

Your National Scheme:

For safer healthcare

Aboriginal and Torres Strait Islander Health Practice Board of Australia

Annual report
summary 2016/17



Aboriginal and
Torres Strait Islander
Health Practice
Board of Australia

AHPRA

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At a glance: Aboriginal and Torres Strait Islander Health Practice in 2016/17



448 registered students,
up **53.4%** from last year



608 Aboriginal and Torres Strait Islander Health Practitioners, up **3.6%** from 2015/16

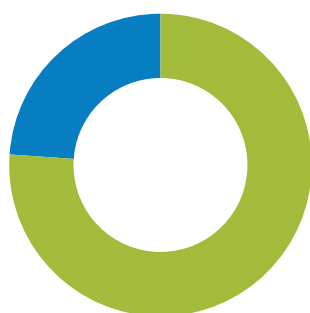
That's **0.1%** of total health practitioner registrant base



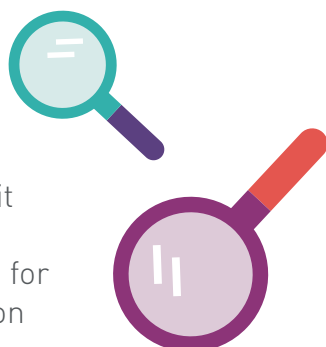
7 notifications lodged with AHPRA about Aboriginal and Torres Strait Islander Health Practitioners

1.2% of Aboriginal and Torres Strait Islander Health Practitioners had notifications made about them

2 notifications were made about students



Female: 76.2%
Male: 23.8%



71 Aboriginal and Torres Strait Islander Health Practitioners were being actively monitored for compliance with restrictions on their registration¹

6 notifications closed this year

33.3% resulted in accepting an undertaking or conditions being imposed on a Aboriginal and Torres Strait Islander Health Practitioner's registration

16.7% resulted in a caution or reprimand by the Aboriginal and Torres Strait Islander Health Practice Board of Australia

50% resulted in no further action being taken

3 statutory offence complaints were made; **2** were closed

Two matters related to title protection

2 mandatory notifications were made (both were about standards of practice)

¹ Data at 30 June 2017. See page 14 for information about monitoring cases relating to compliance with restrictions on registration for Aboriginal and Torres Strait Islander Health Practitioners.

Message from the Presiding Member

This report summarises data relating to Aboriginal and Torres Strait Islander Health Practice 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 for this profession.

The Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) works in partnership with AHPRA to implement the National Registration and Accreditation Scheme (the National Scheme).

Together, we are responsible for registering and regulating practitioners of this relatively new health profession, ensuring that only those practitioners who are suitably qualified and competent can practise as an Aboriginal and Torres Strait Islander Health Practitioner.

This year, the number of Aboriginal and Torres Strait Islander Health Practitioners registered under the National Scheme increased to over 600 registrants and the profession continues to grow.

This reflects the increasing awareness and appreciation of the value and importance of the profession, which provides culturally appropriate care to Australia's Indigenous people.

I would like to acknowledge the hard work of Board members, who have guided the profession where it is today. There are often significant challenges for our members, who travel great distances to meet and work, taking time away from their families and their jobs, often for longer periods than their colleagues in other registered health professions. Our members' dedication to the regulation of this profession is exemplary, and very much appreciated as they make their individual and collective contributions towards protecting the public and improving health outcomes for our communities.



Mr Bruce Davis

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

Members of the Board in 2016/17

Mr Bruce Davis, Presiding Member (from 1 March 2017)

Ms Karrina DeMasi, Deputy Presiding Member

Mr Bruce Brown

Ms Linda Bunn

Ms Celia Harnas

Ms Renee Owen (Presiding Member from 1 August 2016 to 28 February 2017)

Mrs Lisa Penrith (Presiding Member until 1 August 2016)

Ms Anita Phillips

Committees

Board members also serve on the following committees as required:

- ▶ the Registration and Notifications Committee, and
- ▶ the Immediate Action Committee, which is part of a multi-profession initiative with other Boards in the National Scheme.

The Board thanks its members and also appreciates the support of the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee.

Executive and policy support



Ms Jill Humphreys

Executive Officer, Aboriginal and Torres Strait Islander Health Practice

Ms Humphreys supports the Aboriginal and Torres Strait Islander Health Practice Board of Australia. She works in AHPRA's National Office in Melbourne.

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

For more information about the Board, visit our [website](#).

About us

The Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) has worked in partnership with AHPRA to protect the public since the profession joined the National Registration and Accreditation Scheme (the National Scheme) in 2012. Together, we regulate the profession by ensuring that only those Aboriginal and Torres Strait Islander Health Practitioners 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).

For information about accreditation, registration and regulation of our Aboriginal and Torres Strait Islander Health Practitioners, visit the Board's website at www.atsihealthpracticeboard.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 the annual report published by AHPRA and the National Boards. All data are correct as at 30 June 2017. Wherever possible, historical data are provided to show trends over time.

Please see page 10 for information about our data.

Profession-specific summaries for all National Boards are available to download from www.ahpra.gov.au/annual-report/2017. Annual report summaries that segment the registrant base by state and territory are also published.

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/annual-report/2017.

Year in review: Aboriginal and Torres Strait Islander Health Practice Board of Australia

Spotlight on: Reconciliation

This year, the Board played a major role in the initial stages of the development of a Reconciliation Action Plan for AHPRA. This is an important step in a broader strategy – the National Scheme Aboriginal and Torres Strait Islander health strategy, which supports better health outcomes for Australia's first peoples.

A representative from the Board sits in this strategy group, which also includes Aboriginal and Torres Strait Islander health sector leaders and representatives from accreditation authorities, National Boards, AHPRA and the Chair of AHPRA's Agency Management Committee.

In partnership with AHPRA and the other National Boards, the Board continues to recognise and seize opportunities to work to close the gap on Indigenous health outcomes in Australia.

Read more about this strategy at www.ahpra.gov.au/About-AHPRA/Advisory-groups/ATSI-Health-Strategy-Advisory-Group.

A multi-profession approach

The Board is pleased to have played an active part in the AHPRA and National Boards' recently published [Advertising compliance and enforcement strategy](#), which aims to provide resources to help practitioners meet their professional obligations and support the public in making informed healthcare choices with the right information, particularly for those practitioners who advertise their health services.

Although most Aboriginal and/or Torres Strait Islander Health Practitioners work for someone, rather than working in their own business, the National Law extends to all advertisers, including registered health practitioners. The message for all Boards this year was that those who advertise health services need to 'check, correct and comply' with their professional and legal advertising obligations.

Read the guidelines for advertising regulated health services on the [AHPRA website](#).

Advising on behalf of the profession

The Board meets as the Registration and Notifications Committee approximately every six weeks to consider matters relating to registration and notifications (complaints) about individual practitioners.

Awareness of the profession

Registrants in the Aboriginal and Torres Strait Islander Health Practice profession grew by 3.6% this year, which indicates an increasing awareness and appreciation of the value and importance of providing culturally appropriate healthcare to Aboriginal and Torres Strait Islander people.

Communication, engagement and stakeholder relations

After each quarterly meeting, the Board publishes a communiqué, providing highlights of relevance to our stakeholders. Board meetings for this year were held on:

- ▶ 26 August 2016 in Melbourne
- ▶ 23 November 2016 in Sydney
- ▶ 22 February 2017 in Melbourne, and
- ▶ 24 May 2017 in Darwin.

We also publish three newsletters per year, which provide more in-depth information on topics relevant to the profession about the regulatory environment.

All of these communications are available to the public at www.atsihealthpracticeboard.gov.au/News.

Policy and accreditation

The Board would like to acknowledge the timeliness and efficiency of our appointed accreditation committee in working through the applications for accreditation from education providers of the qualifications for registration for this profession. This task is sometimes made more challenging given that many of our approved programs of study are delivered where they are required, such as in rural and remote areas.

There are now 12 programs of study that have been approved by the Board for the purposes of registration. More will be added as they are accredited and approved by the Board. The list of approved programs of study is published on the [AHPRA website](#).

The work of accreditation is done by a small and dedicated team of accreditors who spend significant time away from home, assessing both programs of study and program providers against the Board's [Accreditation standard](#).

Future focus

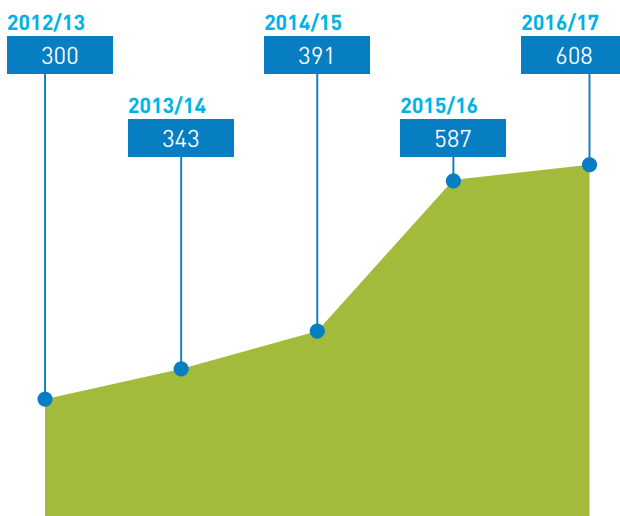
The Board has commenced work with the other National Boards to review its [Code of conduct](#) (the Code). The Code provides guidance and may be used to measure an Aboriginal and/or Torres Strait Islander Health Practitioner's performance if a notification (complaint) is made about them. It will provide ethical guidance to practitioners to ensure good practice.

Registering the workforce in 2016/17

In brief: Registration of Aboriginal and Torres Strait Islander Health Practitioners

- ▶ 608 registered Aboriginal and Torres Strait Islander Health Practitioners in 2016/17; up from 587 in 2015/16.
- ▶ Aboriginal and Torres Strait Islander Health Practitioners comprise 0.1% of the total health practitioner registrant base in the National Scheme.
- ▶ 448 registered medical students; up 53.4% from the previous year.
- ▶ Women comprised 76.2% of the profession – a slight decrease from the previous year (77%).

Figure 1: Registration numbers, year by year, since 2012/13



Since 1 July 2012, Aboriginal and Torres Strait Islander Health Practitioners must be registered under the National Scheme with the Aboriginal and Torres Strait Islander Health Practice Board of Australia and meet the Board's registration standards.

Under the National Law, as in force in each state and territory, there is a range of registration categories under which an Aboriginal and Torres Strait Islander Health Practitioner can practise in Australia. Different categories apply to different types of registration:

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

Before a practitioner can practise and use a title protected by the National Law, individuals must apply to the Board and provide evidence that they are eligible to hold registration, and registration must be granted. One such requirement is that every practitioner registered with the Board must be an Aboriginal and/or Torres Strait Islander.

The National Law requires a practitioner to be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia if they wish to, or if their employer requires them to, use one of the following protected titles:

- ▶ Aboriginal and Torres Strait Islander Health practitioner
- ▶ Aboriginal Health Practitioner, and
- ▶ Torres Strait Islander Health Practitioner.

A practitioner may also be required to be registered as part of their employment requirements, even if the protected title is not used.

Find out more about registration at www.atsihealthpracticeboard.gov.au/Registration.

Registration in 2016/17

As at 30 June 2017, there were 608 Aboriginal and Torres Strait Islander Health Practitioners registered under the National Scheme. This represents a 3.6% increase from 2015/16. The Northern Territory is the principal place of practice for most registered Aboriginal and Torres Strait Islander Health Practitioners (211). New South Wales, Queensland, Victoria and Western Australia accounted for the majority of the remaining registrants. The percentage breakdown for the registrants base is shown by state and territory in Figure 2 of this report.

Of the 678,938 registered health practitioners across the 14 health professions regulated under the National Scheme, 0.1% were Aboriginal and Torres Strait Islander Health Practitioners.

Of the registered Aboriginal and Torres Strait Islander Health Practitioners, 99.5% held practising registration. There were three practitioners on the non-practising register.

Tables 1–3 segment data relating to the registration of Aboriginal and Torres Strait Islander Health Practitioners in 2016/17.

Applications for registration

AHPRA received 141 new applications for registration as a Aboriginal and Torres Strait Islander Health Practitioner in 2016/17. In partnership with AHPRA, the Board considers every application for registration carefully and assesses it against the requirements for registration, including checking an applicant's criminal history.

Only practitioners 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 163 applications for registration that were finalised during the year, 11% resulted in conditions being imposed on registration or refusal to grant registration in order to protect the public.

For more information, download the [2016/17 annual report](#) by AHPRA and the National Boards.

Renewals

Once on the register, Aboriginal and Torres Strait Islander Health Practitioners 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 502 Aboriginal and Torres Strait Islander Health Practitioners renewed their registration in 2016/17, with the proportion of these practitioners renewing online increasing to 96.7%; up from 91.6% of practitioners the previous year.

The register of practitioners

According to the National Law, AHPRA is required to maintain and publish a publicly accessible *Register of practitioners* (the 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. As 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 on 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](#).

Search the Register at www.ahpra.gov.au/registration/registers-of-practitioners.

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 registration renewal application.

In 2016/17, AHPRA audited 6,314 practitioners across all 14 regulated health professions. For all audits initiated and completed this year relating to Aboriginal and Torres Strait Islander Health Practitioners, 87.7% were found to be in compliance with the registration standards being audited.

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

For more information about registration, visit the Board's website: www.atsihealthpracticeboard.gov.au/Registration.

Figure 2: Audit outcomes for the Aboriginal and Torres Strait Islander Health Practice profession in 2016/17

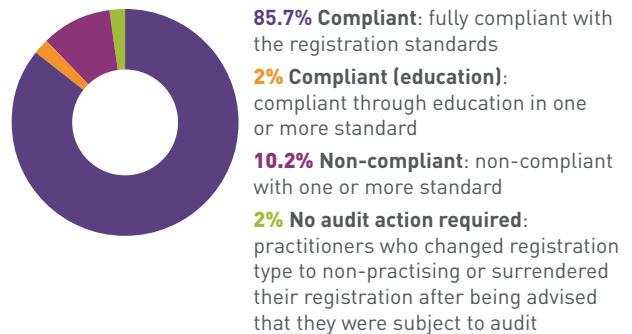


Figure 3: Percentage of Aboriginal and Torres Strait Islander Health Practitioners with a principal place of practice in each state and territory¹

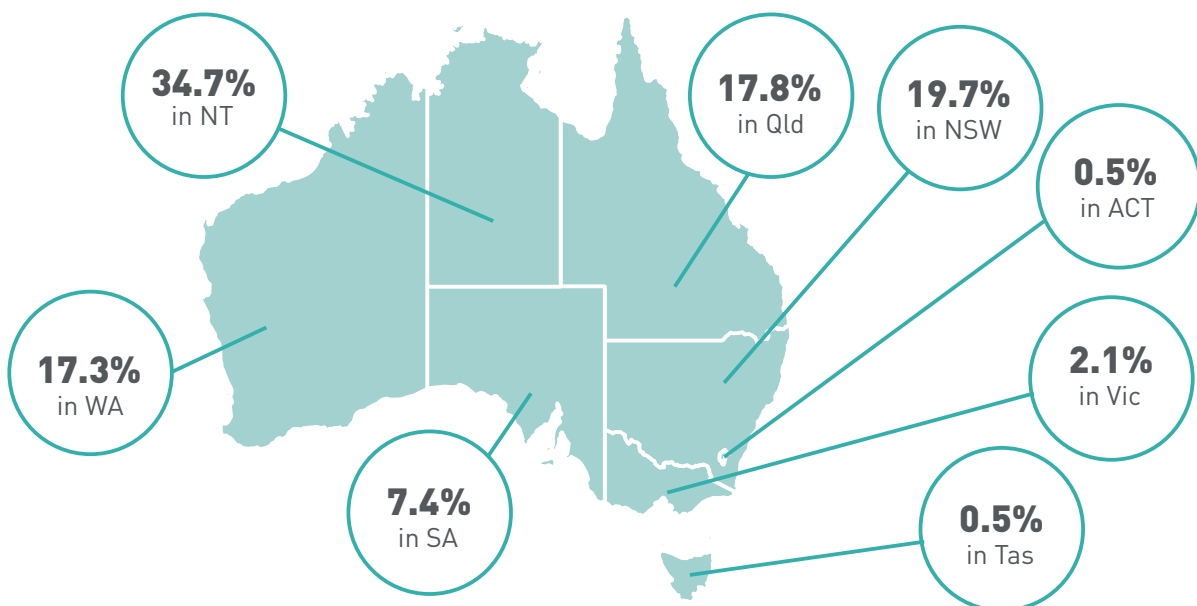


Table 1: Registrant numbers as at 30 June 2017

Aboriginal and Torres Strait Islander Health Practitioners	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Total 2016/17 total	3	120	211	108	45	3	13	105	608
Total 2015/16 total	4	106	210	103	52	3	11	98	587
% change from year to year	-25.0%	13.2%	0.5%	4.9%	-13.5%	0%	18.2%	7.1%	3.6%

Table 2: Registrants by age

Aboriginal and Torres Strait Islander Health Practitioners	U-25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	Total
Total 2016/17	23	40	58	66	76	82	105	76	61	15	6	608
Total 2015/16	22	35	52	66	81	93	106	77	36	15	4	587

Table 3: Registrants by principal place of practice and gender

Registrants	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Total 2016/17	3	120	211	108	45	3	13	105	608
Female	2	92	154	89	30	3	11	82	463
Male	1	28	57	19	15	0	2	23	145
Total 2015/16	4	106	210	103	52	3	11	98	587
Female	2	85	154	85	36	3	9	78	452
Male	2	21	56	18	16	0	2	20	135

Regulating the workforce in 2016/17

In brief: Notifications (complaints or concerns) about Aboriginal and Torres Strait Islander Health Practitioners

- ▶ 7 notifications (complaints or concerns) were lodged with AHPRA about Aboriginal and Torres Strait Islander Health Practitioners in 2016/17.
- ▶ 0.1% of all complaints about health practitioners received by AHPRA related to the profession.
- ▶ 1.2% of the registrant base were the subject of a notification (compared with 1.6% of all registered health practitioners).
- ▶ 2 mandatory notifications were made.
- ▶ 6 notifications were closed.
- ▶ 71 Aboriginal and Torres Strait Islander Health Practitioners were being monitored for compliance with restrictions on their registration as at 30 June 2017.
- ▶ 3 statutory offence complaints were made – two of these related to alleged misuse of a protected title.

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 Board, unless otherwise stated.

The notification process is different in New South Wales 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 Aboriginal and Torres Strait Islander Health Practitioners, and decides whether the complaint:

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

This means that we only have access to the data relating to matters referred to us by the OHO. AHPRA does 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 about a concern or complaint about a practitioner, which AHPRA manages in partnership with the relevant National Board. Most of the notifications received about individual Aboriginal and Torres Strait Islander Health Practitioners 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 Aboriginal and Torres Strait Islander Health Practitioners in 2016/17, see page 13.

Keeping the public safe is the primary focus when AHPRA and the Board make decisions about notifications.

Anyone can notify AHPRA about a registered Aboriginal and Torres Strait Islander Health Practitioner's health, performance or conduct. Registered Aboriginal and Torres Strait Islander Health Practitioners and employers have mandatory reporting obligations under the National Law, and of the seven complaints or concerns received, the majority were either lodged by another practitioner, or a practitioner's own motion.

Standards of clinical care continue to be the primary reason people make a notification (three of the seven notifications). See Figure 7.

There were no notifications lodged about Aboriginal and Torres Strait Island Health Practice students.

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

Notifications received in 2016/17

This year, AHPRA received the highest number of notifications (6,898) in any single financial year since the National Scheme began.

Noting that Aboriginal and Torres Strait Islander Health Practice has the smallest registrant base of the 14 health professions in the scheme, only seven notifications were lodged about Aboriginal and Torres Strait Islander Health Practitioners during the year (compared with five in 2015/16). This equates to 1.2% of the profession having complaints or concerns made about them during the year.

The Northern Territory (5), Queensland (1) and South Australia (1) were the only jurisdictions where AHPRA received and managed a complaint about an Aboriginal and Torres Strait Islander Health Practitioner during the year.

Tables 4–8 show data about notifications.

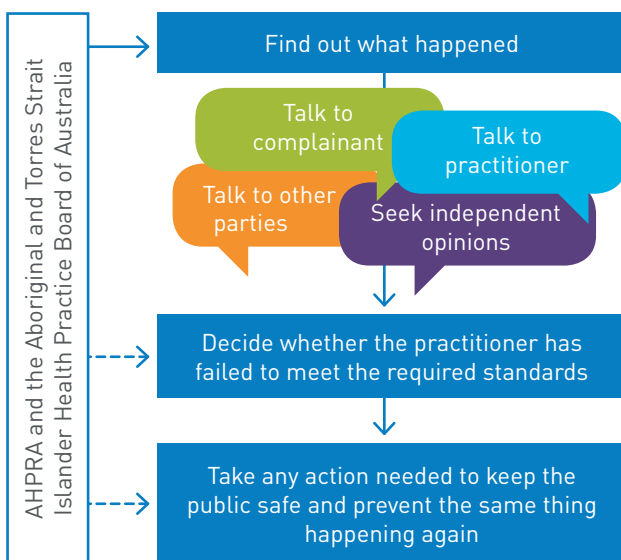
Notifications closed in 2016/17

The Board assessed and completed six notifications about Aboriginal and Torres Strait Islander Health Practitioners in 2016/17, compared with nine in 2015/16. Of the notifications that were closed, 50% resulted in some form of regulatory action being taken by the Board.

At 30 June 2017, there were two open notifications about Aboriginal and Torres Strait Islander Health Practitioners.

Tables 6–8 show data about notifications in 2016/17 and those that remained open as at 30 June 2017.

Figure 4: How notifications are managed by AHPRA and the Board



1 0% in 2015/16

2 0% in 2016/17

Figure 5: Total notifications received by AHPRA about Aboriginal and Torres Strait Islander Health Practitioners, year by year, since the National Scheme began

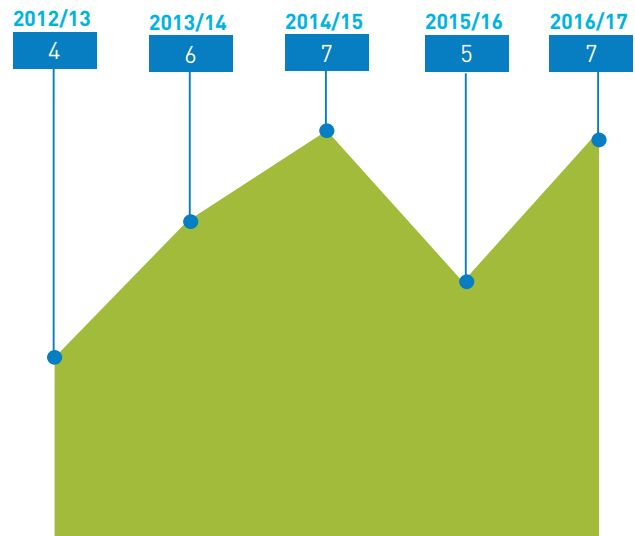


Figure 6: Source of notifications lodged about Aboriginal and Torres Strait Islander Health Practitioners

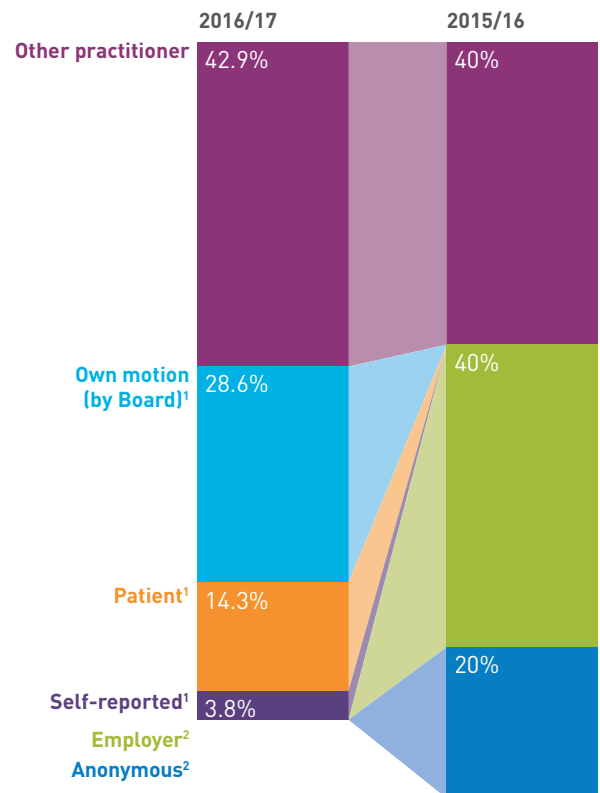
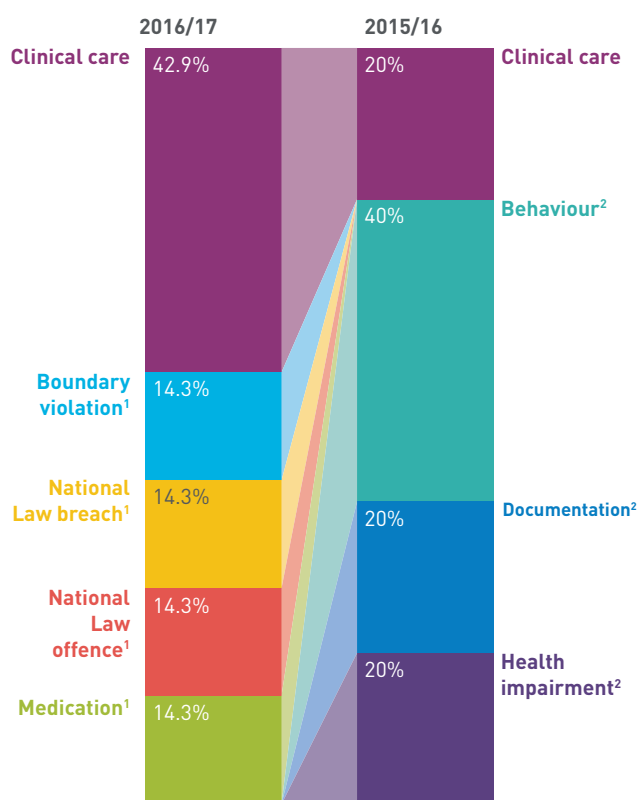


Figure 7: The most common types of complaint lodged with AHPRA about Aboriginal and Torres Strait Islander Health Practitioners



Mandatory notifications

All health practitioners, their employers and education providers have mandatory reporting responsibilities under the National Law. This means that they must tell AHPRA if they have formed a reasonable belief that a registered Aboriginal and Torres Strait Islander Health Practitioner 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 two mandatory notifications relating to alleged notifiable conduct of an Aboriginal and Torres Strait Islander Health Practitioner in 2016/17. Both related to a significant departure from accepted professional standards.

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

1 0% in 2015/16
2 0% in 2016/17

Taking immediate action

Immediate action is a serious step that the Board can take when it believes it is necessary to limit a Aboriginal and Torres Strait Islander Health Practitioner'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.

Noting the small number of notifications in 2016/17 for the profession, the Board, after consideration of risk, did not take immediate action on any matters.

Tribunals, panels and appeals

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 where the Board believes a practitioner 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

A National Board also 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.

No matters were referred to tribunals or panels during the year for this profession, and no matters were appealed.

Compliance

On behalf of the Board, AHPRA monitors Aboriginal and Torres Strait Islander Health Practitioners 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 71 individual Aboriginal and Torres Strait Islander Health Practitioners being monitored (comprising 72 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 72 monitoring cases of Aboriginal and Torres Strait Islander Health Practitioners represent 1.4% of all monitoring cases across all 14 professions in the National Scheme. The majority of these cases were being monitored for suitability/eligibility for registration.

It should be noted that despite increasing volumes of notifications received and high closure rates for other professions in the National Scheme, 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](#).

Table 9 shows data about active monitoring cases in 2016/17.

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 three new offence complaints about the Aboriginal and Torres Strait Islander Health Practice profession in 2016/17, compared with none in 2015/16. Two of these related to title protection. Statutory offence complaints about Aboriginal and Torres Strait Islander Health Practitioners accounted for 0.1% of all statutory offences received nationally across all professions.

This year, there were two offence complaints closed (no offence complaints were received or closed about the profession in 2015/16).

See AHPRA's [2016/17 annual report](#) for more information about statutory offences in 2016/17.

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

Table 4: Notifications received, by state or territory¹

Aboriginal and Torres Strait Islander Health Practitioners	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	Subtotal	HPCA ⁴	Total
Total 2016/17	0	0	5	1	1	0	0	0	7	0	7
Total 2015/16	0	0	4		1	0	0	0	5	0	5

Table 5: Percentage of registrant base with notifications received, by state or territory

Registrants	ACT	NSW (including HPCA complaints)	NT	QLD (including OHO complaints)	SA	TAS	VIC	WA	Total
ATSIHPBA total 2016/17	0	0	2.4%	0.9%	2.2%	0	0	0	1.2%
ATSIHPBA total 2015/16	0	0	1.9%	0%	1.9%	0	0	4.3%	0.9%
All practitioners ⁵ 2016/17	1.9%	1.7%	2.2%	2.2%	1.3%	1.9%	1.1%	1.2%	1.6%
All practitioners 2015/16	1.8%	2.2%	1.8%	1.5%	1.5%	1.7%	1.1%	1.1%	1.5%

Table 6: Notifications closed in 2016/17, by state or territory

Aboriginal and Torres Strait Islander Health Practitioners	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	Subtotal	HPCA ⁴	Total
Total 2016/17	0	0	4	1	1	0	0	0	6	0	6
Total 2015/16	0	0	8	0	0	0	0	1	9	0	9

Table 7: Notifications closed, by stage at closure (excluding HPCA)

Stage at closure	2016/17	2015/16
Assessment ⁶	5	4
Health or performance assessment ⁷	0	1
Investigation	1	4
Total	6	9

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

Outcome at closure	2016/17	2015/16
No further action ⁸	3	6
Caution	1	1
Impose conditions	2	2
Total ⁸	6	9

Table 9: Active monitoring cases at 30 June 2017, by stream (excluding HPCA)

Aboriginal and Torres Strait Islander Health Practitioners	Stream ⁹					Total ⁴
	Conduct	Health	Performance	Prohibited practitioner/student	Suitability/eligibility ¹⁰	
Total 2016/17	0	4	3	0	65	72
Total 2015/16	0	3	1	0	69	73

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 (OHO) in Queensland.

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

5 'All practitioners' are the total number of notifications lodged with AHPRA about registered health practitioners in all 14 health professions regulated in the National Scheme.

6 Closed after initial assessment of the matter.

7 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).

8 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.

9 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 72 cases about Aboriginal and Torres Strait Islander Health Practitioners, which relate to 71 individual registrants.

10 AHPRA performs monitoring of compliance cases for 'suitability/eligibility' for NSW registrations.

The Aboriginal and Torres Strait Islander Health Practice Board of Australia: www.atsihealthpracticeboard.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)

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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

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

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