Suitability/eligibility	509	3,343	15.2%
Total	1,069	5,084	21.0%

Statutory offence complaints

Breaches of the National Law by health practitioners, unregistered individuals or companies can put the community at risk. In order to protect the public, the National Law sets out the following types of statutory offences:

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

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.

Nationally, AHPRA received 2,297 statutory offence complaints during 2016/17, which is significantly higher than in 2015/16. This significant increase was largely due to a series of bulk complaints made by a number of external organisations about alleged advertising breaches (these made up 82.5% of all complaints). Of the advertising complaints received nationally, 47.7% were about physiotherapy services, 13.2% were about osteopathy services and 10.8% were about dental services.

In 2016/17, 197 new statutory offence complaints were made about Queensland practice, a decrease of 13.6% from 2015/16, which is inconsistent with the national pattern. Queensland received 8.6% of all offence complaints nationally.

There were 176 statutory offence matters closed in Queensland in 2016/17, which was significantly more than in 2015/16 (see Table 23). This was largely due to a new approach to the management of advertising matters (read about our advertising compliance and enforcement strategy on the next page). Almost all new matters in Queensland related to title protection or advertising concerns.

Download AHPRA and the National Boards' 2016/17 annual report for more data about statutory offences: www.ahpra.gov.au/annualreport/2017.

Table 23: Statutory offences received and closed in Queensland, by profession¹

Profession	Qld		National total ²		% of national total	
	Received	Closed	Received	Closed	Received	Closed
Aboriginal and Torres Strait Islander Health Practitioner	0	0	3	2	0.0%	0.0%
Chinese medicine practitioner	21	13	72	38	29.2%	34.2%
Chiropractor	25	20	162	192	15.4%	10.4%
Dental practitioner	14	30	239	295	5.9%	10.2%
Medical practitioner	34	58	273	283	12.5%	20.5%
Medical radiation practitioner	1	0	4	9	25.0%	0.0%
Midwife	4	4	8	35	50.0%	11.4%
Nurse	11	5	76	80	14.5%	6.3%
Occupational therapist	2	2	9	13	22.2%	15.4%
Optometrist	2	3	23	24	8.7%	12.5%
Osteopath	30	2	252	24	11.9%	8.3%
Pharmacist	4	3	53	48	7.5%	6.3%
Physiotherapist	29	17	940	657	3.1%	2.6%
Podiatrist	1	1	20	19	5.0%	5.3%
Psychologist	17	16	116	110	14.7%	14.5%
Unknown ³	2	2	47	56	4.3%	3.6%
Total 2016/17⁴	197	176	2,297	1,885	8.6%	9.3%
Total 2015/16⁴	228	87	1,348	600	16.9%	14.5%

Launch of an advertising compliance and enforcement strategy

There was an unprecedented increase in the number of statutory offence complaints in 2016/17, largely due to a number of bulk complaints relating to advertising by registered health practitioners. In response to this increase, National Boards and AHPRA developed and launched an *Advertising compliance and enforcement strategy* for the National Scheme.

The strategy focuses on managing risks to keep the public safe from false or misleading advertising, and to help them make informed choices about their healthcare. AHPRA has also established an advertising compliance team, which is responsible for the triaging of all offence complaints, the assessment of all advertising offence complaints, and the ongoing management of low and moderate risk advertising

complaints under the strategy. In applying the risk threshold, 1,390 advertising offence complaints across all professions nationally were transitioned to this team for ongoing management.

Responsible advertising is a professional and legal obligation. We recognise that most health practitioners want to comply with the law and their professional obligations, and we aim to make compliance as easy as possible. AHPRA continues to work with the National Boards to monitor the effectiveness of the new strategy.

For more information about advertising and the National Law, see www.ahpra.gov.au/Publications/Advertising-resources.

1 This table captures offence complaints by principal place of practice (PPP) and includes all offences from sections 113–116 of the National Law, not only offences about advertising, title and practice protection.

2 The national total includes offences managed about unregistered persons where there is no PPP recorded.

3 AHPRA also receives offence complaints about unregistered persons where there is no PPP recorded. Only registered practitioners have a designated PPP.

4 Based on state and territory of the practitioners' PPP.

Key data for 2016/17: A national view

This summary report contains jurisdictional data, which have been taken from AHPRA and the National Boards' 2016/17 annual report. Key national insights include:

There were **678,938** health practitioners registered in Australia, across the 14 regulated health professions. That's over 21,000 more registrants across Australia than last year.

5,374 health practitioners identify as Aboriginal and/or Torres Strait Islander, according to the workforce survey filled out by practitioners when they renewed their registration.

157,213 students were studying to be health practitioners through an approved program of study or clinical training program.

401,242 calls were made to AHPRA's customer service team. That's an average of **1,543** phone calls each day, with up to **5,000** calls a day in peak times.

54,925 web enquiries were received. That's an average of **211** web enquiries each day.

AHPRA and the National Boards' 15 websites received more than **12 million** visits and more than **60 million** page views.

82% of health practitioners responded with 'very satisfied' when asked to rate their interaction with our customer service team.

Download the report

The 2016/17 annual report, and summary reports for the 14 Boards and eight jurisdictions, are available to download at www.ahpra.gov.au/annualreport

Useful links

Register of practitioners: www.ahpra.gov.au/registration/register-of-practitioners

Complaints portal: www.ahpra.gov.au/About-AHPRA/Complaints

Court and tribunal outcomes: www.ahpra.gov.au/Publications/Tribunal-Decisions

National restrictions library: www.ahpra.gov.au/Registration/Monitoring-and-compliance/National-Restrictions-Library

Australian Health Practitioner Regulation Agency

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Within Australia, call 1300 419 495

From outside Australia, call +61 3 9275 9009

Email

Via the online enquiry form at the AHPRA website at www.ahpra.gov.au/About-AHPRA/Contact-Us/Make-an-Enquiry

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