

Your National Scheme:

For safer healthcare

Psychology Board of Australia

Annual report summary
2016/17



Psychology
Board of Australia

AHPRA

At a glance: The psychology profession in 2016/17



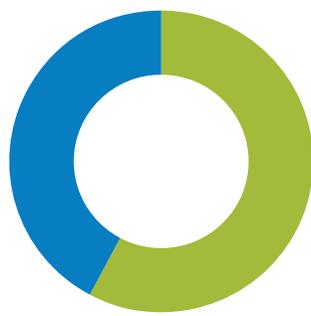
34,976 psychologists, up **3.2%** from 2015/16

That's **5.2%** of the total health practitioner registrant base



360 notifications lodged with AHPRA about psychologists

1.6% of psychologists had notifications lodged about them¹



Male: 20.4%

Female: 79.6%



141 psychologists were being actively monitored for compliance with restrictions on their registration²

344 notifications closed this year

14% resulted in accepting an undertaking or conditions being imposed on a psychologist's registration

8.7% resulted in a psychologist receiving a caution or reprimand by the Board

1.7% resulted in suspension or cancellation of registration

74.7% resulted in no further action being taken

116 statutory offence complaints were made; **110** were closed

73% of new matters related to title protection; the remainder mostly related to alleged advertising breaches

Immediate action was considered **13** times and taken **10** times³

27 mandatory notifications were made (**20** about standards, **4** about impairment and **3** about sexual misconduct)

¹ Includes data from the Health Professional Councils Authority in New South Wales (NSW) and the Office of the Health Ombudsman in Queensland.

² Data at 30 June 2017. See page 16 for data about monitoring cases relating to compliance with restrictions on registration for psychologists.

³ Immediate action is an interim step the Board can take to suspend or cancel a psychologist'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.

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Message from the Chair, Psychology Board of Australia

This report summarises data relating to the psychology 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 primary role of the Psychology Board of Australia (the Board) is to protect the public by making sure that only those psychologists who are suitably trained and qualified are registered to practise. With the ultimate goal of public safety in mind, the Board continues to contribute significant resources towards reforming the education and training model for psychology.

To reduce regulatory burden and the complexity of psychology training, the Board is working on viable options to retire [the 4+2 internship pathway](#) to registration. The Board has partnered with the Australian Psychological Society (APS), the Australian Psychology Accreditation Council (APAC), and the Heads of Departments and Schools of Psychology Association (HODSPA) to establish a Collaborative Working Party (CWP) to investigate mechanisms to reform psychology education and training.

During this reporting period, the Board has engaged in a program of stakeholder consultation with the major employers of 4+2 interns across government, education, health services, and the profession to better understand the issues with this pathway in the contemporary context, and to explore solutions that maximise benefits to interns, employers, supervisors, education providers and the public.

Read the 'Year in review' from page six of this report to find out about more works of the Board in 2016/17.

I would like to take this opportunity to thank the members of the Board, its committees and working groups, as well as AHPRA staff for their hard work, collaboration and commitment during the year.



Professor Brin Grenyer

Chair of the Psychology Board of Australia

The Psychology Board of Australia

Members of the Board in 2016/17:

Professor Brin Grenyer (Chair)
Professor Alfred Allan
Ms Mary Brennan
Ms Rebecca Campbell
Ms Marion Hale
Ms Vanessa Hamilton
Ms Joanne Muller
Mr Christopher O'Brien
Ms Rachel Phillips (Deputy Chair)
Professor Jennifer Scott
Mr Radomir Stratil
Associate Professor Kathryn Von Treuer

Committees

The following national committees and working groups support the Board:

- ▶ Examination Committee
- ▶ Governance Working Group (includes Finance), and
- ▶ Regulatory Risk Working Group.

Executive and policy support



Ms Angela Smith

Executive Officer, Psychology

Ms Smith supports the Psychology 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 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 psychologists 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.psychologyboard.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 10 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 Psychology 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: The psychology workforce survey

In 2016/17, the Board carried out an expanded psychology-specific workforce survey to build an enhanced evidence base to support a number of regulatory initiatives.

Psychologists who renewed their general registration online were asked to answer a number of questions focusing on key supply and demand issues within the psychology workforce, including issues relating to supervision and area of practice endorsement. The participation rate was extremely high (94%), with 25,000 psychologists taking the survey and providing useful insights to inform the Board's immediate and long-term policy review and training reform initiatives.

The Board shared key results with the profession in its November 2017 newsletter, which is published on [the Board's website](#).

Approved registration standards, codes and guidelines

The revised registration standard for provisional registration was approved by the Australian Health Workforce Ministerial Council and came into effect on 1 June 2017.

The standard was revised following wide-ranging consultation with key stakeholders including government, the profession and the public. This review of the standard focused on clarifying existing requirements and producing a clearly set out and easy to understand standard.

The Board's revised guidelines for the 4+2 internship program were implemented together with the revised provisional standard. The new 4+2 is an outcome-focused, competency-based internship within a structured practice framework. There is an increased focus on the role of the supervisor and supervisor-based assessment with light-touch oversight by the Board.

For information on standards, codes and guidelines, visit [the Board website](#).

Communication, engagement and stakeholder relations

During this reporting period, the Board published:

- ▶ three newsletters
- ▶ 10 communiqués, and
- ▶ seven media releases.

The Board sent out a targeted newsletter to Board-approved supervisors in March, which reminded supervisors approved before July 2013 to complete refresher training before June 2018; providing details of new master-class providers; and setting out information on policy changes effecting supervisors and their supervisees. A copy of this newsletter was also published on [the Board's website](#).

The Board also hosted public forums in Sydney (September 2016) and Brisbane (May 2017) to discuss contemporary issues in psychology practice.

Members of the Board presented on a number of topics, including psychology regulation and workforce reform, online communication with clients, the complexities of private practice, and reconciliation for Aboriginal and Torres Strait Islander health.

To further strengthen relationships with our stakeholders, the Board hosted representatives from the New Zealand Psychologists Board as part of the NRAS Conference in Melbourne August 2016.

For news items, past newsletters and communiqués, visit [the Board website](#).

Registering the psychology workforce in 2016/17

In brief: Registration of psychologists

- ▶ 34,976 registered psychologists in 2016/17; up from 33,907 in 2015/16.
- ▶ Psychologists comprise 5.2% of the total registrant base.
- ▶ 0.6% of the profession identified as being Aboriginal and/or Torres Strait Islander (192 psychologists nationally).
- ▶ Women comprised 79.6% of the profession.

Figure 1: Registration numbers for psychologists, year by year, since 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 a psychologist in Australia:

- ▶ General registration
- ▶ Provisional registration (supervised practice), and
- ▶ Non-practising registration.

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 Psychology Board of Australia at www.psychologyboard.gov.au/Registration.

Registration in 2016/17

As at 30 June 2017, there were 34,976 psychologists registered under the National Scheme. This represents a 3.2% increase from the previous year. Most jurisdictions saw an increase in registrant numbers this year, with New South Wales (NSW), Victoria and Queensland being the principal places of practice for over 78% of all registered psychologists.

Of the 678,938 registered health practitioners across the 14 professions, 5.2% were psychologists.

Of the registrant base, 95.2% of all psychologists held some form of practising registration. Just over one-third of registered psychologists also held an area of practice endorsement recognised by the Board.

There was also a 2.2% increase from the previous year in the number of psychologists moving to non-practising registration.

Tables 1–4 show data relating to the registration of psychologists in 2016/17.

Applications for registration

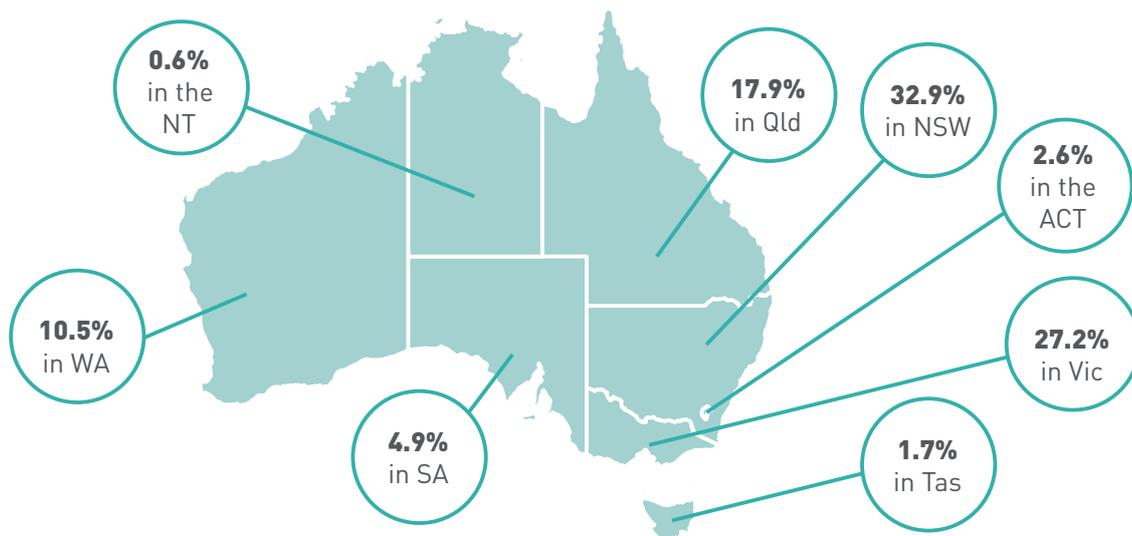
AHPRA received 5,018 new applications for registration as a psychologist in 2016/17. In partnership with AHPRA, the Board considers every application for registration carefully and assesses it against the requirements for registration, including qualifications, English language proficiency and checking whether the applicant has a relevant criminal history.

Only those psychologists 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 during the year, 1.1% resulted in conditions being imposed on registration in order to protect the public. Six applications for registration as a psychologist were refused in 2016/17.

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 psychologists with a principal place of practice in each state and territory¹



Renewals

Once on the *Register of practitioners* (see box to right), psychologists 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 28,337 psychologists renewed their registration in 2016/17, with 98.7% of practitioners renewing online; an increase of 0.4% from 2015/16.

Practitioner audits

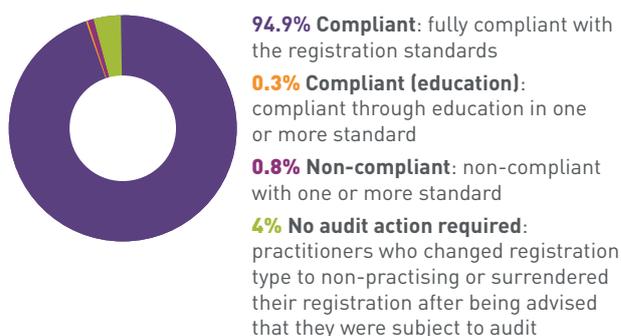
AHPRA conducts regular audits of random samples of health practitioners across all professions on behalf of the National Boards. Audits provide assurance that practitioners are meeting the registration requirements for their profession. During an audit, a practitioner is required to provide evidence 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. As at 30 June 2017, 352 psychology audits had been completed. Of those, 95.2% of psychologists were found to be in full compliance, or required minor education to comply with the registration standards being audited; 4% of psychologists audited changed their registration to non-practising or surrendered their registration during the audit; 0.8% of psychologists were found to be non-compliant.

See AHPRA's [2016/17 annual report](#) for more information about the audit process.

Find out more about practitioner audits and other registration information on the Board's website:
www.psychologyboard.gov.au/Registration.

Figure 3: Audit outcomes for the psychology 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 Psychology practitioners with no principal place of practice (includes overseas registrants): 1.5% of total practitioners or 534 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 psychologists | 923 | 11,522 | 227 | 6,252 | 1,724 | 602 | 9,516 | 3,676 | 534 | 34,976 |
| 2015/16 total registered psychologists | 876 | 11,236 | 229 | 6,028 | 1,678 | 580 | 9,152 | 3,599 | 529 | 33,907 |
| % change from 2015/16 | 5.4% | 2.5% | -0.9% | 3.7% | 2.7% | 3.8% | 4.0% | 2.1% | 0.9% | 3.2% |
| 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 psychologists by age

| Psychologists | 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 | 655 | 3,640 | 5,045 | 4,945 | 4,637 | 3,991 | 3,084 | 3,060 | 2,560 | 2,023 | 977 | 266 | 93 | 34,976 |
| 2015/16 | 938 | 3,796 | 5,098 | 4,601 | 4,483 | 3,613 | 3,007 | 2,942 | 2,568 | 1,874 | 737 | 174 | 76 | 33,907 |

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

| Psychologists | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | No PPP ¹ | National total |
|---------------------------|-----|--------|-----|-------|-------|-----|-------|-------|---------------------|----------------|
| Total 2016/17 | 923 | 11,522 | 227 | 6,252 | 1,724 | 602 | 9,516 | 3,676 | 534 | 34,976 |
| Female | 754 | 9,117 | 175 | 5,000 | 1,306 | 486 | 7,649 | 2,958 | 409 | 27,854 |
| Intersex or indeterminate | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Male | 169 | 2,404 | 52 | 1,252 | 418 | 116 | 1,867 | 718 | 125 | 7,121 |
| Total 2015/16 | 876 | 11,236 | 229 | 6,028 | 1,678 | 580 | 9,152 | 3,599 | 529 | 33,907 |
| Female | 705 | 8,861 | 170 | 4,816 | 1,266 | 471 | 7,338 | 2,876 | 406 | 26,909 |
| Male | 171 | 2,375 | 59 | 1,212 | 412 | 109 | 1,814 | 723 | 123 | 6,998 |

Table 4: Nature of area of practice endorsements held by psychologists

| Area of practice sub-type | Number of endorsements ² | |
|--|-------------------------------------|---------|
| | 2016/17 | 2015/16 |
| Clinical neuropsychology | 630 | 608 |
| Clinical psychology | 7,931 | 7,481 |
| Community psychology | 55 | 55 |
| Counselling psychology | 947 | 946 |
| Educational and developmental psychology | 647 | 619 |
| Forensic psychology | 565 | 553 |
| Health psychology | 324 | 321 |
| Organisational psychology | 508 | 489 |
| Sport and exercise psychology | 95 | 95 |
| Total ² | 11,702 | 11,167 |

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

2 A number of psychologists hold one or more area of practice endorsements.

Regulating the workforce: Complaints about psychologists in 2016/17

In brief: Notifications about psychologists

- ▶ 360 notifications (complaints or concerns) were lodged with AHPRA about psychologists in 2016/17.¹
- ▶ 1.6% of the psychology registrant base were the subject of a notification (consistent with 1.6% of all registered health practitioners).²
- ▶ Immediate action was taken 10 times; six resulted in suspension of psychology practitioners' registration while a notification was investigated.
- ▶ 27 mandatory notifications were lodged with AHPRA about psychologists in 2016/17.
- ▶ 344 notifications were closed.
- ▶ 141 psychologists were being monitored for compliance with restrictions on their registration as at 30 June 2017. Just under one third of the monitoring cases related to suitability/eligibility for registration.
- ▶ 116 statutory offence complaints were made about the profession; over 70% related to the alleged improper use of a protected title.

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 psychologists, 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 psychologists 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 psychologists in 2016/17, see page 13.

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

Anyone can notify AHPRA about a psychologist's health, performance or conduct. While registered psychologists 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 continue to be the primary reason people make a notification.

We may also receive notifications about people who are studying to become psychologists. There were no such notifications in 2016/17. 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](#).

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 Psychology 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.

1 Note that 584 complaints were received in total about psychologists 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 6.

Notifications received in 2016/17

This year, AHPRA received the highest number of notifications (6,898) about health practitioners across all professions in any reporting year since the National Scheme began. Of those, 5.2% related to psychologists (360 notifications in total).

Of all jurisdictions, Victoria (161 notifications), Western Australia (57), and Queensland (65) accounted for 78.6% of all notifications relating to psychologists in 2016/17.

Of the registrant base, 1.6% of the psychology workforce had notifications made about them in 2016/17, which is a slight increase from the previous year.¹

See Tables 5–12 for data about notifications in 2016/17.

Notifications closed in 2016/17

The Board assessed and completed 12.1% more notifications about psychologists in 2016/17 than in 2015/16. This represents the highest number of closures (344) for the Board since the National Scheme began.

These closures accounted for 5.6% of all closed notifications nationally across all professions. Of the notifications that were closed, 24.4% resulted in some form of regulatory action being taken by the Board against a psychologist.

As at 30 June 2017, there were 241 open notifications about psychologists being managed by AHPRA and the Board.

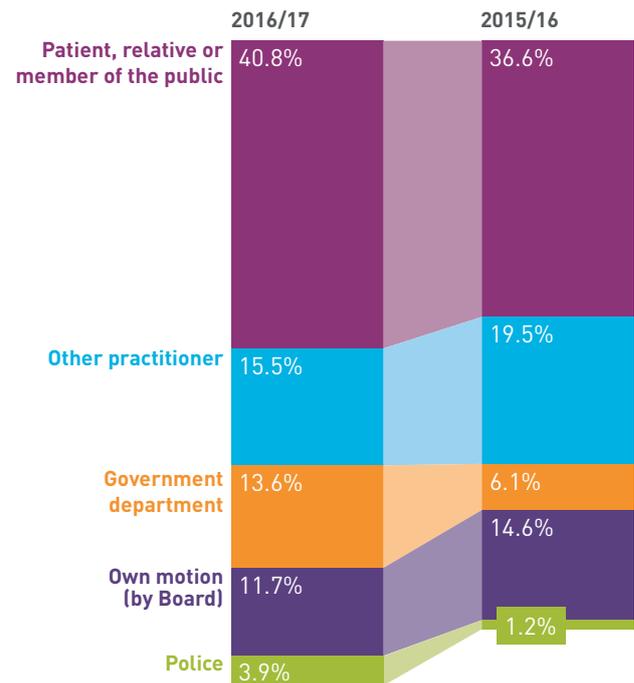
Figure 4: Total notifications received by AHPRA about psychologists, year by year, since the National Scheme began



Figure 5: How AHPRA and the Board manage notifications

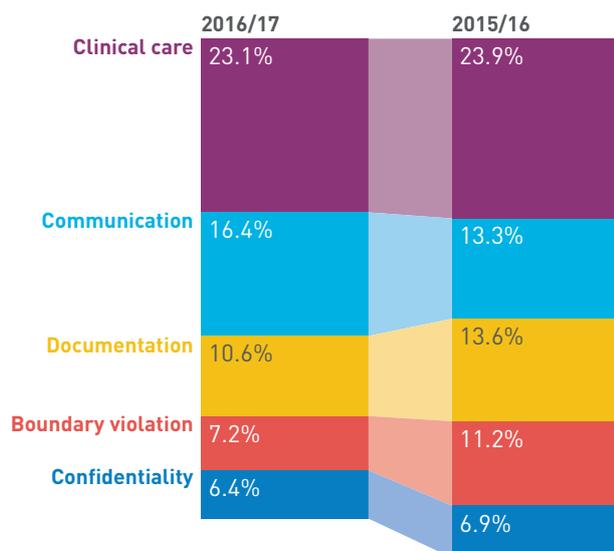


Figure 6: Five most common sources of notifications lodged with AHPRA about psychologists



¹ Includes complaints managed by the HPCA in NSW and the Office of the Health Ombudsman in Queensland. Refer to Table 7.

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



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 psychologist 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. Of those, 27 related to alleged notifiable conduct by a psychologist. Most concerned a significant departure from accepted professional standards.

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

Taking immediate action

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

In 2016/17, the Board considered 13 cases for immediate action and took immediate action 10 times. These actions were: suspension of registration (six times); imposing conditions on registration (three times); and accepting an undertaking (once). An undertaking may be accepted to assure the Board that the psychologist will not practise while a matter is being investigated, in order to protect the public.

See [AHPRA's annual report](#) for more information about immediate actions in 2016/17, and Table 7 in this report for immediate action cases about psychologists 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 a psychologist 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

In 2016/17, 16 psychology matters were decided by a 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 psychologists must include a psychologist. Each National Board has a list of approved people who may be called upon to sit on a panel.

In 2016/17, eight matters about psychologists were decided by 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.

Six decisions by the Board relating to psychologists were the subject of an appeal during 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 psychologists 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.

As at 30 June 2017, there were 141 individual psychologists being monitored, and 143 monitoring cases.¹

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.

The 143 monitoring cases of psychologists in 2016/17 represent 2.8% of the total monitoring cases managed by AHPRA across the 14 regulated health professions. The majority of psychology monitoring cases related to suitability/eligibility requirements for registration or conduct requirements.

For more information on monitoring and compliance, visit [the AHPRA website](#).

See Table 13 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. For more information, see [the AHPRA website](#).

AHPRA received 116 new statutory offence complaints about psychologists in 2016/17, which is an increase of 39.8% when compared to the 83 received in 2015/16. Over 73% of new offence complaints received about the profession during the year related to title protection. Complaints about psychology accounted for 5.1% of all statutory offence complaints received by AHPRA nationally across all regulated health professions.

This year, there was a 71.9% increase in the number of statutory offence complaints closed relating to psychology (110; up from 64 in 2015/16).

See Table 14 for data about statutory offences relating to psychologists 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 a psychologist has conditions imposed as a result of health concerns and conduct, they may be allocated two monitoring cases.

Table 5: Notifications received about psychologists in 2016/17, by state or territory

| Psychologists ¹ | ACT | NSW ² | NT | QLD ³ | SA | TAS | VIC | WA | No PPP ⁴ | Subtotal | HPCA ⁵ | Total |
|----------------------------|-----|------------------|----|------------------|----|-----|-----|----|---------------------|----------|-------------------|-------|
| Total 2016/17 | 24 | 3 | 10 | 65 | 29 | 10 | 161 | 57 | 1 | 360 | 224 | 584 |
| Total 2015/16 | 18 | 6 | 7 | 75 | 41 | 8 | 135 | 40 | 1 | 331 | 197 | 528 |

Table 6: 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 |
|--------------------------------------|------|---------------------------------|------|--------------------------------|------|------|------|------|---------------------|--------------------|
| Psychologists 2016/17 | 2.2% | 1.6% | 4.4% | 2.0% | 1.7% | 1.8% | 1.5% | 1.4% | 0.6% | 1.6% |
| Psychologists 2015/16 | 2.1% | 1.8% | 3.1% | 1.2% | 2.4% | 1.4% | 1.5% | 1.1% | 0.2% | 1.6% |
| 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 7: Immediate action cases by state or territory (excluding HPCA)

| Psychologists | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | No PPP ⁴ | Total |
|---------------|-----|-----|----|-----|----|-----|-----|----|---------------------|-------|
| 2016/17 | 5 | 0 | 0 | 1 | 1 | 0 | 4 | 2 | 0 | 13 |
| 2015/16 | 0 | 0 | 0 | 2 | 2 | 0 | 6 | 0 | 0 | 10 |

Table 8: Outcomes of immediate actions (excluding HPCA)

| Outcome | 2016/17 | | 2015/16 | |
|----------------------------------|---------------|-------------------|---------------|-------------------|
| | Psychologists | All practitioners | Psychologists | All practitioners |
| Not take immediate action | 2 | 76 | 1 | 66 |
| Accept undertaking | 1 | 69 | 1 | 67 |
| Impose conditions | 3 | 147 | 2 | 229 |
| Accept surrender of registration | 0 | 1 | 0 | 6 |
| Suspend registration | 6 | 103 | 6 | 74 |
| Decision pending | 1 | 23 | 0 | 22 |
| Total | 13 | 419 | 10 | 464 |

Table 9: Notifications closed in 2016/17, by state or territory

| Psychologists | ACT | NSW ² | NT | QLD ³ | SA | TAS | VIC | WA | No PPP ⁴ | Subtotal | HPCA ⁵ | Total |
|---------------|-----|------------------|----|------------------|----|-----|-----|----|---------------------|----------|-------------------|-------|
| Total 2016/17 | 12 | 1 | 8 | 56 | 32 | 10 | 158 | 64 | 3 | 344 | 203 | 547 |
| Total 2015/16 | 18 | 6 | 2 | 59 | 43 | 14 | 130 | 34 | 1 | 307 | 177 | 484 |

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

| Stage at closure | 2016/17 | 2015/16 |
|---|------------|------------|
| Assessment ⁷ | 215 | 184 |
| Health or performance assessment ⁸ | 12 | 9 |
| Investigation | 92 | 73 |
| Panel hearing | 8 | 29 |
| Tribunal hearing | 16 | 12 |
| Total | 343 | 307 |

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.

8 Performance assessments are carried out by a Board-selected assessor whose scope of practice is similar to that of the practitioner being assessed (assessors are not Board members or AHPRA staff).

Table 11: Notifications closed, by outcome at closure (excluding HPCA)

| Outcome | Total 2016/17 | Total 2015/16 |
|---|---------------|---------------|
| No further action ¹ | 257 | 220 |
| Refer all of the notification to another body | 1 | 1 |
| Health complaints entity to retain | 2 | 0 |
| Caution | 26 | 18 |
| Reprimand | 4 | 3 |
| Accept undertaking | 5 | 11 |
| Impose conditions | 43 | 47 |
| Suspend registration | 2 | 2 |
| Cancel registration | 4 | 2 |
| Accept surrender of registration | 0 | 1 |
| Withdrawn | 0 | 2 |
| Total² | 344 | 307 |

Table 12: Outcomes of assessment for mandatory notifications, by grounds for the notification (excluding HPCA)

| Outcome ² | Grounds for notification | | | | Total 2016/17 | Total 2015/16 |
|---|---|------------|-------------------|------------------|---------------|---------------|
| | Standards | Impairment | Sexual misconduct | Alcohol or drugs | | |
| End matter | No further action ¹ | 9 | 2 | 0 | 0 | 9 |
| | Dealt with as enquiry | 0 | 0 | 0 | 0 | 0 |
| | Caution | 0 | 0 | 0 | 0 | 1 |
| | Accept undertaking | 0 | 0 | 0 | 0 | 0 |
| | Impose conditions | 0 | 0 | 0 | 0 | 1 |
| Total closed after assessment | 9 | 2 | 0 | 0 | 11 | 11 |
| Refer to further stage | Refer to health or performance assessment | 0 | 0 | 0 | 0 | 2 |
| | Refer to investigation | 10 | 1 | 2 | 0 | 16 |
| | Refer to other stage | 1 | 0 | 1 | 0 | 0 |
| Total referred to further stage | 11 | 1 | 3 | 0 | 15 | 18 |
| Total assessments finalised in 2016/17 | 20 | 3 | 3 | 0 | 26 | |
| Total assessments finalised in 2015/16 | 20 | 4 | 5 | 0 | | 29 |

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.

Table 13: Active monitoring cases at 30 June 2017, by stream (excluding HPCA)

| Stream ¹ | Total 2016/17 | Total 2015/16 |
|---------------------------------|---------------|---------------|
| Conduct | 46 | 44 |
| Health | 17 | 19 |
| Performance | 23 | 23 |
| Prohibited practitioner/student | 7 | 9 |
| Suitability/eligibility | 50 | 39 |
| Total² | 143 | 134 |

Table 14: Statutory offence complaints about psychologists, received and closed in 2016/17, by type of offence and jurisdiction

| Type of offence ³ | | ACT | NSW ⁴ | NT | QLD ⁵ | SA | TAS | VIC | WA | No PPP ⁶ | Total 2016/17 | Total 2015/16 |
|--|----------|-----|------------------|----|------------------|----|-----|-----|----|---------------------|---------------|---------------|
| Title protections (s.113–120) | Received | 1 | 14 | 0 | 11 | 1 | 0 | 16 | 1 | 41 | 85 | 53 |
| | Closed | 1 | 27 | 0 | 7 | 2 | 0 | 9 | 3 | 25 | 74 | 43 |
| Practice protections (s.121–123) | Received | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 3 | 1 |
| | Closed | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 3 | 1 |
| Advertising breach (s.133) | Received | 0 | 9 | 0 | 4 | 4 | 0 | 3 | 0 | 3 | 23 | 27 |
| | Closed | 0 | 12 | 0 | 7 | 4 | 0 | 5 | 0 | 3 | 31 | 18 |
| Directing or inciting unprofessional conduct/professional misconduct (s.136) | Received | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| | Closed | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Other offence | Received | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 3 | 4 | 2 |
| | Closed | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 2 |
| Total 2016/17 | Received | 2 | 23 | 0 | 17 | 6 | 0 | 20 | 1 | 47 | 116 | |
| | Closed | 2 | 39 | 0 | 16 | 7 | 0 | 15 | 3 | 28 | 110 | |
| Total 2015/16 | Received | 0 | 25 | 0 | 7 | 4 | 2 | 15 | 6 | 24 | | 83 |
| | Closed | 1 | 16 | 0 | 9 | 6 | 4 | 7 | 4 | 17 | | 64 |

1 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. As at 30 June 2017, there were 143 cases about psychologists, which relate to 141 individual registrants.

2 These cases also may include cases that are to be transitioned from AHPRA to the Health Professional Councils Authority (HPCA) for conduct, health and performance streams. They do not include HPCA-managed monitoring cases.

3 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.

4 Excludes matters managed by the HPCA in NSW.

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

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

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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

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