Managing risk to the public: Regulation at work in Australia

Medical Board of Australia

2015/16 Annual Report Summary



Medical Board of Australia

Download this summary of the work of the Medical Board of Australia in 2015/16 from <u>www.ahpra.gov.au</u> or go to <u>www.medicalboard.gov.au</u>.

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

At a glance: Regulating medical practitioners in 2015/16

This annual report summary provides a snapshot of our work regulating more than 100,000 registered medical practitioners in the financial year to 30 June 2016.

A more detailed profile with data relating to all 14 National Boards in Australia is published in AHPRA and the National Boards' 2015/16 annual report at <u>www.ahpra.gov.au/annualreport/2016</u>.

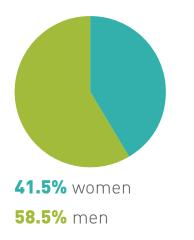
657,621 health practitioners in 14 professions registered in Australia in 2015/16

107,179 registered medical practitioners

This is **16.3%** of the registrant base



The number of registered medical practitioners grew by **4%** from 2014/15





19,760 registered students; up **6%**¹



16,203 new applications were received



11,891 criminal history checks were carried out for medical practitioners, resulting in:

- 267 disclosable court outcomes, and
- No regulatory action needed to be taken.

3,147 notifications (complaints or concerns)² were lodged with AHPRA about medical practitioners



2,718 notifications about medical practitioners were closed³



202 complaints were made about possible statutory offences relating to medical services

128 statutory offence matters were closed

1. Compared with 2014/15.

2. This figure refers only to matters managed by AHPRA. See Table 6 for total notifications received about the profession, including matters managed by the Health Professional Councils Authority in NSW.

3. This figure represents complaints managed and closed by AHPRA and excludes matters managed by the HPCA.

About this report

This report provides a profession-specific view of the Medical Board of Australia's work to manage risk to the public and regulate the profession in the public interest in 2015/16.

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

Information included in this report is drawn from the data published in <u>the 2015/16 annual report</u> by AHPRA and the National Boards, and was correct as at 30 June 2016.

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

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

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Message from the Chair, Medical Board of Australia

Setting standards that all registered medical practitioners have to meet and managing risk to patients is an ongoing priority for the Board.

Each month, the Board sets policy and standards that define acceptable practice and makes decisions that shape the requirements of doctors in Australia. Each week, state and territory boards make decisions that affect the lives of individual doctors and patients in Australia.

Most medical practitioners in Australia provide highquality care to their patients and practise at a level well above the minimum safe standards required by the Board. In most cases, patients can be confident that the trust they place in their doctors is well founded. It is when a registered medical practitioner does not meet accepted standards that regulation matters most. At these times, the Board and AHPRA work together to assess and decide what, if anything, needs to be done to manage risk and keep patients safe.

This report outlines the work of the Board in 2016, with data about decisions and outcomes. Our focus in 2016/17 will shift slightly from managing existing risk to identifying risk early in order to improve patient safety.

I am grateful to state, territory and national Board members across Australia who work so hard for their communities by shaping or helping maintain professional standards and managing risk to patients. I thank the Board's Executive Officer, Dr Joanne Katsoris, and her team for their enduring wisdom, integrity and diligence. AHPRA Chief Executive Officer Martin Fletcher and his team have again shown unswerving commitment, and the community has benefited from their intelligence, insight and effort.



Dr Joanna Flynn AM Chair, Medical Board of Australia

Members of the National Board in 2015/16

Dr Joanna Flynn AM (Chair) Associate Professor Stephen Adelstein¹ Professor Belinda Bennett Mr Mark Bodycoat¹ Associate Professor Stephen Bradshaw AM Ms Prudence Ford Dr Samuel Goodwin¹ Dr Fiona Joske Dr Susan O'Dwyer² Professor Constantine Michael AO¹ Professor Anne Tonkin¹ Ms Fearn (Michelle) Wright¹

Appointed until 30 August 2015

Dr Charles Kilburn

- Mr Paul Laris
- Mr Robert Little
- Dr Rakesh Mohindra

Professor Peter Procopis AM

Adjunct Professor Peter Wallace OAM

During 2015/16, the Board was supported by Executive Officer Dr Joanne Katsoris.

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

¹ Appointed 31 August 2015

² Appointed 1 March 2016

Board and national committee members 2015/16

The Medical Board of Australia values the contribution of our Board and committee members in every state and territory in Australia. Together, we make decisions to protect the public Australia-wide.

Members of the Australian Capital Territory Board

Dr Kerrie Bradbury (Chair) Associate Professor Stephen Bradshaw (Chair) (until 30 August 2015) Dr Emma Adams (from 1 July 2016) Dr Tobias Angstmann Dr Bryan Ashman Ms Vicki Brown Dr Janelle Hamilton (from 1 July 2016) Mr Robert Little Mr Donald Malcolmson Dr Barbara Somi (until 30 June 2016) Professor Peter Warfe

Members of the New South Wales Board

Dr Kerrie Bradbury (Chair) Associate Professor Stephen Bradshaw (Chair) (until 30 August 2015) Dr Emma Adams (from 1 July 2016) Dr Tobias Angstmann Dr Bryan Ashman Ms Vicki Brown Dr Janelle Hamilton (from 1 July 2016) Mr Robert Little Mr Donald Malcolmson Dr Barbara Somi (until 30 June 2016) Professor Peter Warfe

Members of the Northern Territory Board

Dr Charles Kilburn (Chair) Mr John Boneham Ms Helen Egan (until 29 February 2016) Dr Paul Helliwell Mr Garett Hunter Dr Verushka Krigovsky Ms Diane Walsh (until 29 February 2016) Dr Christine Watson Dr Sara Watson (until 29 October 2015)

Members of the Queensland Board

Adjunct Associate Professor Susan Young (Chair) Dr Cameron Bardsley Professor William Coman (until 27 May 2016) Ms Christine Foley (until 23 December 2015) Ms Christine Gee Mr Gregory McGuire Associate Professor Eleanor Milligan Associate Professor David Morgan OAM Dr Susan O'Dwyer Dr Josephine Sundin (until 31 December 2015) Dr Mark Waters (until 6 October 2015)

Members of the South Australian Board

Professor Anne Tonkin (Chair) Dr Daniel Cehic (from 1 July 2016) Mr Paul Laris Professor Guy Maddern Ms Louise Miller Frost (from 1 July 2016) Dr Rakesh Mohindra Dr Bruce Mugford Dr Christine Putland (until 30 June 2016) Dr Lynne Rainey Dr Catherine Reid (until 30 June 2016) Dr Leslie Stephan Ms Katherine (Kate) Sullivan Mr Thomas Symonds Dr Mary White

Members of the Tasmanian Board

Dr Andrew Mulcahy (Chair) Ms Kim Barker (until 31 October 2015) Dr Brian Bowring AM Mr David Brereton Dr Kristen Fitzgerald Dr Fiona Joske Mr Fergus Leicester Ms Leigh Mackey Dr Colin Merridew Dr Phillip Moore Dr Kim Rooney Dr David Saner

Members of the Victorian Board

Dr Peter Dohrmann (Chair) Dr Christine Bessell Dr John Carnie PSM Mrs Paula Davey Dr Tilak Dissanayake Mr Kevin Ekendahl Ms Jennifer Jaeger Dr William Kelly Associate Professor Abdul Khalid Dr Alison Lilley Mr Simon Phipps Dr Miriam Weisz Dr Bernadette White

Members of the Western Australian Board

Professor Con Michael AO (Chair) Ms Nicoletta Ciffolilli Dr Mark Edwards (from 29 May 2016) Ms Prudence Ford (until 30 September 2015) Dr Daniel Heredia (from 18 October 2015) Dr Frank Kubicek (until 17 October 2015) Dr Michael Levitt Dr Michael Levitt Dr Michael McComish Professor Mark McKenna Professor Stephan Millett Dr Steven Patchett Mr John Pintabona (from 1 January 2016) Ms Virginia Rivalland Professor Bryant Stokes AM Adjunct Professor Peter Wallace OAM

Finance Committee

Ms Prudence Ford Dr Joanna Flynn AM Associate Professor Stephen Bradshaw AM Ms Michelle Wright Mr Mark Bodycoat

National Specialist International Medical Graduate Committee

Dr Joanna Flynn AM Ms Kym Ayscough Dr Terry Brown Dr Peter Dohrmann Mr Robert Embury Mr Ian Frank AM Professor Gavin Frost **Dr Patrick Giddings** Dr Paul Helliwell Dr Fiona Joske Dr Joanne Katsoris Dr Paddy Phillips Dr Andrew Singer Dr Christine Tippett Ms Patti Warn Dr Richard Willis Professor Ajay Rane OAM Ms Tarja Saastamoinen

Expert Advisory Group on Revalidation

Professor Liz Farmer Professor Richard Doherty Dr Lee Gruner Dr Robert Herkes Professor Michael Hollands Professor Brian Jolly Professor Kate Leslie AO Professor Peter Procopis AM Professor Pauline Stanton

Message from the Agency Management Committee Chair and the AHPRA CEO

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

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

As at 30 June 2016, there were 107,179 registered medical practitioners, comprising 16.3% of all registered practitioners across the National Scheme. This is a significant proportion of the Australian health workforce, and consequently the work of the Medical Board of Australia is a hugely important and challenging task.

Consultation and engagement with a wide range of stakeholders is very important. In 2015/16 the Board worked with stakeholders including profession and community groups to further develop its regulatory work in partnership with AHPRA.

The Board has also recognised the importance of the health of registered medical practitioners and students by funding a new national doctors' health program.

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

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



Mr Michael Gorton AM

Chair, Agency Management Committee



Mr Martin Fletcher Chief Executive Officer, AHPRA

Year in review: Medical Board of Australia

The past year has been a period of consolidation and growth for the Board, with a focus on progressing three new priority initiatives and improving existing processes and standards.

Priority initiatives

Cosmetic procedures: In May 2016, after extensive consultation, the review of hundreds of submissions and consideration of a wide range of options, the Board issued *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*.

The Board decided this was the most effective way to maintain professional standards and protect patients. Taking effect in October 2016, the guidelines mandate cooling-off periods for patients considering cosmetic procedures and clearly explain practitioners' responsibilities.

Doctors' health: The new structure for a nationally consistent doctors' health program was established and new services began in most states and territories. The Board now funds a \$2 million network of health services for doctors and students, which is delivered at arm's length from the Board through Doctors' Health Services Pty Ltd, a subsidiary of the Australian Medical Association (AMA).

This service aims to support doctors and students and connect them to the services they need to maintain their health and wellbeing. The operation of the program will be closely monitored to ensure it is adequately resourced and operating effectively.

Revalidation: Revalidation is the process by which doctors demonstrate that they are continually keeping their skills up-to-date, so they can provide safe and ethical care to patients. The Board expanded its work in this area by:

- publishing international research commissioned from the Collaboration for the Advancement of Medical Education Research and Assessment
- establishing an Expert Advisory Group to provide advice on revalidation tailored to the Australian health context, and
- commissioning social research into the views of medical practitioners and the community about what doctors should do to remain fit to practise during their working lives.

Improving standards

Nine new or revised standards, codes and guidelines were approved or took effect in 2015/16. In August 2015, the Australian Health Workforce Ministerial Council approved seven revised registration standards:

- a revised standard for professional indemnity insurance (started in January 2016)
- four revised standards for limited registration,

which apply to international medical graduates (IMGs) who do not qualify for general or specialist registration (taking effect from 1 July 2016), and

 revised standards for continuing professional development and recency of practice (taking effect from October 2016, to align with the registration renewal period).

The Board developed new guidelines, <u>Short-term</u> <u>training in a medical specialty</u>, for IMGs who are not qualified for general or specialist registration.

Revised guidelines, <u>Supervised practice for IMGs</u>, came into effect in January 2016. They are designed to make the Board's expectations of IMGs, and their supervisors and employers, clearer. Supervision is a registration requirement for all IMGs who are granted limited or provisional registration.

Strengthening processes

In partnership with AHPRA, the Board continued to focus on improving notifications management, and the experience of notifiers and practitioners when they interact with AHPRA and the Board.

The Board trialled a new way to quickly conduct a preliminary assessment of complaints. This aims to triage the increasing volume of notifications and fast-track the management and closure of less complex matters, so Board members can focus on addressing matters that pose the greatest potential risk to the public.

A workshop was held with senior leaders from the Board, AHPRA and the AMA to explore new ways of improving practitioners' experience of the notifications process.

Indigenous health

In September 2015, the Board approved the Australian Medical Council's (AMC) new <u>Standards</u> for Assessment and Accreditation of Specialist Medical <u>Programs and Professional Development Programs</u>. They include new Indigenous health standards for specialist education.

A Board representative also sat on the AMC's Indigenous Planning Advisory Group, which has been established to improve the Council's engagement with Indigenous health organisations, students and medical practitioners.

A representative of the Australian Indigenous Doctors Association has been invited to join the Board's consultative committee for its priority initiative around revalidation.

Data snapshot: Regulation at work in 2015/16

The profession in brief

- The number of medical practitioners grew by almost 4% year on year, to 107,179 in 2015/16.
- New South Wales (NSW) was the principal place of practice for most of these practitioners (33,236); the Northern Territory (NT) was home to the smallest number (1,177).
- The age bracket with the largest number of medical practitioners was 30–34 (14,536 registrants).
- 1,542 practitioners were under 25 years of age; 1,251 were aged 80 or over.
- ▶ Women made up 41.5% of the profession.

About our data

Data in this Board summary are drawn from the 2015/16 annual report, published by AHPRA and the National Boards. Data relating to medical practitioners have been extracted from national source data that include all 14 health professions currently regulated under the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory.

In the following pages, you'll find registration data, including registrant numbers by registration type, age and principal place of practice, as well as data about notifications (complaints or concerns) received about medical practitioners in the financial year to 30 June 2016. Data about statutory offence complaints are also included.

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

Notifications data

Notifications are complaints or concerns that are lodged with AHPRA about registered medical practitioners or students practising in Australia.

Our data generally excludes complaints handled by co-regulatory jurisdictions, such as in:

- NSW, where complaints about medical practitioners with this state as their principal place of practice (PPP) are not managed by the Board and AHPRA, unless the conduct occurred outside NSW. Complaints about medical practitioners where the conduct occurred in NSW are handled by the Health Professional Councils Authority (HPCA) and the Health Care Complaints Commission (HCCC), and
- Queensland, where complaints are received and managed by the Office of the Health Ombudsman (OHO) and may be referred to AHPRA and the relevant National Board. We are not able to report on all complaints about medical practitioners in Queensland because we only have access to data relating to matters referred to us by OHO.

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

For data relating to complaints in Queensland that have not been referred to AHPRA, please refer to <u>the OHO website</u>.

Registration of medical practitioners

There were 107,179 medical practitioners registered across Australia as at 30 June 2016. This represents a national increase of 3.9% from the previous year.

Medical practitioners made up 16.3% of all registered health practitioners across the National Scheme. Of all registered medical practitioners:

- ▶ 34.5% held general registration only, with this cohort increasing by 6.3% from the previous year
- ▶ 47.2% held both general and specialist registration; an increase of 2.9%
- ▶ 8.2% held specialist-only registration to practise in a medical specialty; an increase of 5.9%
- 5.1% held provisional registration. Most of these are Australian graduates in their first postgraduate year and are in an accredited intern position while they progress towards being eligible for general registration. This category of registrants increased 15.1% from the previous year
- 2.5% held limited registration, which allows internationally qualified medical practitioners to provide medical services under supervision. There were 21.7% fewer registrants in this category compared with 2014/15, and
- ▶ 2.5% held non-practising registration. Under the National Law, practitioners with this type of registration cannot practise medicine. This cohort decreased by 0.3% this year.

At the end of 2015/16 there were 19,760 registered medical students; an increase of 5.8% on 2014/15.

The Board received 16,203 new applications for medical registration; an increase of 2.2% on 2014/15. Of these, 66.2% were for general or provisional registration and only 2.4% were applications to move to non-practising registration.

See Tables 1–5 for segmentation of registration data about medical practitioners.

Criminal history checks

As a standard part of the registration process, applicants for initial registration as a health practitioner in Australia must undergo a criminal record check. AHPRA requested 66,698 domestic and international criminal history checks for practitioners across all professions in 2015/16. Of these, 11,891 checks were carried out for practitioners wanting to register as medical practitioners. The checks resulted in 267 disclosable court outcomes. No conditions or undertakings were imposed on any practitioner's registration as a consequence. For source data on domestic and international criminal history checks, as well as more registration information across all regulated health professions, please refer to the 2015/16 annual report by AHPRA and the National Boards, which is published online at <u>www.ahpra.gov.au/annualreport/2016</u>.

Regulation of medical practitioners

Number of complaints

In 2015/16, there were 5,371 notifications (complaints or concerns) received nationally about medical practitioners, including HPCA data in NSW. This represents an increase of 18.3% from the previous year; much of which can be attributed to an increase in the number of matters referred to AHPRA in Queensland by the OHO in that state. AHPRA received and managed 3,147 matters (excluding NSW matters handled by the HPCA). Notifications about medical practitioners represent 52% of all notifications received by AHPRA (excluding HPCA data) during 2015/16.

Nationally, 5% of registered medical practitioners were the subject of a notification; compared with 1.5% of all registered health practitioners.

Immediate action

Immediate action was taken by the Board on 167 matters relating to medical practitioners in 2015/16 (compared with 132 instances in 2014/15). This excludes matters managed by the HPCA in NSW. A National Board has the power to take immediate action in relation to a health practitioner's registration at any time, if it believes this is necessary to protect the public. Immediate action limits a practitioner's registration by suspending or imposing conditions on it, or accepting an undertaking or surrender of registration from the practitioner or student. This is an interim step that Boards can take while more information is gathered or while other processes are put in place. To take immediate action, the Board must reasonably believe that:

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

Mandatory notifications

There were 187 mandatory notifications made in 2015/16 (272 including HPCA data); up from 159 in 2014/15. Health practitioners and their employers have to report to AHPRA is a registered health practitioner has behaved in a way that is notifiable conduct. Notifiable conduct 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.

Education providers also have mandatory notification obligations.

Closed notifications

AHPRA closed 2,718 notifications about registered medical practitioners in 2015/16 (excluding NSW practitioners managed by the HPCA). This represents 52% of all matters closed across all professions. Of the closed notifications included:

- 10% resulted in conditions being imposed or an undertaking accepted by the Board
- 12.1% resulted in the Board issuing a caution or reprimand to the practitioner
- 1.6% resulted in suspension or cancellation of registration, and
- 71.2% resulted in the Board taking no further action. In these cases, the Board decided that, based on available information, no further regulatory action was needed to manage ongoing risk to the public.

At the end of June 2016, there were 1,843 open notifications about registered medical practitioners.

Monitoring and compliance

There were 1,767 medical practitioners being actively monitored because of conditions placed on their registration (excluding those monitoring cases managed by the HPCA) at the end of 2015/16. Medical practitioners represented 35.6% of all monitoring cases managed by AHPRA across all professions.

Statutory offences

AHPRA received 202 new complaints about possible statutory offences relating to medical practice or medical practitioners. These complaints constitute 15% of all statutory offence matters received in 2015/16. Almost all new matters about medical practitioners related to the use of protected titles or advertising concerns. One hundred and twenty-eight statutory offence cases about medical practitioners were considered and closed by the end of 2015/16.

See Tables 6–25 for notifications data relating to medical practitioners.

Want to know more?

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

Segmentation of registration and regulation data by state and territory is also available on the AHPRA website.

For more information on the National Law as it applies to each state and territory, please see <u>www.ahpra.gov.au/About-AHPRA/What-We-Do/</u> <u>Legislation</u>.

Data tables

Data in tables are about medical practitioners unless otherwise indicated.

Table 1: Practitioner numbers at 30 June 2016*

	ACT	NSW	NT	QLD	SA	Tas	Vic	WA	No PPP ¹	Total
2015/16	2,042	33,236	1,177	20,949	7,858	2,236	26,061	10,756	2,864	107,179
2014/15	1,977	32,183	1,101	19,919	7,717	2,203	25,029	10,246	2,758	103,133
% change from 2014/15	3.3%	3.3%	6.9%	5.2%	1.8%	1.5%	4.1%	5.0%	3.8%	3.9 %
% of medical practitioners with a PPP in the state or territory	1.9%	31.0%	1.1%	19.5%	7.3%	2.1%	24.3%	10.0%	2.7%	100.0%
Medical practitioners as a % of all health practitioners in the state or territory	18.0%	17.4%	17.0%	16.4%	14.8%	15.8%	15.4%	16.0%	17.0%	16.3%
All health practitioners 2015/16	11,362	190,986	6,913	127,376	53,119	14,123	169,478	67,384	16,880	657,621

Notes:

*Blank fields in tables denote zeros.

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

Table 2: Practitioners by age

	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+	Not available	Total
2015/16	1,542	12,697	14,536	14,516	13,177	11,185	10,406	9,654	7,563	5,532	3,373	1,747	1,251		107,179
2014/15	1,467	11,915	13,940	14,003	12,721	10,879	10,326	9,304	7,205	5,327	3,211	1,635	1,198	2	103,133
Age bracket as % of all medical practitioners	1.4%	11.8%	13.6%	13.5%	12.3%	10.4%	9.7%	9.0%	7.1%	5.2%	3.1%	1.6%	1.2%		100.0%
All health practitioners 2015/16	31,601	84,964	88,223	75,403	75,746	71,619	69,819	71,754	50,259	24,897	8,533	3,137	1,666		657,621
Medical practitioners as % of all practitioners	4.9%	14.9%	16.5%	19.3%	17.4%	15.6%	14.9%	13.5%	15.0%	22.2%	39.5%	55.7%	75.1%		16.3%

Table 3: Medical practitioners by principal place of practice and gender

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total 2015/16	Total 2014/15	% change 2014/15- 2015/16
Medical practitioners	2,042	33,236	1,177	20,949	7,858	2,236	26,061	10,756	2,864	107,179	103,133	3.9 %
Female	925	13,762	568	8,440	3,177	937	11,065	4,560	1,058	44,492	42,189	5.5%
Male	1,117	19,474	609	12,509	4,681	1,299	14,996	6,196	1,806	62,687	60,944	2.9%

Note:

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

Table 4: Medical practitioners by principal place of practice and registration type

	АСТ	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total 2015/16	Total 2014/15	% change 2014/15- 2015/16
Medical practitioners	2,042	33,236	1,177	20,949	7,858	2,236	26,061	10,756	2,864	107,179	103,133	3.9%
General	764	11,868	509	7,384	2,557	658	8,703	3,719	791	36,953	34,767	6.3%
General (teaching and assessing)		11		12	3		8	2		36	40	-10.0%
General (teaching and assessing) and specialist		2								2	2	0.0%
General and specialist	923	16,576	401	9,379	4,012	1,107	13,087	4,427	710	50,622	49,199	2.9%
Limited	40	682	52	431	220	87	795	374	24	2,705	3,455	-21.7%
Non-practising	32	658	4	275	127	53	487	205	814	2,655	2,663	-0.3%
Provisional	112	1,447	86	1,329	374	121	1,199	687	53	5,408	4,697	15.1%
Specialist	171	1,992	125	2,139	565	210	1,782	1,342	472	8,798	8,310	5.9%

Note:

Table 5: Medical practitioners with specialties at 30 June 2016¹

Medical practitioners	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ²	Total 2015/16	Total 2014/15	% change 2014/15- 2015/16
Medical practitioners with a specialty	1,208	20,046	562	12,491	5,046	1,411	16,183	6,248	1,268	64,463	62,490	3.2%
Addiction medicine	4	65	2	28	17	6	30	13	3	168	167	0.6%
Anaesthesia	79	1,450	35	960	367	115	1,121	525	130	4,782	4,627	3.3%
Dermatology	6	190	1	86	45	6	141	44	9	528	507	4.1%
Emergency medicine	37	467	36	443	119	49	464	221	68	1,904	1,687	12.9%
General practice	426	7,593	245	5,096	1,920	622	5,836	2,505	228	24,471	23,993	2.0%
Intensive care medicine	22	251	10	179	70	16	193	78	37	856	815	5.0%
Paediatric intensive care medicine		2		1		1	3			7	2	250.0%
No sub-speciality declared	22	249	10	178	70	15	190	78	37	849	813	4.4%
Medical administration	12	105	4	86	14	3	70	29	8	331	334	-0.9%
Obstetrics and gynaecology	31	567	16	379	151	40	519	174	55	1,932	1,871	3.3%
Gynaecological oncology		16		9	4	1	12	4		46	43	7.0%
Maternal-fetal medicine	1	12	1	8	3		9	5	1	40	40	0.0%
Obstetrics and gynaecological ultrasound		13		5	3		50	3	2	76	77	-1.3%
Reproductive endocrinology and infertility		27		3	7	1	14	2		54	53	1.9%
Urogynaecology	1	10		8	1		7	4		31	30	3.3%
No sub-specialty declared	29	489	15	346	133	38	427	156	52	1,685	1,628	3.5%
Occupational and environmental medicine	15	89	1	40	31	7	67	45	13	308	302	2.0%
Ophthalmology	15	371	4	165	72	21	245	79	19	991	967	2.5%
Paediatrics and child health	39	838	30	460	175	38	620	275	80	2,555	2,442	4.6%
Clinical genetics		16		4			5	1		26	25	4.0%
Community child health	2	21		12	2		10	4	1	52	43	20.9%
General paediatrics	26	616	19	336	131	30	449	180	38	1,825	1,784	2.3%
Neonatal and perinatal medicine	5	49	2	28	11	3	42	29	5	174	164	6.1%
Paediatric cardiology		8	1	7			10	4	6	36	31	16.1%
Paediatric clinical pharmacology		1								1	1	0.0%
Paediatric emergency medicine		12		17	4		9	8	1	51	44	15.9%
Paediatric endocrinology	1	13		8	1		4	4	1	32	26	23.1%
Paediatric gastroenterology and hepatology		5		3	1		8	4	3	24	23	4.3%

Notes:

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

Medical practitioners	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ²	Total 2015/16	Total 2014/15	% change 2014/15- 2015/16
Paediatric haematology		5		2			3	1		11	10	10.0%
Paediatric immunology and allergy	1	6		2	4		6		1	20	17	17.6%
Paediatric infectious diseases		5	1	3	2		6	1	1	19	16	18.8%
Paediatric intensive care medicine		3		3						6	5	20.0%
Paediatric medical oncology		6		5	2		8	6		27	25	8.0%
Paediatric nephrology		5		1	1		3	1		11	8	37.5%
Paediatric neurology		17		5	1	1	7	2	2	35	31	12.9%
Paediatric palliative medicine		1		1						2	2	0.0%
Paediatric rehabilitation medicine		5		1	1			1		8	6	33.3%
Paediatric respiratory and sleep medicine	1	9		8	1		4	4		27	25	8.0%
Paediatric rheumatology		3		2	1		3	3		12	12	0.0%
No sub-specialty declared	3	32	7	12	12	4	43	22	21	156	144	8.3%
Pain medicine	3	88		56	30	11	51	33	4	276	260	6.2%
Palliative medicine	6	108	4	51	26	12	63	32	10	312	297	5.1%
Pathology	51	715	10	363	150	43	467	236	38	2,073	2,009	3.2%
Anatomical pathology (including cytopathology)	19	305	4	169	62	19	198	99	17	892	872	2.3%
Chemical pathology	4	26		13	7	2	22	17	4	95	90	5.6%
Forensic pathology		10	1	13	5	2	12	5		48	48	0.0%
General pathology	2	56	1	19	5	4	26	7	3	123	125	-1.6%
Haematology	11	172	3	90	41	11	134	45	6	513	487	5.3%
Immunology	6	48		12	12	1	20	18	1	118	117	0.9%
Microbiology No sub-specialty	6 3	80 18	1	39 8	15 3	4	46 9	36 9	4	231 53	222 48	4.1% 10.4%
declared Physician	193	2,977	76	1,663	841	173	2,834	811	211	9,779	9,423	3.8%
Cardiology	173	414	70	269	118	21	337	87	41	1,313	1,251	5.0%
Clinical genetics	17	31	/	8	8	۱ ک	20	5	41	72	71	1.4%
Clinical pharmacology	1	14		10	10		12	5	3	55	53	3.8%
Endocrinology	13	217	7	115	35	11	206	49	5	658	630	4.4%
Gastroenterology and hepatology	25	252	2	151	64	12	244	66	20	836	802	4.2%
General medicine	33	393	19	363	235	35	528	136	43	1,785	1,772	0.7%
Geriatric medicine	12	216	2	94	50	11	197	73	6	661	609	8.5%
Haematology	9	175	4	90	38	11	155	40	10	532	507	4.9%
Immunology and allergy	7	60	1	16	14	2	31	24	4	159	154	3.2%
Infectious diseases	9	95	11	58	27	7	155	34	12	408	389	4.9%

Notes:

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

Medical practitioners	АСТ	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ²	Total 2015/16	Total 2014/15	% change 2014/15- 2015/16
Medical oncology	10	181	2	104	48	11	226	37	7	626	584	7.2%
Nephrology	13	162	11	78	28	10	162	41	17	522	507	3.0%
Neurology	9	212	1	72	38	7	175	44	9	567	546	3.8%
Nuclear medicine	9	105		32	25	7	61	20	2	261	257	1.6%
Respiratory and sleep medicine	10	202	4	125	57	13	171	62	7	651	631	3.2%
Rheumatology	8	116	2	49	37	7	105	30	11	365	349	4.6%
No sub-specialty declared	6	132	3	29	9	8	49	58	14	308	311	-1.0%
Psychiatry	58	1,078	20	670	283	66	997	318	75	3,565	3,432	3.9%
Public health medicine	28	134	21	82	29	10	76	43	11	434	432	0.5%
Radiation oncology	13	130	2	73	19	8	105	20	10	380	366	3.8%
Radiology	50	681	4	442	177	45	604	245	120	2,368	2,280	3.9%
Diagnostic radiology	40	598	3	377	163	40	490	211	101	2,023	1,951	3.7%
Diagnostic ultrasound		1					3			4	4	0.0%
Nuclear medicine	5	38		51	10	3	66	10	3	186	187	-0.5%
No sub-specialty declared	5	44	1	14	4	2	45	24	16	155	138	12.3%
Rehabilitation medicine	6	225	2	63	38	8	133	16	6	497	473	5.1%
Sexual health medicine	4	58	1	18	9	1	24	7	1	123	118	4.2%
Sport and exercise medicine	11	41	1	11	4	2	39	10		119	119	0.0%
Surgery	99	1,825	37	1,077	459	109	1,484	489	132	5,711	5,569	2.5%
Cardio-thoracic surgery	6	57		40	12	4	62	13	7	201	205	-2.0%
General surgery	27	650	18	354	159	35	533	147	51	1,974	1,936	2.0%
Neurosurgery	7	79		47	15	6	70	19	4	247	238	3.8%
Oral and maxillofacial surgery	4	28	2	29	12	2	28	14	4	123	114	7.9%
Orthopaedic surgery	26	444	8	297	118	25	311	135	30	1,394	1,342	3.9%
Otolaryngology (head and neck surgery)	9	158	3	92	45	9	120	45	17	498	486	2.5%
Paediatric surgery	4	36		15	8	2	26	8	4	103	104	-1.0%
Plastic surgery	6	128	3	70	42	11	140	46	4	450	443	1.6%
Urology	6	135	1	86	31	10	118	40	7	434	418	3.8%
Vascular surgery	4	72	1	45	17	5	63	19	3	229	222	3.2%
No sub-specialty declared		38	1	2			13	3	1	58	61	-4.9%

Notes:

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

Table 6: Notifications received about medical practitioners, closed in 2015/16 and open at 30 June 2016, by state or territory¹

	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Subtotal	HPCA ⁵	Total
Notifications received	105	58	54	1,058	379	131	953	382	27	3,147	2,224	5,371
% of all medical notifications	2.0%	1.1%	1.0%	19.7%	7.1%	2.4%	17.7%	7.1%	0.5%	58.6 %	41.4%	100.0%
Mandatory received	12	3		6	43	11	72	37	3	187	85	272
% of all medical notifications	4.4%	1.1%	0.0%	2.2%	15.8%	4.0%	26.5%	13.6%	1.1%	68.8%	31.3%	100.0%
Notifications closed	109	65	69	729	340	136	876	369	25	2,718	1,996	4,714
% of all medical notifications	2.3%	1.4%	1.5%	15.5%	7.2%	2.9%	18.6%	7.8%	0.5%	57.7%	42.3%	100.0%
Open at 30 June 2016	52	29	28	710	209	53	528	223	11	1,843	1,039	2,882
% of all medical notifications	1.8%	1.0%	1.0%	24.6%	7.3%	1.8%	18.3%	7.7%	0.4%	63.9 %	36.1%	100.0%

Notes:

1. Data relating to notifications (complaints or concerns) are based on the state or territory of the medical practitioner's PPP (principal place of practice).

2. Matters managed by AHPRA where the conduct occurred outside NSW.

3. The number of matters referred to AHPRA and the National Board by the Office of the Health Ombudsman.

4. No PPP includes practitioners with an overseas address.

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

Table 7: Notifications received by state and territory; year on year comparison

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Subtotal	HPCA ²	Total
Notifications about medical practitioners in 2015/16 (PPP) ³	105	58	54	1,058	379	131	953	382	27	3,147	2,224	5,371
Notifications about medical practitioners in 2014/15 (PPP)	83	28	71	449	315	116	1,033	400	19	2,514	2,027	4,541
Notifications about medical practitioners in 2014/15 (Responsible Office) ⁴	92		90	439	324	134	1,016	419		2,514	2,027	4,541
% change from 2014/15 to 2015/16 (PPP)	26.5%	107.1%	-23.9%	135.6%	20.3%	12.9%	-7.7%	-4.5%	42.1%	25.2%	9.7%	18.3%
All notifications⁵ received 2015/16 (PPP)	206	94	123	1,919	808	242	1,886	718	60	6,056	4,026	10,082
All notifications received 2014/15 (PPP)	178	53	147	934	655	215	1,889	758	55	4,884	3,542	8,426
All notifications received 2014/15 (Responsible Office)	194		178	917	676	237	1,901	781		4,884	3,542	8,426
Medical as % of all notifications received 2015/16 (PPP)	51.0%	61.7%	43.9%	55.1%	46.9%	54.1%	50.5%	53.2%	45.0%	52.0%	55.2%	53.3%
Medical as % of all notifications received 2014/15 (PPP)	46.6%	52.8%	48.3%	48.1%	48.1%	54.0%	54.7%	52.8%	34.5%	51.5%	57.2%	53.9%

Notes:

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

2. Matters handled by the Health Professional Councils Authority (HPCA) in NSW.

3. For 2015/16, reporting of notifications is based on the practitioner's PPP.

4. Prior to this, notifications were based on the state or territory where the notification was handled (Responsible Office).

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

Table 8: Percentage of practitioners with notifications received, by state or territory

	ACT	NSW (including HPCA) ¹	NT	QLD	SA	TAS	VIC	WA	No PPP ²	Total
2015/16 (PPP) ³	5.1%	6.9%	4.6%	5.1%	4.8%	5.9%	3.7%	3.6%	0.9%	5.0%
2014/15 (PPP)	4.2%	6.4%	6.4%	2.3%	4.1%	5.3%	4.1%	3.9%	0.7%	4.4%
2014/15 (Responsible Office) ⁴	4.7%	6.3%	8.2%	2.2%	4.2%	6.1%	4.1%	4.1%		4.4%
All practitioners 2015/16 (PPP)	1.8%	2.2%	1.8%	1.5%	1.5%	1.7%	1.1%	1.1%	0.4%	1.5%
All practitioners 2014/15 (PPP)	1.6%	1.9%	2.2%	0.8%	1.3%	1.5%	1.1%	1.2%	0.3%	1.3%
All practitioners 2014/15 (Responsible Office)	1.8%	1.9%	2.7%	0.8%	1.3%	1.7%	1.2%	1.2%		1.3%

Notes:

1. Health Professional Councils Authority.

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

3. For 2015/16, notifications are based on the practitioner's PPP.

4. Prior to this, notifications were based on the state or territory where the notification was handled (Responsible Office).

Table 9: Open notifications at 30 June 2016, by state or territory

	ACT	NSW ¹	NT	QLD	SA	TAS	VIC	WA	No PPP ²	Subtotal	HPCA ³	Total
2015/16 (PPP) ⁴	52	29	28	710	209	53	528	223	11	1,843	1,039	2,882
2014/15 (PPP)	58	24	41	389	169	60	448	210	12	1,411	801	2,212
2014/15 (Responsible Office) ⁵	61		42	399	179	69	428	233		1,411	801	2,212
% change 2014/15 to 2015/16 (PPP)	-10.3%	20.8%	-31.7%	82.5%	23.7%	-11.7%	17.9%	6.2%	-8.3%	30.6%	29.7%	30.3%
All cases open 2015/16 (PPP)	110	49	68	1,288	564	106	1,082	495	25	3,787	2,002	5,789
All cases open 2014/15 (PPP)	114	44	84	749	446	119	940	436	26	2,958	1,573	4,531
All cases open 2014/15 (Responsible Office)	121		90	773	462	127	918	467		2,958	1,573	4,531
Medical as % of all open cases 2015/16	47.3%	59.2%	41.2%	55.1%	37.1%	50.0%	48.8%	45.1%	44.0%	48.7 %	51.9%	49.8 %

Notes:

1. Matters managed by AHPRA where the conduct occurred outside NSW.

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

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

4. For 2015/16, notifications are based on the practitioner's PPP.

5. Prior to this, notifications were based on the state or territory where the notification was handled (Responsible Office).

Table 10: Notifications closed, by state or territory

	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	Subtotal	HPCA ⁴	Total
2015/16 (PPP)⁵	109	65	69	729	340	136	876	369	25	2,718	1,996	4,714
2014/15 (PPP)	121	55	75	590	375	119	1,128	464	27	2,954	1,931	4,885
2014/15 (Responsible Office) ⁶	141		113	590	388	145	1,107	470		2,954	1,931	4,885
% change from 2014/15 to 2015/16 (PPP)	-9.9%	18.2%	-8.0%	23.6%	-9.3%	14.3%	-22.3%	-20.5%	-7.4%	-8.0%	3.4%	-3.5%
All notifications closed 2015/16 (PPP)	206	105	144	1,372	687	251	1,745	654	63	5,227	3,612	8,839
All notifications closed 2014/15 (PPP)	236	140	166	1,240	710	236	2,123	811	67	5,729	3,274	9,003
All notifications closed 2014/15 (Responsible Office)	267		226	1,258	737	267	2,154	820		5,729	3,274	9,003
Medical as % of all notifications closed 2015/16 (PPP)	52.9%	61.9%	47.9%	53.1%	49.5%	54.2%	50.2%	56.4%	39.7%	52.0%	55.3%	53.3%
Medical as % of all notifications closed 2014/15 (PPP)	51.3%	39.3%	45.2%	47.6%	52.8%	50.4%	53.1%	57.2%	40.3%	51.6%	59.0%	54.3%
Medical as % of all notifications closed 2014/15 (Responsible Office)	52.8%		50.0%	46.9%	52.6%	54.3%	51.4%	57.3%		51.6%	59.0%	54.3%

Notes:

1. Matters managed by AHPRA where the conduct occurred outside NSW.

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

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

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

5. For 2015/16, notifications are based on the practitioner's PPP.

6. Prior to this, notifications were based on the state or territory where the notification was handled (Responsible Office).

Table 11: Notifications closed, by stage at closure (excluding HPCA)¹

	201	5/16	2014	4/15
Stage at closure	Medical practitioners	All health practitioners		All health practitioners
Assessment ²	1,739	3,147	1,706	3,069
Health or performance assessment ³	108	341	131	440
Investigation	689	1,386	888	1,772
Panel hearing	86	179	151	269
Tribunal hearing	96	174	78	179
Total	2,718	5,227	2,954	5,729

Notes:

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

2. Closed after initial assessment of the matter.

3. Performance assessments are carried out by a Board-selected assessor whose scope of practice is similar to that of the

practitioner being assessed (assessors are not Board members or AHPRA staff).

Table 12: Practitioners with mandatory notifications (including HPCA)¹

		20	15/16		2014/15				
Profession	No	. practitione	rs²	Rate/10,000	No. practitioners ²			Rate/10,000	
	AHPRA	HPCA	Total	practitioners	AHPRA	HPCA	Total	practitioners	
Medical practitioners	171	85	256	23.9	144	52	196	19.0	
All registrants	605	315	920	14.0	491	298	789	12.4	

Notes:

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

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

Table 13: Mandatory notifications received, by state or territory (including HPCA)

	ACT	NSW ¹	NT	QLD	SA	TAS	VIC	WA	No PPP ²	Subtotal	HPCA ³	Total
2015/16 (PPP) ⁴	12	3		6	43	11	72	37	3	187	85	272
2014/15 (PPP)	7	4		7	39	5	61	34	2	159	53	212
2014/15 (Responsible Office) ⁵	8		1	7	42	7	57	37		159	53	212
% change from 2014/15 to 2015/16 (PPP)	71.4%	-25.0%	0.0%	-14.3%	10.3%	120.0%	18.0%	8.8%	50.0%	1 7.6 %	60.4%	28.3%
All mandatory notifications received 2015/16 (PPP)	44	9	1	15	205	35	224	100	8	641	339	980
All mandatory notifications received 2014/15 (PPP)	17	11	2	16	149	30	171	106	16	518	315	833
All mandatory notifications received 2014/15 (Responsible Office)	20		4	14	160	34	172	114		518	315	833
Medical as % of all mandatory notifications received 2015/16 (PPP) ⁴	27.3%	33.3%	0.0%	40.0%	21.0%	31.4%	32.1%	37.0%	37.5%	29.2%	25.1%	27.8%
Medical as % of all mandatory notifications received 2015/16 (PPP)	41.2%	36.4%	0.0%	43.8%	26.2%	16.7%	35.7%	32.1%	12.5%	30.7%	16.8%	25.5%
Medical as % of all mandatory notifications received 2014/15 (Responsible Office) ⁵	40.0%		25.0%	50.0%	26.3%	20.6%	33.1%	32.5%		30.7%	16.8%	25.5%

Notes:

1. Matters managed by AHPRA where the conduct occurred outside NSW.

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

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

4. For 2015/16, notifications are based on the practitioner's PPP.

5. Prior to this, notifications were based on the state or territory where the notification was handled (Responsible Office).

Table 14: Outcomes of assessment for mandatory notifications, by grounds for the notification (excluding HPCA)¹

				Ground	ds for notifica	tion		
Outco	me of assessment	Standards	Impairment	Sexual misconduct	Alcohol or drugs	Not classified	Total 2015/16	Total 2014/15
	No further action ²	23	4			3	30	30
ъ	Health complaints entity to retain	1					1	0
matter	Dealt with as enquiry	1					1	0
	Caution	11	1				12	7
End	Accept undertaking				1		1	3
	Impose conditions						0	6
Total o	losed after assessment	36	5	0	1	3	45	46
· to stage	Refer to health or performance assessment	3	13			1	17	19
	Refer to investigation	65	15	5		1	86	102
Refe	Refer to panel hearing						0	0
fu	Refer to tribunal hearing						0	0
Total I	referred to further stage	68	28	5	0	2	103	121
Total a	assessments finalised 2015/16	104	33	5	1	5	148	
Total a	assessments finalised 2014/15	106	35	14	10	2		167

Notes:

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

2. No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

Table 15: Outcomes at closure for mandatory notifications closed in 2015/16 (excluding HPCA)¹

Outcome at closure	Total 2015/16	Total 2014/15
No further action ²	97	98
Impose conditions	39	59
Caution	25	32
Accept undertaking	12	29
Suspend registration	9	3
Fine registrant	4	2
Cancel registration	4	1
Reprimand	2	4
Withdrawn	1	0
Health complaints entity to retain	1	0
Refer all or part of the notification to another body	1	0
Not permitted to reapply for registration for 12 months or more	1	0
Practitioner surrender of registration	0	2
Total	196	230

Notes:

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

2. No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

Table 16: Immediate action cases by state or territory (including HPCA)

Medical practitioners	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Subtotal	HPCA	Total
2015/16 (PPP) ²	7	3	1	42	34	4	58	16	2	167	101	268
2014/15 (PPP)	11	4	3	27	26	2	27	31	1	132	67	199
2014/15 (Responsible Office) ³	11		1	29	29	3	24	35		132	67	199
% change from 2014/15 to 2015/16 (PPP)	-36.4%	-25.0%	-66.7%	55.6%	30.8%	100.0%	114.8%	-48.4%	100.0%	26.5%	50.7%	34.7%

Notes:

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

2. For 2015/16, notifications are based on the practitioner's PPP.

3. Prior to this, notifications were based on the state or territory where the notification was handled (Responsible Office).

Table 17: Outcomes of immediate actions (excluding HPCA)¹

Charles at all as una	201	5/16	2014/15			
Stage at closure	Medical practitioners	All registrants	Medical practitioners	All registrants		
Not take immediate action	36	66	14	45		
Accept undertaking	39	67	38	77		
Impose conditions	66	229	48	124		
Accept surrender of registration	3	6		2		
Suspend registration	9	74	22	66		
Decision pending	14	22	10	22		
Total	167	464	132	336		

Notes:

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

Table 18: Outcomes at closure for notifications closed (excluding HPCA)¹

Change of all answer	201	5/16	201	4/15
Stage at closure	Medical practitioners	All registrants	Medical practitioners	All registrants
No further action ²	1,936	3,466	1,959	3,439
Refer all or part of the notification to another body	34	53	6	22
Health complaints entity to retain	89	120	268	435
Caution or reprimand	329	719	353	811
Accept undertaking	68	181	103	311
Impose conditions	205	580	229	612
Fine registrant	5	5	8	12
Suspend registration	30	46	14	38
Practitioner surrender		6	6	12
Cancel registration	13	34	4	24
Not permitted to reapply for registration for 12 months or more	5	8	3	9
Proceedings withdrawn	4	9	1	4
Total	2,718	5,227	2,954	5,729

Notes:

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

2. No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

Table 19: Outcomes of assessments finalised (excluding HPCA)¹

	201	5/16	2014	4/15
	Medical practitioners	All registrants	Medical practitioners	All registrants
Outcome of decisions to take the notification further				
Investigation	932	1,975	806	1,668
Health or performance assessment	71	295	73	233
Panel hearing	9	16	10	13
Tribunal hearing	2	3	2	9
Subtotal	1,014	2,289	891	1,923

Notes:

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

2. No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

	201	5/16	2014/15				
	Medical practitioners	All registrants	Medical practitioners	All registrants			
Outcome of notifications closed following assessment							
No further action ²	1,375	2,358	1,248	2,136			
Health complaints entity to retain	82	109	268	435			
Refer all or part of the notification to another body	23	33	2	10			
Dealt with as enquiry	13	47					
Managed as a complaint by a co-regulator	3	5					
Managed as an offence under Part 7 of the National Law		7					
Caution	157	367	126	322			
Accept undertaking	19	46	19	59			
Impose conditions	61	164	43	104			
Practitioner surrender		2		3			
Subtotal	1,733	3,138	1,706	3,069			
Total assessments finalised	2,747	5,427	2,597	4,992			

Notes:

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

2. No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

Table 20: Outcomes of investigations finalised (excluding HPCA)¹

	201	5/16	2014/15				
	Medical practitioners	All registrants	Medical practitioners	All registrants			
Outcome of decisions to take the notification further							
Assessment	9	16	1	2			
Health or performance assessment	41	116	46	145			
Panel hearing	34	79	86	166			
Tribunal hearing	42	100	67	114			
Subtotal	126	311	200	427			
Outcome of notifications closed following investigation							
No further action ²	446	838	611	1,052			
Refer all or part of the notification to another body	7	11	4	11			
Dealt with as enquiry		1					
Managed as a complaint by a co-regulator	4	5					
Health complaints entity to retain	6	8					
Caution	129	272	173	391			
Accept undertaking	32	72	42	126			
Impose conditions	68	189	58	192			
Suspend registration	1	1					
Subtotal	693	1,397	888	1,772			
Total investigations finalised	819	1,708	1,088	2,199			

Notes:

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

2. No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

Table 21: Outcomes from panel hearings finalised (excluding HPCA)¹

Outcome	201	5/16	2014/15				
Outcome	Medical practitioners	All registrants	Medical practitioners	All registrants			
No further action ²	18	32	40	63			
Caution	22	39	37	57			
Reprimand	7	11	7	13			
Accept undertaking	1	1					
Impose conditions	31	88	65	130			
Practitioner surrender of registration		1		1			
Refer all or part of the notification to another body				1			
Suspend registration	1	1	2	4			
Total	80	173	151	269			

Notes:

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

2. No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

Table 22. Outcomes from tribunal hearings finalised (excluding HPCA)¹

Outcome	201	5/16	2014/15				
Outcome	Medical practitioners	All registrants	Medical practitioners	All registrants			
No further action ²	12	18	5	15			
Fine registrant	5	5	8	12			
Caution or reprimand	10	24	7	18			
Accept undertaking	1	2	1	5			
Impose conditions	18	28	32	53			
Practitioner surrender		3	5	6			
Suspend registration	28	44	12	33			
Cancel registration	13	34	4	24			
Not permitted to reapply for registration for 12 months or more	5	8	3	9			
Proceedings withdrawn	4	9	1	4			
Total	96	175	78	179			

Notes:

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

2. No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

Table 23: Active monitoring cases at 30 June 2016, by state or territory (excluding HPCA)

	АСТ	NSW ¹	NT	QLD	SA	TAS	VIC	WA	No PPP ²	Total 2015/16	Total 2014/15
Medical practitioners 2015/16	34	503	22	373	163	41	368	242	21	1,767	
Medical practitioners 2014/15	30	480	33	406	170	31	323	213	11		1,697
All practitioners 2015/16	117	1,381	55	1,078	452	105	1,032	635	108	4,963	
All practitioners 2014/15	155	1,412	74	1,186	472	101	948	554	89		4,991
Medical as % of all practitioners 2015/16	29.1%	36.4%	40.0%	34.6%	36.1%	39.0%	35.7%	38.1%	19.4%	35.6%	
Medical as % of all practitioners 2014/15	19.4%	34.0%	44.6%	34.2%	36.0%	30.7%	34.1%	38.4%	12.4%		34.0%

Notes:

AHPRA performs monitoring of compliance cases in 'suitability/eligibility' matter for NSW registrations. These cases also may
include cases that are to be transitioned from AHPRA to the HPCA for conduct, health and performance streams. These do not refer
to HPCA managed monitoring cases.

Table 24: Active monitoring cases at 30 June 2016, by stream (excluding HPCA)¹

	Conduct	Health	Performance	Prohibited practitioner/student	Suitability/eligibility ²	Total
Medical practitioners 2015/16	164	244	232	52	1,075	1,767
Medical practitioners 2014/15	184	284	254		975	1,697
All practitioners 2015/16	402	663	550	219	3,129	4,963
All practitioners 2014/15	482	826	600		3,083	4,991
Medical as % of all practitioners 2015/16	40.8%	36.8%	42.2%	23.7%	34.4%	35.6%
Medical as % of all practitioners 2014/15	38.2%	34.4%	42.3%		31.6%	34.0%

Notes:

1. AHPRA reports by stream, rather than registrants being monitored, because a registrant may have restrictions (conditions or undertakings) in more than one stream. For example, nationally, 4,963 cases monitored by AHPRA relate to 4,861 registrants.

2. AHPRA performs monitoring of compliance cases for 'suitability/eligibility' stream matters for NSW registrations.

Table 25: Statutory offence complaints received and closed, by type of offence and jurisdiction¹

Offence		ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ²	Total 2015/16	Total 2014/15
Title protections	Received	1	13	1	12	1	3	4	1	24	60	34
(s.113–120)	Closed	1	13	1	4	1	3	2	4	18	47	37
Practice protections	Received							4			4	6
(s.121–123)	Closed				1	1					2	1
Advertising breach	Received		37		21	10	2	18	7	38	133	56
(s.133)	Closed		23		13	5	2	7	8	18	76	40
Directing or inciting unprofessional	Received									1	1	1
conduct/professional misconduct (s.136)	Closed										0	0
Other offerer	Received				2			1		1	4	6
Other offence	Closed				1				2		3	3
Total 2015/16 (PPP) ³	Received	1	50	1	35	11	5	27	8	64	202	
	Closed	1	36	1	19	7	5	9	14	36	128	
Total 2014/15 (PPP) ³	Received	2	18	3	20	4	3	18	14	21		103
	Closed	2	10	2	12	2	3	19	9	22		81

Notes:

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

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

3. Based on state and territory of the practitioner's PPP.

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