

Your National Scheme:

For safer healthcare

Osteopathy Board of Australia

Annual report summary
2016/17



Osteopathy
Board of Australia | AHPRA

At a glance: The osteopathy profession in 2016/17



1,929 registered osteopathy students, up **9.7%** from last year



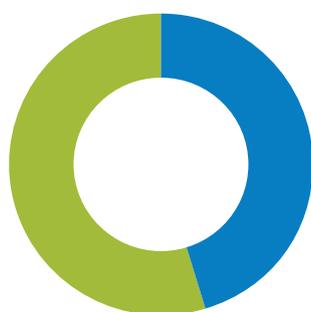
2,230 osteopaths, up **6.5%** from 2015/16

That's **0.3%** of the total health practitioner registrant base



14 notifications lodged with AHPRA about osteopaths

1.1% of osteopaths had notifications lodged about them



Male: 45.4%

Female: 54.6%

13 notifications closed this year

15.4% resulted in accepting an undertaking or conditions being imposed on an osteopath's registration

15.4% resulted in an osteopath receiving a caution or reprimand by the Board

69.2% resulted in no further action being taken

6 osteopaths were being actively monitored for compliance with restrictions on their registration¹



252 statutory offence complaints were made; **24** were closed

Almost all of the new matters related to advertising breaches; the remaining two related to title protection

Immediate action was taken **once**² to impose conditions on an osteopath's registration while a notification was being considered

¹ Data at 30 June 2017. See page 16 for data about monitoring cases relating to compliance with restrictions on registration for osteopaths.

² Immediate action is an interim step the Board can take to suspend or cancel an osteopath's registration while a complaint is being considered. Refer to the [2016/17 annual report](#) by the Australian Health Practitioner Regulation Agency (AHPRA) for more data on immediate action.

Contents

Message from the Chair	4
About us	5
The Osteopathy Board of Australia: Year in review	6
Registering the osteopathy workforce in 2016/17	8
Regulating the workforce: Complaints about osteopaths in 2016/17	11

Tables

Table 1: Registrant numbers as at 30 June 2017	10
Table 2: Registered osteopaths by age	10
Table 3: Registered osteopaths by principal place of practice and gender	10
Table 4: Notifications received about osteopaths in 2016/17, by state or territory	15
Table 5: Percentage of the profession with notifications received, by state or territory	15
Table 6: Immediate action cases by state or territory	15
Table 7: Outcomes of immediate actions	15
Table 8: Notifications closed in 2016/17, by state or territory	15
Table 9: Notifications closed, by stage at closure	15
Table 10: Notifications closed, by outcome at closure	16
Table 11: Active monitoring cases at 30 June 2017, by stream	16
Table 12: Statutory offence complaints about osteopaths, received and closed in 2016/17, by type of offence and jurisdiction	16

Figures

Figure 1: Registration numbers for osteopaths, year by year, since the National Scheme began	8
Figure 2: Percentage of osteopaths with a principal place of practice in each state and territory	9
Figure 3: Audit outcomes for the osteopathy profession in 2016/17	9
Figure 4: Total notifications received by AHPRA about osteopaths, year by year, since the National Scheme began	12
Figure 5: How AHPRA and the Board manage notifications	12
Figure 6: Sources of notifications lodged with AHPRA about osteopaths	12
Figure 7: Five most common types of complaint lodged with AHPRA about osteopaths	13

Message from the Chair, Osteopathy Board of Australia

This report summarises data relating to the osteopathy profession in Australia, which have been drawn from the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards' 2016/17 annual report. It offers a unique insight into the regulatory landscape.

The role of the Osteopathy Board of Australia (the Board) is to make sure that only those practitioners who are suitably trained and qualified are registered to practise as osteopaths. Part of this work is to take timely and necessary regulatory action when needed, to ensure that the profession remains a trustworthy and respected source of healthcare for the community. But the Board's responsibilities are not solely reactive; it takes a proactive approach to sharing information with the profession to ensure that all osteopaths understand their obligations under the Health Practitioner Regulation National Law (the National Law).

This year, the Board engaged in regular communication with the profession – in particular, sharing information about the responsible advertising of osteopathic services. This came after an unprecedented number of complaints were lodged with AHPRA and the Board about alleged advertising breaches (see page 14 of this report). Read more about the actions the Board has taken to educate the profession about advertising health services in our 'Year in Review', on page six.

Within these pages you will also find data relating to the regulation of osteopaths during the year. We hope you find it informative. I'd like to take this opportunity to thank all Board and committee members for their ongoing commitment, passion and hard work this year to keep the public safe.



Dr Nikole Grbin

Chair of the Osteopathy Board of Australia

The Osteopathy Board of Australia

Members of the Board in 2016/17:

Dr Nikole Grbin (Chair)
Dr Anne Martin Cooper
Dr Pamela Dennis
Ms Judith Dikstein
Mr Robert McGregor AM
Ms Helga (Liza) Newby
Dr Natalie Rutsche
Adjunct Associate Professor Phillip Tehan
Dr Andrew Yaksich

Committees

The following national committees support the Osteopathy Board of Australia:

- ▶ Immediate Action Committee
- ▶ Registration and Notifications Committee, and
- ▶ Statutory Offences Unit Liaison Group.

Executive and policy support



Dr Cathy Woodward

Executive Officer, Osteopathy

Dr Woodward supports the Osteopathy Board of Australia. She works in AHPRA's National Office in Melbourne.

Executive Officers provide a vital link between the National Boards and AHPRA.

About us

The Osteopathy Board of Australia (the Board) has worked in partnership with AHPRA to protect the public since the inception of the National Registration and Accreditation Scheme (the National Scheme) in July 2010. Together, we regulate the profession by ensuring that only those osteopaths who are suitably trained and qualified can practise in Australia.

Protecting the public by ensuring access to a safe, competent and qualified healthcare workforce is always our priority. Every decision we make is guided by the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory, and by the regulatory principles (see right).

Visit the Board's website at www.osteopathyboard.gov.au.

For more information about the National Scheme and AHPRA, visit www.ahpra.gov.au/About-AHPRA.

About this report

This annual report summary provides a profession-specific view of AHPRA and the Board's work to manage risk to the public in 2016/17. Information provided in this report is drawn from data published in the 2016/17 annual report published by AHPRA and the National Boards. All data are correct as at 30 June 2017.

Whenever possible, historical data are provided to show trends over time. **Please see page 11 for information about our data.**

Profession-specific summaries for all 14 National Boards in the National Scheme are available to download from www.ahpra.gov.au/annualreport/2017.

Annual report summaries that segment the registrant base by state and territory are also published online.

Our regulatory principles

Eight regulatory principles underpin our 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

For more information, download AHPRA's 2016/17 annual report from www.ahpra.gov.au/annualreport/2017

The Osteopathy Board of Australia: Year in review

A number of major initiatives were actioned by the Board in 2016/17. Here are the highlights:

Spotlight on: Advertising osteopathy services

The major focus has been to develop enhanced and detailed messaging about advertising osteopathy services.

- ▶ The Board emailed registrants in October 2016 and March 2017 to remind them that they must comply with the provisions of the National Law on the advertising of regulated health services and to provide information to help osteopaths better understand their advertising obligations.
- ▶ In April, there was a further press release on the National Boards and AHPRA's advertising compliance strategy to help keep health service consumers safe from misleading advertising.
- ▶ In June, the Board published further information, giving examples of osteopathy advertising claims that do not meet the legal requirements, based on common mistakes. It also explained how practitioners can make any advertising compliant with their obligations under the National Law.

The message to practitioners and osteopathy practices is that they must 'check, correct and comply' with the [Guidelines for advertising regulated health services](#).

To keep up to date with information about the advertising of osteopathy services, visit the [Board website](#).

Statement on paediatric care

Another important highlight of the past year was the publication of the Board's position statement on providing care to children in March 2017. The statement enforced the message that osteopaths should not provide care for babies and children – nor should they claim to provide such care – unless they have the appropriate education, training and competence to do so.

When practitioners do not have the clinical skills and knowledge to appropriately assess and manage a particular paediatric patient, the Board expects them to refer the patient to another healthcare practitioner who has the appropriate skills, or to co-manage the patient with an appropriately skilled practitioner. This should happen immediately when there are serious conditions that require urgent referral.

To read the Board's position statement in full, visit [the Board website](#).

Taking a multi-profession approach to regulation

The Board worked in collaboration with other National Boards to deliver effective and efficient regulation, by developing an advertising compliance and enforcement strategy for the National Scheme. This strategy:

- ▶ is a risk-based approach applied to advertising compliance and enforcement
- ▶ encourages voluntary compliance and deal with non-compliant advertising, and
- ▶ includes measures to evaluate and refine the strategy.

For information on this strategy, visit [the Board website](#).

Improving processes

This year, the Board reviewed its 12-month trial of holding Registration and Notifications Committee (RNC) meetings on the same day as its Board meeting.

The tool used was an anonymised survey of RNC members. As a result, the RNC will continue to meet on the Board's meeting days, thus improving efficiency, saving on costs and enhancing timely decision-making.

Communication and engagement

Three newsletters were sent out to all registered osteopaths between 1 July 2016 and 30 June 2017. Messaging focused on advertising, paediatric care, and audit and compliance with registration standards.

Eleven communiqués were published (after each Board meeting throughout the year).

The Board also issued six media releases, including:

- ▶ Responsible advertising of health services: Practitioners were reminded about their legal obligations on advertising. Published on 20 April 2017. [Read the media release.](#)
- ▶ The Board asked every osteopath in Australia to read its position statement on paediatric care. Published on 28 March 2017. [Read the media release.](#)

Stakeholder relations

The Board continued to engage with professional associations this year, both with regular teleconferences and face-to-face meetings, including an education forum held by the Australasian Osteopathic Accreditation Council (AOAC) in Brisbane in October 2016.

The Chair and Executive Officer attended the Osteopathic International Alliance conference in Anaheim, Los Angeles, in September 2016, and met with international regulators in osteopathy to share ideas, initiatives and research. The conference focused on osteopathy regulation, education, research and association leadership. It was an opportunity to discuss issues of mutual interest, including common regulatory functions, outcomes and pathways for overseas-trained osteopaths.

In 2016, a memorandum of understanding (MOU) was signed between the Board, the AOAC, General Osteopathic Council in the United Kingdom (UK), and the Osteopathic Council of New Zealand. The MOU was created to streamline regulatory processes between the jurisdictions and to:

- ▶ facilitate movement of osteopaths between the UK, New Zealand and Australia
- ▶ develop and maintain a common understanding of regulation and education standards for osteopaths in the UK, Australia and New Zealand
- ▶ promote communication and information exchange about regulatory best practice, and
- ▶ inform and share information about projects.

For more information, [download the MOU](#).

Policy and accreditation

Under the National Law, the AOAC is responsible for developing accreditation standards for approval by the Board. Accreditation standards are used to assess whether a program of study, and the education provider that delivers that program of study, provides individuals who complete the program with the knowledge, skills and professional attributes to practise as osteopaths.

The AOAC completed the scheduled review of the accreditation standards. The entry-level program accreditation standards specify the criteria against which osteopathy programs of study are evaluated. Throughout the review, the AOAC undertook wide-ranging public consultation. The AOAC considered the feedback received from stakeholders during the consultation period when finalising the standards for submission to the Board.

The Board has approved the revised *Accreditation standards for osteopathic courses in Australia*. They will be published on [the Board's website](#), and take effect on the day they are published.

Board members attended the Strategic Education Forum on 20 October in Brisbane, which was hosted by the AOAC. The forum focused on the new accreditation standards; current university programs and implications for the future; competencies; mentoring; continuing professional education, and development. The forum was also attended by representatives from the three university programs, Osteopathy Australia, Osteopaths New Zealand, and the Osteopathic Council of New Zealand.

Planning and research

In January 2017, the Board undertook two days of professional development and business planning activities, including focusing on the Board's regulatory plan, current initiatives and new initiatives. These will form part of the Health Profession Agreement (HPA) document, which will be published in 2017/18.

Approved registration standards, codes and guidelines

The *Code of conduct* (the code) for osteopathy is also used by 10 other National Boards, with some minor profession-specific changes for some Boards.

The code is a regulatory document that provides an overarching guide to support and inform good practice and to assist practitioners, Boards, employers, healthcare users and other stakeholders to understand what good practice involves. It seeks to assist and support practitioners to deliver safe and effective health services within an ethical framework.

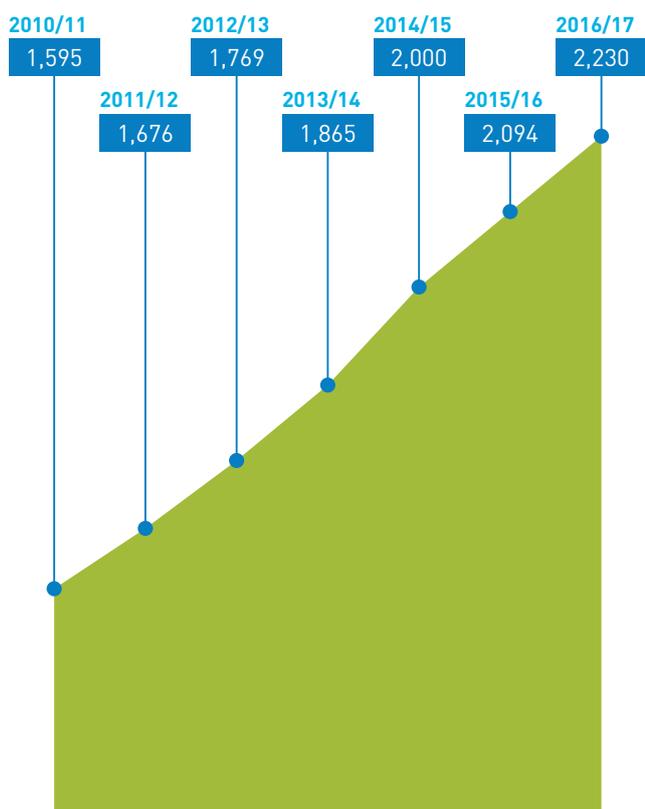
As the code was last published in March 2014, the Board has started a scheduled review that will draw on the best available research and data, and involve additional stakeholder consultation and engagement. The Board is working on the review with other National Boards that use the code.

Registering the osteopathy workforce in 2016/17

In brief: Registration of osteopaths

- ▶ 2,230 registered osteopaths in 2016/17; up from 2,094 in 2015/16.
- ▶ Osteopaths comprise 0.3% of the total registrant base.
- ▶ 1,929 registered osteopathy students; up 9.7% from the previous year.
- ▶ 0.7% of the profession identified as being Aboriginal and/or Torres Strait Islander (15 osteopaths nationally).
- ▶ Women comprised 54.6% of the profession.

Figure 1: Registration numbers for osteopaths, year by year, since the the National Scheme began



Under the National Law, as in force in each state and territory, there is a range of categories under which a practitioner can be registered as an osteopath in Australia:

- ▶ General registration
- ▶ Limited registration
- ▶ Provisional registration
- ▶ Non-practising registration, and
- ▶ Student registration (students undertaking an approved program of study).

Before a practitioner can practise and use a title protected under the National Law, applicants must provide evidence that they are eligible to hold registration, and registration must be granted.

Find out more about registration with the Osteopathy Board of Australia at www.osteopathyboard.gov.au/Registration.

Registration in 2016/17

As at 30 June 2017, there were 2,230 osteopaths registered under the National Scheme. This represents a 6.5% increase from the previous year. New South Wales (NSW), Victoria and Queensland were the principal place of practice for almost 90% of registered osteopaths.

Of the 678,938 registered health practitioners across the 14 professions, 0.3% were osteopaths.

Of the registrant base, 96% of all osteopaths held some form of practising registration. There was a 35% increase from the previous year in the number of osteopaths moving to non-practising registration.

Of the total osteopathic registrant base, only two practitioners held an endorsement (for acupuncture).

Tables 1–3 show data relating to the registration of osteopaths in 2016/17.

Applications for registration

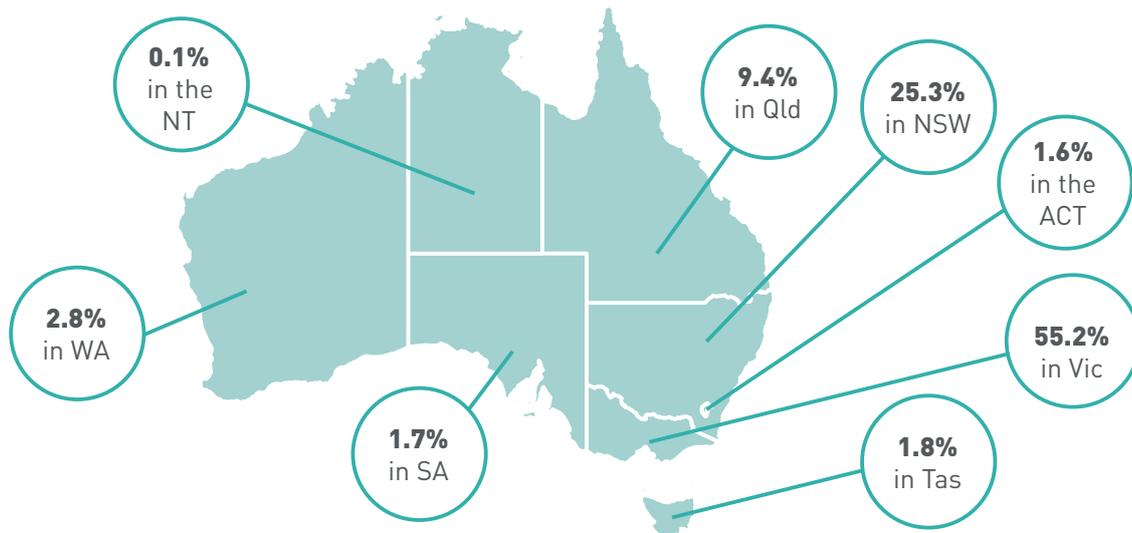
AHPRA received 259 new applications for registration as an osteopath in 2016/17. In partnership with AHPRA, the Board considers every application for registration carefully and assesses it against the requirements for registration, including qualifications, English language proficiency and checking whether the applicant has a relevant criminal history.

Only those osteopaths who are suitably trained and qualified to practise in a competent and ethical manner are registered. Where appropriate to protect the public, and in accordance with the regulatory principles of the National Scheme, the Board may decide to impose conditions on a practitioner's registration or to refuse the application.

Of the applications finalised, 1.2% resulted in conditions being imposed on registration in order to protect the public. None resulted in refusal of registration.

For more information about applications finalised during the year, see page 39 of AHPRA and the National Boards' annual report. Visit www.ahpra.gov.au/annualreport/2017.

Figure 2: Percentage of osteopaths with a principal place of practice in each state and territory¹



Renewals

Once on the *Register of practitioners* (see box to right), osteopaths must apply to renew their registration each year and make declarations on the relevant registration requirements. As with new applications for registration, the Board may impose conditions on registration or refuse renewal.

A total of 2,005 osteopaths renewed their registration in 2016/17, with 98.3% of practitioners renewing online; an increase of 0.7% from 2015/16.

Practitioner audits

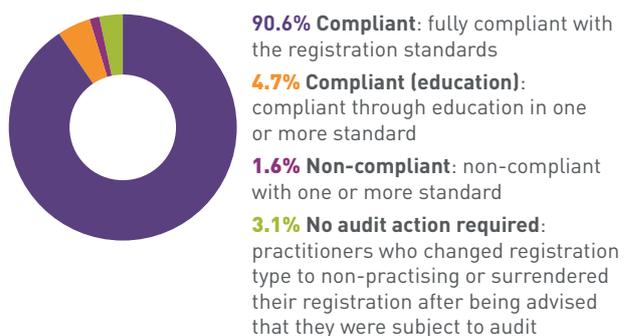
AHPRA conducts regular audits of random samples of health practitioners across all professions on behalf of the National Boards. Audits provide assurance that practitioners are meeting the registration requirements for their profession. During an audit, a practitioner is required to provide evidence in support of the declarations they made in their previous year's renewal application.

In 2016/17, AHPRA audited 6,314 practitioners across all 14 regulated health professions. Towards the end of the reporting period, AHPRA initiated the audit of 100 osteopaths. As at 30 June 2017, 64 osteopathy audits had been completed. Of those, 1.6% were found to be non-compliant and 95.3% were found to be in full compliance, or required minor education to comply with the registration standards being audited. Practitioners who have not quite met, but are very close to meeting, their registration standard are given the chance to achieve full compliance by undertaking education during the audit period. These practitioners are recorded as being 'compliant (education)'. The remaining 3.1% had changed registration to non-practising or surrendered their registration during the audit.

At the time of reporting, 36 audits were open and yet to commence assessment. These audits will be reported on in next year's annual report.

For more detail about audits and other registration information, visit [the Board's website](#).

Figure 3: Audit outcomes for the osteopathy profession in 2016/17



The Register of practitioners

According to the National Law, AHPRA is required to maintain and publish a publicly accessible *Register of practitioners (Register)* so that information about the registration of any health practitioner is easy to find.

The online *Register* has accurate, up-to-date information about the registration status of all registered health practitioners in Australia. When decisions are made in relation to a practitioner's registration/renewal or disciplinary proceedings, the *Register* is updated to inform the public about the current status of individual health practitioners and any restrictions placed upon their practice.

Tribunal decisions that result in the cancellation of a practitioner's registration due to health, performance or conduct issues result in the individual appearing on a *Register of cancelled practitioners*.

¹ Osteopathy practitioners with no principal place of practice (includes overseas registrants): 2.1% of total practitioners or 46 registrants.

Table 1: Registrant numbers as at 30 June 2017

Registrants	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
2016/17 total registered osteopaths	35	564	3	209	38	41	1,231	63	46	2,230
2015/16 total registered osteopaths	34	572	3	190	37	42	1,109	62	45	2,094
% change from 2015/16	2.9%	-1.4%	0.0%	10.0%	2.7%	-2.4%	11.0%	1.6%	2.2%	6.5%
All registered health practitioners in 2016/17	11,845	196,605	7,083	133,103	53,823	14,522	175,354	69,012	17,591	678,938

Table 2: Registered osteopaths by age

Osteopaths	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
2016/17	51	440	422	431	293	192	114	105	88	56	20	11	7	2,230
2015/16	65	420	416	393	265	154	101	112	87	49	15	11	6	2,094

Table 3: Registered osteopaths by principal place of practice and gender

Osteopaths	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total 2016/17
Total 2016/17	35	564	3	209	38	41	1,231	63	46	2,230
Female	15	251	0	96	21	23	757	32	22	1,217
Male	20	313	3	113	17	18	474	31	24	1,013
Total 2015/16	34	572	3	190	37	42	1,109	62	45	2,094
Female	16	248	0	85	24	24	687	32	21	1,137
Male	18	324	3	105	13	18	422	30	24	957

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

Regulating the workforce: Complaints about osteopaths in 2016/17

In brief: Notifications about osteopaths

- ▶ 14 notifications (complaints or concerns) were lodged with AHPRA about osteopaths in 2016/17.¹
- ▶ 1.1% of the osteopathy registrant base were the subject of a notification (compared with 1.6% of all registered health practitioners).²
- ▶ Immediate action was taken once, which resulted in imposing conditions on an osteopath's registration while a notification was investigated.
- ▶ 13 notifications were closed.
- ▶ Six osteopaths were being monitored for compliance with restrictions on their registration as at 30 June 2017. Four monitoring cases related to suitability/eligibility for registration; one was for conduct; and one was for performance.
- ▶ 252 statutory offence complaints were made about the profession – all but two related to alleged advertising breaches.

An important note about our data

AHPRA and the National Boards do not manage all complaints made about health practitioners in Australia and the data reflect this. In the pages that follow, we are reporting mainly on matters received and managed by AHPRA and the Osteopathy Board of Australia, unless otherwise stated.

The notification process is different in NSW and Queensland:

- ▶ In NSW, AHPRA does not manage notifications. They are managed by 14 professional councils (supported by the Health Professional Councils Authority, or HPCA) and the Health Care Complaints Commission (HCCC).
- ▶ In Queensland, the Office of the Health Ombudsman (OHO) receives all complaints about health practitioners and determines which of those complaints are referred to the Board/AHPRA to manage.

Wherever possible in the tables in this report, HPCA data are given in separate columns and the data have been checked by the HPCA (correct as at time of publication). Please refer to the HPCA's 2016/17 annual report on their [website](#), as data may have been subsequently reconciled.

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

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

This means that we only have access to the data relating to matters referred to us by the OHO. We do not report on all complaints about registered health practitioners in Queensland.

What is a notification?

In the National Scheme, a complaint or concern about a registered health practitioner or student is called a notification. They are called notifications because AHPRA is notified of a concern or complaint about a practitioner, which AHPRA then manages in partnership with the relevant National Board. Most of the notifications received about individual osteopaths are managed through Part 8 of the National Law, which can lead to decisions that affect a practitioner's registration.

Some complaints are treated differently under the National Law, as they are considered 'statutory offences'. AHPRA and the Board can prosecute individuals who commit these offences. For information about statutory offences concerning osteopaths in 2016/17, see page 14.

Keeping the public safe is the primary focus when the Board makes decisions about notifications.

Anyone can notify AHPRA about an osteopath's health, performance or conduct. While registered osteopaths and employers have mandatory reporting obligations under the National Law, most of the complaints or concerns we receive are made voluntarily by patients or their families (see Figure 6). Standards of clinical care continues to be the primary reason people lodge a notification about an osteopath.

We can also receive notifications about students who are studying to become osteopaths. Usually, notifications about students are lodged by education providers. In 2016/17, the Board did not receive any notifications about students.

See [the 2016/17 annual report](#) for data relating to notifications about students across all regulated health professions.

For more information about the notifications process, visit the [AHPRA website](#).

1 Note that 25 complaints were received in total about osteopaths nationally in 2016/17, when data from the Health Professional Councils Authority (HPCA) are included.

2 Includes complaints managed by the HPCA in NSW and the Office of the Health Ombudsman in Queensland. Refer to Table 5.

Notifications received in 2016/17

This year, AHPRA received the highest number of notifications (6,898) about health practitioners across all professions in any single reporting year since the National Scheme began. Just 0.2% of all notifications received in 2016/17 related to osteopaths (14 notifications in total).

Of all jurisdictions, Victoria (10 notifications) and Queensland (two notifications) accounted for over 85% of notifications relating to osteopaths in 2016/17.

Of the registrant base, 1.1% of the osteopathy workforce had notifications made about them in 2016/17, which is consistent with 2015/16.¹

Tables 4–10 show data about notifications in 2016/17.

Notifications closed in 2016/17

The Board assessed and completed 13 notifications about osteopaths during the year; 44.4% more than in 2015/16. These closures accounted for 0.2% of all closed notifications nationally across all professions. Of the osteopathy notifications closed, 30.8% resulted in some form of regulatory action being taken by the Board against a practitioner.

As at 30 June 2017, there were eight open notifications about osteopaths being managed by AHPRA and the Board.

Tables 8–10 show data about notifications closed in 2016/17.

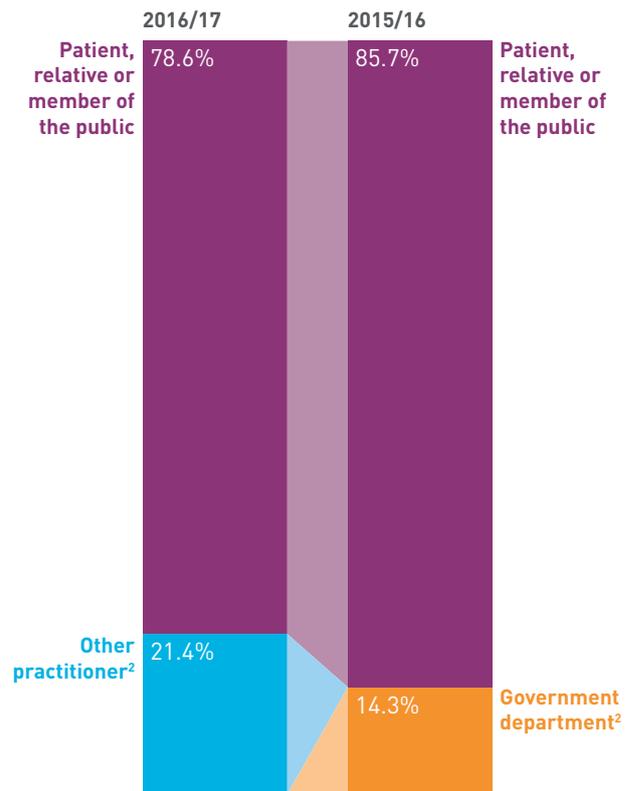
Figure 4: Total notifications received by AHPRA about osteopaths, year by year, since the National Scheme began



Figure 5: How AHPRA and the Board manage notifications

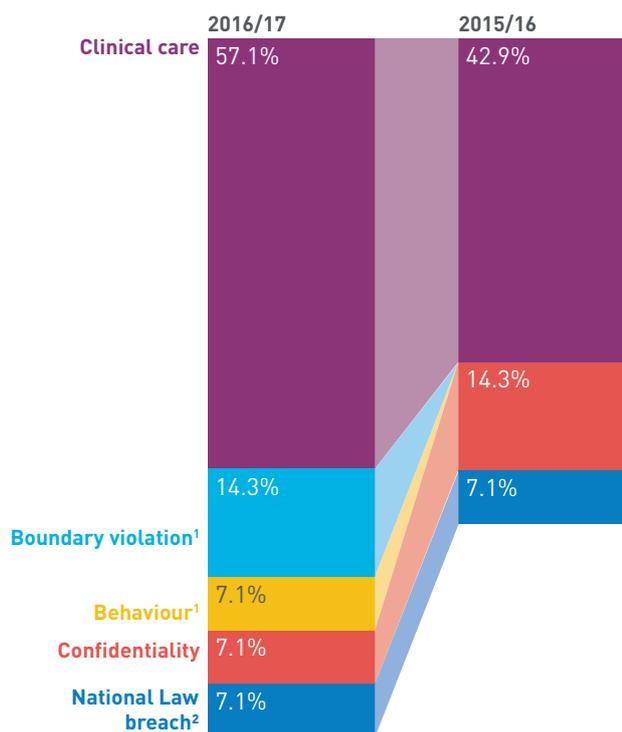


Figure 6: Sources of notifications lodged with AHPRA about osteopaths



1 Includes complaints managed by the Health Professional Councils Authority in NSW and the Office of the Health Ombudsman in Queensland. Refer to Table 5.
2 0% in 2015/16.

Figure 7: Five most common types of complaint lodged with AHPRA about osteopaths



Mandatory notifications

All health practitioners, their employers and education providers have mandatory reporting obligations under the National Law. This means that they must tell AHPRA if they have formed a reasonable belief that a registered osteopath or student has behaved in a way that constitutes notifiable conduct.

Notifiable conduct by registered health practitioners is defined as:

- ▶ practising while intoxicated by alcohol or drugs
- ▶ sexual misconduct in the practice of the profession
- ▶ placing the public at risk of substantial harm because of an impairment (health issue), or
- ▶ placing the public at risk because of a significant departure from accepted professional standards.

AHPRA received 847 mandatory notifications across all regulated health professions in 2016/17. Noting the relatively small number of complaints lodged about osteopathy overall, none of the mandatory notifications were about osteopaths.

For information about the *Guidelines for mandatory notifications*, visit the [Board's website](#).

¹ 0% in 2015/16.

² Breach of a non-offence provision in the National Law, which could result in regulatory action but not be prosecuted through a local or Magistrate's court. For example, a breach of conditions placed on a practitioner's registration or breach of registration standards.

Taking immediate action

Immediate action is a serious step that the Board can take when it believes it is necessary to limit an osteopath's registration in some way to keep the public safe. It is an interim measure that the Board may take only in high-risk cases while it seeks further information.

In 2016/17, the Board considered and took immediate action on just one occasion, suspending an osteopath's registration while further information was sought about a notification.

See [AHPRA's annual report](#) for more information about immediate actions considered and taken in 2016/17 across all professions, and Table 6 in this report for immediate action cases about osteopaths by state and territory.

Tribunals, panels and appeals

Tribunals

The Board can refer a matter to a tribunal for hearing. Usually, this happens when the allegations involve the most serious of matters, such as when the Board believes an osteopath has behaved in a way that constitutes professional misconduct.

Tribunals in each state and territory:

- ▶ **Australian Capital Territory** Civil and Administrative Tribunal
- ▶ **New South Wales** Civil and Administrative Tribunal
- ▶ **Northern Territory** Civil and Administrative Tribunal
- ▶ **Queensland** Civil and Administrative Tribunal
- ▶ **South Australia** Health Practitioners Tribunal
- ▶ **Tasmania** Health Practitioners Tribunal
- ▶ **Victoria** Civil and Administrative Tribunal
- ▶ **Western Australia** State Administrative Tribunal

Noting the relatively small numbers of notifications closed about osteopaths in 2015/16, no osteopathy matters were decided by tribunal.

Panels

The Board has the power to establish two types of panel depending on the type of notification:

- ▶ **Health panels**, for issues relating to a practitioner's health and performance, or
- ▶ **Professional standard panels**, for conduct and performance issues.

Under the National Law, panels must include members from the relevant health profession as well as community members. All health panels about osteopaths must include an osteopath. Each National Board has a list of approved people who may be called upon to sit on a panel.

Noting the relatively small numbers of notifications closed about osteopaths in 2015/16, no osteopathy matters were decided by a panel.

Appeals

All regulatory decisions are evidence-based and guided by the regulatory principles of the National Scheme. The National Law provides a mechanism of appeal against a decision by a National Board in certain circumstances, including decisions to:

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

There is also a mechanism of appeal by judicial review if the appeal relates to a perceived flaw in the administrative decision-making process, as opposed to the merits of the individual decision itself.

There were no osteopathy decisions made by the Board that were subject to an appeal in 2016/17.

The National Scheme's [regulatory principles](#) apply to all regulatory decision-making. The principles are designed to encourage a responsive, risk-based approach to regulation across all professions to ensure the public is safe. The low proportion of successful appeals that resulted in an amended/substituted decision demonstrates that the regulatory principles continue to have a positive impact on regulatory decision-making.

Please refer to [AHPRA's annual report](#) for data relating to appeals in 2016/17.

Compliance

On behalf of the Board, AHPRA monitors osteopaths and students who have 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 Board to manage risk to public safety.

Monitoring can be for one or more of the following reasons:

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

As at 30 June 2017, there were six active monitoring cases, which related to six individual osteopaths.¹

The six monitoring cases of osteopaths represent 0.1% of all monitoring cases managed by AHPRA across all 14 regulated health professions. The majority of these cases were being monitored for suitability/eligibility.

It should be noted that despite increasing volumes of notifications received and high closure rates, this has not translated into a peak in active monitoring cases for the Board. For more information on monitoring and compliance, visit [the AHPRA website](#).

See Table 11 for active monitoring cases by stream.

Statutory offences

The National Law sets out four types of statutory offences:

- ▶ Unlawful use of protected titles
- ▶ Unlawful claims by individuals or organisations as to registration
- ▶ Performing a restricted act, and
- ▶ Unlawful advertising.

Breaches of the National Law that constitute a statutory offence can put individuals and the community at risk. These offences may be committed by registered health practitioners, unregistered individuals or corporate entities and are covered under Part 7 of the National Law.

AHPRA received 252 new statutory offence complaints about osteopaths in 2016/17, which is a significant increase of 2000% when compared to the 12 received in 2015/16. This significant increase was due to the lodgement of bulk complaints by a number of organisations about alleged advertising breaches. All but two of the offence complaints received about the profession during the year related to possible breaches in the advertising of osteopathy services; the remaining two complaints related to title protection. Complaints about the profession accounted for 11% of all statutory offence complaints received by AHPRA nationally across all regulated health professions during the year.

This year, there was a 4% decrease in the number of statutory offence complaints closed relating to osteopathy (24; down from 25 in 2015/16).

See Table 12 for data about statutory offences relating to osteopaths in 2016/17.

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

Table 4: Notifications received about osteopaths in 2016/17, by state or territory

Osteopaths ¹	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Subtotal	HPCA ⁵	Total
Total 2016/17	0	0	0	2	1	0	10	0	1	14	11	25
Total 2015/16	2	0	1	2	0	0	8	1	0	14	9	23

Table 5: Percentage of the profession with notifications received, by state or territory

Registrants	ACT	NSW (including HPCA complaints)	NT	QLD (including OHO complaints)	SA	TAS	VIC	WA	No PPP ⁴	Total ⁶
Osteopaths 2016/17	0.0%	1.2%	0.0%	2.4%	2.6%	0.0%	0.8%	0.0%	4.3%	1.1%
Osteopaths 2015/16	5.9%	1.6%	33.3%	1.1%	0.0%	0.0%	0.7%	1.6%	0.0%	1.1%
All registered practitioners 2016/17	1.9%	1.7%	2.2%	2.2%	1.3%	1.9%	1.1%	1.2%	0.5%	1.6%
All registered practitioners 2015/16	1.8%	2.2%	1.8%	1.5%	1.5%	1.7%	1.1%	1.1%	0.4%	1.5%

Table 6: Immediate action cases by state or territory (excluding HPCA)

Osteopaths	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ⁴	Total
2016/17	0	0	0	0	0	0	1	0	0	1
2015/16	0	0	0	0	0	0	0	0	0	0

Table 7: Outcomes of immediate actions (excluding HPCA)

Outcome	2016/17		2015/16	
	Osteopaths	All practitioners	Osteopaths	All practitioners
Not take immediate action	0	76	0	66
Accept undertaking	0	69	0	67
Impose conditions	1	147	0	229
Accept surrender of registration	0	1	0	6
Suspend registration	0	103	0	74
Decision pending	0	23	0	22
Total	1	419	0	464

Table 8: Notifications closed in 2016/17, by state or territory

Osteopaths	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Subtotal	HPCA ⁵	Total
Total 2016/17	0	0	1	2	1	0	9	0	0	13	5	18
Total 2015/16	2	0	0	1	0	0	5	1	0	9	18	27

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

Stage at closure	2016/17	2015/16
Assessment ⁷	8	9
Investigation	5	0
Tribunal hearing	0	0
Total	13	9

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 about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

3 Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman in Queensland (OHO).

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

5 Matters managed by the Health Professional Councils Authority (HPCA) in NSW.

6 Total includes matters managed by AHPRA, the OHO in Queensland and the HPCA in NSW.

7 Closed after initial assessment of the matter.

Table 10: Notifications closed, by outcome at closure (excluding HPCA)

Outcome	2016/17	2015/16
No further action ¹	9	9
Caution	2	0
Impose conditions	2	0
Suspend registration	0	0
Total ²	13	9

Table 11: Active monitoring cases at 30 June 2017, by stream (excluding HPCA)³

Stream	2016/17	2015/16
Conduct	1	2
Health	0	0
Performance	1	0
Prohibited practitioner/student	0	0
Suitability/eligibility	4	7
Total ⁴	6	9

Table 12: Statutory offence complaints about osteopaths, received and closed in 2016/17, by type of offence and jurisdiction⁵

Type of offence		ACT	NSW ⁶	NT	QLD ⁷	SA	TAS	VIC	WA	No PPP ⁸	Total 2016/17	Total 2015/16
Title protections (s.113–120)	Received	0	1	0	0	0	0	1	0	0	2	5
	Closed	0	1	0	0	0	0	0	0	8	9	2
Practice protections (s.121–123)	Received	0	0	0	0	0	0	0	0	0	0	0
	Closed	0	0	0	0	0	0	0	0	0	0	0
Advertising breach (s.133)	Received	4	65	0	30	4	5	121	9	12	250	7
	Closed	0	2	0	2	1	1	4	0	5	15	23
Directing or inciting unprofessional conduct/professional misconduct (s.136)	Received	0	0	0	0	0	0	0	0	0	0	0
	Closed	0	0	0	0	0	0	0	0	0	0	0
Other offence	Received	0	0	0	0	0	0	0	0	0	0	0
	Closed	0	0	0	0	0	0	0	0	0	0	0
Total 2016/17	Received	4	66	0	30	4	5	122	9	12	252	
	Closed	0	3	0	2	1	1	4	0	13	24	
Total 2015/16	Received	0	1	0	2	1	1	1	0	6		12
	Closed	0	2	0	2	1	0	2	1	17		25

1 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.

2 Excludes matters managed by the Health Professional Councils Authority (HPCA) in NSW.

3 AHPRA reports on monitoring cases established rather than by individual registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. However, as at 30 June 2017, there were six cases about osteopaths, which related to six individual registrants.

4 Total may include cases that are yet to be transitioned from AHPRA to the HPCA for conduct, health and performance streams. They do not include HPCA-managed monitoring cases.

5 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.

6 Excludes matters managed by the HPCA in NSW.

7 Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman in Queensland.

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

The Osteopathy Board of Australia: www.osteopathyboard.gov.au

Phone

Within Australia, call **1300 419 495**

From outside Australia, call **+61 3 9275 9009**

Opening hours: Monday to Friday 9:00am–5:00pm (Australian Eastern Standard Time)

Published

Australian Health Practitioner Regulation Agency

Melbourne, March 2018

For more information about AHPRA and the National Boards' work in 2016/17, please see the annual report, available from the [AHPRA website](#).

Useful links

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

Follow us on social media

twitter.com/AHPRA

www.facebook.com/ahpra.gov.au

Search for AHPRA on [YouTube](#) and [LinkedIn](#)

Australian Health Practitioner Regulation Agency

GPO Box 9958 in your capital city

www.ahpra.gov.au

Australian Capital Territory

Level 2
103-105 Northbourne Ave
Turner ACT 2612

New South Wales

Level 51
680 George Street
Sydney NSW 2000

Northern Territory

Level 5
22 Harry Chan Ave
Darwin NT 0800

Queensland

Level 18
179 Turbot St
Brisbane QLD 4000

South Australia

Level 11
80 Grenfell St
Adelaide SA 5000

Tasmania

Level 5
99 Bathurst St
Hobart TAS 7000

Victoria

Level 8
111 Bourke St
Melbourne VIC 3000

Western Australia

Level 1
541 Hay St
Subiaco WA 6008

Connect with us

 @ahpra

 ahpra.gov.au

 Search for AHPRA

 Search for AHPRA