

Annual report summary

2016/17

Your National Scheme:
Regulating health practitioners in the

Australian Capital Territory

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



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

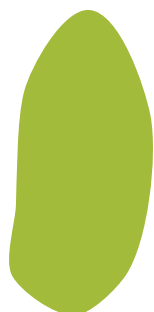
Occupational therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

Performance summary for 2016/17

This annual report summary offers a snapshot of our work regulating almost 12,000 registered health practitioners in the Australian Capital Territory (ACT) for the financial year to 30 June 2017.

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



ACT practitioners accounted for **1.7%** of all registered health practitioners in Australia¹

Largest practitioner contingent:

3% of all midwives in Australia were based in the ACT

Smallest practitioner contingent:

0.5% of all Aboriginal and Torres Strait Islander Health Practitioners in Australia were based in the ACT

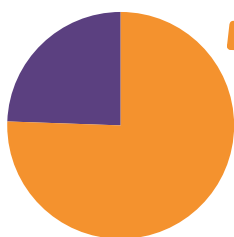


11,845 health practitioners were registered in the ACT in 2016/17, compared with 11,362 the previous year



1,202 new applications for registration were received in the ACT this year

That's an increase of **6%** from 2015/16



Women comprised **75.7%** of the registered ACT health workforce²



3.5% of all notifications (complaints or concerns) received by AHPRA during the year were about practitioners in the ACT, up from 3.4% in 2015/16

242 notifications were received about registrants with a principal place of practice in the ACT

That's a **17.5%** increase in notifications, from 206 in 2015/16

112 health practitioners with a principal place of practice in the ACT were being monitored for compliance with restrictions on their registration³



16 new statutory offence complaints were received; down from 20 in 2015/16

AHPRA and the National Boards closed **237** notifications in the ACT this year, compared with 206 in the previous year

¹ This percentage has remained consistent for the past five years.

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

³ Data as at 30 June 2017. See page 26 for more information about monitoring cases relating to compliance with restrictions on registration for practitioners in the ACT.

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About the National Scheme

Who

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

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

The 14 National Boards are:

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

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

What

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

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

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

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

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

When

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

Where

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

Why

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

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

Our regulatory principles

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

Protect the public

Take timely and necessary action

Administer the National Law

Ensure registrants are qualified

Work with stakeholders

Uphold professional standards

Identify and respond to risk

Use appropriate regulatory force

Foreword from the AHPRA Chair and the CEO

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

In 2016/17, there was an increase of 4.25% registered health practitioners in the ACT, bringing the total number to 11,845. This represents 1.7% of all registered health practitioners in Australia. Members of the community can be safe in the knowledge that registered health practitioners must meet national registration standards and be adequately trained and qualified.

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

As one example of this, the ACT office has worked closely with Canberra Hospital and Health Services to balance local workforce needs with the timely and accurate management of applications for registration from internationally qualified medical practitioners.

This year, AHPRA received more notifications (complaints or concerns) about health practitioners than ever before, and we worked with the National Boards to respond to these promptly. The ACT received 242 notifications in the past year, and closed 237. We work closely with the ACT Health Services Commissioner in the management of these concerns.

We are committed to improving the timely and efficient handling of notifications. We recognise that the notifications process can be very stressful and we have also made improvements in our information and communication with both notifiers and health practitioners subject to a notification.

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



A stylized black ink signature of Mr Michael Gorton AM.

Mr Michael Gorton AM

Chair,
Agency Management
Committee, AHPRA



A stylized black ink signature of Mr Martin Fletcher.

Mr Martin Fletcher

Chief Executive Officer,
AHPRA

Foreword from the ACT Territory Manager

The ACT office has started to embed its processing and improvement initiatives following significant structural change last year. Our cross-jurisdictional way of working enables us to continue to grow and add value, while ensuring consistency in the application of the National Law and protection of the public.

Highlights for 2016/17:

- ▶ Successfully collaborated with the ACT Health Services Commissioner to publish an information leaflet to better explain services offered by our organisations.
- ▶ Welcomed an increase of 4.25% in registrants; growing the number of registered health practitioners in the ACT to 11,845.
- ▶ Met with the ACT Minister for Health and Wellbeing and presented to health entities, universities and government departments to increase understanding of registration requirements.

Working in partnership with National Boards

The state and territory boards and committees of the medical, dental and nursing and midwifery professions and the regional board for psychology have continued in their efforts to refine and strengthen how they can deliver the requirements of the independent review of the National Scheme for more efficient and effective health practitioner regulation.

All three boards and the regional board have welcomed visits from their National Board Chairs in the past 12 months, and this provided opportunities to further enhance the relationships between local, regional and national decision makers.

Risk management mechanisms are consistent in each state and territory under the National Scheme and may include some or all of the following: immediate action, imposing restrictions, accepting undertakings, suspension or cancellation of registration, ongoing compliance monitoring of practitioners and audits.

Local jurisdictions may also refuse or impose conditions on registration while making decisions on registration applications.

Working with our stakeholders

AHPRA staff and board members continued to engage and build stakeholder relationships. A particular focus this year was the collaborative working with Canberra Hospital to balance local workforce needs with the timely and accurate processing of applications for registration from internationally qualified medical practitioners.

Information sessions have also been provided at the Australian National University to psychology students progressing through their academic careers and preparing to transition to the healthcare provider workforce.

A large part of the ACT office's strategy for further promoting the protection of the public comes from greater engagement in the local community, ensuring the roles of the regulator and National Boards are understood. This is particularly pertinent in our territory with the unique relationship with the ACT Health Services Commissioner and the joint consideration process; uniquely legislated in the ACT.

Local office, national contribution

Planning commenced for the introduction of the National Trans-Tasman Mutual Recognition (TTMR) team in the Canberra office in the next reporting period. This will result in all applications for registration under the provisions of the TTMR Act being centralised and assessed by the ACT team. This will offer streamlined and efficient service for our external stakeholders and partners in New Zealand, and a coordinated point of contact for applicants.

I would like to thank the AHPRA staff who have welcomed me to the position of Territory Manager and engaged so willingly in building the profile of the Canberra office. I also extend my thanks to the Chairs of the ACT boards and committees and members who work in partnership with us to regulate health professionals in the interest of the ACT public.

Acknowledgement and thanks to members who will vacate their roles as of 30 June 2017: Ms Tanya Fane, Mr Donald Malcolmson, Dr Murray Thomas (Dental) and Ms Alison Reardon (Nursing and Midwifery).



Anthony McEachran

ACT Territory Manager, AHPRA



Part 1

Decision-making in
the ACT: Board and
committee reports

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

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

The ACT Registration and Notification Committee of the Dental Board of Australia has had a very productive 12 months. The matters coming to the committee have been handled efficiently and professionally. The public is the focus of the committee's attention at all times, and if any disciplinary action is taken against a practitioner, the minimum necessary regulatory response is always applied, in accordance with the regulatory principles of the National Scheme (see page 2). The committee at all times draws a balance between public protection, education of dental practitioners and conducting matters with natural justice for all parties involved.

The local AHPRA office has been very efficient and provided excellent research and investigatory skills. Sensible reasoning and options are provided with each matter coming before the committee. Staff are always available to assist with problems and are contactable as needed. As the ACT is a small jurisdiction, the level of collegiality is exemplary.

Meetings have been held every two months and the Tasmanian office has sensibly and suitably addressed matters which have not been able to be handled by the ACT office due to time factors.

My thanks goes to retiring members Dr Murray Thomas, Mr Don Malcolmson and Ms Tanya Fane for their dedication and hard work over many years.

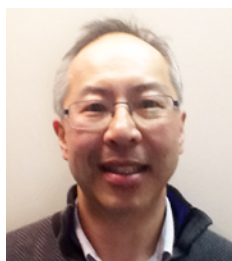
Members of the ACT Committee in 2016/17

Dr Peter Wong (Chair)

Ms Tanya Fane

Mr Donald Malcolmson

Dr Murray Thomas



Dr Peter Wong

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



Dr John Lockwood AM

Chair, Dental Board of Australia

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

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

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

This year has seen many evolving process changes for the ACT Board of the MBA. Our new cluster linkage with Tasmania and New South Wales (NSW) has integrated our AHPRA registration, notification and support services teams and has allowed us to look at and refine our administrative processes. This has resulted in an alignment of Board processes with our cluster partners, all with local decision-making by our ACT Board.

This year we undertook a collaborative education program with AHPRA, the Royal Australian College of General Practitioners, ACT Health and our local GP consortia to explain the new International Medical Graduates' registration standards of supervision and to explore the daily impact of these in general practice. Further meetings with our AHPRA partners have consolidated this work.

Another special project through the year has been engaging with our Health Complaints Commissioner to strengthen our joint consideration processes. We have partnered with the Health Protection Services looking at the impact of legislative changes to the prescribing laws in the ACT. Together with the Australian Medical Association, we have supported the Doctor Health Program in the ACT, with the NSW Department of Human Services establishing this service in the territory. Jointly, we have encouraged discussion with medical students and resident medical doctors on practitioner wellness.

As a Board, we have undertaken a review of our regulatory governance, with an external evaluation process providing a positive review and we continue our quality improvement program with Board member continuing education. We look forward to another year continuing to serve the local community, strengthening our local stakeholder engagement, working with our cluster partners and the national MBA and AHPRA to deliver time-efficient, effective medical regulation.

Members of the ACT Board in 2016/17

Dr Kerrie Bradbury (Chair)

Dr Emma Adams

Dr Tobias Angstmann

Dr Bryan Asman

Ms Vicki Brown

Dr Janelle Hamilton

Mr Robert Little

Mr Donald Malcolmson

Professor Peter Warfe



Dr Kerrie Bradbury

Chair, ACT Board of
the Medical Board of
Australia



Dr Joanna Flynn AM

Chair, Medical Board of
Australia

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

Throughout 2016/2017, the ACT Board of the Nursing and Midwifery Board of Australia (the Board) upheld our legislative responsibilities to protect the public by regulating midwifery and nursing registrants whose principal place of practice is in the ACT.

The ACT Board comprises six local practitioner members and three local community members. The Board worked in partnership with the ACT AHPRA office. We also welcomed our new ACT Territory Manager, Anthony McEachran. The ACT Board makes decisions on complex applications for registration, requiring individual assessment to ensure practitioners are appropriately educated and qualified. The Board also decides what action is needed to manage the risk to recipients of health care services by midwives and nurses whose health, conduct or professional practice has been notified either by a member of the public or another health professional.

Throughout the year, the ACT Board has worked closely with our colleagues on the National Board, and other state and territory boards to ensure consistency in decision-making guided by the National Law and shared learning. The National Nursing and Midwifery Conference in March 2017 provided excellent opportunity to meet with national board members from all over Australia and our partners from national, state and territory AHPRA offices.

We farewelled Alison Reardon, registered nurse, whose professional knowledge and experience we valued highly, and look forward to the appointments or reappointments of practitioner and community members in the new financial year.

The ACT Board valued the opportunity to provide feedback on several consultations to the National Board throughout 2016/17.

Members of the ACT Board in 2016/17

Ms Emma Baldock (Chair)

Mrs Alison Archer

Ms Tina Calisto

Ms Alison Chandra

Ms Felicity Dalzell

Ms Kate Gauthier

Ms Eileen Jerga AM

Dr Carmel McQuellin

Ms Alison Reardon



Ms Emma Baldock

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



Associate Professor Lynette Cusack RN

Chair, Nursing and Midwifery Board of Australia

Pharmacy Board of Australia: Chair's message

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

Practitioner membership on the Board from each state and territory helps to ensure consistency and transparency in its work to implement the National Scheme at a local level. This is supported by a public perspective which comes from community member representatives from four states. As well as being the Chair of the National Board, I am also the ACT practitioner member.

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

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

- ▶ Ms Susan Alexander, and
- ▶ Ms Jennifer Bergin.

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

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

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

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

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

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



Mr William Kelly

Chair, Pharmacy Board of Australia

ACT, Tasmania and Victoria Regional Board of the Psychology Board of Australia: Chair's message

This year, the ACT, Tasmania and Victoria Regional Board has maintained its primary focus of ensuring public safety.

We continue to receive matters related to the notification and registration of psychology registrants in our region and make regulatory decisions in response. Much of this work remains in the notifications space, some of which has been very complex and has required significant resource and time allocation. The Regional Board receives these matters via our colleagues at AHPRA, and this partnership has worked very effectively in helping to achieve the goal of overseeing the regulation of psychologists in the public interest. We would like to extend our sincere gratitude to all our AHPRA colleagues for the hard work they do in preparing matters for the Board.

The Regional Board has also provided input to the National Board on a number of policies and guidelines. This has been in addition to the provision of feedback on matters of interest and trends identified by the Regional Board during the year, including a paper by Associate Professor Terry Laidler on Family Court matters and identifying issues in registration for provisional psychologists working through the 4 + 2 pathway in the ACT and Tasmania.

One of our other goals is to continue engaging with stakeholders via Board presentations, and this has undoubtedly been the case this year in ACT and Victoria, predominantly to student populations. We have had several speaking engagements over the last 12 months, including those delivered by various Board members in Victoria, and others delivered by myself in the ACT.

This year has also seen the departure of one of the Regional Board's Deputy Chairs, Dr Simon Kinsella, as he has opted to step down after completing two very successful terms as a Regional Board member. I would like to extend my warm and sincere gratitude to Simon for his very significant efforts over the last six years. His contributions both as a Board member and Deputy Chair, at times standing in as Chair in my absence, have been significant and very much appreciated by the Regional Board and AHPRA.

Members of the Regional Board in 2016/17

Dr Cristian Torres (Chair; ACT member)
Mr Robin Brown (ACT member)
Dr Melissa Casey (Vic member)
Ms Anne Horner (Tas Member)
Dr Simon Kinsella (Deputy Chair; Vic member)
Associate Professor Terry Laidler (Vic member)
Professor Anthony Love (Vic member)
Dr Patricia Mehegan (Vic member)
Ms Maree Riley (Tas member)



Dr Cristian Torres

Chair, Regional Chair of the Psychology Board of Australia



Professor Brin Grenyer

Chair, Psychology Board of Australia

National Boards and committees making local decisions

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

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

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

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

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

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

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

Meet the Chairs



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



Professor Charlie Xue
Chair, Chinese
Medicine Board of
Australia



Dr Wayne Minter AM
Chair, Chiropractic
Board of Australia



Mr Mark Marcenko
Chair, Medical
Radiation Practice
Board of Australia



Ms Julie Brayshaw
Chair, Occupational
Therapy Board of
Australia



Mr Ian Bluntish
Chair, Optometry
Board of Australia



Dr Nikole Grbin
Chair, Osteopathy
Board of Australia



Dr Charles Flynn
Chair, Physiotherapy
Board of Australia



Ms Catherine Loughry
Chair, Podiatry Board
of Australia



Part 2

Regulating health
practitioners in the ACT

ACT data snapshot

Five local insights for 2016/17

As at 30 June 2017, there were 11,845 registered health practitioners with a principal place of practice in the ACT.

ACT is the principal place of practice for 3% of all registered midwives in Australia.

1,202 new applications were received for registration in the ACT, an increase of 6% from the previous year.

Notifications about practitioners in the ACT increased by 17.5% (from 206) year on year, to 242 new complaints received by AHPRA.

Of the 2,297 new statutory offence complaints received by AHPRA nationally, 16 were made about practice in the ACT.

Background

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

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

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

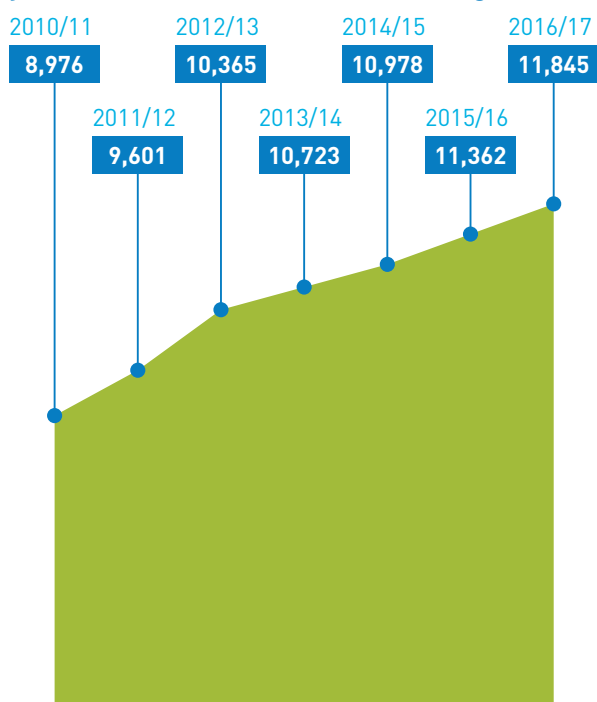
Notifications data (about complaints or concerns lodged with AHPRA) are also included, with details of notifications received and closed during the year, as well as those that remained open at the end of the reporting year. Details of mandatory reports received and immediate actions taken are included,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

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

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

Registration in the ACT

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



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

Tables 1–8 provide details of registered health practitioners with a PPP in the ACT. At 30 June 2017, the number of registered health practitioners in the ACT was 11,845, an increase of 483 (4.3%) from 2015/16. This jurisdiction represents 1.7% of all registered health practitioners in Australia.

The proportion of practitioners who had a principal place of practice in the ACT ranged from 0.5% of all registered Aboriginal and Torres Strait Islander Health Practitioners to 3% of all registered midwives. See Table 1.

Data also showed that in 2016/17 the ACT had:

- ▶ 1.9% of registered health practitioners with a recognised specialty nationally, and
- ▶ 2.2% of health practitioners with a recognised endorsement or notation nationally, which permits an expanded scope of practice within their profession.

In 2016/17, applications received for registration in the ACT increased by 6%, with 1,202 new applications. This equates to 1.7% of new applications received nationally during the year. Details of new registration applications received, with a breakdown of profession and registration type, are provided in Table 7. Registration application outcomes are detailed at Table 8.

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

Profession	ACT	National total ⁴	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	3	608	0.5%
Chinese medicine practitioner	68	4,860	1.4%
Chiropractor	69	5,284	1.3%
Dental practitioner	411	22,383	1.8%
Medical practitioner	2,097	111,166	1.9%
Medical radiation practitioner	261	15,683	1.7%
Midwife	141	4,624	3.0%
Nurse	5,671	357,701	1.6%
Nurse and midwife ²	543	28,928	1.9%
Occupational therapist	339	19,516	1.7%
Optometrist	76	5,343	1.4%
Osteopath	35	2,230	1.6%
Pharmacist	548	30,360	1.8%
Physiotherapist	591	30,351	1.9%
Podiatrist	69	4,925	1.4%
Psychologist	923	34,976	2.6%
Total 2016/17	11,845	678,938	1.7%
Total 2015/16	11,362	657,621	1.7%
ACT's population as a proportion of national population³	406,400	24,385,600	1.7%

Criminal history checks

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

In the ACT, 1,145 criminal history checks were carried out (compared with 1,083 in 2015/16). Of these, there were 26 disclosable court outcomes (compared with 41 in 2015/16).

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

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

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

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

Profession/registration type	ACT	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	3	608	0.5%
General	3	605	0.5%
Non-practising	0	3	0.0%
Chinese medicine practitioner	68	4,860	1.4%
General	67	4,583	1.5%
General and non-practising	0	3	0.0%
Limited	0	2	0.0%
Non-practising	1	272	0.4%
Chiropractor	69	5,284	1.3%
General	67	4,967	1.3%
Limited	0	2	0.0%
Non-practising	2	315	0.6%
Dental practitioner	411	22,383	1.8%
General	362	20,053	1.8%
General and non-practising ¹	0	1	0.0%
General and specialist	41	1,655	2.5%
Limited	0	58	0.0%
Non-practising	6	576	1.0%
Specialist	2	40	5.0%
Medical practitioner	2,097	111,166	1.9%
General	768	38,798	2.0%
General (teaching and assessing)	0	40	0.0%
General (teaching and assessing) and specialist	0	1	0.0%
General and specialist	955	52,264	1.8%
Limited	33	2,473	1.3%
Non-practising	36	2,762	1.3%
Provisional	120	5,495	2.2%
Specialist	185	9,333	2.0%
Medical radiation practitioner	261	15,683	1.7%
General	252	15,010	1.7%
Limited	0	1	0.0%
Non-practising	4	235	1.7%
Provisional	5	437	1.1%
Midwife	141	4,624	3.0%
General	140	4,548	3.1%
Non-practising	1	73	1.4%
Provisional	0	3	0.0%

Profession/registration type	ACT	National total	% of national total
Nurse	5,671	357,701	1.6%
General	5,570	352,011	1.6%
General and non-practising ¹	0	27	0.0%
General and provisional	0	5	0.0%
Non-practising	95	5,421	1.8%
Provisional	6	237	2.5%
Nurse and Midwife	543	28,928	1.9%
General	492	26,835	1.8%
General and non-practising ²	31	1,401	2.2%
General and provisional	0	8	0.0%
Non-practising	20	679	2.9%
Provisional	0	5	0.0%
Occupational therapist	339	19,516	1.7%
General	330	18,755	1.8%
Limited	2	69	2.9%
Non-practising	5	659	0.8%
Provisional	2	33	6.1%
Optometrist	76	5,343	1.4%
General	74	5,167	1.4%
Limited	0	4	0.0%
Non-practising	2	172	1.2%
Osteopath	35	2,230	1.6%
General	34	2,129	1.6%
Limited	0	1	0.0%
Non-practising	0	89	0.0%
Provisional	1	11	9.1%
Pharmacist	548	30,360	1.8%
General	496	27,544	1.8%
Limited	1	10	10.0%
Non-practising	11	1,097	1.0%
Provisional	40	1,709	2.3%
Physiotherapist	591	30,351	1.9%
General	581	29,114	2.0%
Limited	1	371	0.3%
Non-practising	9	866	1.0%
Podiatrist ³	69	4,925	1.4%
General	68	4,790	1.4%
General and specialist	1	30	3.3%
Non-practising	0	105	0.0%
Psychologist	923	34,976	2.6%
General	770	28,442	2.7%
Non-practising	35	1,695	2.1%
Provisional	118	4,839	2.4%
Total	11,845	678,938	1.7%

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

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

³ Includes podiatric surgeons.

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

Profession/endorsement	ACT	National total	% of national total
Chiropractor	0	31	0.0%
Acupuncture	0	31	0.0%
Dental practitioner	4	96	4.2%
Area of practice - conscious sedation	4	96	4.2%
Medical practitioner	5	583	0.9%
Acupuncture	5	583	0.9%
Midwife ¹	2	333	0.6%
Midwife Practitioner	0	1	0.0%
Scheduled Medicines	2	332	0.6%
Nurse ¹	48	2,676	1.8%
Nurse Practitioner	43	1,559	2.8%
Scheduled Medicines - Rural and isolated practice	5	1,117	0.4%
Optometrist	38	2,717	1.4%
Scheduled Medicines	38	2,717	1.4%
Osteopath	0	2	0.0%
Acupuncture	0	2	0.0%
Physiotherapist	0	7	0.0%
Acupuncture	0	7	0.0%
Podiatrist ²	1	82	1.2%
Scheduled Medicines	1	82	1.2%
Psychologist	299	11,702	2.6%
Area of Practice	299	11,702	2.6%
Total	397	18,229	2.2%

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

Profession/gender	ACT	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	3	608	0.5%
Female	2	463	0.4%
Male	1	145	0.7%
Chinese medicine practitioner	68	4,860	1.4%
Female	36	2,683	1.3%
Male	32	2,177	1.5%
Chiropractor	69	5,284	1.3%
Female	31	2,064	1.5%
Male	38	3,220	1.2%

Profession/gender	ACT	National total	% of national total
Dental practitioner	411	22,383	1.8%
Female	238	11,244	2.1%
Male	173	11,139	1.6%
Medical practitioner	2,097	111,166	1.9%
Female	970	46,751	2.1%
Male	1,127	64,415	1.7%
Medical radiation practitioner	261	15,683	1.7%
Female	174	10,664	1.6%
Male	87	5,019	1.7%
Midwife	141	4,624	3.0%
Female	140	4,608	3.0%
Male	1	16	6.3%
Nurse	5,671	357,701	1.6%
Female	4,936	315,993	1.6%
Intersex or indeterminate	0	2	0.0%
Male	735	41,706	1.8%
Nurse and midwife	543	28,928	1.9%
Female	533	28,419	1.9%
Male	10	509	2.0%
Occupational therapist	339	19,516	1.7%
Female	300	17,812	1.7%
Male	39	1,704	2.3%
Optometrist	76	5,343	1.4%
Female	41	2,819	1.5%
Male	35	2,524	1.4%
Osteopath	35	2,230	1.6%
Female	15	1,217	1.2%
Male	20	1,013	2.0%
Pharmacist	548	30,360	1.8%
Female	354	18,782	1.9%
Male	194	11,578	1.7%
Physiotherapist	591	30,351	1.9%
Female	399	20,489	1.9%
Male	192	9,862	1.9%
Podiatrist	69	4,925	1.4%
Female	41	2,952	1.4%
Male	28	1,973	1.4%
Psychologist	923	34,976	2.6%
Female	754	27,854	2.7%
Intersex or indeterminate	0	1	0.0%
Male	169	7,121	2.4%
Total	11,845	678,938	1.7%

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

² Includes podiatric surgeons.

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

Profession/division	ACT	National total	% of national total
Chinese medicine practitioner	68	4,860	1.4%
Acupuncturist	27	1,726	1.6%
Acupuncturist and Chinese herbal dispenser ¹	0	3	0.0%
Acupuncturist and Chinese herbal dispenser and Chinese herbal medicine practitioner ¹	7	833	0.8%
Acupuncturist and Chinese herbal medicine practitioner ¹	34	2,178	1.6%
Chinese herbal dispenser	0	45	0.0%
Chinese herbal dispenser and Chinese herbal medicine practitioner ¹	0	20	0.0%
Chinese herbal medicine practitioner	0	55	0.0%
Dental practitioner	411	22,383	1.8%
Dental hygienist	42	1,439	2.9%
Dental hygienist and dental prosthetist ¹	0	3	0.0%
Dental hygienist and dental prosthetist and dental therapist ¹	0	2	0.0%
Dental hygienist and dental therapist ¹	9	472	1.9%
Dental hygienist and dental therapist and dentist ¹	0	2	0.0%
Dental hygienist and dental therapist and oral health therapist ¹	0	3	0.0%
Dental hygienist and dentist ¹	0	4	0.0%
Dental hygienist and oral health therapist ¹	0	8	0.0%
Dental prosthetist	14	1,271	1.1%
Dental prosthetist and dental therapist ¹	0	1	0.0%
Dental prosthetist and dentist ¹	0	2	0.0%
Dental therapist	18	965	1.9%
Dental therapist and dentist ¹	0	1	0.0%
Dental therapist and oral health therapist ¹	0	6	0.0%
Dentist	309	16,732	1.8%
Dentist and oral health therapist ¹	0	2	0.0%
Oral health therapist	19	1,470	1.3%
Medical radiation practitioner	261	15,683	1.7%
Diagnostic radiographer	179	12,117	1.5%
Diagnostic radiographer and nuclear medicine technologist ¹	0	17	0.0%
Diagnostic radiographer and radiation therapist ¹	0	2	0.0%
Nuclear medicine technologist	23	1,145	2.0%
Radiation therapist	59	2,402	2.5%
Nurse	5,671	357,701	1.6%
Enrolled nurse (Division 2)	735	64,021	1.1%
Enrolled nurse (Division 2) and registered nurse (Division 1) ¹	79	7,264	1.1%
Registered nurse (Division 1)	4,857	286,416	1.7%
Nurse and midwife²	543	28,928	1.9%
Enrolled nurse and midwife ¹	0	70	0.0%
Enrolled nurse and registered nurse and midwife ¹	1	66	1.5%
Registered nurse and midwife ¹	542	28,792	1.9%
Total	6,954	429,555	1.6%

¹ Practitioners who hold dual or multiple registration.

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

Table 6: Health practitioners with specialties at 30 June 2017¹

Profession/area of specialty practice	ACT	National total	% of national total
Dental practitioner	43	1,745	2.5%
Dento-maxillofacial radiology	0	10	0.0%
Endodontics	8	169	4.7%
Forensic odontology	2	25	8.0%
Oral and maxillofacial surgery	3	211	1.4%
Oral medicine	0	35	0.0%
Oral pathology	0	23	0.0%
Oral surgery	0	51	0.0%
Orthodontics	13	612	2.1%
Paediatric dentistry	2	134	1.5%
Periodontics	10	226	4.4%
Prosthodontics	5	216	2.3%
Public health dentistry (Community dentistry)	0	16	0.0%
Special needs dentistry	0	17	0.0%
Medical practitioner	1,257	66,659	1.9%
Addiction medicine	4	172	2.3%
Anaesthesia	80	4,929	1.6%
Dermatology	6	540	1.1%
Emergency medicine	39	2,059	1.9%
General practice	456	25,240	1.8%
Intensive care medicine	23	888	2.6%
Paediatric intensive care medicine	0	11	0.0%
No sub-specialty declared	23	877	2.6%
Medical administration	10	337	3.0%
Obstetrics and gynaecology	36	1,983	1.8%
Gynaecological oncology	0	47	0.0%
Maternal-fetal medicine	1	40	2.5%
Obstetrics and gynaecological ultrasound	0	73	0.0%
Reproductive endocrinology and infertility	0	54	0.0%
Urogynaecology	1	31	3.2%
No sub-specialty declared	34	1,738	2.0%
Occupational and environmental medicine	15	310	4.8%
Ophthalmology	15	1,016	1.5%
Paediatrics and child health	47	2,698	1.7%
Clinical genetics	0	31	0.0%
Community child health	2	62	3.2%
General paediatrics	31	1,880	1.6%

Profession/area of specialty practice	ACT	National total	% of national total
Neonatal and perinatal medicine	7	181	3.9%
Paediatric cardiology	0	40	0.0%
Paediatric clinical pharmacology	0	1	0.0%
Paediatric emergency medicine	0	59	0.0%
Paediatric endocrinology	1	34	2.9%
Paediatric gastroenterology and hepatology	0	30	0.0%
Paediatric haematology	0	15	0.0%
Paediatric immunology and allergy	1	29	3.4%
Paediatric infectious diseases	0	26	0.0%
Paediatric intensive care medicine	0	6	0.0%
Paediatric medical oncology	0	34	0.0%
Paediatric nephrology	0	11	0.0%
Paediatric neurology	0	40	0.0%
Paediatric palliative medicine	0	4	0.0%
Paediatric rehabilitation medicine	0	8	0.0%
Paediatric respiratory and sleep medicine	2	34	5.9%
Paediatric rheumatology	0	11	0.0%
Paediatric nuclear medicine	0	1	0.0%
No sub-specialty declared	3	161	1.9%
Pain medicine	5	287	1.7%
Palliative medicine	5	329	1.5%
Pathology	49	2,116	2.3%
Anatomical pathology (including cytopathology)	18	914	2.0%
Chemical pathology	4	93	4.3%
Forensic pathology	0	51	0.0%
General pathology	1	112	0.9%
Haematology	11	538	2.0%
Immunology	6	117	5.1%
Microbiology	7	241	2.9%
No sub-specialty declared	2	50	4.0%
Physician	195	10,165	1.9%
Cardiology	18	1,366	1.3%
Clinical genetics	0	70	0.0%
Clinical pharmacology	1	56	1.8%
Endocrinology	14	688	2.0%
Gastroenterology and hepatology	23	874	2.6%

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

Table 6: Health practitioners with specialties at 30 June 2017 *(Continued from previous page)*

Profession/area of specialty practice	ACT	National total	% of national total
General medicine	31	1,798	1.7%
Geriatric medicine	13	718	1.8%
Haematology	11	563	2.0%
Immunology and allergy	7	163	4.3%
Infectious diseases	10	434	2.3%
Medical oncology	12	667	1.8%
Nephrology	14	556	2.5%
Neurology	10	601	1.7%
Nuclear medicine	7	255	2.7%
Respiratory and sleep medicine	10	685	1.5%
Rheumatology	9	371	2.4%
No sub-specialty declared	5	300	1.7%
Psychiatry	59	3,689	1.6%
Public health medicine	29	433	6.7%
Radiation oncology	13	386	3.4%
Radiology	52	2,464	2.1%
Diagnostic radiology	40	2,097	1.9%
Diagnostic ultrasound	0	4	0.0%
Nuclear medicine	4	188	2.1%
No sub-specialty declared	8	175	4.6%
Rehabilitation medicine	6	517	1.2%
Sexual health medicine	4	127	3.1%
Sport and exercise medicine	11	121	9.1%
Surgery	98	5,853	1.7%
Cardio-thoracic surgery	5	203	2.5%
General surgery	28	2,024	1.4%
Neurosurgery	8	252	3.2%
Oral and maxillofacial surgery	3	133	2.3%
Orthopaedic surgery	26	1,436	1.8%
Otolaryngology - head and neck surgery	8	510	1.6%
Paediatric surgery	4	102	3.9%
Plastic surgery	5	461	1.1%
Urology	7	445	1.6%
Vascular surgery	4	238	1.7%
No sub-specialty declared	0	49	0.0%
Podiatrist	1	30	3.3%
Podiatric surgeon	1	30	3.3%
Total	1,301	68,434	1.9%

Table 7: Applications received, by profession and registration type

Profession/registration type	ACT	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	0	141	0.0%
General	0	140	0.0%
Non-practising	0	1	0.0%
Chinese medicine practitioner	5	629	0.8%
General	5	446	1.1%
Limited	0	6	0.0%
Non-practising	0	177	0.0%
Chiropractor	3	388	0.8%
General	3	307	1.0%
Limited	0	2	0.0%
Non-practising	0	79	0.0%
Dental practitioner	23	1,652	1.4%
General	16	1,381	1.2%
Limited	0	30	0.0%
Non-practising	3	142	2.1%
Specialist	4	99	4.0%
Medical practitioner	318	16,953	1.9%
General	114	5,649	2.0%
Limited	31	1,540	2.0%
Non-practising	11	515	2.1%
Provisional	105	5,311	2.0%
Specialist	57	3,938	1.4%
Medical radiation practitioner	24	1,596	1.5%
General	20	1,130	1.8%
Non-practising	0	64	0.0%
Provisional	4	402	1.0%
Midwife	40	1,848	2.2%
General	30	1,557	1.9%
Non-practising	10	269	3.7%
Provisional	0	22	0.0%
Nurse	482	31,412	1.5%
General	450	29,687	1.5%
Non-practising	27	1,415	1.9%
Provisional	5	310	1.6%
Occupational therapist	43	2,282	1.9%
General	40	1,918	2.1%
Limited	1	102	1.0%
Non-practising	1	241	0.4%
Provisional	1	21	4.8%

Profession/registration type	ACT	National total	% of national total
Optometrist	6	328	1.8%
General	5	294	1.7%
Limited	0	3	0.0%
Non-practising	1	31	3.2%
Osteopath	3	258	1.2%
General	2	205	1.0%
Limited	0	1	0.0%
Non-practising	0	39	0.0%
Provisional	1	13	7.7%
Pharmacist	64	3,321	1.9%
General	36	1,576	2.3%
Limited	2	24	8.3%
Non-practising	1	221	0.5%
Provisional	25	1,500	1.7%
Physiotherapist	61	2,695	2.3%
General	56	2,276	2.5%
Limited	1	251	0.4%
Non-practising	4	168	2.4%
Podiatrist	3	468	0.6%
General	3	434	0.7%
Limited	0	1	0.0%
Non-practising	0	33	0.0%
Psychologist	127	5,018	2.5%
General	47	1,892	2.5%
Non-practising	7	515	1.4%
Provisional	73	2,611	2.8%
Total 2016/17	1,202	68,989	1.7%
Total 2015/16	1,134	65,274	1.7%

Table 8: Outcome of applications for registration finalised in 2016/17

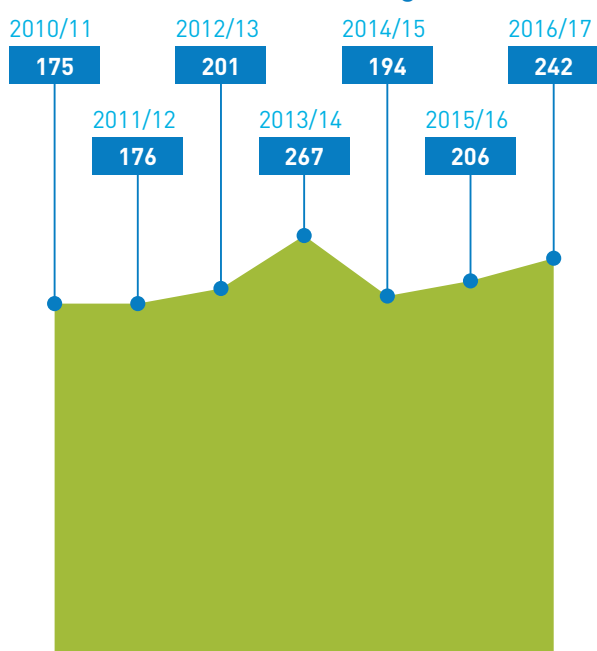
Outcome	ACT	National total ²	% of national total
Register	1,055	59,559	1.8%
Register with conditions	18	1,505	1.2%
Register in a type other than applied for	1	117	0.9%
Register in a type other than applied for with conditions	3	130	2.3%
Refuse application	23	2,800	0.8%
Withdrawn	61	4,194	1.5%
Total 2016/17 ¹	1,161	68,305	1.7%

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

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

Notifications in the ACT

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



Notifications are complaints or concerns that are raised with AHPRA about registered health practitioners or students practising in Australia, excluding in NSW, where complaints are handled by the Health Professional Councils Authority (HPCA), and in Queensland, where complaints may be referred to AHPRA by the Office of the Health Ombudsman (OHO).

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

Nationally, notifications received by AHPRA in 2016/17 increased by 13.9%. Notifications received about practitioners with a PPP in the ACT increased by 17.5%, to 242 complaints, compared with 206 in the previous year. This represents 3.5% of all notifications received by AHPRA during the year.

Of the new notifications received, mandatory notifications in the ACT decreased from 44 matters in 2015/16 to 32 matters in 2016/17. This represents 3.8% of mandatory notifications received by AHPRA nationally. See Table 9. Refer to Table 11 for the number of individual practitioners involved in mandatory notifications (noting that a practitioner may have more than one mandatory notification lodged about them in the reporting year).

There were three fewer open notifications in the ACT as at 30 June 2017 than the previous year (107, compared with 110 in 2015/16). This represents 2.7% of open matters nationally. See Table 9.

The percentage of the ACT registrant base with notifications received in 2016/17 was 1.9%, which was 0.3% higher than the national percentage (1.6%).

The majority of notifications were about clinical care (102). See Table 12. Most complaints were referred from a health complaints entity (80), or came to AHPRA directly from a patient (57). See Table 13.

There were 21 cases where immediate action was considered against practitioners in the ACT. Nine resulted in suspension of the practitioner's registration as an interim measure to protect the public while the matter was being investigated. See Table 14.

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

The majority of the 299 enquiries received about ACT registrants in 2016/17 were considered to meet the criteria for a notification or statutory offence complaint (216) and an assessment commenced.

On completion of assessment of cases in 2016/17, 155 were closed and 87 were taken to a further stage. See Table 16. Refer to Table 17 for the outcomes of investigations finalised during the year.

One case was closed following a panel hearing and five cases were closed following a tribunal hearing. See Tables 18 and 19.

In total, 237 matters were closed in the ACT in 2016/17. See Table 20.

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

Notifications	All received			Mandatory received			Closed			Open at 30 June		
Profession	ACT	National total	% of national total	ACT	National total	% of national total	ACT	National total	% of national total	ACT	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	0	7	0.0%	0	2	0.0%	0	6	0.0%	0	2	0.0%
Chinese medicine practitioner	0	36	0.0%	0	0	0.0%	0	34	0.0%	0	16	0.0%
Chiropractor	1	103	1.0%	0	11	0.0%	2	88	2.3%	1	108	0.9%
Dental practitioner	24	526	4.6%	1	21	4.8%	19	485	3.9%	12	362	3.3%
Medical practitioner	114	3,617	3.2%	6	224	2.7%	126	3,557	3.5%	34	1,905	1.8%
Medical radiation practitioner	2	23	8.7%	0	6	0.0%	1	29	3.4%	2	17	11.8%
Midwife	3	75	4.0%	0	17	0.0%	3	86	3.5%	5	65	7.7%
Nurse	49	1,568	3.1%	16	471	3.4%	44	1,473	3.0%	28	992	2.8%
Occupational therapist	2	37	5.4%	0	4	0.0%	2	39	5.1%	0	17	0.0%
Optometrist	2	33	6.1%	0	1	0.0%	1	27	3.7%	1	17	5.9%
Osteopath	0	14	0.0%	0	0	0.0%	0	13	0.0%	0	8	0.0%
Pharmacist	18	373	4.8%	4	51	7.8%	25	355	7.0%	4	202	2.0%
Physiotherapist	0	80	0.0%	0	8	0.0%	0	83	0.0%	0	46	0.0%
Podiatrist	3	42	7.1%	1	4	25.0%	2	47	4.3%	1	17	5.9%
Psychologist	24	360	6.7%	4	27	14.8%	12	344	3.5%	19	241	7.9%
Not identified ²	0	4	0.0%	0	0	0.0%	0	3	0.0%	0	1	0.0%
Total 2016/17	242	6,898	3.5%	32	847	3.8%	237	6,669	3.6%	107	4,016	2.7%
Total 2015/16	206	6,056	3.4%	44	641	6.9%	206	5,227	3.9%	110	3,787	2.9%

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

Profession	ACT	National total
Aboriginal and Torres Strait Islander Health Practitioner	0.0%	1.2%
Chinese medicine practitioner	0.0%	1.2%
Chiropractor	2.9%	3.1%
Dental practitioner	5.1%	3.8%
Medical practitioner	5.2%	5.1%
Medical radiation practitioner	0.8%	0.3%
Midwife ⁴	0.4%	0.3%
Nurse ⁵	0.7%	0.6%
Occupational therapist	0.6%	0.3%
Optometrist	2.6%	1.1%
Osteopath	0.0%	1.1%
Pharmacist	2.4%	1.8%
Physiotherapist	0.0%	0.4%
Podiatrist	2.9%	1.3%
Psychologist	2.2%	1.6%
Total 2016/17	1.9%	1.6%
Total 2015/16	1.8%	1.5%

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

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

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

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

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

Table 11: ACT registrants involved in mandatory notifications

Practitioners	ACT	National total
Number of practitioners ¹ 2016/17	26	1,023
Rate/10,000 practitioners ² 2016/17	22	15.1
Number of practitioners ¹ 2015/16	39	920
Rate/10,000 practitioners ² 2015/16	34.3	14.0

Table 12: Issues in notifications received in 2016/17

Issue	ACT	National total	% of national total
Behaviour	9	257	3.5%
Billing	1	70	1.4%
Boundary violation	9	248	3.6%
Clinical care	102	2,950	3.5%
Communication	27	496	5.4%
Confidentiality	4	159	2.5%
Conflict of interest	0	15	0.0%
Discrimination	0	6	0.0%
Documentation	15	272	5.5%
Health impairment	20	581	3.4%
Infection/hygiene	2	71	2.8%
Informed consent	5	54	9.3%
Medico-legal conduct	1	64	1.6%
National Law breach	4	178	2.2%
National Law offence	0	45	0.0%
Offence	4	214	1.9%
Offence by student	0	3	0.0%
Other	1	282	0.4%
Pharmacy/medication	28	821	3.4%
Professional conduct	0	3	0.0%
Research/teaching/assessment	0	3	0.0%
Response to adverse event	2	22	9.1%
Teamwork/supervision	8	47	17.0%
Treatment	0	1	0.0%
Not recorded	0	36	0.0%
Total	242	6,898	3.5%

Table 13: Source of notifications received in 2016/17

Source	ACT	National total (excluding HPCA) ³	% of national total (excluding HPCA)
Anonymous	6	141	4.3%
Drugs and poisons	0	20	0.0%
Education provider	0	26	0.0%
Employer	20	585	3.4%
Government department	10	169	5.9%
Health complaints entity	80	438	18.3%
Health advisory service	0	34	0.0%
Hospital	0	123	0.0%
HPCA/HCCC	0	1	0.0%
Insurance company	0	9	0.0%
Lawyer	2	44	4.5%
Medicare	0	3	0.0%
Member of the public	7	318	2.2%
Ombudsman	0	82	0.0%
Other Board	1	46	2.2%
Other practitioner	28	879	3.2%
Own motion	3	291	1.0%
Patient	57	2,406	2.4%
Police	1	56	1.8%
Relative	3	748	0.4%
Self	8	186	4.3%
Treating practitioner	5	57	8.8%
Unclassified	11	236	4.7%
Total	242	6,898	3.5%

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

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

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

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

Outcome	ACT	National total	% of national total
Not take immediate action	4	76	5.3%
Accept undertaking	2	69	2.9%
Impose conditions	6	147	4.1%
Accept surrender of registration	0	1	0.0%
Suspend registration	9	103	8.7%
Decision pending	0	23	0.0%
Total	21	419	5.0%

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

Outcome	ACT	National total	% of national total
Moved to notification, complaint or offence	216	7,275	3.0%
Closed at lodgement	55	1,233	4.5%
Yet to be determined	28	1,497	1.9%
Total	299	10,005	3.0%

Table 16: Outcomes of assessments finalised in 2016/17

Outcome	ACT	National total (excluding HPCA)	% of national total
Outcome of decisions to take the notification further			
Investigation	72	2,159	3.3%
Health or performance assessment	12	228	5.3%
Panel hearing	0	11	0.0%
Other stage	3	88	3.4%
Total	87	2,486	3.5%
Outcome of notifications closed following assessment			
No further action ¹	77	3,111	2.5%
Health complaints entity to retain	42	148	28.4%
Refer all or part of the notification to another body	0	29	0.0%
Dealt with as enquiry	0	10	0.0%
Caution	25	485	5.2%
Accept undertaking	1	44	2.3%
Impose conditions	10	200	5.0%
Total	155	4,027	3.8%

Table 17: Outcomes of investigations finalised in 2016/17

Outcome	ACT	National total (excluding HPCA)	% of national total
Outcome of decisions to take the notification further			
Assessment	0	7	0.0%
Health or performance assessment	5	152	3.3%
Panel hearing	0	61	0.0%
Tribunal hearing	1	153	0.7%
Other stage	0	3	0.0%
Total	6	376	1.6%
Outcome of notifications closed following investigation			
No further action ¹	39	1,170	3.3%
Refer all or part of the notification to another body	0	25	0.0%
Caution	11	400	2.8%
Accept undertaking	0	64	0.0%
Impose conditions	11	261	4.2%
Total	61	1,920	3.2%

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

Outcome	ACT	National total (excluding HPCA)	% of national total
No further action ¹	0	11	0.0%
Caution	0	28	0.0%
Reprimand	0	5	0.0%
Impose conditions	1	26	3.8%
Suspend registration	0	2	0.0%
Total	1	72	1.4%

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

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

Outcome	ACT	National total (excluding HPCA)	% of national total
No further action ¹	0	15	0.0%
Caution	1	3	33.3%
Reprimand	0	16	0.0%
Fine registrant	0	11	0.0%
Accept undertaking	0	3	0.0%
Impose conditions	4	60	6.7%
Practitioner surrenders registration	0	1	0.0%
Suspend registration	0	27	0.0%
Cancel registration	0	34	0.0%
Not permitted to reapply for registration for 12 months or more	0	3	0.0%
Total	5	173	2.9%

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

Profession	Assessment	Investigation	Health or performance assessment	Panel hearing	Tribunal hearing	Total 2016/17
Aboriginal and Torres Strait Islander Health Practitioner	0	0	0	0	0	0
Chinese medicine practitioner	0	0	0	0	0	0
Chiropractor	0	2	0	0	0	2
Dental practitioner	15	3	1	0	0	19
Medical practitioner	87	34	1	1	3	126
Medical radiation practitioner	1	0	0	0	0	1
Midwife	0	2	1	0	0	3
Nurse	28	11	4	0	1	44
Occupational therapist	2	0	0	0	0	2
Optometrist	1	0	0	0	0	1
Osteopath	0	0	0	0	0	0
Pharmacist	15	8	2	0	0	25
Physiotherapist	0	0	0	0	0	0
Podiatrist	2	0	0	0	0	2
Psychologist	10	1	1	0	0	12
Total 2016/17	161	61	10	1	4	237

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

Monitoring and compliance

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

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

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

The 113 active monitoring cases shown in Table 21 relate to 112 individuals with a principal place of practice in the ACT¹.

The majority of these cases related to Chinese medicine practitioners (25 cases), medical practitioners (29 cases) and nurses (31 cases), and were about eligibility/suitability for registration. See Table 22 for the breakdown by stream.

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

Table 21: Active monitoring cases at 30 June 2017, by profession (excluding HPCA)

Profession	ACT	National total (excluding HPCA)	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	0	72	0.0%
Chinese medicine practitioner	25	945	2.6%
Chiropractor	0	49	0.0%
Dental practitioner	6	134	4.5%
Medical practitioner	29	1,620	1.8%
Medical radiation practitioner	3	88	3.4%
Midwife	1	155	0.6%
Nurse	31	1,553	2.0%
Occupational therapist	2	51	3.9%
Optometrist	0	15	0.0%
Osteopath	0	6	0.0%
Pharmacist	8	175	4.6%
Physiotherapist	2	64	3.1%
Podiatrist	1	14	7.1%
Psychologist	5	143	3.5%
Total	113	5,084	2.2%

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

2 Excludes cases monitored by the HPCA.

3 Includes cases to be transitioned from AHPRA to the HPCA for Conduct, Health and Performance streams.

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

Stream	ACT	National total ²	% of national total
Conduct ³	11	356	3.1%
Health ³	15	577	2.6%
Performance ³	18	552	3.3%
Prohibited practitioner/student	10	256	3.9%
Suitability/eligibility	59	3,343	1.8%
Total	113	5,084	2.2%

Statutory offence complaints

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

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

Offences under the National Law are 'summary offences' and are prosecuted in the Magistrates' Court (or equivalent) of the relevant state or territory. All offences under the National Law carry penalties or fines that may be imposed by a court on a finding of guilt.

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

In 2016/17, 16 new statutory offence complaints were made about ACT-based practice, a decrease of 20% from 2015/16, which was inconsistent with the national pattern. ACT received just 0.7% of all offence complaints received nationally.

Nine statutory offence matters were closed in the ACT in 2016/17; six less than in 2015/16 (see Table 23). Most new matters in the ACT related to title protection or advertising concerns.

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

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

Profession	ACT		National total ²		% of national total	
	Received	Closed	Received	Closed	Received	Closed
Aboriginal and Torres Strait Islander Health Practitioner	0	0	3	2	0.0%	0.0%
Chinese medicine practitioner	0	0	72	38	0.0%	0.0%
Chiropractor	3	1	162	192	1.9%	0.5%
Dental practitioner	1	2	239	295	0.4%	0.7%
Medical practitioner	1	1	273	283	0.4%	0.4%
Medical radiation practitioner	1	0	4	9	25.0%	0.0%
Midwife	0	0	8	35	0.0%	0.0%
Nurse	1	1	76	80	1.3%	1.3%
Occupational therapist	0	0	9	13	0.0%	0.0%
Optometrist	0	0	23	24	0.0%	0.0%
Osteopath	4	0	252	24	1.6%	0.0%
Pharmacist	0	0	53	48	0.0%	0.0%
Physiotherapist	3	2	940	657	0.3%	0.3%
Podiatrist	0	0	20	19	0.0%	0.0%
Psychologist	2	2	116	110	1.7%	1.8%
Unknown ³	0	0	47	56	0.0%	0.0%
Total 2016/17⁴	16	9	2,297	1,885	0.7%	0.5%
Total 2015/16⁴	20	15	1,348	600	1.5%	2.5%

Launch of an advertising compliance and enforcement strategy

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

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

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

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

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

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

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

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

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

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Notes

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Notes

This image shows a full page of blank handwriting practice paper. It features approximately 28 evenly spaced, horizontal light blue lines across the entire page. The background is white, and there are no margins, text, or other markings present.

Key data for 2016/17: A national view

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

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

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

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

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

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

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

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

Download the report

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

Useful links

Register of practitioners: www.ahpra.gov.au/registration/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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Email

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

Published

©Australian Health Practitioner Regulation Agency

Melbourne, February 2018

ISSN: 2204-132X

Printed

Cover printed on Precision Offset 310gsm

Internals printed on Precision Offset 120gsm



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