2017/18 Annual Report

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

Our National Scheme: For safer healthcare

AHPRA

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: 2017/18

Registration

702,741 registered health practitioners in Australia, across **15** professions[1]

5,953 health practitioners identify as Aboriginal and/or Torres Strait Islander

Over **23,800** (3.5%) more registrants than last year

700,000

In May, the number of registered health practitioners in Australia reached **700,000**

73,759 new applications for registration received

6.9% increase since last year

3,401 applications for registration refused because they did not meet suitability/eligibility requirements (**4.6%** of all new applications)

78,407 domestic and international criminal history checks made

As a result **one** registration was refused

99% of registrants renewed and completed their registration online

161,114 students studying to be health practitioners through an approved program of study or clinical training program

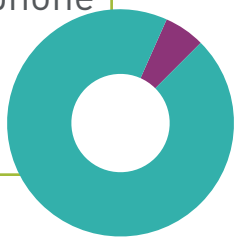
AHPRA: supporting the National Boards

372,616 calls made to AHPRA's customer service team

Average of **1,433** phone calls each day, with up to **5,000** calls a day in peak times

86% of health practitioners responded with 'very satisfied' when asked to rate their interaction with our customer service team

94.2% of telephone enquiries resolved at first contact



53,797 web enquiries received

An average of **206** web enquiries each day

630 appointments made comprising:

- **45** Ministerial appointments of National Board members
- **115** Ministerial appointments of state and territory board members
- **242** National Board appointments of national committees, and
- **228** National Board appointments for state, territory or regional committee membership

[1] In 2017/18, 14 National Boards regulated 15 professions. The Nursing and Midwifery Board of Australia regulates two professions – nursing and midwifery.

Notifications

10,934 practitioners had a notification raised about them nationally, this is an increase of **3.7%** from 2016/17[1]

Immediate action was taken to restrict or suspend the registration of a practitioner **413** times[2]

1.6% of all registered health practitioners were the subject of a notification[1]

The top three reasons for a notification were:

- clinical care (**41.0%**)
- medication-related issues (**12.6%**)
- health impairment (**8.9%**)

5.5% increase in notifications received by AHPRA

7,276 notifications were received by AHPRA about practitioners[2]

24.5% of health, performance and conduct matters resulted in regulatory action

97.0% of matters decided nationally by tribunals this year resulted in regulatory action

7.2% increase in mandatory notifications[3] received by AHPRA

Appeals

28 appeals lodged in tribunals about Board decisions made under the National Law

Of the **71** appeals that were finalised:

- **13** resulted in no change to the Board's decision
- **13** resulted in the decision being amended or substituted for a new decision
- **36** resulted in the appeal being withdrawn
- **9** were dismissed on administrative grounds

Statutory offences

1,043 advertising-related complaints received

416 new offence complaints received relating to title protection

485 closed following investigation

14 new offence complaints related to restricted practices
18 closed following investigation

12 cases of falsely claiming to be a registered health practitioner successfully prosecuted before the courts

Accreditation

The National Scheme accredits over **740** approved programs of study delivered by over **330** education providers

Compliance

2,752 practitioners were monitored by AHPRA for health, performance and/or conduct during the year

[1] Includes data provided by the Health Professional Councils Authority (HPCA) for New South Wales (NSW) and the Office of the Health Ombudsman (OHO) for Queensland (based on available data from these entities at time of publication).

[2] This refers to notifications managed by AHPRA (excludes data from HPCA and OHO). For information on how complaints about health practitioners are lodged and managed in Australia, see page 8.

[3] Notification that an entity is required to make to AHPRA under Division 2 of Part 8 of the Health Practitioner Regulation National Law (the National Law). Refer to the Glossary for more definitions.

About us

The Australian Health Practitioner Regulation Agency (AHPRA) is the national organisation responsible for implementing the National Registration and Accreditation Scheme (the National Scheme) across Australia.

AHPRA works in partnership with the National Boards to ensure the community has access to a safe health workforce across all professions currently registered under the National Scheme. Together, we protect the public by regulating health professionals who practise in Australia. Public safety is always our number one priority. Every decision we make is guided by the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory.

What we do

AHPRA delivers five core regulatory functions:

Professional standards

We provide policy advice to the National Boards about registration standards, codes and guidelines for health practitioners.

Registration

In partnership with the National Boards, we ensure that only health practitioners with the skills and qualifications to provide competent and ethical care are registered to practise.

Notifications

We manage complaints and concerns raised about the health, performance and conduct of individual health practitioners.

Compliance

We monitor and audit registered health practitioners to make sure they are complying with Board requirements.

Accreditation

We work with accreditation authorities and committees to ensure graduating students are suitably qualified and skilled to apply to register as a health practitioner.

Protecting the public

We support the National Boards in their primary role of protecting the public.

We support the National Boards in the development of registration standards, codes and guidelines.

We publish a national *Register of practitioners* so that important information about individual health practitioners is available to the public: www.ahpra.gov.au/registration/registers-of-practitioners.

We manage registration and renewal processes for local and overseas-qualified health practitioners, and manage student registration.

We manage notifications about the professional conduct, performance or health of registered health practitioners on behalf of the National Boards, except in New South Wales (NSW) where notifications are managed by health professional councils and the Health Care Complaints Commission (HCCC). In Queensland, we manage notifications referred to us by the Office of the Health Ombudsman (OHO). See page 8 for more information on health regulation in Australia.

We work with health complaints entities (HCEs) to make sure the appropriate organisation deals with the community's concerns about health practitioners.

We provide advice to the Ministerial Council about the administration of the National Scheme.

For definitions of words and phrases in this report, refer to Common abbreviations and acronyms and the Glossary (from page 106).

Due to rounding (to one decimal place), percentages may not add up exactly to 100%.

Supplementary data tables are available online and are the source for some of the statistics cited in this report.

Introduction

AHPRA works collaboratively with the National Boards to implement the work of the National Registration and Accreditation Scheme (National Scheme). At its heart, the National Scheme is about protecting patients and the broader public.

2017/18 was a year of milestones. In May 2018, the number of registered health practitioners in Australia reached 700,000 – the community now has access to more registered practitioners than ever before. Currently, there are over 160,000 registered students working towards entering the registered health workforce.

This year we also welcomed the Paramedicine Board of Australia to the National Scheme. The Board consulted on and finalised Australia's first national registration standards for the profession, communicating extensively with paramedics and their employers to prepare them for regulation under the National Scheme. This will be the first time paramedics have been registered in Australia.

Another national first was the development and launch of a shared commitment between Aboriginal and Torres Strait Islander health leaders, AHPRA, the National Boards and accreditation authorities. The *National Scheme Aboriginal and Torres Strait Islander health strategy statement of intent* is a commitment to achieve equity in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians to close the gap by 2031.

We were honoured to be designated a World Health Organization (WHO) Collaborating Centre for health workforce regulation across the Western Pacific. This designation means that we will work with WHO and countries in the Western Pacific to strengthen regulatory practice across the region and to learn from the best of international experience for our work in Australia. This is an important focus in an era of increased global mobility for both health practitioners and patients.

In our eighth year of operations, we continued to improve our services so that people who engage with us have the information they need. A key component of this work involved inviting feedback from practitioners who have been the subject of a notification and people who have lodged notifications, to better understand their experience and how we can support, communicate with and inform both practitioners and notifiers through the process. This is an important ongoing focus for us.

Future arrangements for accreditation have also been a central focus over the past year. During 2017/18, AHPRA worked with National Boards to contribute to the independent Accreditation systems review, including developing submissions to the draft report in October 2017. The final report and Ministers' responses will set the future direction for accreditation in the National Scheme.

We have worked hard to ensure collaborative relationships with stakeholders including through our Community Reference Group, our Professions Reference Group and with our co-regulatory partners.

At the core of the National Scheme is the partnership between AHPRA and the National Boards. The Chairs of the National Boards, along with the Agency Management Committee Chair and senior AHPRA staff meet quarterly as the Forum of National Registration and Accreditation Scheme Chairs. This Forum provides a unique opportunity for discussion of common issues facing the National Scheme. Dr Joanna Flynn AM co-convened the Forum with Mr Michael Gorton AM until May 2018. Mr Ian Bluntish, Chair of the Optometry Board of Australia, has now taken over from Dr Flynn as Forum Co-convenor.

The Australian community places great trust in registered health practitioners. We are committed to ensuring that the National Scheme registers and regulates practitioners efficiently and effectively to facilitate access to safer healthcare for all Australians.

Mr Martin Fletcher

Chief Executive Officer, AHPRA

Mr Michael Gorton AM

Co-convenor, Forum of National Registration and Accreditation Scheme Chairs

Chair, Agency Management Committee, AHPRA

Dr Joanna Flynn AM

Co-convenor, Forum of National Registration and Accreditation Scheme Chairs (until May 2018)

Chair, Medical Board of Australia

Mr Ian Bluntish

Co-convenor, Forum of National Registration and Accreditation Scheme Chairs (from May 2018)

Chair, Optometry Board of Australia

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Agency Management Committee and National Boards

The **Agency Management Committee** is appointed by the Ministerial Council to oversee AHPRA's work.

In 2017/18, the Agency Management Committee members were:

- Mr Michael Gorton AM, (Chair)
- Adjunct Professor Karen Crawshaw PSM
- Mr Ian Smith PSM
- Ms Jenny Taing
- Ms Barbara Yeoh AM
- Dr Peggy Brown AO
- Dr Susan Young
- Ms Philippa Smith AM.

For more information, visit www.ahpra.gov.au/About-AHPRA/Agency-Management-Committee.

The **National Executive** is the national leadership group within AHPRA. In 2017/18 its members were:

- Mr Martin Fletcher, Chief Executive Officer
- Ms Kym Ayscough, Executive Director, Regulatory Operations
- Mr Chris Robertson, Executive Director, Strategy and Policy
- Ms Sarndrah Horsfall, Executive Director, Business Services
- Ms Judith Pettitt, Interim Executive Director, People and Culture (March–June 2018).

The **National Boards** are responsible for the regulation of health professions, setting registration standards, codes, guidelines and policies that all health practitioners must meet in order to be registered.

The 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[1]
- Occupational Therapy Board of Australia
- Optometry Board of Australia
- Osteopathy Board of Australia
- Paramedicine Board of Australia[2]
- Pharmacy Board of Australia
- Physiotherapy Board of Australia
- Podiatry Board of Australia, and
- Psychology Board of Australia.

National Board members are appointed by the Ministerial Council.

AHPRA has a Health Profession Agreement with each National Board which are published at www.ahpra.gov.au/publications/health-profession-agreements. For more information on who we are and how AHPRA and the National Boards work together, please visit www.ahpra.gov.au/About-AHPRA.

All Board websites are accessible via AHPRA's homepage at www.ahpra.gov.au.

Members of the Agency Management Committee (L–R): Mr Ian Smith PSM, Ms Jenny Taing, Dr Peggy Brown AO, Adjunct Professor Karen Crawshaw PSM, Ms Philippa Smith AM, Dr Susan Young, Mr Michael Gorton AM (Chair), Ms Barbara Yeoh AM

1 The Nursing and Midwifery Board of Australia regulates two professions – nursing and midwifery.

2 The Paramedicine Board of Australia was established in October 2017 and is preparing for the regulation of paramedics, which is expected to begin in late 2018.

Health practitioner regulation in Australia

The National Law provides a regulatory framework for the accreditation and registration of health practitioners (see Figure 1). While this law is nationally consistent, two states have also adopted a co-regulatory approach. So, where does AHPRA fit in?

AHPRA and the National Boards work in a dynamic regulatory environment. We are responsible for the registration of every practitioner in the registered health professions across Australia. However, the regulation of these practitioners is a shared responsibility.

If someone wants to make a complaint or raise a concern about a registered health practitioner in most states and territories in Australia, they can visit our complaints portal at www.ahpra.gov.au/Notifications. However, if their complaint is about a registered health practitioner or student in New South Wales (NSW) or Queensland, the process is different.

New South Wales

The National Boards and AHPRA do not manage notifications that arise in NSW.

Fourteen health professional councils – supported by the Health Professional Councils Authority (HPCA) and working with the Health Care Complaints Commission (HCCC) – work together to assess and manage complaints about practitioners' conduct, health and performance in NSW.

The National Boards have no role in handling notifications in NSW. AHPRA has a limited role in accepting mandatory notifications and referring them to the HCCC.

AHPRA ensures that all NSW notifications and their outcomes are recorded to ensure the national register is accurate and complete.

For more information about the notifications process in NSW, visit the HPCA website at www.hpca.nsw.gov.au or the HCCC website at www.hccc.nsw.gov.au.

Queensland

The National Boards and AHPRA only manage complaints that arise in Queensland if the Office of the Health Ombudsman (OHO) refers the complaints to us.

OHO receives all complaints that arise in Queensland. It may refer a complaint to AHPRA and the National Boards if OHO is satisfied that the complaint is not serious.

For more information about the notifications process in Queensland, visit the OHO website at www.oho.qld.gov.au.

Other health complaint organisations

Under the National Law, AHPRA and the National Boards work with health complaints entities (HCEs) in each state and territory to decide which organisation should take responsibility for, and manage, a complaint or concern raised about a registered health practitioner. HCEs also handle complaints about unregistered health practitioners, and can provide outcomes that AHPRA and the National Boards cannot, such as:

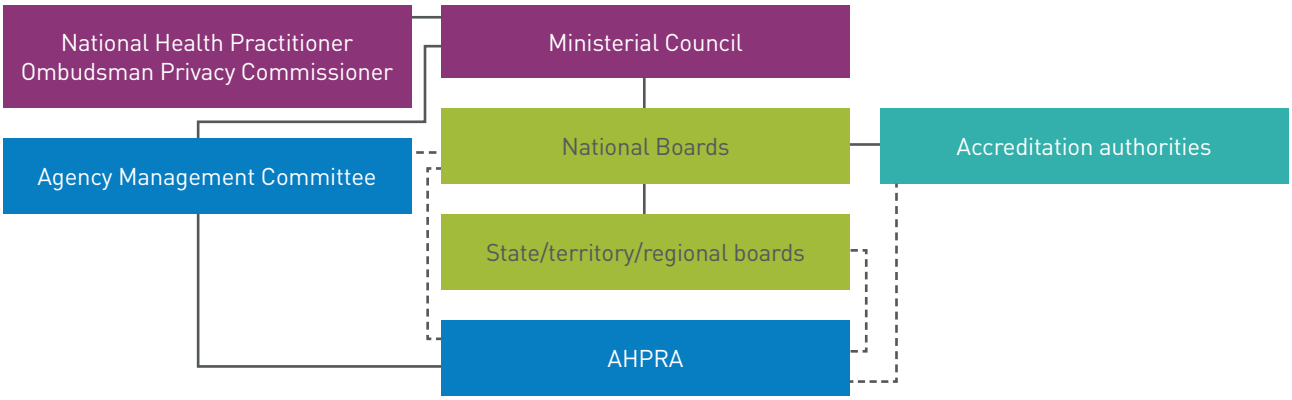
- an apology or explanation
- access to your health records
- compensation or a refund, and/or
- an improvement for a hospital, clinic, pharmacy or community health service.

Following is a list of HCEs in each state and territory:

- **Australian Capital Territory** ACT Human Rights Commission
- **New South Wales** Health Care Complaints Commission
- **Northern Territory** Health and Community Services Complaints Commission
- **Queensland** Office of the Health Ombudsman
- **South Australia** Health and Community Services Complaints Commission
- **Tasmania** Health Complaints Commissioner
- **Victoria** Health Complaints Commissioner, and
- **Western Australia** Health and Disability Services Complaints Office.

Anyone needing advice on how to make a complaint can call AHPRA's customer service team on 1300 419 495 or visit www.ahpra.gov.au/About-AHPRA/Contact-Us#Makeanotification for information.

Figure 1: Who's who in the National Scheme



Our strategy

AHPRA and the National Boards are working to a five-year strategy: the *National Registration and Accreditation Scheme strategy 2015–20*. The information contained in this report shows how we are performing in relation to our statutory obligations, as well as how we are tracking against our strategy.

Our mission

To protect the public by regulating health practitioners efficiently and effectively to facilitate access to safer healthcare.

Our vision

We are recognised as a leading risk-based regulator enabling a competent and flexible health workforce to meet the current and future needs of the Australian community.

Strategic outcomes by 2020

Reduce risk of harm to the public associated with the practice of regulated health professions.

Ensure that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

Increase public confidence in the effective and efficient regulation of health practitioners.

Increase public benefit from our data for practitioner regulation, health workforce planning and research.

Improve access to healthcare through our contribution to a more sustainable health workforce.

For more information, visit www.ahpra.gov.au/About-AHPRA/What-We-Do/NRAS-Strategy-2015-2020.

Refining our strategy for the future

A new strategy and service delivery governance model was implemented in January 2018. The streamlined model prioritises the work we need to do to deliver our strategy, including operating model changes and regulatory reforms (see page 69).

Our regulatory principles

Eight *Regulatory principles* underpin our work and guide our decision-making in the public interest. These principles foster a responsive, risk-based approach to regulation. Here are the principles.

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

Read more about our *Regulatory principles* at www.ahpra.gov.au/About-AHPRA/Regulatory-principles.

Highlights

Reaching 700,000 registered practitioners

Health practitioner registration is core to what we do, although it often draws less attention than any regulatory action taken.

In May, with the registration of an enrolled nurse in Victoria, the number of registered health practitioners in Australia reached 700,000.

This milestone comes almost eight years after the launch of the National Scheme, when AHPRA and the National Boards began their regulatory partnership. It demonstrates the success of that partnership as an enabler of the Australian health workforce to deliver health services to communities across the country.

Strengthening international collaboration

AHPRA and the National Boards continued their commitment to best practice and learning from others.

In November 2017, AHPRA and the National Boards co-hosted the International Congress on Professional and Occupational Regulation with the Council on Licensure, Enforcement and Regulation (CLEAR). The event successfully provided a forum for over 200 regulators from across the world, and from a wide range of sectors, to meet, share and learn about best practice regulation to better protect the public.

In December 2017, AHPRA was designated a World Health Organization Collaborating Centre for health workforce regulation across the Western Pacific. Part of this work will be to strengthen regulatory practice across the region, including establishing a network of health workforce regulators across Southeast Asia and the Western Pacific to improve regulatory standards.

Improving consumer access to public information

Changes to the national online register aim to improve access to information about registered health practitioners.

In March 2018, following the recommendations from the independent review of the use of chaperone conditions, the Medical Board of Australia updated the *Register of practitioners*, including links to disciplinary decisions by courts and tribunals when there was an adverse finding about a doctor.

The register helps consumers know more about the registered health practitioners they may choose to seek care from. It is an important way in which the National Scheme helps keep the public safe.

Engaging with the community

At its heart, practitioner regulation aims to work in the best interests of the community. That is why AHPRA and the National Boards aim for strong community engagement through AHPRA's Community Reference Group (CRG).

The CRG is made up of members of the broader community who work to ensure that the community's voice is heard about strategies for improving knowledge and awareness of health practitioner regulation in the community.

The CRG provides AHPRA with feedback and input on the work we do, and the services we deliver. The group's function is to provide advice on a range of matters that affect consumers. It consistently calls for the consumer perspective to be included in aspects of the work of the National Scheme.

Importantly, members have provided valuable feedback on the journey for notifiers, which has helped inform AHPRA's ongoing national program of work on improving the experience for both practitioners and notifiers. During the year, the CRG also provided input into consultations that will shape health practitioner regulation, including on the Accreditation systems review, the revised Nursing and Midwifery Board codes of conduct launched in March 2018, and the development of the *Aboriginal and Torres Strait Islander health strategy statement of intent*.

Delivering customer service

Providing timely information for patients, health consumers and health practitioners is a primary concern for AHPRA's customer service team (CST).

Our goal is to answer 70% of all calls within 90 seconds and online enquiries within 48 hours.

In 2017, the CST was consolidated into one location, launching in Sydney on 1 July. Centralising the team has allowed for improvements and greater consistency in service delivery and training for staff. It also means that we can better manage and plan for the demands put on the CST during peak registration and renewal periods.

In 2017/18, we received up to 1,639 calls and online enquiries per day, with close to 5,000 calls a day during peak times. We improved our overall online services performance by 6.3% and calls to our contact centre reduced by 7.3%. This year we responded to online enquiries in an average of 25.21 hours, well within 48 hours.

We rolled out our most successful renewal campaign to date for nurses and midwives. This campaign is the biggest and busiest campaign of the year. During the campaign the CST improved its performance by 22.6% in call services and 23% in online services response rate.

Achieving advertising compliance

AHPRA and the National Boards have helped advertisers of regulated health services stay within the law through a new strategy focused on education and compliance.

Our risk-based approach to advertising compliance and enforcement recognises that most health practitioners want to comply with the law. It is supported by a strong education focus. Indications are that our strategy of educating practitioners and working closely with stakeholders to support better understanding of the legal requirements is working. When advised that their advertising does not comply with the National Law, practitioners are generally making the necessary corrections without the need for further action. Published resources, including a self-assessment tool, are helping practitioners check and correct their advertising.

Investing time to educate practitioners and engaging with professional associations is effective. Part of this is due to the strategy creating an environment that supports voluntary compliance and builds community confidence in regulation. You can read more at www.ahpra.gov.au/Publications/Advertising-resources/Legislation-guidelines.

Working to improve the National Scheme

AHPRA is committed to continual improvement and an important way that we can do this is by listening to feedback that we receive. Feedback is always welcome at AHPRA, whether good or bad, as it allows us to ensure our service is improved for everybody.

The National Health Practitioner Ombudsman and Privacy Commissioner (NHPOPC) is an important part of the National Scheme. The NHPOPC was established by Health Ministers to coincide with the introduction of the National Law. It provides an independent ombudsman, privacy and freedom of information oversight of the National Scheme, particularly in relation to the work that AHPRA and the National Boards do and the administrative processes experienced by practitioners and the public. NHPOPC's work helps to improve the services we provide.

We meet regularly with the Ombudsman to receive feedback and recommendations. This collaborative relationship means we are better able to respond swiftly to feedback and improve our services and complaint-handling processes.

Online improvements

Technology improvements are making it easier to engage with us online.

Our new online portal helped smooth the path to registration for the more than 25,600 graduates who applied by April 2018 without needing to provide hardcopy forms. As well as making the process easier for applicants, the portal also enhances the identity-check component of an application by linking directly with the Australian government agencies who issue key identity documents. The addition of an application tracker means graduates can monitor the progress of AHPRA's assessment of their registration application. You can find out more at www.ahpra.gov.au/Registration/Graduate-Applications.

AHPRA on social media

20,051 Facebook likes

43.9% increase from last year

7,568 Twitter followers

19.7% increase from last year

14,400 LinkedIn followers

124.9% increase from last year

Our posts received 27,288 interactions (likes, shares and comments)

37,947 views of our videos on YouTube, with over 38,343 minutes watched

We received and responded to 894 enquiries via Facebook and Twitter

The National Scheme in each state and territory

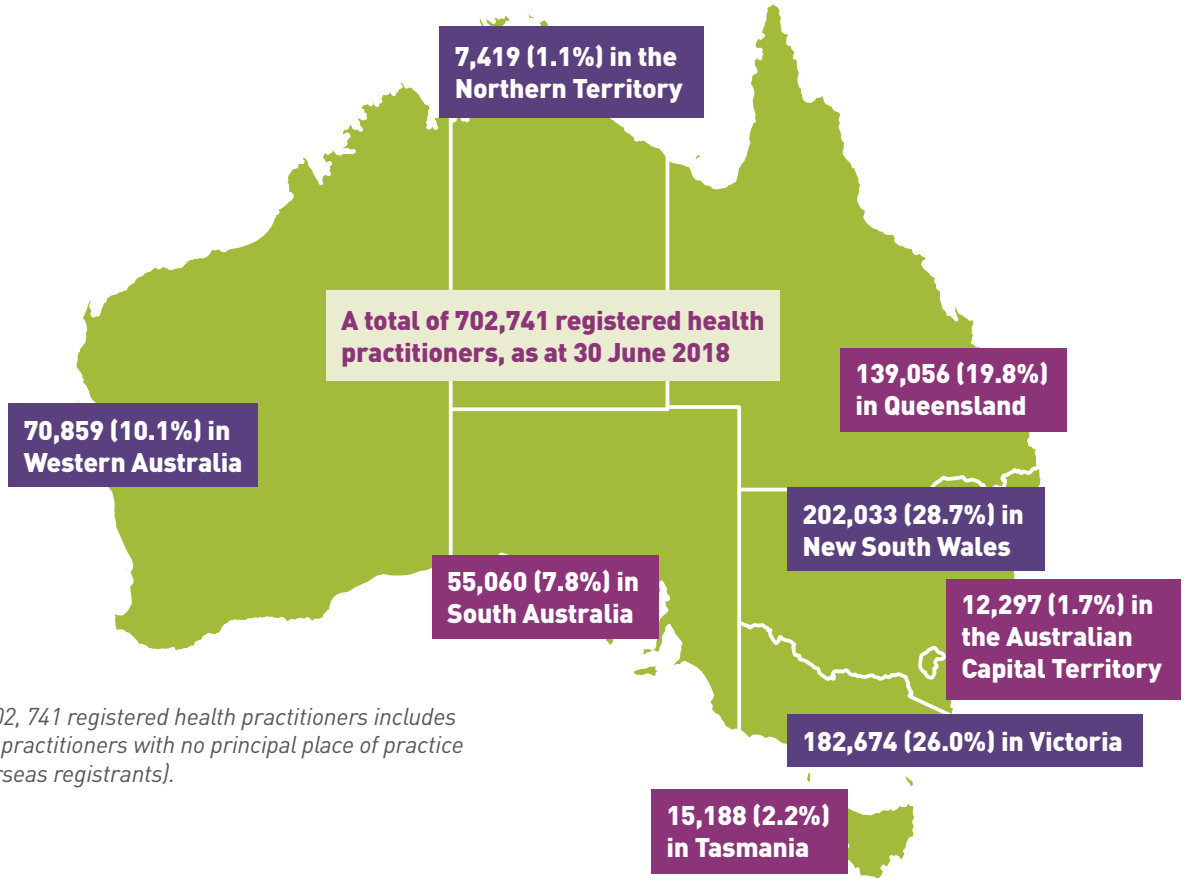
The National Scheme operates Australia-wide and is a vital part of the Australian health system. It is governed by a nationally consistent law passed by each state and territory parliament – the National Law. There is oversight by a Ministerial Council made up of all Australia's Health Ministers.

The National Scheme facilitates the regulation of individual health practitioners, not health services themselves. Health practitioners are also expected to meet the requirements of other parts of the health system within which they operate, whether a local hospital, health authority, government department or statutory authority.

Above all else, the National Scheme is in place to protect patients. It builds consistent and local decision-making supported by national standards. This is supported by local AHPRA offices in each capital city, which manage stakeholder engagement and work with boards and committees at a local level.

Figure 2 shows the number of registered health practitioners in each state and territory in Australia and each state and territory's percentage of the total number of practitioners.

Figure 2: Number and percentage of practitioners with a principal place of practice in each state and territory



The total of 702, 741 registered health practitioners includes 18,155 (2.6%) practitioners with no principal place of practice (includes overseas registrants).

The National Boards: protecting the public

The National Boards work with the support of AHPRA to ensure safe, quality healthcare across Australia. Guided by the National Law, the Boards make decisions about registrants who practise the regulated health professions.

The National Boards protect the community by making sure that only those practitioners who are suitably trained and qualified are registered.

The Boards' responsibilities include:

- setting standards that practitioners must meet in order to be registered
- making policy decisions, and
- investigating complaints and concerns raised about registered health practitioners.

Chairs for each National Board in 2017/18 are listed below.

Detailed information about each of the National Boards will be progressively published online at www.ahpra.gov.au/annualreport/2018.

Ms Renee Owen

Chair, 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

Dr John Lockwood AM

Chair, Dental Board of Australia

Dr Joanna Flynn AM

Chair, Medical Board of Australia

Mr Mark Marcenko

Chair, Medical Radiation Practice Board of Australia

Associate Professor Lynette Cusack

Chair, Nursing and Midwifery 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

Associate Professor Stephen Gough OAM

Chair, Paramedicine Board of Australia

Mr William Kelly

Chair, Pharmacy Board of Australia

Dr Charles Flynn

Chair, Physiotherapy Board of Australia

Ms Catherine Loughry

Chair, Podiatry Board of Australia

Professor Brin Grenyer

Chair, Psychology Board of Australia

Aboriginal and Torres Strait Islander Health Practice Board of Australia in 2017/18

A snapshot of the profession

641 Aboriginal and Torres Strait Islander Health Practitioners

- Up 5.4% from 2016/17
- 0.1% of all registered health practitioners

490 registered students

- Up 9.4% from last year

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

0.6% of all registered Aboriginal and Torres Strait Islander Health Practitioners had notifications made about them

4 notifications closed this year:

- 25% resulted in conditions being imposed on an Aboriginal and Torres Strait Islander Health Practitioner's registration
- 75% resulted in no further action being taken

Immediate action was taken once

2 mandatory notifications were made: both were about impairment

9 Aboriginal and Torres Strait Islander Health Practitioners were monitored by AHPRA for health, performance and/or conduct during the year

62 cases were being monitored by AHPRA as at 30 June 2018

- 4 on the grounds of health
- 2 for performance
- 1 prohibited practitioner/student
- 55 for suitability/eligibility for registration

No statutory offence complaints were made; one was closed

Key works of the Board

Growing appreciation of the profession

There is a growing appreciation of the vital role that all Aboriginal and Torres Strait Islander health workers and registered Health Practitioners play in their roles as cultural brokers of, and contributors to, health improvements and outcomes in their communities.

Registered Aboriginal and Torres Strait Islander Health Practitioners are one profession under the same roof as the many other Aboriginal and Torres Strait Islander health professions. Registered Health Practitioners are employed in many different ways and roles across the country – some practise in a clinical setting and some do not. A registered Aboriginal and Torres Strait Islander Health Practitioner's scope of practice is most often determined by the job they are employed in.

The Aboriginal and Torres Strait Islander Health Practice Board of Australia's (the Board) job does not include promoting the profession or advocating for jobs. The Board's role is to protect the people in our communities from harm when receiving health services from registered Health Practitioners, using the same regulatory system as for doctors, nurses, physiotherapists and the other regulated health professions.

Engaging with stakeholders

The Board continues to work closely with the National Aboriginal and Torres Strait Islander Health Workers Association (NATSIHWA), supporting its efforts to promote all of the Aboriginal and Torres Strait Islander health professions, including registered Aboriginal and Torres Strait Islander Health Practitioners.

During the year, the Board heard from its many stakeholders as it continued its review of five registration standards – the rules detailing the requirements for initial and ongoing registration with the Board.

Growing the profession

The registered Aboriginal and Torres Strait Islander Health Practice profession continues to be a fast-growing profession in the National Scheme. Registrant numbers are small but are steadily increasing, as more graduates of approved programs of study register and begin their professional careers including using the protected title of 'Health Practitioner'.

The Board's committee, the Aboriginal and Torres Strait Islander Health Practitioner Accreditation Committee, is appointed to carry out the accreditation function of the National Law. They do this at arm's length from the Board. This committee continues to work tirelessly and with great dedication to ensure that all eligible education providers and programs of study can be considered for accreditation at the earliest opportunity.

More information about the Board's work in 2017/18 will be available at www.ahpra.gov.au/annualreport/2018.

Chinese Medicine Board of Australia in 2017/18

A snapshot of the profession

4,882 Chinese medicine practitioners
- Up 0.5% from 2016/17
- 0.7% of all registered health practitioners

1,220 registered students
- Down 19.5% from last year

43 notifications lodged with AHPRA about Chinese medicine practitioners

1.5% of all registered Chinese medicine practitioners had notifications made about them

30 notifications closed this year:
- 10% resulted in conditions being imposed on a Chinese medicine practitioner's registration
- 3.3% resulted in a Chinese medicine practitioner receiving a caution or reprimand by the Board
- 3.3% resulted in suspension or cancellation of registration
- 83.3% resulted in no further action being taken

Immediate action was taken 5 times

3 mandatory notifications were made: all about standards

22 Chinese medicine practitioners were monitored by AHPRA for health, performance and/or conduct during the year

887 cases were being monitored by AHPRA as at 30 June 2018
- 5 on the grounds of conduct
- 4 for performance
- 2 prohibited practitioners/students
- 876 for suitability/eligibility for registration (suitability includes competency in speaking or otherwise communicating in English)

31 statutory offence complaints were made; 32 were closed
- Over half of new matters related to title protection
- The majority of the remaining matters related to advertising breaches

Key works of the Board

Advertising

During the year, a main focus for the Chinese Medicine Board of Australia (the Board) was ensuring practitioners were aware of their legal obligations concerning advertising. The Board worked with the AHPRA policy team to develop internal guidance for assessing advertising complaints and Chinese medicine-specific external guidance materials to help practitioners comply. To inform practitioners about the Board's expectations, the Board issued a position statement.

Communicating

Communication with the profession has been a priority, with the Board conducting a series of presentations in major cities and leading a teleconference and meeting for practitioners in rural/regional areas. The Board draws inspiration from its Chinese Medicine Reference Group.

The profession is concerned about lack of access to therapeutically useful scheduled Chinese medicinal herbs. The Board requested and received a joint submission from the profession and is now taking the first step, scoping a potential project. The Board met with representatives of the Therapeutic Goods Administration to foreshadow various matters related to Chinese herbs, including scheduling issues. It also published an update of the herbal nomenclature compendium of commonly used Chinese herbal medicines.

Accreditation

The Chinese Medicine Accreditation Committee continues to independently exercise accreditation functions under the National Law. It monitors approved programs and educational institutions. During this reporting year, the Board approved the *Bachelor of Health Science in Traditional Chinese Medicine/ Bachelor of Arts in International Studies* and *Bachelor of Health Science in Traditional Chinese Medicine* from the University of Technology Sydney.

Cross-professional work

In 2017/18, the Board participated in cross-professional work to prepare for revision and consulting on:
- registration standards for professional indemnity insurance arrangements, continuing professional development and recency of practice
- review of accreditation arrangements
- supervised practice framework
- advertising guidelines, and
- a shared code of conduct.

The Board farewelled with gratitude Professor Craig Zimitat, who had served on the Board since 1 July 2011. It welcomed new community member Mr David Brereton.

Find out more about these initiatives at www.chinesemedicineboard.gov.au. Refer to *Appendix 5* to view revised standards and guidelines that came into effect during the year.

More information about the Board's work in 2017/18 will be available at www.ahpra.gov.au/annualreport/2018.

Chiropractic Board of Australia in 2017/18

A snapshot of the profession

5,420 chiropractors
- Up 2.6% from 2016/17
- 0.8% of all registered health practitioners

2,209 registered students
- Up 36.9% from last year

91 notifications lodged with AHPRA about chiropractors

2.4% of all registered chiropractors had notifications made about them

120 notifications closed this year:
- 11.7% resulted in accepting an undertaking or conditions being imposed on a chiropractor's registration
- 21.7% resulted in a chiropractor receiving a caution or reprimand by the Board
- 1.7% resulted in suspension or cancellation of registration
- 44.2% resulted in no further action being taken
- The remaining 20.8% were referred to another body

Immediate action was taken 6 times

6 mandatory notifications were made: all were about standards

47 chiropractors were monitored by AHPRA for health, performance and/or conduct during the year

40 cases were being monitored by AHPRA as at 30 June 2018
- 6 on the grounds of conduct
- 4 for health reasons
- 8 for performance
- 6 prohibited practitioners/students
- 16 for suitability/eligibility for registration

33 statutory offence complaints were made; 31 were closed
- Over half of new matters related to title and practice protection
- The majority of the remaining matters related to advertising breaches

Key works of the Board

Engaging with stakeholders

AHPRA and the National Boards held a successful multi-profession stakeholder forum on responsible advertising in healthcare. The forum provided the latest updates on the broader *Advertising compliance and enforcement strategy for the National Scheme* and the resources continually being developed to support practitioners to comply with advertising obligations. Stakeholders also debated issues with representatives from consumer organisations, professional associations, insurers and other regulators.

The Chiropractic Board of Australia (the Board) also hosted several educational forums in various cities to provide information on continuing professional development (CPD) and assessing formal learning activities, and further clarifying any issues about advertising. The presentations from these forums were published on the Board's website for those unable to attend in person.

Consultations and reviews

Together with other National Boards, the Board consulted on a draft revised CPD registration standard and guidelines, reviewed accreditation arrangements and consulted on a new draft guideline for informing a National Board about where practitioners practise.

Enforcing the National Law

AHPRA and the Board successfully prosecuted an individual for unlawful use of the title 'chiropractor'. The Board and AHPRA continue to seek the strongest possible penalties under the National Law against anyone who falsely claims to be a registered chiropractor.

The Board also took strong action against a number of chiropractors on matters ranging from misleading advertising, to boundary violation and sexual misconduct.

Evidence-based regulation

Research into complaints against practitioners, including a specific comparison of notifications about chiropractors, osteopaths and physiotherapists for the 2011 to 2016 period, was presented by Dr Anna Ryan (practitioner member of the Board) and Associate Professor Marie Bismark at a Research Day held in Melbourne by AHPRA and the Health and Care Professions Council (HCPC) United Kingdom. It was aimed at developing a collaborative research relationship to drive regulatory improvements in both countries and lead the way internationally.

Over 90% of chiropractors, osteopaths and physiotherapists had no complaints made against them during the period. However, chiropractors were found to be at higher risk of complaints than osteopaths and physiotherapists and, consistent with research in other health professions, older practitioners and male practitioners were at increased risk of complaints independent of their profession.

More information about the Board's work in 2017/18 will be available at www.ahpra.gov.au/annualreport/2018.

Dental Board of Australia in 2017/18

A snapshot of the profession

23,093 dental practitioners
- Up 3.2% from 2016/17
- 3.3% of all registered health practitioners

3,731 registered students
- Down 21.2% from last year

539 notifications lodged with AHPRA about dental practitioners
- 1 notification was made about a student

3.7% of all registered dental practitioners had notifications made about them

554 notifications closed this year:
- 15.3% resulted in accepting an undertaking or conditions being imposed on a dental practitioner's registration
- 14.3% resulted in a dental practitioner receiving a caution or reprimand by the Board
- 0.2% resulted in suspension or cancellation of registration
- 66.4% resulted in no further action being taken
- The remaining 3.8% were referred to another body or retained by a health complaints entity

Immediate action was taken 10 times

31 mandatory notifications were made:
- 27 about standards
- 3 about impairment
- 1 about sexual misconduct

173 dental practitioners were monitored by AHPRA for health, performance and/or conduct during the year

123 cases were being monitored by AHPRA as at 30 June 2018
- 12 on the grounds of conduct
- 17 for health reasons
- 66 for performance
- 6 prohibited practitioners/students
- 22 for suitability/eligibility for registration

55 statutory offence complaints were made; 56 were closed
- Three-quarters of new matters related to title and practice protection
- The majority of the remaining matters related to advertising breaches

Key works of the Board

Scope of practice review

In 2017, the Dental Board (the Board) began its scheduled review of the registration standard and the guidelines that establish the requirements for scope of practice for all registered dental practitioners.

As part of this review and in line with its obligations, the Board has consulted widely with stakeholders. On 22 March 2018, the Board released a public consultation paper on a proposed revised *Scope of practice registration standard*, a proposed revised *Guidelines for scope of practice*, and a new *Reflective practice tool for scope of practice*. Public consultation concluded in May 2018, with an overwhelming response. More than 1,100 submissions were received with a variety of views expressed.

The Board is committed to delivering well-informed advice to the Ministerial Council and anticipates providing its proposal for consideration later in 2018.

Professional assurance for practitioners

In October 2017, the Board hosted a roundtable conversation with members of the profession and the community. While different aspects of revalidation for dental practitioners were discussed, the Board has not yet decided to adopt any specific approach to revalidation.

Over the next three years, the Board will explore ways to support practitioners to maintain and enhance their professional skills and knowledge, and remain fit to practise. The first stage will be to commission research to identify the characteristics of 'at risk' and poorly performing practitioners. This research will help inform the Board's future direction and decision-making about dental practitioner professional assurance, ensuring it is effective, evidence-based and practical.

Outcome-based assessment model for overseas-trained dental specialists

Last year, as part of the Board's work program on specialist registration pathways for overseas-trained dental specialists, the Board and AHPRA engaged the Australian Dental Council (ADC) to develop an outcome-based assessment model for overseas-trained dental specialists applying for specialist registration in Australia.

The ADC recommended an assessment model based on the entry-level competencies for the dental specialties, applicable for all of the recognised dental specialties in Australia. The ADC has also developed a framework to support the implementation of the assessment model.

Next year, the Board will consider the ADC's recommendations and any other requirements needed to support future registration pathways for overseas-trained dental specialists.

Refer to *Appendix 5* to view revised standards and guidelines that came into effect during the year.

More information about the Board's work in 2017/18 will be available at www.ahpra.gov.au/annualreport/2018.

Medical Board of Australia in 2017/18

A snapshot of the profession

115,113 medical practitioners
- Up 3.6% from 2016/17
- 16.4% of all registered health practitioners

20,272 registered students
- Up 1.1% from last year

3,749 notifications lodged with AHPRA about medical practitioners
- 10 notifications were made about students

5.1% of all registered medical practitioners had notifications made about them

3,703 notifications closed this year:
- 7.8% resulted in accepting an undertaking or conditions being imposed on a medical practitioner's registration
- 6.7% resulted in a medical practitioner receiving a caution or reprimand by the Board
- 1.0% resulted in suspension or cancellation of registration
- 0.2% resulted in a fine
- 80.2% resulted in no further action being taken
- The remaining 4.1% were referred to another body or retained by a health complaints entity

Immediate action was taken 148 times
- 32 resulted in suspension of registration

255 mandatory notifications were made:
- 188 about standards
- 43 about impairment
- 5 about alcohol or drugs
- 19 about sexual misconduct

890 medical practitioners were monitored by AHPRA for health, performance and/or conduct during the year

1,692 cases were being monitored by AHPRA as at 30 June 2018
- 100 on the grounds of conduct
- 205 for health reasons
- 230 for performance
- 85 prohibited practitioners/students
- 1,072 for suitability/eligibility for registration

176 statutory offence complaints were made; 191 were closed
- Almost two-thirds of new matters related to title and practice protection
- The majority of the remaining matters related to advertising breaches

Key works of the Board

Professional Performance Framework

In 2017, the Medical Board of Australia (the Board) designed the Professional Performance Framework (the Framework) to help ensure that all registered medical practitioners in Australia practise competently and ethically.

The Framework builds on the findings of the Expert Advisory Group (EAG) on revalidation, which was appointed to advise the Board on approaches to support practitioners to maintain and enhance their professional skills and knowledge, and remain fit to practise medicine.

In August 2017, the Board accepted the evidence provided by the EAG and its recommendations. The Framework is the Board's response to the EAG's final report.

The Framework is integrated, builds on existing initiatives and is evidence-based. It has five pillars:

1. strengthened continuing professional development (CPD) requirements
2. active assurance of safe practice
3. strengthened assessment and management of practitioners with multiple substantiated complaints
4. guidance to support practitioners – regularly updated professional standards that support good medical practice, and
5. collaborations to foster a culture of medicine that is focused on patient safety, based on respect and encourages doctors to take care of their own health and wellbeing.

The Board has started working with the profession and others in the health sector to implement the Framework. During 2017/18, the Board held two stakeholder workshops, first to announce the Framework and later to discuss implementation issues. The Board is committed to ongoing consultation about the various elements of the Framework, many of which will involve continuing partnerships and shared commitment to constructive change.

External review of specialist colleges

The Board and AHPRA commissioned an independent review of specialist medical colleges' assessment of international medical graduates (IMGs) for specialist recognition in 2016/17. This was in line with one of the recommendations of the Snowball review[1] of the National Scheme.

The independent review by Deloitte Access Economics, was designed to evaluate and report on the performance of specialist colleges in applying standard assessments of IMG applications and to see whether colleges are meeting benchmarks set by the Board for timeframes for completion of assessments. Deloitte's report, delivered in 2017/18, found areas of excellence, widespread compliance with guidelines set by the Board, and identified some areas for improvement.

The Board's response to the recommendations is published at www.medicalboard.gov.au/Registration/International-Medical-Graduates/Specialist-Pathway/Guides-and-reports.

[1] See www.coaghealthcouncil.gov.au/Publications/Reports/ArtMID/514/ArticleID/68/The-Independent-Review-of-the-National-Registration-and-Accreditation-Scheme-for-health-professionals.

National training survey

During 2018, the Board started work on the national training survey (NTS). The NTS is being designed to better understand and improve the quality of medical education in Australia. It will gather feedback from doctors in training in Australia to:

- better understand the quality of medical training in Australia
- identify how to improve medical training in Australia, and
- recognise and deal with potential issues in medical training that could impact on patient safety, including environment and culture, unacceptable behaviours and poor supervision.

The Board is working with experts in the medical education and training sector in Australia on this project.

The NTS will run annually from 2019.

Intern preparedness survey

In 2017/18, the Board and the Australian Medical Council partnered to conduct an intern preparedness survey. The survey examined whether medical school had prepared interns for the role and responsibilities of being an intern.

The findings of the first survey are published at www.medicalboard.gov.au/Registration/Interns/Guidelines-resources-tools. Another survey is planned for 2018.

Health advisory and referral services

The Board has been funding a network of doctors' health advisory and referral services for the past three years. The funding is around $2 million annually and is derived from the registration fees of all medical practitioners.

This national network of services is run at arm's length from the Board and AHPRA, and is coordinated by Doctors' Health Services Pty Ltd, a wholly owned subsidiary of the Australian Medical Association (AMA). Doctors and medical students in all states and territories have access to help and support through this network of services.

AHPRA, on behalf of the Board, extended the contract with the AMA for a further three years, ensuring ongoing services to practitioners and students in need of this support.

Other codes and guidelines

The Board has continued to work on a number of codes and guidelines during the year:

- *Good medical practice – a code of conduct for doctors in Australia* was reviewed and the Board has started to consult with stakeholders on the revised version.
- *Guidelines for regulating medical practitioners who provide complementary and unconventional medicine and emerging treatments* – the Board has also been developing these guidelines and will be consulting on them in 2018/19.
- *Guideline for informing a National Board about where you practise* – this guideline responds to changes in the National Law.

Improvements in managing notifications

The majority (80%) of notifications end up with a decision to take 'no further action'. Despite this, most medical practitioners find it very stressful to be the subject of a notification. Many notifiers also find the process difficult and are often dissatisfied with the results. We know this anecdotally and from our research with people involved in the notifications process.

During 2017/18, the Board worked with AHPRA to introduce a range of measures to improve the management of notifications by reducing the time involved, closing matters early if they did not pose a risk to the public and concentrating resources on high-risk matters. This included:

- employing 13 medical practitioners part-time from a range of specialties to provide clinical advice to inform the management of notifications
- centralising the triage of notifications by establishing committees of Board members who consider all notifications as they arrive and decide whether investigation is necessary; the Board also established a Notifications Committee: Assessment, made up of Board members from all states and territories who will undertake this triage function from 1 July 2018
- introducing specialised case management of complex cases to provide input into the investigation
- establishing 'fast-track' teams that investigate matters that only need a small amount of additional information to complete the investigation
- starting work to better understand and quantify the risk associated with each notification, to inform the management of the notification
- supporting projects to gather feedback from notifiers and practitioners and making changes to our processes, documentation and communication to improve their experience, and
- commissioning research into vexatious complaints, which confirmed that these are very rare. For more information see www.ahpra.gov.au/News/2018-04-16-vexatious-complaints-report.

Sexual boundaries

The Board and AHPRA have continued to implement the recommendations in the *Independent review of the use of chaperones* to protect patients in Australia.

The Board has established a Sexual Boundaries Notifications Committee, made up of community and practitioner members with training in sexual boundary violations and related issues. The committee also audited all practitioners with conditions imposed on their registration as a result of a notification alleging a sexual boundary violation.

Over the year, the Board also reviewed and consulted on *Sexual boundaries: Guidelines for doctors*. The revised guidelines describe the standards that doctors are expected to meet. It will be finalised in the year ahead.

Refer to *Appendix 5* to view revised standards and guidelines that came into effect during the year.

More information about the Board's work in 2017/18 will be available at www.ahpra.gov.au/annualreport/2018.

Medical Radiation Practice Board of Australia in 2017/18

A snapshot of the profession

16,257 medical radiation practitioners
- Up 3.7% from 2016/17
- 2.3% of all registered health practitioners

4,424 registered students
- Up 13.6% from last year

24 notifications lodged with AHPRA about medical radiation practitioners

0.2% of all registered medical radiation practitioners had notifications made about them

24 notifications closed this year:
- 25.0% resulted in conditions being imposed on a medical radiation practitioner's registration
- 16.7% resulted in a medical radiation practitioner receiving a caution or reprimand by the Board
- 58.3% resulted in no further action being taken

Immediate action was taken twice

8 mandatory notifications were made:
- 5 about standards
- 2 about impairment
- 1 about sexual misconduct

17 medical radiation practitioners were monitored by AHPRA for health, performance and/or conduct during the year

108 cases were being monitored by AHPRA as at 30 June 2018
- 1 for conduct
- 6 for health reasons
- 4 for performance
- 2 prohibited practitioners/students
- 95 for suitability/eligibility for registration

7 statutory offence complaints were made; 8 were closed
- 6 of the new matters related to title and practice protection
- 1 related to advertising breaches

Key works of the Board

Leveraging off work already being done by the profession, in coming years the Board will continue its focus on professional practice and the benefits this brings to patients and the overall safety of the public. Impressive results from the annual audit show that medical radiation practitioners understand and comply with their ongoing obligations.

Increasingly, practitioners recognise that regulation supports many of the aims of professional practice. Discussion about, and support shown for, elements of regulation are a regular feature at professional conferences and industry seminars. Professionalism in practice is fast becoming a defining feature of the medical radiation profession.

In 2017/18, the Board identified some work it would do over and above the multi-profession policy and systems work being done by AHPRA.

Commencing a review of capabilities

The *Professional capabilities for medical radiation practice* describe the minimum capabilities for a registered medical radiation practitioner and were first developed and implemented in late 2013. In the latter half of 2017, the Board engaged a project team to start a review of these capabilities.

The first phase of the project was timed to link in with the review of accreditation standards being carried out by the Medical Radiation Practice Accreditation Committee.

Work continued in 2018, with the Policy Committee meeting with the project team to provide advice, guidance and feedback on the work to date.

Reviewing examination performance

Since its launch in January 2016, an exam has served as a pathway for those overseas-qualified practitioners who do not hold a qualification substantially equivalent to an approved qualification for general registration.

The effectiveness of the exam relies on the ability of each exam question to provide a useful indicator of capability. Preliminary analysis shows that the overall performance of the exam is a stable predictor of cognitive capability for practice.

Cost of regulation

The Board is aware of the financial impact that regulation imposes on practitioners. The Board has maintained a cautious and conservative approach to expenditure, while maintaining an adequate equity position, including through an ongoing deficit budget.

The Board publishes its annual Health Profession Agreement with AHPRA to ensure that cost allocation and administrative expenditure are transparent, so that the public and practitioners can see where the costs of registration are distributed.

More information about the Board's work in 2017/18 will be available at www.ahpra.gov.au/annualreport/2018.

Nursing and Midwifery Board of Australia in 2017/18

A snapshot of nursing

398,596 nurses
- Up 3.1% from 2016/17
- 56.7% of all registered health practitioners
- 28,277 also hold registration in midwifery
- The number of dual registered nurses and midwives is down 2.3% from last year

97,361 registered students
- Up 5.7% from last year

1,612 notifications lodged with AHPRA about nurses
- 21 notifications were made about students

0.5% of all registered nurses had notifications made about them

1,580 notifications closed this year:
- 18.3% resulted in accepting an undertaking or conditions being imposed on a nurse's registration
- 15.5% resulted in a nurse receiving a caution or reprimand by the Board
- 1.3% resulted in suspension or cancellation of registration
- 0.3% resulted in a surrender of registration
- 0.1% resulted in a fine
- 62.3% resulted in no further action being taken
- The remaining 2.2% were referred to another body or retained by a health complaints entity

Immediate action was taken 192 times
- 64 resulted in suspension of registration

467 mandatory notifications were made:
- 330 about standards
- 93 about impairment
- 31 about alcohol or drugs
- 13 about sexual misconduct

1,157 nurses were monitored by AHPRA for health, performance and/or conduct during the year

1,523 cases about nurses were being monitored by AHPRA as at 30 June 2018
- 85 on the grounds of conduct
- 281 for health reasons
- 161 for performance
- 178 prohibited practitioners/students
- 818 for suitability/eligibility for registration

74 statutory offence complaints were made; 90 were closed
- Most new matters related to title protection

A snapshot of midwifery

33,486 midwives
- Down 0.2% from 2016/17
- 4.8% of all registered health practitioners
- Of the 33,486 midwives, 5,209 hold registration as a midwife only
- The number of practitioners who are registered only as a midwife is up 12.7% from last year

3,495 registered students
- Down 12.3% from last year

72 notifications lodged with AHPRA about midwives
- 6 notifications were made about students

0.3% of all registered midwives had notifications made about them

80 notifications closed this year:
- 21.3% resulted in accepting an undertaking or conditions being imposed on a midwife's registration
- 20.0% resulted in a midwife receiving a caution or reprimand by the Board
- 58.8% resulted in no further action being taken

Immediate action was taken 8 times

8 mandatory notifications were made:
- 6 about standards
- 2 about alcohol or drugs

31 midwives were monitored by AHPRA for health, performance and/or conduct during the year

155 cases about midwives were being monitored by AHPRA as at 30 June 2018
- 3 on the grounds of conduct
- 4 for health reasons
- 9 for performance
- 2 prohibited practitioners/students
- 137 for suitability/eligibility for registration

1 statutory offence complaint was made; 5 were closed
- The new matter related to title protection

Key works of the Nursing and Midwifery Board of Australia

New codes of conduct

New codes of conduct for nurses and midwives took effect on 1 March 2018, after being released publicly in September 2017. The codes set out the legal requirements, professional behaviour and conduct expectations for all nurses and midwives in all practice settings. The codes were developed by the Nursing and Midwifery Board of Australia (NMBA) through extensive consultation with stakeholders and the nursing and midwifery professions, as well as literature and evidence reviews.

To help nurses and midwives understand the requirements in the codes, the NMBA launched its first video promoting the values and principles of the codes, and a vodcast presentation explaining the conduct expectations. Other resources were also developed by the NMBA, including conduct case studies and a fact sheet.

One critical element of the codes is the inclusion of 'Principle 3: Cultural practice and respectful relationships', with a domain dedicated to Aboriginal and Torres Strait Islander Peoples' health. The NMBA worked closely with the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives to develop this principle, which was further supported by a joint statement on culturally safe care, released on 1 February 2018. A second joint statement, the *Joint statement on cultural safety: Nurses and midwives leading the way for safer healthcare*, was released on 5 April 2018. It is endorsed by more than 25 leading nursing and midwifery organisations.

Adoption of international codes of ethics

The International Council of Nurses (ICN)'s *ICN code of ethics for nurses* and the International Confederation of Midwives (ICM)'s *International code of ethics for midwives* took effect as the guiding documents for ethical decision-making for nurses and midwives in Australia on 1 March 2018. The NMBA, Australian College of Midwives, Australian College of Nursing and Australian Nursing and Midwifery Federation agreed to adopt the ICN and ICM codes of ethics jointly, based on evidence from an academic literature review on ethical guiding documents and the mapping and analysis of the previous codes of ethics.

New midwife standards for practice: enabling midwifery care

The new *Midwife standards for practice* (the standards) were released on 1 May 2018 and replace the *National competency standards for the midwife* on 1 October 2018. The standards provide a framework for midwifery practice in all contexts. The standards are evidence-based and have been tested across a broad range of midwifery settings, including clinical, community and education, which means they are enabling and suitable for all midwives in all practice settings.

Seven interrelated standards are framed within a woman-centred approach and contain criteria that specify how the standard can be demonstrated. The standards reflect the midwife's continuous woman-centred professional relationship that may extend from preconception to the postnatal period, and acknowledge the role midwives play across the health system.

Successful audit of privately practising midwives

In late 2017, at the request of the Ministerial Council, the NMBA carried out an audit of privately practising midwives (PPMs) providing homebirth services against the NMBA's *Safety and quality guidelines for privately practising midwives* (SQG). PPMs providing homebirth services need to meet the requirements of the SQG to be exempt from holding professional indemnity insurance for homebirths under the National Law.

The outcomes of the audit show that the 101 PPMs who responded to the audit met all the audit requirements.

The audit demonstrates that an overwhelming majority of PPMs comply with all elements of the SQG in their private practice.

Consulting on prescribing

The NMBA worked with the Australian and New Zealand Council of Chief Nursing and Midwifery Officers (ANZCCNMO) to explore potential models of prescribing for nurses and midwives.

The Commonwealth Chief Nursing and Midwifery Officer held the Registered Nurse/Midwife Prescribing Symposium on 21 March 2017. From this symposium, a joint working group was established by the NMBA Board and ANZCCNMO, which released a discussion paper for public consultation in October 2017.

The consultation feedback supported the NMBA's current approach to autonomous midwifery prescribing and indicated there was no need to establish another pathway.

There was support for a supervised/designated prescribing model for registered nurses – with the preferred term being 'partnership'. It was also clear from feedback that the use of protocols and standing orders for the supply of medicines is captured at the undergraduate level of registered nurse education.

The NMBA is now consulting on a proposed *Endorsement for scheduled medicines for registered nurses to prescribe in partnership*.

Outcomes-based assessment of overseas-qualified nurses and midwives

In 2017/18, the NMBA continued its work to develop a new approach to the assessment of internationally qualified nurses and midwives (IQNM). Monash University was awarded the tender to develop an objective structured clinical examination (OSCE) for registered nurses and enrolled nurses. The NMBA is also undertaking a joint project with the New Zealand Midwifery Council to develop a multi-choice examination and OSCE for midwives.

The NMBA plans to begin the new model for the assessment of IQNMs in 2019.

Refer to *Appendix 5* to view revised standards and guidelines that came into effect during the year.

More information about the Board's work in 2017/18 will be available at www.ahpra.gov.au/annualreport/2018.

Occupational Therapy Board of Australia in 2017/18

A snapshot of the profession

20,975 occupational therapists
- Up 7.5% from 2016/17
- 3.0% of all registered health practitioners

8,079 registered students
- Up 2.0% from last year

34 notifications lodged with AHPRA about occupational therapists

0.3% of all registered occupational therapists had notifications made about them

34 notifications closed this year:
- 5.9% resulted in conditions being imposed on an occupational therapist's registration
- 26.5% resulted in an occupational therapist receiving a caution or reprimand by the Board
- 2.9% resulted in a fine
- 55.9% resulted in no further action being taken
- The remaining 8.8% were referred to another body or retained by a health complaints entity

Immediate action was taken 3 times

7 mandatory notifications were made:
- 4 about standards
- 1 about impairment
- 2 about alcohol or drugs

7 occupational therapists were monitored by AHPRA for health, performance and/or conduct during the year

57 cases were being monitored by AHPRA as at 30 June 2018
- 4 for health reasons
- 1 prohibited practitioner/student
- 52 for suitability/eligibility for registration

14 statutory offence complaints were made; 16 were closed
- All of the new matters related to title protection

Key works of the Board

New competency standards

The release of the new *Australian occupational therapy competency standards (AOTCS) 2018* is a significant milestone for the Occupational Therapy Board of Australia (the Board). The new competency standards outline the professional behaviours all occupational therapists should demonstrate to practise safely and ethically.

The competency standards focus on four conceptual areas of occupational therapy practice:
- professionalism
- knowledge and learning
- occupational therapy process and practice, and
- communication.

They are supported by a number of practice behaviours that address specific core competencies.

Return to practice pathways project

At the start of 2017/18, the Board undertook to improve explanatory material on the Board's website. This review was done to provide greater guidance to practitioners on how they can meet the Board's *Recency of practice registration standard*. The guidance material includes new FAQ, a fact sheet and a diagram to help illustrate the material that practitioners need to submit with their application when there are questions as to whether they have adequate recent practice.

Stakeholder engagement

With the release of the new competency standards in early 2018, the Board has engaged with the profession, educators, the professional associations and its accreditation authority on what the new competency standards mean for them. The Board also met with heads of occupational therapy schools in June 2018 to discuss the use of the competency standards to ensure new graduates are meeting the standards expected of their peers.

Board members presented at forums hosted by Occupational Therapy Australia in May and June 2018. The Board continued its engagement program with education providers with a meeting in Perth to discuss student notifications and new graduate registration processes.

Registration standards review

During 2017/18, the Board continued to work with six other National Boards in reviewing core registration standards. The Board undertook public consultation on a draft revised *Profession indemnity insurance arrangements registration standard*, *Continuing professional development registration standard and guideline* and *Recency of practice registration standard*. The feedback received informed the final shape of the registration standards, which will be submitted for ministerial approval during 2018/19.

More information about the Board's work in 2017/18 will be available at www.ahpra.gov.au/annualreport/2018.

Optometry Board of Australia in 2017/18

A snapshot of the profession

5,532 optometrists
- Up 3.5% from 2016/17
- 0.8% of all registered health practitioners

1,936 registered students
- Up 27.7% from last year

35 notifications lodged with AHPRA about optometrists

1.2% of all registered optometrists had notifications made about them

32 notifications closed this year:
- 21.9% resulted in accepting an undertaking or conditions being imposed on an optometrist's registration
- 12.5% resulted in an optometrist receiving a caution or reprimand by the Board
- 65.6% resulted in no further action being taken

No immediate action was taken

2 mandatory notifications were made:
- Both were about standards

14 optometrists were monitored by AHPRA for health, performance and/or conduct during the year

22 cases were being monitored by AHPRA as at 30 June 2018
- 2 on the grounds of conduct
- 1 for health reasons
- 6 for performance
- 1 prohibited practitioner/student
- 12 for suitability/eligibility for registration

6 statutory offence complaints were made; 7 were closed
- Half of the new matters related to title protection
- Half related to advertising breaches

Key works of the Board

Engagement with stakeholders and the profession

The Optometry Board of Australia (the Board) hosted its annual Optometry Regulatory Reference Group meeting in October 2017, covering topics of mutual interest between education providers, accreditation bodies and regulators in both Australia and New Zealand.

In November 2017, the Board's Chair presented at the South Australia Blue Sky Congress 2017 on the current work of the Board. During the event, optometrists took the opportunity to meet Board members, asking them questions at their exhibition space.

The Chair attended the Optometrist and Dispensing Opticians Board of New Zealand's meeting in May 2018 in Wellington, New Zealand. This was an opportunity to share information and strengthen Trans Tasman relationships. In June, the Chair also attended the Association of Regulatory Boards of Optometry's (ARBO) Annual Meeting in Denver, Colorado, USA, providing an overview of Board activity and exchanging global ideas with other regulators.

Policy updates

In March 2018, National Boards consulted on the draft revised *Registration standard for continuing professional development* (CPD) and related guidelines. The Chair facilitated a CPD stakeholder information forum with the professional association, accreditation body and education providers in March 2018. The forum was an opportunity for stakeholders to learn about the public consultation and the proposed changes to the current registration standard for CPD.

In June 2018, the Board published the revised *Endorsement for scheduled medicines registration standard* and *Guidelines for use of scheduled medicines*, which came into effect on 10 September 2018. The registration standard and guidelines were updated as a result of a scheduled review, following wide-ranging public consultation in 2017. As part of the review, the Chair consulted with the peak eye healthcare professional bodies, Optometry Australia and the Royal Australian and New Zealand College of Ophthalmologists in October 2017. At this meeting, the Board clarified aspects of potential patient safety issues and the process for future changes to the list of medications that endorsed optometrists are qualified to prescribe.

Refer to *Appendix 5* to view revised standards and guidelines that came into effect during the year.

More information about the Board's work in 2017/18 will be available at www.ahpra.gov.au/annualreport/2018.

Osteopathy Board of Australia in 2017/18

A snapshot of the profession

2,389 osteopaths
- Up 7.1% from 2016/17
- 0.3% of all registered health practitioners

1,456 registered students
- Down 24.5% from last year

17 notifications lodged with AHPRA about osteopaths

1.4% of all registered osteopaths had notifications made about them

17 notifications closed this year:
- 17.6% resulted in accepting an undertaking or conditions being imposed on an osteopath's registration
- 5.9% resulted in an osteopath receiving a caution or reprimand by the Board
- 76.5% resulted in no further action being taken

Immediate action was taken once

1 mandatory notification was made
- About impairment

6 osteopaths were monitored by AHPRA for health, performance and/or conduct during the year

9 cases were being monitored by AHPRA as at 30 June 2018
- 1 for health reasons
- 3 for performance
- 1 prohibited practitioner/student
- 4 for suitability/eligibility for registration

5 statutory offence complaints were made; 7 were closed
- 2 of the new matters related to title protection
- 2 to advertising breaches
- 1 to an 'other' offence

Key works of the Board

Advertising

In response to the increase in the number of advertising complaints about osteopaths received in the last financial year, the Osteopathy Board of Australia (the Board) and AHPRA have an advertising compliance and enforcement strategy for managing complaints about advertising regulated health services. During the year, resources were developed including osteopathy-specific examples and a self-assessment tool. This approach helped osteopaths to be compliant with advertising.

International stakeholder relations

The Chair, several members and the Executive Officer attended the Osteopathic International Alliance conference in Auckland, New Zealand, in September 2017 and met with international regulators in osteopathy to share ideas, initiatives and research. The conference focused on osteopathy regulation, education, research and association leadership. At the conference the Chair presented on the challenges of delivering healthcare in a commercial environment. It was also an opportunity to discuss issues of mutual interest with other regulatory entities and stakeholders.

Capabilities for osteopathic practice

The Board is revising the current *Capabilities for osteopathic practice*. This is a major regulatory initiative for the Board for the current and following year. After preliminary consultation with targeted stakeholders in early 2017, the Board sought a provider to amend the draft revised *Capabilities for osteopathic practice* to address the feedback received in preliminary consultation and to finalise the document after public consultation. The Southern Cross University is the successful provider to develop the revised *Capabilities for osteopathic practice*.

A document for public consultation was drafted by the provider, which incorporated the preliminary consultation feedback.

Accreditation

In April 2018, the Board conducted public consultation on the future accreditation arrangements from mid-2019, when the current term of assignment of accreditation functions ends. In June 2018, the Board decided that the Australasian Osteopathic Accreditation Council (AOAC) should continue to exercise accreditation functions for the osteopathy profession. The Board looks forward to continuing the excellent working relationship with the AOAC.

Consultations

In April 2018, the Board published a public consultation paper on the draft guideline for informing the Board about where practitioners practise and it released a public consultation paper on the draft revised *Professional capabilities for osteopathic practices* seeking views on the knowledge, skills and professional attributes identified by the Board as entry-level capabilities.

More information about the Board's work in 2017/18 will be available at www.ahpra.gov.au/annualreport/2018.

Paramedicine Board of Australia in 2017/18

Key works of the Board

The Paramedicine Board of Australia (the Board) was established under the National Law on 19 October 2017 and met for the first time on 30 October 2017. This was a critical step in bringing the paramedicine profession into the National Scheme with the start of regulation of the profession proposed to occur late in 2018.

As the paramedicine profession was not previously regulated in any jurisdiction, significant work was required to develop and implement the necessary regulatory infrastructure. The Board embarked on a rigorous program of work to achieve this, engaging extensively with stakeholders to ensure the smoothest possible transition of the profession into regulation.

With the support of Ministers, stakeholders and AHPRA, the Board developed a set of mandatory registration standards along with a registration standard to support the grandparenting of paramedics into the scheme. The Board also worked closely with AHPRA to develop detailed budget modelling and forecasting to support and sustain the regulation of paramedics in the National Scheme.

The Board adopted a number of interim codes and guidelines necessary to support regulation while simultaneously participating in cross-profession projects relating to the shared code of conduct, a revised supervision framework and registration standards for limited registration, revised guidelines for the advertising of health services and the *National Scheme Aboriginal and Torres Strait Islander health strategy statement of intent*.

None of this could have been achieved without the support and enthusiasm of a hardworking and cohesive Board and AHPRA staff, particularly Project Manager Deborah Tapping and Executive Officer Paul Fisher.

Posters for paramedics about the National Scheme

Pharmacy Board of Australia in 2017/18

A snapshot of the profession

31,108 pharmacists
- Up 2.5% from 2016/17
- 4.4% of all registered health practitioners

6,487 registered students
- Down 14.0% from last year

451 notifications lodged with AHPRA about pharmacists
- 2 notifications were made about students

1.9% of all registered pharmacists had notifications made about them during the year

411 notifications closed this year:
- 14.1% resulted in accepting an undertaking or conditions being imposed on a pharmacist's registration
- 29.7% resulted in a pharmacist receiving a caution or reprimand by the Board
- 0.2% resulted in suspension of registration
- 0.2% resulted in a fine
- 54.7% resulted in no further action being taken
- The remaining 1% were referred to another body or retained by a health complaints entity

Immediate action was taken 15 times

44 mandatory notifications were made:
- 36 about standards
- 7 about impairment
- 1 about sexual misconduct

163 pharmacists were monitored by AHPRA for health, performance and/or conduct during the year

172 cases were being monitored by AHPRA as at 30 June 2018
- 17 on the grounds of conduct
- 19 for health reasons
- 32 for performance
- 11 prohibited practitioners/students
- 93 for suitability/eligibility for registration

19 statutory offence complaints were made; 22 were closed
- Over half of the new matters related to title protection
- 8 related to advertising breaches

Key works of the Board

This year, the work of the Pharmacy Board of Australia (the Board) has built on key initiatives from 2016/17.

Pharmacy prescribing forum

Following the completion of a project on the mapping of the *National Prescribing Service prescribing competencies framework* against the learning outcomes of current pharmacy programs and the competency standards for pharmacists, the Board arranged a prescribing forum. A range of stakeholders attended and included representation from hospital and community pharmacy practice, government health departments, professional associations, state and territory pharmacy authorities, consumer organisations, education providers, the Board and AHPRA. The forum enabled attendees to consider the need and opportunities for expanding pharmacist involvement in prescribing that could be implemented and sustained as part of a broader range of health services that meet the health needs of the community effectively. The Board will publish a report outlining discussions on the day and next steps during the next reporting period.

Competency tools

To assist pharmacists to engage with the revised *National competency standards framework for pharmacists in Australia 2016*, the Board funded the development of tools which were published this year. The tools will assist pharmacists to plan their continuing professional development and meet their obligations, which are outlined in the Board's *Registration standard: Continuing professional development*.

Research and analysis

An Intern Year Blueprint was developed by the Australian Pharmacy Council (APC) with funding from the Board. The blueprint will become the framework used to determine future options for assessing pharmacy interns against the revised competency standards for pharmacists. The next steps in its implementation will be developing a strategy to determine the most appropriate and effective type of assessment for each competency from the range of choices described in the blueprint and to identify the organisation with the prime responsibility to develop and administer the assessment. This work will be carried out by a joint Board and APC working party next year.

Following a pilot survey of interns and preceptors conducted last year to investigate issues relevant to the quality of the intern training experience, the Board conducted a large-scale survey. The results of the survey will be analysed in the next year and are anticipated to guide policy development about future arrangements for supervision and are also likely to provide useful insights to be taken into account in reviewing assessment processes for interns.

Refer to *Appendix 5* to view revised standards and guidelines that came into effect during the year.

More information about the Board's work in 2017/18 will be available at www.ahpra.gov.au/annualreport/2018.

Physiotherapy Board of Australia in 2017/18

A snapshot of the profession

31,995 physiotherapists
- Up 5.4% from 2016/17
- 4.6% of all registered health practitioners

8,472 registered students
- Up 1.4% from last year

98 notifications lodged with AHPRA about physiotherapists

0.5% of all registered physiotherapists had notifications made about them during the year

82 notifications closed this year:
- 24.4% resulted in accepting an undertaking or conditions being imposed on a physiotherapist's registration
- 17.1% resulted in a physiotherapist receiving a caution or reprimand by the Board
- 56.1% resulted in no further action being taken
- The remaining 2.4% were retained by a health complaints entity

Immediate action was taken 5 times

17 mandatory notifications were made
- 12 about standards
- 2 about impairment
- 1 about alcohol or drugs
- 2 for sexual misconduct

47 physiotherapists were monitored by AHPRA for health, performance and/or conduct during the year

58 cases were being monitored by AHPRA as at 30 June 2018
- 9 on the grounds of conduct
- 3 for health reasons
- 10 for performance
- 3 prohibited practitioners/students
- 33 for suitability/eligibility for registration

37 statutory offence complaints were made; 47 were closed
- Over three-quarters of the new matters related to title protection
- 8 related to advertising breaches

Key works of the Board

As part of the Board's strategy to ensure every Australian has access to safe and reliable physiotherapy services, the Board has contributed to AHPRA's work occurring in partnership with Aboriginal and Torres Strait Islander health experts, to better health outcomes for Indigenous people.

Advertising

Seventy per cent of Australian physiotherapists work in private practice, so they often advertise the services they provide to the public. The National Law governs the advertising of regulated health services by all advertisers, including registered health practitioners. This year the Board, working with AHPRA and the other National Boards, developed a suite of tools to assist physiotherapists and all advertisers of regulated health services in ensuring that their advertising meets the requirements of the National Law.

Audits

No matter what context a physiotherapist works in, they must meet their professional obligations as set out in the National Law. Audits conducted by AHPRA happily indicate that physiotherapists are generally compliant with their professional obligations. Audits are conducted at random during the year and serve to validate physiotherapists' declarations, made when they renew their registration each year.

Engaging with stakeholders

This year, the Board worked closely with two of its important stakeholders – the Australian Physiotherapy Association (APA) and the Australian Physiotherapy Council. With the APA, the Board has clarified that physiotherapists who work with animals must meet the requirements based on their work with humans (not animals).

During the year, the Board worked with AHPRA to simplify the registration and registration renewal process for practitioners, trialling online registrations for new graduates.

The Board helped organise and presented at the International Physical Therapy Regulatory Authorities conference in South Africa, offering an opportunity to engage with international physiotherapy regulatory partners, to explain how health regulation works in Australia, compare data and discuss shared regulatory challenges. The shared *Physiotherapy practice threshold statements* developed by the Board and the Physiotherapy Board of New Zealand in 2015 and free for use worldwide are of interest and value to emerging regulators from other countries.

The Board held two successful stakeholder engagement breakfasts this year, in Darwin and Perth. These events help explain the role and work of the Board to physiotherapists and other stakeholders and are being rolled out across the country.

More information about the Board's work in 2017/18 will be available at www.ahpra.gov.au/annualreport/2018.

Podiatry Board of Australia in 2017/18

A snapshot of the profession[1]

5,155 podiatrists
- Up 4.7% from 2016/17
- 0.7% of all registered health practitioners

1,482 registered students
- Down 4.9% from last year

61 notifications lodged with AHPRA about podiatrists
- 2 notifications were made about students

1.6% of all registered podiatrists had notifications made about them during the year

41 notifications closed this year:
- 14.6% resulted in conditions being imposed on a podiatrist's registration
- 17.1% resulted in a podiatrist receiving a caution or reprimand by the Board
- 65.9% resulted in no further action being taken
- The remaining 2.4% were retained by a health complaints entity

No immediate action was taken

5 mandatory notifications were made:
- 2 about standards
- 2 about impairment
- 1 about alcohol or drugs

13 podiatrists were monitored by AHPRA for health, performance and/or conduct during the year

17 cases were being monitored by AHPRA as at 30 June 2018
- 3 for health reasons
- 3 for performance
- 1 prohibited practitioner/student
- 10 for suitability/eligibility for registration

5 statutory offence complaints were made; 9 were closed
- 2 of the new matters related to title protection
- 2 to advertising breaches
- 1 related to an 'other' offence

Key works of the Board

New registration standard

A highlight for the Podiatry Board of Australia (the Board) this year was receiving Ministerial Council approval for the Board's revised endorsement for scheduled medicines registration standard.

The revised registration standard, which comes into effect on 1 August 2018, expands the options for practitioners to have their registration endorsed for scheduled medicines by introducing a new contemporary pathway to endorsement. This pathway enables future graduates, from an accredited and approved program of study that has prescribing theory and practice integrated throughout the curriculum, to qualify for endorsement.

By introducing this new pathway to endorsement, the Board is putting the enabling infrastructure in place for reform of the podiatry curriculum. The Australian and New Zealand Podiatry Accreditation Council (ANZPAC) progressed work on developing accreditation standards that will set the requirements that education providers will need to meet to ensure their graduates have the necessary knowledge, skills and attributes to be safe and effective prescribers.

The Board hosted breakfast forums at association conferences in Melbourne, Sydney and the Gold Coast to inform practitioners about the requirements of the new registration standard and associated guidelines.

Infection prevention and control

The Board published a video on infection prevention and control for patients to help them understand what infection prevention and control measures to expect when visiting their podiatrist or podiatric surgeon. It was launched to coincide with International Infection Prevention Week and shows the key aspects of infection prevention and control practices that a podiatrist follows during a routine podiatry service.

Engaging with stakeholders

During the year the Board hosted a forum for practitioners in Hobart on themes identified through an analysis of complaints and/or concerns about podiatrists and podiatric surgeons. Other activities included meeting with:
- stakeholders in Hobart and Melbourne
- the President of the Podiatry Council of NSW
- the Podiatrists Board of New Zealand; and
- the Health and Care Professions Council (HCPC), the Professional Standards Authority and the Society of Chiropodists and Podiatrists in London.

Board representatives attended the CLEAR (Council on Licensure Enforcement and Regulation) International Congress in Melbourne and the World Health Professions Regulation Conference in Geneva, Switzerland.

Refer to *Appendix 5* to view revised standards and guidelines that came into effect during the year.

More information about the Board's work in 2017/18 will be available at www.ahpra.gov.au/annualreport/2018.

[1] 'Podiatrists' includes podiatric surgeons throughout this report, unless otherwise stated.

Psychology Board of Australia in 2017/18

A snapshot of the profession

36,376 psychologists
- Up 4.0% from 2016/17
- 5.2% of all registered health practitioners

437 notifications lodged with AHPRA about psychologists

1.9% of all registered psychologists had notifications made about them during the year

381 notifications closed this year:
- 11.5% resulted in accepting an undertaking or conditions being imposed on a psychologist's registration
- 10.2% resulted in a psychologist receiving a caution or reprimand by the Board
- 1.3% resulted in suspension or cancellation of registration
- 76.4% resulted in no further action being taken
- The remaining 0.5% were retained by a health complaints entity or referred to another body

Immediate action was taken 18 times

52 mandatory notifications were made
- 35 about standards
- 11 about impairment
- 6 about sexual misconduct

156 psychologists were monitored by AHPRA for health, performance and/or conduct during the year

140 cases were being monitored by AHPRA as at 30 June 2018
- 35 on the grounds of conduct
- 12 for health reasons
- 23 for performance
- 15 prohibited practitioners/students
- 55 for suitability/eligibility for registration

117 statutory offence complaints were made; 145 were closed
- Over 89% of the new matters related to title protection
- 12 related to advertising breaches

Key works of the Board

Approval of accreditation standards

In August 2017, the Psychology Board of Australia (the Board) approved revised *Accreditation standards for psychology programs*. The Australian Psychology Accreditation Council is appointed as an external accreditation entity under the National Law to develop accreditation standards and recommend them to the Board for approval.

The new standards will be used to assess whether a program of study, and the education provider that provides the program of study, equips graduates of the program with the knowledge, skills and professional attributes to practise in the profession.

Education and training reform

This year the Board completed the first stage of its education and training reform agenda and finalised its proposal to retire the 4+2 Internship program.

Over the year, the Board consulted extensively with major employers of 4+2 interns, government, education providers, health services, students and members of the profession.

The Board also hosted a forum in Sydney and a national webinar to talk about its proposal. These events were collectively attended by over 600 participants.

Reviews of standards, codes and guidelines

In addition to project work, the Board undertook a number of scheduled reviews of its standards, codes and guidelines.

The Board completed a review of the *Guidelines for supervisor and supervisor training providers*, as well as a cross-profession review of the *Professional indemnity insurance arrangements registration standard*. The Board continues to consult on the *Guidelines on area of practice endorsements*, which were impacted by the release of the new accreditation standards.

The Board is also participating in a review of the *Australian Psychological Society code of ethics*, which the Board has adopted for the profession.

Regulation and collaboration

In August 2017, the Board hosted an All Psychology Boards meeting in Sydney. This was the second time the National Board and regional boards have met as a group since the Scheme began in 2010. The first All Psychology Boards meeting was in 2014. All national and regional board members participated, along with members of the Psychology Council of NSW and senior AHPRA staff.

The meeting focused on the work of the national and regional boards in regulating the psychology profession and provided an opportunity to reflect on the Board's role, approach to regulation, and major strategic projects.

More information about the Board's work in 2017/18 will be available at www.ahpra.gov.au/annualreport/2018.

Accreditation

in 2017/18

Accreditation

The accreditation function provides a framework for assuring that individuals seeking registration are suitably trained, qualified and competent to practise as health practitioners in Australia. This is a crucial quality assurance and risk management mechanism for the National Scheme.

Performance snapshot

161,114 students studying to be health practitioners through an approved program of study or clinical training program

Over 740 accredited approved programs of study delivered by over 330 education providers

Over $10 million of National Board funding contributions to accreditation authorities

Accreditation and the National Scheme

Effective delivery of the accreditation function ensures that:

- graduates of approved programs of study have the knowledge, skills and professional attributes necessary to practise their profession, and
- overseas-trained practitioners are subject to rigorous assessment to determine whether they have the knowledge, skills and professional attributes necessary to practise their profession in Australia.

Accreditation authorities develop, review and submit accreditation standards to National Boards for approval, which are published on the relevant Board's website. Accreditation authorities also assess and accredit education providers and programs of study against those approved standards, and they are often responsible for assessing overseas-trained practitioners.

Accreditation authorities may be external entities, or they may be committees established by the relevant National Board. They must provide six-monthly reports to their relevant National Board. In 2017/18, AHPRA continued to work with the National Boards to implement an integrated approach to monitoring these reports.

Each year, the National Boards contribute funding to accreditation authorities (see Table 1).

For more information see www.ahpra.gov.au/Education/Accreditation-Authorities.

Table 1: National Board funding contributions to accreditation

National Board	2017/18 ($'000)[1]	2016/17 ($'000)[1]
Aboriginal and Torres Strait Islander Health Practice Board of Australia	188[2]	173
Chinese Medicine Board of Australia	132[2]	133
Chiropractic Board of Australia	176	176
Dental Board of Australia	438	430
Medical Board of Australia	3,695	3,600
Medical Radiation Practice Board of Australia	392[2]	202
Nursing and Midwifery Board of Australia	2,685	2,659
Occupational Therapy Board of Australia[3]	15	0
Optometry Board of Australia	306	297
Osteopathy Board of Australia	182	190
Pharmacy Board of Australia	567	550
Physiotherapy Board of Australia	345	260
Podiatry Board of Australia	146	164
Psychology Board of Australia	938	853
Total	**10,205**	**9,687**

[1] These are actual amounts. Requirements of the accounting standards may result in differences between these and the amounts stated in our financial statements.

[2] These amounts include funding for the joint accreditation standards review.

[3] The accreditation authority for occupational therapy did not request any funding from the Board in 2016/17 and requested funding only for the accreditation standards review in 2017/18.

Developing accreditation standards

AHPRA's procedures for developing accreditation standards are an important governance mechanism. They set out issues that:

- an accreditation authority should consider in developing or changing accreditation standards
- an accreditation authority should explicitly address when submitting accreditation standards to a National Board for approval
- a National Board should consider when deciding whether to approve accreditation standards developed by the accreditation authority, and
- a National Board should raise with the Ministerial Council – and when they should be raised – as they may trigger a Ministerial Council policy direction.

The procedures are published at www.ahpra.gov.au/Publications/Procedures.

Accreditation committees

Three of the National Boards exercise accreditation functions through a committee established by the Board:

- the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee (ATSIHPAC)
- the Chinese Medicine Accreditation Committee (CMAC), and
- the Medical Radiation Practice Accreditation Committee (MRPAC).

AHPRA's role in supporting the accreditation committees provides an opportunity for multi-profession approaches to the accreditation function. This year, AHPRA continued to support the accreditation committees to assess and accredit programs of study and to monitor approved programs.

As at 30 June 2018, the accreditation committees accredit 49 programs of study across the three professions as per Table 2.

Table 2: Accreditation programs in 2017/18

Accreditation committee	Programs currently accredited as at 30/06/2018	New accreditation applications received in 2017/18	New programs accredited in 2017/18	Programs monitored in 2017/18
ATSIHPAC	15	0	3	12
CMAC	9	0	3	7
MRPAC	25	2	9	19
Total	**49**	**2**	**15**	**38**

A risk-based approach to monitoring approved programs

During 2017/18, AHPRA continued to support the three committees to implement and refine a risk-based approach to their monitoring activities. The National Law supports a flexible, risk-based model and AHPRA works with the committees to tailor the methods and frequency of activities to monitor education providers' compliance with the accreditation standards based on specific issues and risk profiles.

This year, AHPRA supported the committees to join the accreditation councils for optometry and chiropractic as partners in a project to develop common risk-based accreditation procedures. Committee members and AHPRA representatives participated in a joint workshop in mid-March 2018 and work is progressing on draft common procedures. Consultation on draft procedures will start in the second half of 2018.

Health Professions Accreditation Collaborative Forum

The three accreditation committees, accompanied by AHPRA, continued to participate in the Health Professions Accreditation Collaborative Forum (HPACF). This participation reflects the HPACF's multi-profession and multi-entity nature and its consideration of issues affecting all accreditation entities.

Applications for accreditation

AHPRA received two new applications for accreditation and monitoring submissions from education providers addressing conditions and specific monitoring requirements for 38 programs.

AHPRA continued to use secure, cloud-based technology for education providers to electronically submit accreditation applications and responses to monitoring. This also allows secure access to assessors, who use the technology to review education provider documents and to submit reports. As education providers and accreditation assessors are located all around Australia, this technology has delivered efficiencies by reducing handling and postage costs.

In 2017/18, the focus of AHPRA's work with accreditation committees moved away from initial accreditation assessments that evaluate all accreditation standards, towards monitoring approved programs of study against higher-risk standards.

Policy, standards and process

AHPRA continued to support enhanced collaboration between the three accreditation committees to refine their approaches to routine monitoring of approved programs of study through annual data collection. This work included the use of a consistent cross-profession process and tools to collect information from more than 30 education providers.

This year, AHPRA continued to support a streamlined approach to accreditation assessment by the ATSIHPAC. This committee replaced the site visit as part of the accreditation assessment with a half-day teleconference. This expedites the timeframe for assessment and approval of programs of study and, because the duration of the programs is 12–18 months, it facilitates completion of these processes in a timeframe that enables students to register on graduation. A representative of the committee visits the education provider within 12 months of the accreditation decision as part of monitoring. In 2017/18, the committee completed monitoring visits to seven registered training organisations. Stakeholders have commented positively on this innovative approach.

Joint review of accreditation standards

In 2017/18, AHPRA started a project to review and revise the accreditation standards and processes for Aboriginal and Torres Strait Islander Health Practice, Chinese medicine and medical radiation practice. The project team is working in collaboration with the three accreditation committees to develop revised accreditation standards that are consistent across the three professions, reflect current and emerging trends in education and practice and address the relevant objectives and requirements of the National Law. The project is also reviewing the accreditation processes and the professional capabilities for the three professions. Wide-ranging multi-profession consultation on the draft revised standards started in June 2018, and the project is due to be completed in late 2018.

Approved programs of study

Accreditation authorities and the National Boards have separate and complementary roles. An accreditation authority's role is to decide whether to accredit a program of study based on the findings of its accreditation assessment. It reports its decision to the relevant National Board.

A National Board decides whether to approve an accredited program of study as providing a qualification suitable for registration in their profession.

AHPRA publishes a list of approved programs of study that provide qualifications for general registration, specialist registration or endorsement of registration. See www.ahpra.gov.au/Education/Approved-Programs-of-Study.

Accreditation systems review

Acting on recommendations from the *Independent review of the National Registration and Accreditation Scheme for health professionals*, the Ministerial Council asked the Australian Health Ministers' Advisory Council (AHMAC) to commission an independent review of accreditation systems (Accreditation systems review). See www.coaghealthcouncil.gov.au/Projects/Accreditation-Systems-Review. AHMAC appointed Professor Michael Woods as the independent reviewer in late 2016.

During 2017/18, AHPRA continued to work with the National Boards to support their participation in the Accreditation systems review, including developing submissions to the draft report in October 2017. The Accreditation systems review reported to the Ministerial Council in late 2017 and the Health Ministers' response is forthcoming. The final report and Ministers' response will set the future direction for accreditation in the National Scheme.

Accreditation Advisory Committee

In 2017/18, the Agency Management Committee established an Accreditation Advisory Committee (AAC) as a standing committee. The committee will provide oversight and leadership on accreditation governance, accountability and transparency issues and a Scheme-wide perspective on AHPRA's management of contracts for the performance of the accreditation functions, including financial and reporting matters, such as the 2018/19 work-plan and funding updates and the 2018 review of accreditation arrangements.

Establishing the AAC responds to issues and themes identified by the Accreditation systems review draft report and is consistent with the Agency Management Committee's current functions and powers.

See www.ahpra.gov.au/About-AHPRA/Agency-Management-Committee/Accreditation-Advisory-Committee.

Review of existing arrangements

The existing assignments of functions and contracts between the external accreditation authorities and AHPRA (the accreditation arrangements) end on 30 June 2019. In 2017/18, AHPRA worked in collaboration with the National Boards to undertake a scheduled review of the current arrangements for accreditation functions for all professions except paramedicine. The review was deferred from 2017 due to the Accreditation systems review. Following a period of public consultation on a multi-profession analysis of accreditation performance over the last five years, National Boards will decide on the assignment of accreditation functions beyond 30 June 2019. These decisions are subject to any relevant decisions by Ministers about the outcomes of the Accreditation systems review.

Future accreditation activities

A focus for 2018/19 will be finalising new agreements and terms of reference for the next assignment periods. The new agreements/terms of reference will address continued progress on key issues for the exercise of accreditation functions such as:

- transparency and accountability
- potential for multi-year agreements
- embedding inter-professional education and practice
- addressing workforce priorities
- cultural safety
- safety and quality
- collaboration and sharing good practice
- multi-profession approaches that avoid duplication and minimise regulatory burden
- principles for funding and fees, and
- reporting parameters and qualitative and quantitative key performance indicators.

A further focus will be work arising from any relevant decisions by Ministers about the outcomes of the Accreditation systems review.

Registration

in 2017/18

Registration

Performance snapshot

702,741 practitioners across all 15 professions were registered in 2017/18 (up 3.5% from 2016/17)

6.9% increase in new applications

7,193 audit cases closed and 5,890 new audits initiated for practitioners

Time to decide the outcome of an application:

- **median time of 7 days (down from 10 in 2016/17)**
- **average of 23 days (down from 28 days in 2016/17)**

Highest online renewal rate ever achieved, with 99.0% of all eligible practitioners renewing their registration online

Registered practitioners

The number of registered health practitioners in the National Scheme grew by 3.5% this year, to 702,741 (see Table 3). This is consistent with growth trends since the Scheme began in July 2010 (see Figure 3). Of the registrant base, 97.7% hold some form of practising registration. The proportion of registrants who hold an expanded scope of practice due to an approved specialty is 10.1%, and due to an endorsement is 2.8%.

Each profession has different categories of registration. For more information, visit www.ahpra.gov.au, choose the relevant National Board, then click the 'Registration' tab.

Figure 3: Registration numbers, year by year, since the National Scheme began

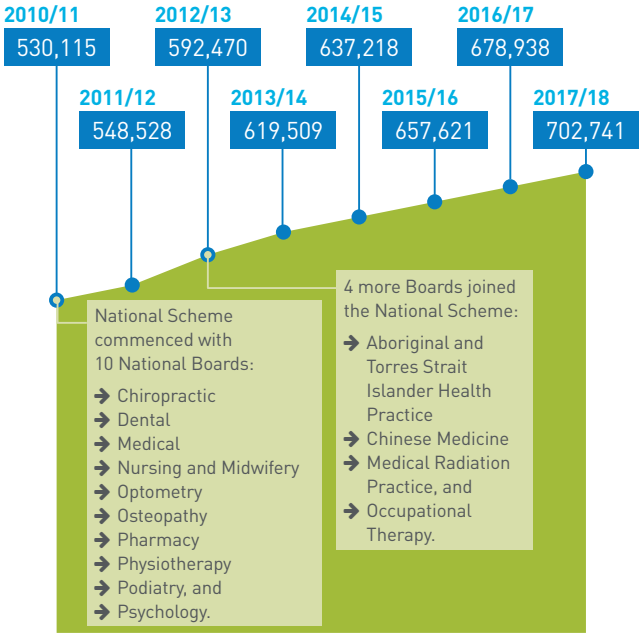


Table 3: Registered practitioners by profession and principal place of practice, as at 30 June 2018

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[1]	Total 2017/18	Total 2016/17	% Change 2016/17-2017/18
Aboriginal and Torres Strait Islander Health Practitioner	3	129	219	112	46	3	18	111		641	608	5.4%
Chinese medicine practitioner	66	1,992	13	880	186	36	1,312	265	132	4,882	4,860	0.5%
Chiropractor	70	1,813	27	863	371	51	1,417	644	164	5,420	5,284	2.6%
Dental practitioner	416	6,981	168	4,602	1,895	386	5,351	2,678	616	23,093	22,383	3.2%
Medical practitioner	2,154	35,303	1,346	23,027	8,256	2,400	28,145	11,501	2,981	115,113	111,166	3.6%
Medical radiation practitioner	272	5,413	111	3,321	1,237	325	3,939	1,359	280	16,257	15,683	3.7%
Midwife	168	1,199	87	1,057	643	34	1,377	438	206	5,209	4,624	12.7%
Nurse	5,876	100,734	4,051	74,338	31,604	8,895	98,061	36,278	10,482	370,319	357,701	3.5%
Nurse and midwife[2]	528	8,024	491	5,830	1,914	639	7,629	2,886	336	28,277	28,928	-2.3%
Occupational therapist	369	5,881	182	4,079	1,631	313	5,267	2,943	310	20,975	19,516	7.5%
Optometrist	87	1,857	32	1,092	315	95	1,467	426	161	5,532	5,343	3.5%
Osteopath	38	582	3	216	36	45	1,358	63	48	2,389	2,230	7.1%
Pharmacist	577	9,443	253	6,167	2,211	741	7,860	3,266	590	31,108	30,360	2.5%
Physiotherapist	646	9,279	182	6,089	2,489	489	7,848	3,748	1,225	31,995	30,351	5.4%
Podiatrist[3]	66	1,447	23	880	454	108	1,659	459	59	5,155	4,925	4.7%
Psychologist	961	11,956	231	6,503	1,772	628	9,966	3,794	565	36,376	34,976	4.0%
Total 2017/18	12,297	202,033	7,419	139,056	55,060	15,188	182,674	70,859	18,155	702,741		3.5%
Total 2016/17	11,845	196,605	7,083	133,103	53,823	14,522	175,354	69,012	17,591		678,938	

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

[2] Registrants who hold dual registration as both a nurse and a midwife.

[3] Throughout this report, the term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise specified.

The *Register of practitioners*

According to the National Law, AHPRA is required to publish and maintain a publicly accessible register of practitioners so that important information about the registration of any health practitioner is easy to find. The *Register of practitioners* was built with data from multiple sources when the National Scheme began.

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

Tribunal decisions (see www.ahpra.gov.au/Publications/Tribunal-Decisions) that result in the cancellation of a practitioner's registration due to health, performance or conduct issues result in the individual appearing on a *Register of cancelled practitioners*.

During the year, the Medical Board of Australia started to publish links to disciplinary decisions by courts and tribunals on the register when there has been an adverse finding about a doctor. The Board decided to introduce links to public tribunal decisions, in the interests of transparency and on the recommendation of the *Independent review of the use of chaperones to protect patients in Australia*. Over the coming year, this approach will also be adopted by other National Boards.

AHPRA also has an ongoing program of work to improve the accuracy of our data on the register. This work will continue in 2018/19.

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

The Aboriginal and Torres Strait Islander health workforce

AHPRA and the National Boards are committed to closing the gap in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians. To help support workforce policy and planning, AHPRA and the National Boards facilitate the collection of data on the number of registered health practitioners who identify as Aboriginal and/or Torres Strait Islander.

This year, Aboriginal and/or Torres Strait Islander participation across the regulated health professions was 0.9% (see Table 4), which is consistent with data collected in previous years but well short of the 2.8% Aboriginal and Torres Strait Islander representation in the general population. Increasing participation in the registered health workforce is one of the goals of the National Scheme, work on which will begin next year.

All registrants in the Aboriginal and Torres Strait Islander Health Practice profession identified as being Aboriginal and/or Torres Strait Islander (it is a requirement of registration in that profession). The profession with the second highest percentage representation was in nursing and midwifery, which had 1.1% of its workforce identifying as being Aboriginal and/or Torres Strait Islander.

To find out more about the work AHPRA and the National Boards are doing to support health equity for all Australians, see pages 66–7.

Table 4: Health practitioners who identified as being Aboriginal and/or Torres Strait Islander in 2017/18

Profession[1]	2013 registrants	%	2014 registrants	%	2015 registrants	%	2016 registrants	%	2017 registrants[2]	%
Aboriginal and Torres Strait Islander Health Practitioners[3]	310	100.0%	322	100.0%	514	100.0%	549	100.0%	584	100.0%
Chinese medicine practitioners	13	0.3%	17	0.4%	19	0.4%	19	0.4%	15	0.3%
Chiropractors	12	0.3%	17	0.4%	17	0.3%	17	0.3%	25	0.5%
Dental practitioners	58	0.3%	68	0.3%	73	0.3%	79	0.4%	98	0.4%
Medical practitioners	247	0.3%	283	0.3%	302	0.3%	348	0.3%	399	0.4%
Medical radiation practitioners	46	0.3%	49	0.3%	64	0.4%	60	0.4%	80	0.5%
Nurses and midwives	2,833	0.8%	3,196	0.9%	3,428	1.0%	3,740	1.0%	4,136	1.1%
Occupational therapists	62	0.4%	67	0.4%	76	0.4%	77	0.4%	89	0.4%
Optometrists	7	0.2%	5	0.1%	16	0.3%	13	0.3%	11	0.2%
Osteopaths	10	0.5%	11	0.6%	16	0.8%	15	0.7%	17	0.7%
Pharmacists	46	0.2%	59	0.2%	68	0.2%	73	0.2%	79	0.3%
Physiotherapists	113	0.4%	123	0.5%	142	0.5%	157	0.5%	191	0.6%
Podiatrists	14	0.4%	66	1.5%	30	0.7%	35	0.7%	30	0.6%
Psychologists	137	0.5%	142	0.5%	167	0.5%	192	0.6%	199	0.6%
Total, and percentage of overall health workforce[4]	**3,908**	**0.7%**	**4,425**	**0.7%**	**4,932**	**0.8%**	**5,374**	**0.8%**	**5,953**	**0.9%**

Source: NHWDS medical practitioners data 2013–17, NHWDS nursing and midwifery data 2013–17, NHWDS allied health data 2013–17

1 Data shown in this table represent those practitioners who identified themselves as being born in Australia and Aboriginal and/or Torres Strait Islander in a workforce survey conducted at the time of renewal of registration.

2 Note that the 2017 allied health data were not available at time of publication. This total and proportion is subject to change.

3 The Aboriginal and Torres Strait Islander Health Practitioners figure in Table 4 is different from Table 3 due to the point in time at which the data were extracted.

4 The workforce survey has very high response rates, making it a good source of information on the participation of Aboriginal and Torres Strait Islanders in the health workforce. However, accuracy is not guaranteed due to the survey's voluntary nature. A small number of these practitioners will hold dual registration and may be counted twice.

Student registration

Under the National Law, a National Board must decide whether students who are enrolled in an approved program of study or undertaking clinical training should be registered. A student does not need to apply for registration, as education providers are responsible for arranging the registration of all their students with AHPRA. The student register is not made public. All National Boards have decided to register students, except for the Psychology Board of Australia, which requires provisional registration. See Table 5.

The accuracy of the student registration information AHPRA receives depends on the quality of data supplied to us by education providers. We continue to work with more than 130 education institutions to improve the exchange of information and identify the status of students to ensure that information is accurate, particularly in relation to completion/cessation of students who may have otherwise remained on the student register.

Table 5: Student registration numbers in 2017/18

Students by profession[1]	Approved program of study[2] students by expected completion date	Clinical training[3] students by expected completion date	Total 2017/18	Total 2016/17
Aboriginal and Torres Strait Islander Health Practice	454	36	**490**	**448**
Chinese medicine	1,220		**1,220**	**1,515**
Chiropractic	2,209		**2,209**	**1,614**
Dental[4]	4,892		**4,892**	**4,736**
Medical[4]	18,794	317	**19,111**	**20,057**
Medical radiation practice	4,008	416	**4,424**	**3,895**
Midwifery	3,495		**3,495**	**3,985**
Nursing	96,753	608	**97,361**	**92,145**
Occupational therapy	8,079		**8,079**	**7,917**
Optometry	1,890	46	**1,936**	**1,516**
Osteopathy	1,456		**1,456**	**1,929**
Pharmacy	6,475	12	**6,487**	**7,540**
Physiotherapy	8,204	268	**8,472**	**8,357**
Podiatry	1,480	2	**1,482**	**1,559**
Total 2017/18	**159,409**	**1,705**	**161,114**	
Total 2016/17	**155,738**	**1,475**		**157,213**

1 Student figures are based on the number of students reported as undertaking an approved program of study/clinical training program within the relevant financial year. This may include ongoing students or students with a completion date falling within the period. These data reflect the information received from education providers.

2 Approved programs of study refer to those students enrolled in a course that has been approved by a National Board and leads to general registration. These courses can be found on the AHPRA website: www.ahpra.gov.au/Education/Approved-Programs-of-Study.

3 Clinical training has been defined as any form of clinical experience that does not form part of an approved program of study.

4 Dual nursing and midwifery degree students are assigned to nursing counts only.

Please note that the student registration data was revised post-publication. 1,161 students have been reallocated from Medical to Dental and a new footnote 4 inserted (May 2019).

New applications for registration

AHPRA receives applications for registration on behalf of the National Boards. Before a practitioner can practise and use a title protected under the National Law, applicants must provide evidence that they are eligible to hold registration, and registration must be granted.

This year, AHPRA received 73,759 applications, up 6.9% from 2016/17. Of these, 94.7% sought practising registration. There was a 0.7% decrease in practitioners applying for non-practising registration when compared with last year (see 'Registration type' in the Glossary).

To improve the registration experience, a staged approach to digitise registration forms delivered improvements to the online registration process for new graduates, with 92% of end-of-year graduates taking up online submission during this peak registration period. This work will continue in 2018/19, particularly in preparation for the inaugural registration process for the Paramedicine Board of Australia.

Examinations

AHPRA delivers examinations to support the registration requirements of the Pharmacy Board of Australia, the Psychology Board of Australia and the Medical Radiation Practice Board of Australia.

The following examinations were held in 2017/18:

- **Pharmacy Board of Australia**
  AHPRA administered the oral examination (practice) in October 2017, February 2018 and June 2018. Trained examiners assessed 1,745 candidates.
- **Psychology Board of Australia**
  761 candidates sat the national psychology examination. This exam is delivered at test centres in each capital city on a quarterly basis.
- **Medical Radiation Practice Board of Australia**
  37 candidates sat the national exam.

Criminal history checks

AHPRA requested 78,407 domestic and international criminal record checks of practitioners and/or applicants for registration this year, an increase of 11.1% since 2016/17 (see Table 6).

Overall, 4.3% of the results indicated that the applicant had a disclosable court outcome. All disclosable court outcomes are assessed in accordance with the *Criminal history registration standard*, which is common across all 15 National Boards. See www.ahpra.gov.au/Registration/Registration-Standards/Criminal-history.

In the majority of cases, 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 their disclosable court outcome, which is the same as it was in 2016/17. In 2015/16 there were 10 applicants who had conditions imposed. One applicant was refused registration, compared with none in 2016/17 and one in 2015/16.

Table 6: Domestic and international criminal history checks, and disclosable court outcomes, by state or territory

State/ territory[1]	2017/18		2016/17	
	Number of criminal history checks[2]	Number of disclosable court outcomes	Number of criminal history checks[2]	Number of disclosable court outcomes
ACT	1,241	40	1,145	26
NSW	19,691	829	17,920	719
NT	953	73	786	63
QLD	13,435	625	12,723	582
SA	5,268	322	4,674	295
TAS[3]	1,220	374	1,153	172
VIC	19,053	557	16,453	377
WA	7,693	485	6,987	444
No PPP[4]	9,853	31	8,703	26
Total	**78,407**	**3,336**	**70,544**	**2,704**

1 Data are by principal place of practice.

2 Refers to both domestic and international criminal history checks submitted. International criminal history checks started in 2014/15.

3 The National Law requires that all criminal history be released. In Tasmania, police include traffic offences such as speeding and seatbelt use in their definition of 'criminal history', while other states and territories do not.

4 No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

How we check criminal history

Under the National Law, applicants for initial registration must undergo criminal history checks. Applicants seeking registration must disclose any criminal history information when they apply for registration, and practitioners renewing their registration are required to disclose if there has been a change to their criminal history status in the preceding 12 months.

International applicants seeking registration in Australia and certain registered health practitioners, including those registered under Trans Tasman Mutual Recognition arrangements, need to obtain an independent international criminal history check from an AHPRA-approved supplier, who will provide the report to the applicant as well as directly to us. A check is required when an applicant or practitioner declares an international criminal history and/or has lived, or been primarily based, in any country other than Australia for six consecutive months or more, when aged 18 years or over. AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. Criminal history reports are one part of our assessment of an applicant's suitability to hold registration.

While a failure to disclose criminal history by a registered practitioner does not constitute an offence under the National Law, it may constitute behaviour for which a National Board may take action on the grounds of health, conduct or performance.

Outcomes for applications finalised

In partnership with the National Boards, we consider every application for registration carefully and assess it against requirements for registration set by each Board. Only those practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. Where appropriate to protect the public, and in accordance with the regulatory principles of the National Scheme, National Boards may decide to impose conditions on a practitioner's registration or refuse the application entirely.

There were 73,614 decisions made about applications for registration in 2017/18. Of these, 6.6% resulted in conditions being imposed on a practitioner's registration, or a refusal of registration, in the public interest. See Table 7.

The average time taken to finalise a complete application for registration this year was 23 days, which is an improvement from the previous year's average of 28 days. This timeframe remains within our service commitment to manage the majority of complete applications within 4–6 weeks.

Table 7: Applications finalised in 2017/18, by profession and outcome

Profession	Register	Register with conditions	Refuse application[1]	Withdrawn	Total 2017/18	Total 2016/17
Aboriginal and Torres Strait Islander Health Practitioner	108	1		30	**139**	**163**
Chinese medicine practitioner	543	48	11	95	**697**	**863**
Chiropractor	378	7	1	15	**401**	**396**
Dental practitioner	1,558	14	12	78	**1,662**	**1,630**
Medical practitioner	15,872	558	59	760	**17,249**	**16,920**
Medical radiation practitioner	1,544	44	4	94	**1,686**	**1,590**
Midwife	1,681	101	17	169	**1,968**	**1,843**
Nurse	27,953	512	3,272	2,617	**34,354**	**30,729**
Occupational therapist	2,362	49		73	**2,484**	**2,214**
Optometrist	338	2	1	8	**349**	**325**
Osteopath	270	3		3	**276**	**259**
Pharmacist	3,196	61	2	74	**3,333**	**3,345**
Physiotherapist	3,062	28		103	**3,193**	**2,703**
Podiatrist	429	6	1	16	**452**	**454**
Psychologist	5,065	43	21	242	**5,371**	**4,871**
Total 2017/18	**64,359**	**1,477**	**3,401**	**4,377**	**73,614**	
Total 2016/17	**59,676**	**1,635**	**2,800**	**4,194**		**68,305**

1 If an applicant cannot demonstrate that they meet the eligibility, suitability and/or qualification requirements of the relevant National Board, their application will be refused.

Renewing registration

Once on the register, health practitioners must apply to renew their registration each year and be reassessed against registration requirements. There are three annual renewal periods:

- nurses and midwives must apply by 31 May
- most medical practitioners by 30 September, and
- other health practitioners by 30 November.

In 2017/18, AHPRA renewed registration for 646,900 practitioners across Australia. As with new applications for registration, National Boards may impose conditions on a practitioner's registration or refuse renewal entirely.

This year we continued to reap the benefits of the 2016/17 awareness campaign about renewal, which included online materials such as improved 'user friendly' renewal forms, reminders and a campaign video that explains how to renew online and other helpful links about renewal.

We saw the highest online renewal rate ever achieved, with 99.0% of all eligible practitioners renewing their registration online (24,056 more practitioners than last year, an increase of 0.5%). This is attributed to both the renewal campaign improvements and the repeat take-up by new graduates who deal with online registration processes from the time they are first registered. The high rate of online renewals enhances the practitioner experience and reduces costs associated with mailing out hard-copy reminders. AHPRA surveyed practitioners at the end of the renewal campaign to get feedback about their experience. We are committed to improving systems and processes to make it easier for practitioners to use our online services.

Practitioner audits

Auditing compliance

AHPRA conducts regular audits of health practitioners on behalf of the National Boards. Audits provide assurance that practitioners understand the registration standards for their profession and are meeting these obligations.

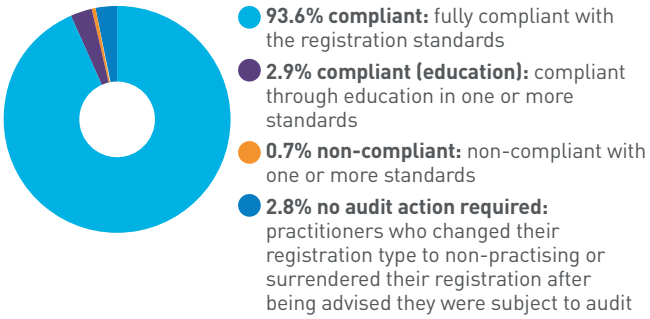
Since we began conducting audits in 2012, the vast majority of practitioners audited have been found to comply with registration standards. About 3% of those audited have either surrendered their registration or moved to non-practising registration while being audited. Analysis of the circumstances of those practitioners demonstrates two clear groups:

- practitioners residing overseas, and
- those no longer practising but maintaining registration.

In 2017/18, AHPRA initiated 5,890 new audits for practitioners across all 15 professions. All National Boards audited compliance with one or more of the registration standards. We closed 7,193 audits in 2017/2018, while 2,217 remain open and subject to ongoing management.

Of the completed audits, nearly 94% of practitioners were found to be in full compliance with the registration standards being audited. We analysed the audit outcomes to better understand why non-compliance occurs. In some professions, practitioners were not always fully aware of specific requirements for continuing professional development. This is being addressed through increased communication about what is required to comply with professional development standards.

Figure 4: Audit outcomes for 2017/18



How our audit process works

Registered practitioners are required to comply with a range of national registration standards. Each time a practitioner applies to renew their registration they must make a declaration that they have met the standards for their profession. Our auditing provides additional assurance to the public, Boards and practitioners that the requirements of the National Law are understood and that practitioners are compliant with their Board's standards. During an audit, a practitioner is required to provide evidence to support the declarations made in the previous year's renewal of registration.

The standards that may be audited are:

- continuing professional development
- recency of practice
- professional indemnity insurance arrangements, and
- criminal history.

All Boards have adopted an educational approach to conducting audits, seeking to balance the protection of the public with the use of appropriate regulatory force to manage those practitioners found to be less than fully compliant with the audited standards. Practitioners who are found to have not quite met the registration standard, but are able to provide evidence of achieving full compliance during the audit period, are managed through education to achieve full compliance.

Practitioners who are very close to meeting their registration standard are given the chance to achieve full compliance by undertaking education during the audit period. These practitioners are recorded as being 'compliant (education)'. In 2017/18, this contingent represented 2.9% of completed audits. See Figure 4.

Non-compliant with standards

When an audit finds that a practitioner has not met the requirements of the registration standards, all Boards follow an approach that aims to work with the practitioner to ensure compliance before the next renewal period. This may include formally cautioning the practitioner about the importance of complying with registration standards.

All matters that involve issuing a caution or placing conditions on a registration are subject to a 'show cause' process. This process alerts the practitioner of the intended action and gives them an opportunity to respond before a decision is made.

Of the practitioners found to be non-compliant in 2017/18, 94.2% resulted in some form of regulatory action being taken (such as cautions and imposition of conditions). The remaining 5.8% resulted in no further action. In these matters, further information was received from the practitioner that identified that there was no risk to the public that would warrant regulatory action being taken.

Notifications

Complaints or concerns about health practitioners in 2017/18

Notifications

Performance snapshot

7,276 total notifications received by AHPRA in 2017/18 (up 5.5% from 2016/17) – see Figure 5

51.5% of notifications made to AHPRA during the year were about medical practitioners (down from 52.4% in 2016/17)

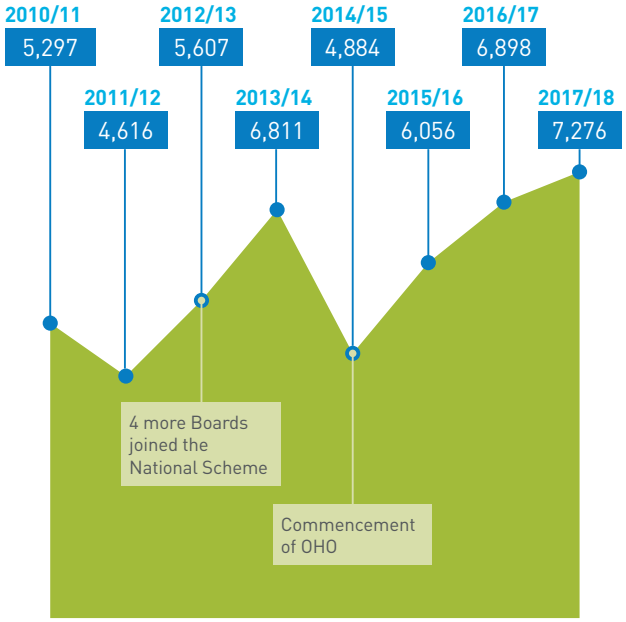
1.6% of all registered practitioners were the subject of a notification

7.2% increase in mandatory notifications made to AHPRA from 2016/17

68% of finalised 'immediate actions' – for matters that posed serious risk to the public – led to suspension, surrender of registration or restrictions on registration

AHPRA closed 7,105 matters in 2017/18

Figure 5: Total notifications received by AHPRA, year by year, since the National Scheme began



An important note about our data

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

The notification process is different in NSW and Queensland:

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

Wherever possible in the tables in this report, HPCA data are given in separate columns and the data have been checked by HPCA (correct as at time of publication). Please refer to the HPCA's 2017/18 annual report on their website, as data may have been subsequently reconciled.

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

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

This means that AHPRA only has access to the data relating to matters referred to us by OHO. We do not report on all complaints about registered practitioners in Queensland. However, Tables 9 and 10 on pages 45–6 include data given to us by both HPCA and OHO.

As part of our ongoing focus to improve processes, we have continued to refine our data collection and reporting. This may mean that the data from different years may not directly correlate. For instance, since 2015/16, notifications data are based on the practitioner's principal place of practice (PPP). This is different to previous years, when data were captured based on the jurisdiction where a notification was received and managed.

For more information on how health complaints are managed in Australia, see page 8.

What is a notification?

In the National Scheme, a complaint or concern about a registered health practitioner or student is called a notification.

They are called notifications because we are notified about a concern or complaint, which AHPRA manages in partnership with the National Boards (see Figure 6). Most of the complaints and concerns we receive about individual practitioners are managed through Part 8 of the National Law. Decisions made in response to a notification can affect a practitioner's registration.

Some complaints are treated differently under the National Law, as they are considered statutory offences. AHPRA can prosecute individuals who commit these offences. For information about statutory offences in 2017/18, see page 58.

Keeping the public safe is our primary focus when AHPRA and the National Boards make decisions about notifications.

Figure 6: How AHPRA and the National Boards manage complaints about health practitioners

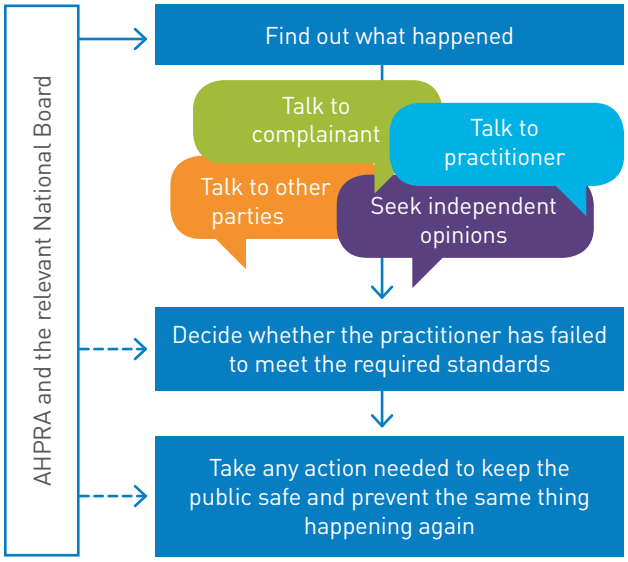


Figure 7: Who makes a complaint?

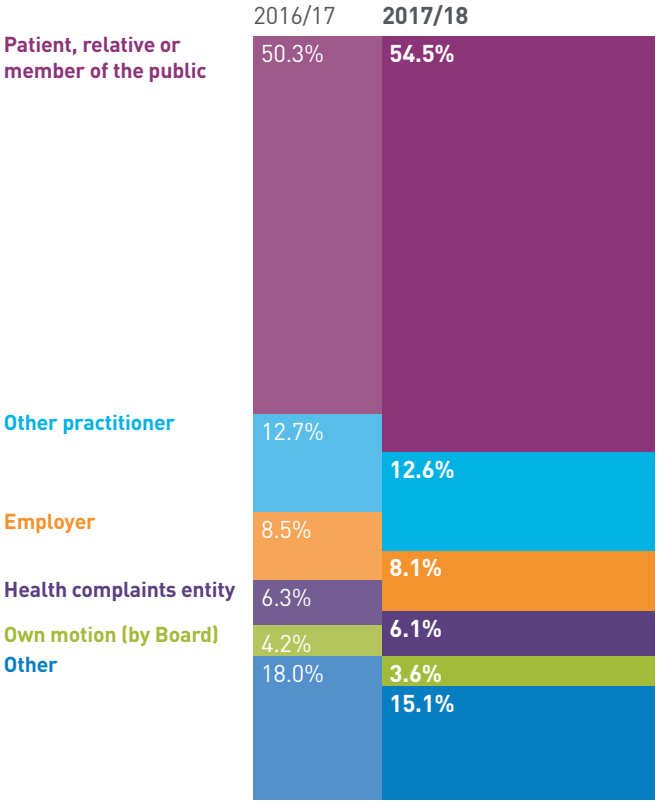
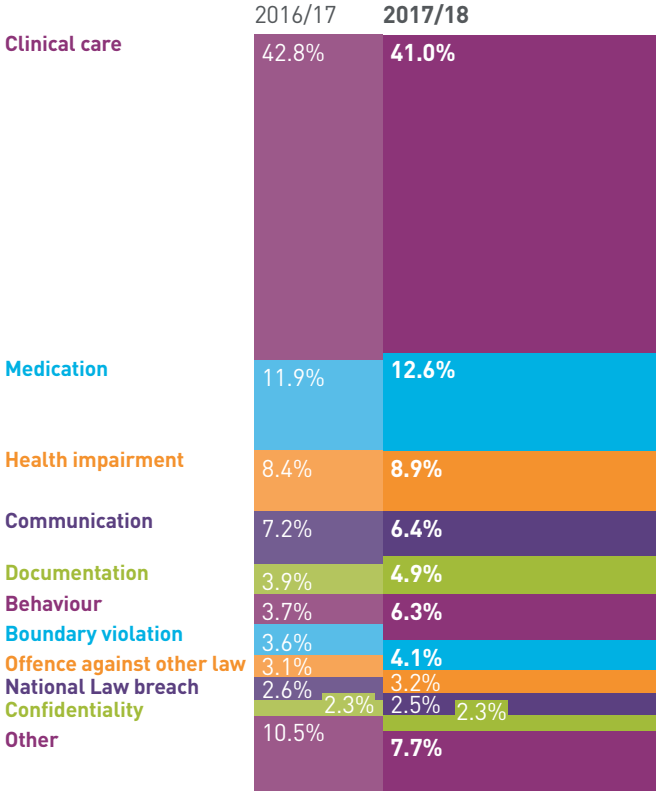


Figure 8: The most common types of complaint in 2017/18



Anyone can notify us about a registered practitioner's health, performance or conduct. While registered health practitioners and employers have mandatory reporting obligations under the National Law, many of the complaints or concerns we receive are made voluntarily by patients or their families. See Figure 7.

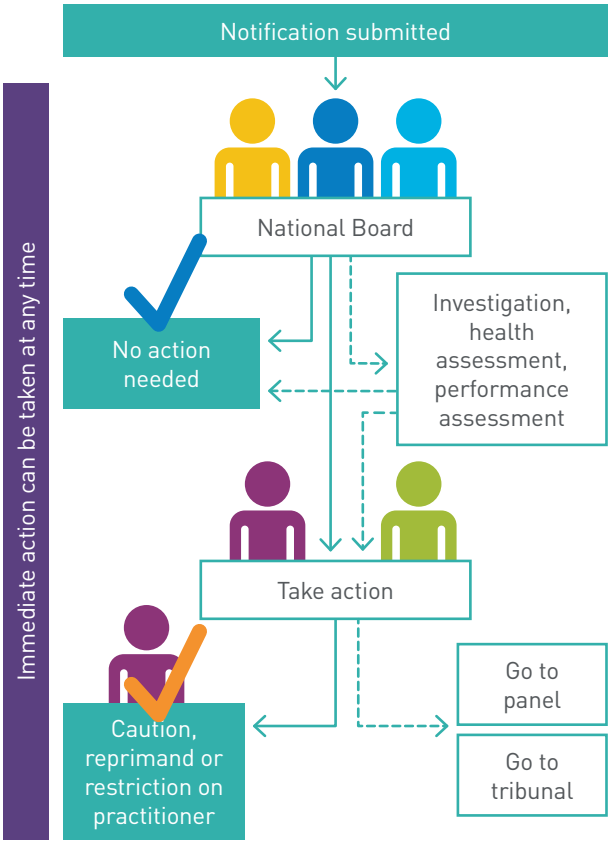
Standards of clinical care continue to be the primary issue notified to National Boards, but significant increases in volume were also recorded for behaviour and medication issues. See Figure 8.

We also receive some notifications about students who are enrolled in courses that lead to eligibility for registration as a practitioner. Usually, these complaints and concerns are made by education providers or places at which students undertake clinical training. See Table 12, on page 47.

How we manage complaints

We are committed to ensuring that the complaints process is completed in a timely manner, taking into account the complexities of individual notifications. Every complaint or concern we receive is assessed for potential risk to the public by both AHPRA and an appropriate committee appointed by the National Boards. When our assessment concludes that we need more information, we can investigate further. When we identify that a practitioner poses a serious risk, there are interim actions that the National Boards take. See Figure 9 for an outline of the notification process.

Figure 9: The notifications process



Developing a new risk framework

In 2017/18, AHPRA conducted a Notifications think tank to look strategically at how we manage notifications and to rethink our approach, given the growth in the number of notifications we receive. As an outcome of this think tank, AHPRA has been developing new risk-based approaches to managing notifications at assessment. This work is central to achieving timely, consistent and proportionate management of notifications, as early as possible after they are received. The work focuses on understanding the core features of regulatory risk that a notification about a practitioner might indicate. We are testing the suitability of a new risk assessment tool that cross references information received in a notification against characteristics of an individual practitioner, their individual practice circumstances and individual context of practice. Early versions of a tool for assessing regulatory risk have been piloted with some notifications committees for medical, nursing and midwifery, and dental notifications. This work will continue and increase in the next financial year, as we aim to improve approaches to managing notifications and implement the framework and risk assessment tool across all professions.

Improving the notifier and practitioner experience

Since 2016, we have been asking notifiers and practitioners to tell us about their experience of the notifications process. We have received more than 3,500 survey responses and conducted 75 in-depth interviews, aimed at understanding what is working and where we can improve. Over half of those who responded requested more information, greater transparency and regular updates. 'Fairness' emerged as a strong theme, with more than 70% of notifiers advising that they were unhappy with the outcome.

We understand that having a notification made about them can be stressful for practitioners, and this was confirmed in our survey responses with more than 90% of practitioners rating the experience as 'very stressful'. We also received significant feedback that both groups would appreciate a more personal approach, including greater telephone contact.

The information we receive from the survey is shared with staff so that they also understand the impact of our processes on the notifiers and practitioners we engage with on a daily basis. Setting a standard of what a good experience looks like is important for AHPRA and, in response to notifier and practitioner feedback, we are developing a set of experience principles based on our commitment to improving the notification experience. These include listening, informing, working in a timely way, apologising when necessary, gathering feedback and learning from it, and just and fair treatment of all notifiers and practitioners.

We will continue to focus on this work in the next year with an expectation that these experience principles will have broader application across the National Scheme.

Notifications received

This year, AHPRA received the highest number of notifications we've received in a single financial year (see Table 8). This equates to 7,276 notifications received, 5.5% more than the number we received in 2016/17 (6,898 notifications) and 20.1% more than in 2015/16 (6,056 notifications).

Victoria received 2,414 new notifications and Queensland received 2,079. Together, these states accounted for 61.8% of all notifications received by AHPRA in 2017/18.

On pages 45–6, you will find data about practitioners with notifications made about them in 2017/18 (Tables 9 and 10), which are segmented by the percentage of the registrant base with notifications made about them, and the number of practitioners in each profession who have had notifications made about them. These two tables not only contain AHPRA data, but data supplied to us by HPCA for NSW and OHO for Queensland.

During the year 42 students had notifications made about them to AHPRA, see Tables 11 and 12 (pages 46–7).

Table 8: Notifications received in 2017/18, by profession and state or territory

Profession	AHPRA[1]									AHPRA Subtotal 2017/18	HPCA[5]	Total 2017/18	Total 2016/17[6]
	ACT	NSW[2]	NT	QLD[3]	SA	TAS	VIC	WA	No PPP[4]				
Aboriginal and Torres Strait Islander Health Practitioner			2		1			1		4		4	7
Chinese medicine practitioner			1	16	2		18	6		43	31	74	61
Chiropractor		2	1	28	6	2	35	16	1	91	45	136	171
Dental practitioner	16	12	3	199	54	18	171	65	1	539	425	964	929
Medical practitioner	121	63	69	1,094	501	124	1,203	544	30	3,749	2,599	6,348	5,913
Medical radiation practitioner	2			4	2	1	9	5	1	24	12	36	52
Midwife	3	1	2	31	6	2	13	11	3	72	34	106	113
Nurse	40	9	48	442	307	67	473	185	41	1,612	707	2,319	2,210
Occupational therapist			1	11	5	1	13	3		34	25	59	53
Optometrist	2	2		12	2	1	10	4	2	35	28	63	60
Osteopath	1			2			13	1		17	15	32	25
Pharmacist	2	5	3	127	33	17	204	46	14	451	312	763	645
Physiotherapist	5	2	4	24	17	1	32	13		98	54	152	121
Podiatrist	1	3		17	3	2	24	9	2	61	27	88	61
Psychologist	16	12	13	69	53	15	195	63	1	437	296	733	584
Not identified[7]				3			1		5	9		9	4
Total 2017/18	209	111	147	2,079	992	251	2,414	972	101	7,276	4,610	11,886	
Total 2016/17	242	96	169	2,046	800	329	2,230	900	86	6,898	4,111		11,009

1 Based on the state or territory of the practitioner's principal place of practice.

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

3 Based on the number of matters referred by OHO to AHPRA and the National Boards.

4 No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

5 Matters received and managed by HPCA in NSW.

6 The total for 2016/17 includes matters managed by HPCA.

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

Table 9: Percentage of all registered health practitioners with notifications made about them in 2017/18, by profession and state or territory

Profession[1]	ACT	NSW[2]	NT	QLD[3]	SA	TAS	VIC	WA	No PPP[4]	Total 2017/18	Total 2016/17
Aboriginal and Torres Strait Islander Health Practitioner			0.9%		2.2%			0.9%		0.6%	1.2%
Chinese medicine practitioner		1.4%	7.7%	2.0%	0.5%		1.3%	2.3%		1.5%	1.2%
Chiropractor	1.4%	2.3%	3.7%	3.8%	1.6%	2.0%	2.1%	2.2%	0.6%	2.4%	3.1%
Dental practitioner	4.3%	4.5%	1.8%	5.6%	2.3%	3.6%	2.7%	2.2%	0.2%	3.7%	3.8%
Medical practitioner	5.4%	5.7%	4.3%	7.2%	5.4%	4.4%	3.6%	4.0%	0.7%	5.1%	5.1%
Medical radiation practitioner	0.4%	0.1%		0.3%	0.2%	0.3%	0.2%	0.2%		0.2%	0.3%
Midwife[5]	0.4%	0.2%	0.5%	0.6%	0.2%	0.3%	0.2%	0.3%	0.0%	0.3%	0.3%
Nurse[6]	0.5%	0.5%	0.9%	0.7%	0.8%	0.7%	0.4%	0.4%	0.1%	0.5%	0.6%
Occupational therapist		0.4%	0.5%	0.5%	0.3%	0.3%	0.2%	0.1%		0.3%	0.3%
Optometrist	2.3%	1.4%		1.6%	0.6%	1.1%	0.6%	0.9%	1.9%	1.2%	1.1%
Osteopath	2.6%	2.2%		2.8%			1.0%	1.6%		1.4%	1.1%
Pharmacist	0.3%	1.9%	1.6%	2.4%	1.5%	2.0%	2.0%	1.4%	0.7%	1.9%	1.8%
Physiotherapist	0.6%	0.5%	2.2%	0.6%	0.6%	0.2%	0.4%	0.3%	0.1%	0.5%	0.4%
Podiatrist	1.5%	1.7%		2.2%	0.7%	1.9%	1.3%	1.7%	5.1%	1.6%	1.3%
Psychologist	1.5%	2.0%	4.3%	2.1%	2.5%	2.1%	1.7%	1.5%	0.2%	1.9%	1.6%
Total 2017/18	1.6%	1.8%	1.8%	2.1%	1.6%	1.5%	1.1%	1.2%	0.3%	1.6%	
Total 2016/17	1.9%	1.7%	2.2%	2.2%	1.3%	1.9%	1.1%	1.2%	0.5%		1.6%

1 Percentages for each state and profession are based on registrants whose profession has been identified and whose principal place of practice (PPP) is an Australian state or territory.

2 NSW data include matters managed by HPCA, as well as notifications managed by AHPRA about a practitioner with a PPP in NSW.

3 Queensland data include matters managed by OHO, as well as those referred to AHPRA by OHO.

4 No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

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

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

Table 10: Number of practitioners with notifications made about them in 2017/18, by profession and state or territory

Profession[1]	ACT	NSW[2]	NT	QLD[3]	SA	TAS	VIC	WA	No PPP[4]	Total 2017/18	Total 2016/17
Aboriginal and Torres Strait Islander Health Practitioner			2		1			1		4	7
Chinese medicine practitioner		28	1	18	1		17	6		71	60
Chiropractor	1	41	1	33	6	1	30	14	1	128	164
Dental practitioner	18	311	3	256	43	14	147	58	1	851	853
Medical practitioner	117	2,029	58	1,664	442	106	1,027	463	21	5,927	5,711
Medical radiation practitioner	1	7		10	2	1	8	3		32	48
Midwife[5]	3	18	3	44	6	2	14	10		100	95
Nurse[6]	33	577	43	536	278	65	425	172	14	2,143	2,151
Occupational therapist		21	1	19	5	1	11	3		61	58
Optometrist	2	26		18	2	1	9	4	3	65	57
Osteopath	1	13		6			13	1		34	25
Pharmacist	2	181	4	147	33	15	161	45	4	592	545
Physiotherapist	4	51	4	39	16	1	29	12	1	157	133
Podiatrist	1	24		19	3	2	22	8	3	82	62
Psychologist	14	241	10	138	44	13	168	58	1	687	571
Total 2017/18	197	3,568	130	2,947	882	222	2,081	858	49	10,934	
Total 2016/17	222	3,332	155	2,958	726	282	1,961	819	85		10,540

1 Numbers for each state and profession are based on registrants whose profession has been identified and whose principal place of practice (PPP) is an Australian state or territory.

2 NSW data include matters managed by HPCA, as well as notifications managed by AHPRA about a practitioner with a PPP in NSW.

3 Queensland data include matters managed by OHO, as well as those referred to AHPRA by OHO.

4 No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

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

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

Table 11: Student notifications received in 2017/18 (mandatory and voluntary)

	AHPRA[1]												
Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[2]	AHPRA Subtotal 2017/18	HPCA[3]	Total 2017/18	Total 2016/17
Aboriginal and Torres Strait Islander Health Practitioner										0		0	0
Chinese medicine practitioner										0		0	1
Chiropractor										0	1	1	1
Dental practitioner				1						1	2	3	1
Medical practitioner				3	1				6	10	9	19	9
Medical radiation practitioner										0	1	1	2
Midwife					1			1	4	6	1	7	0
Nurse				1					20	21	14	35	43
Occupational therapist										0	1	1	2
Optometrist										0		0	0
Osteopath										0	3	3	1
Pharmacist									2	2	3	5	1
Physiotherapist										0		0	0
Podiatrist									2	2	1	3	1
Psychologist										0		0	0
Total 2017/18	0	0	0	5	2	0	0	1	34	42	36	78	
Total 2016/17	0	1	0	4	3	1	1	0	20	30	32		62

1 Based on state and territory of the student's principal place of practice.

2 No principal place of practice (No PPP) includes students with an overseas or unknown address.

3 Matters received and managed by HPCA in NSW.

Table 12: Outcomes of notifications (mandatory/voluntary) about students by stage at closure

Stage at closure		Assessment	Health or performance assessment	Investigation	Panel hearing	Tribunal hearing	Total 2017/18	Total 2016/17
No further action	AHPRA	17	4	7			**28**	**21**
	HPCA[1]	3	3				**6**	**16**
Impose conditions	AHPRA	1	2				**3**	**6**
	HPCA				2		**2**	**13**
Accept undertaking	AHPRA	1		1			**2**	**1**
	HPCA						**0**	**0**
Caution	AHPRA						**0**	**4**
	HPCA						**0**	**0**
Cancel registration	AHPRA						**0**	**1**
	HPCA						**0**	**0**
No jurisdiction	AHPRA						**0**	**0**
	HPCA	3			2		**5**	**5**
Refer to other entity	AHPRA						**0**	**0**
	HPCA	2					**2**	**1**
Discontinue	AHPRA						**0**	**0**
	HPCA	7					**7**	**3**
Counselling	AHPRA						**0**	**0**
	HPCA						**0**	**0**
Surrender	AHPRA						**0**	**0**
	HPCA						**0**	**1**
Withdrawn	AHPRA						**0**	**0**
	HPCA						**0**	**1**
Total 2017/18		**34**	**9**	**8**	**4**	**0**	**55**	
Total 2016/17		**32**	**11**	**11**	**18**	**1**		**73**

[1] Matters managed by HPCA in NSW.

Mandatory notifications

All health practitioners, their employers and education providers have mandatory reporting responsibilities under the National Law.

This means that they must tell AHPRA if they have formed a reasonable belief that a registered practitioner or student has behaved in a way that constitutes notifiable conduct.

Notifiable conduct by registered practitioners is defined as:

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

AHPRA received 908 mandatory notifications in 2017/18, up by 7.2% (61 notifications) compared with 2016/17. More than 79.5% of the mandatory notifications received were about medical practitioners or nurses, which is consistent with long-term trends. Almost 45% of mandatory notifications completed during 2017/18 resulted in some form of regulatory action being taken against a practitioner. This is consistent with trends from previous years and suggests a continued understanding of the mandatory notification requirements under the National Law. Notifiers are making appropriate mandatory notifications, having reasonably assessed that the risk to the public warrants the notification being made. See Tables 13, 14 and 15.

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

Profession	AHPRA[1]									AHPRA Subtotal 2017/18	HPCA[5]	Total 2017/18	Total 2016/17
	ACT	NSW[2]	NT	QLD[3]	SA	TAS	VIC	WA	No PPP[4]				
Aboriginal and Torres Strait Islander Health Practitioner			1		1					2		2	2
Chinese medicine practitioner					1		2			3		3	1
Chiropractor						1	3	2		6	2	8	15
Dental practitioner		2			12		15	2		31		31	29
Medical practitioner	13	7	12	4	50	10	116	38	5	255	88	343	294
Medical radiation practitioner					1	1	3	3		8		8	8
Midwife			1		2		1	4		8	14	22	21
Nurse	8	4	12	2	165	22	172	68	14	467	234	701	639
Occupational therapist					2		3	2		7	3	10	6
Optometrist		1				1				2	2	4	1
Osteopath							1			1	1	2	1
Pharmacist	1	1	1		9	4	24	2	2	44	4	48	65
Physiotherapist					4		8	5		17	4	21	12
Podiatrist				2			2		1	5	2	7	5
Psychologist	6	2			13	3	22	6		52	8	60	43
Total 2017/18	28	17	27	8	260	42	372	132	22	908	362	1,270	
Total 2016/17	32	7	15	13	255	73	335	111	6	847	295		1,142

[1] Based on state and territory of the practitioner's principal place of practice.

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

[3] Based on the number of matters referred by OHO to AHPRA and the National Boards.

[4] No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

[5] Mandatory notifications received and managed by HPCA in NSW.

Table 14: Grounds for mandatory notification by profession (including HPCA)

Profession	Standards		Impairment		Alcohol or drugs		Sexual misconduct		Total 2017/18		Total 2016/17	
	AHPRA	HPCA[1]	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA
Aboriginal and Torres Strait Islander Health Practitioner			2						2	0	2	0
Chinese medicine practitioner	3								3	0	0	1
Chiropractor	6			2					6	2	11	4
Dental practitioner	27		3				1		31	0	21	8
Medical practitioner	188	53	43	20	5	4	19	11	255	88	224	70
Medical radiation practitioner	5		2				1		8	0	6	2
Midwife	6	12		2	2				8	14	17	4
Nurse	330	156	93	76	31		13	2	467	234	471	168
Occupational therapist	4		1		2			3	7	3	4	2
Optometrist	2	1		1					2	2	1	0
Osteopath			1					1	1	1	0	1
Pharmacist	36	4	7				1		44	4	51	14
Physiotherapist	12	1	2		1	1	2	2	17	4	8	4
Podiatrist	2	1	2	1	1				5	2	4	1
Psychologist	35	5	11	3			6		52	8	27	16
Total 2017/18	656	233	167	105	42	5	43	19	908	362		
Total 2016/17	619	173	148	72	34	29	46	21			847	295

[1] Matters managed by HPCA in NSW.

Table 15: Outcomes of mandatory notifications closed, by profession (including HPCA)

Profession		Aboriginal and Torres Strait Islander Health Practitioner	Chinese medicine practitioner	Chiropractor	Dental practitioner	Medical practitioner	Medical radiation practitioner	Midwife	Nurse	Occupational therapist	Optometrist	Osteopath	Pharmacist	Physiotherapist	Podiatrist	Psychologist	Total 2017/18	Total 2016/17
Discontinued /proceedings withdrawn	AHPRA																**0**	**0**
	HPCA					20			16			1		1	1	1	**40**	**30**
Changed to non-practising	AHPRA																**0**	**0**
	HPCA																**0**	**3**
Other/no jurisdiction	AHPRA																**0**	**0**
	HPCA[1]					1		2	28								**31**	**19**
Counselling	AHPRA																**0**	**0**
	HPCA							1	30					2			**33**	**23**
No further action	AHPRA	1		5	21	147	1	8	238	3	2		18	4	2	27	**477**	**408**
	HPCA					18		2	64						1	3	**88**	**127**
Refer all or part of the notification to another body	AHPRA					6			2	1			1				**10**	**4**
	HPCA					4			1								**5**	**10**
Fine registrant	AHPRA					3											**3**	**4**
	HPCA																**0**	**0**
Orders – no conditions	AHPRA																**0**	**0**
	HPCA					1											**1**	**2**
Caution or reprimand	AHPRA			2	2	27	1	1	64	2			18	1		2	**120**	**142**
	HPCA					3			4							3	**10**	**3**
Accept undertaking	AHPRA				1	16			38				3				**58**	**52**
	HPCA																**0**	**0**
Impose conditions	AHPRA	1			7	28	2	6	98	1			14	5	1	13	**176**	**152**
	HPCA[2]			2	2	15			36				3	1		3	**62**	**65**
Accept surrender of registration	AHPRA																**0**	**2**
	HPCA					2											**2**	**9**
Suspend registration	AHPRA					5			6								**11**	**10**
	HPCA					1			3								**4**	**1**
Cancel registration/ disqualify	AHPRA					4			2								**6**	**18**
	HPCA					3			6				1			1	**11**	**10**
Not permitted to reapply for registration for 12 months or more	AHPRA																**0**	**0**
	HPCA																**0**	**0**
Total 2017/18	AHPRA	**2**	**0**	**7**	**31**	**236**	**4**	**15**	**448**	**7**	**2**	**0**	**54**	**10**	**3**	**42**	**861**	
	HPCA	**0**	**0**	**2**	**2**	**68**	**0**	**5**	**188**	**0**	**0**	**1**	**4**	**4**	**2**	**11**	**287**	
Total 2016/17	AHPRA	**1**	**2**	**12**	**25**	**221**	**6**	**19**	**426**	**2**	**0**	**0**	**42**	**5**	**4**	**27**		**792**
	HPCA	**0**	**2**	**1**	**4**	**66**	**4**	**0**	**177**	**2**	**0**	**2**	**12**	**4**	**1**	**27**		**302**

[1] Includes practitioners who failed to renew.

[2] Includes conditions by consent.

Immediate action

Immediate action is a serious step that a National Board can take when it believes it is necessary to limit a practitioner's registration in some way to keep the public safe.

It is an interim measure that a Board takes only in cases where the Board believes there is a serious risk to the public or it is otherwise in the public interest to limit a practitioner's registration while it seeks further information.

In 2017/18, National Boards took immediate action on 413 occasions, which is 29.4% (320) more than in 2016/17. The proportion of notifications where immediate action was taken was 5.7% of the notifications received. This is relatively consistent with previous years (4.6% in 2016/17 and 6.2% in 2015/16). See Table 16 for the breakdown of immediate action taken over the last three years and Table 17 for the breakdown by profession in 2017/18.

Timeliness in managing risk is crucial when dealing with a matter where immediate action may be required. The median time to take immediate action was seven days in 2017/18, which is the same as it was in 2016/17. In 2015/16 it was eight days. The median time continues to compare favourably to health practitioner regulators in the United Kingdom.

The multi-profession immediate action approach of nine National Boards continued this year. A new, single immediate action committee for the Psychology Board of Australia was also introduced (previously, each regional board of the Psychology Board of Australia managed immediate actions).

See the appendices in this report for information about meetings of these committees. For more information about our work on cross-profession collaboration, see Multi-profession policy on page 70.

Table 16: Immediate action taken to protect the public

Type of immediate action taken	2015/16	2016/17	2017/18
Registration surrendered	1.6%	0.3%	**0.2%**
Accept undertaking	17.8%	21.6%	**27.3%**
Impose conditions	60.9%	45.9%	**42.0%**
Suspended	19.7%	32.2%	**30.4%**

Table 17: Immediate action cases (including HPCA)

Profession	No action taken		Action taken[1]								Decision pending[2]		Total 2017/18		Total 2016/17	
			Suspend registration		Accept surrender of registration		Impose conditions		Accept undertaking							
	AHPRA	HPCA[3,4]	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA
Aboriginal and Torres Strait Islander Health Practitioner	1		1										2	0	0	0
Chinese medicine practitioner	1		2	1			3						6	1	1	1
Chiropractor	4	1	2	3			2	1	2				10	5	15	5
Dental practitioner	6	1	4	6			2	11	4		1		17	18	15	17
Medical practitioner	76	19	32	20		5	65	70	51		8	4	232	118	160	91
Medical radiation practitioner	1		1				1						3	0	2	2
Midwife	2	3	1				2	2	5				10	5	4	1
Nurse	67	43	64	11	1		85	94	42		10		269	148	182	92
Occupational therapist	1			1			2	1	1				4	2	0	0
Optometrist				1				1					0	2	2	0
Osteopath	2		1										3	0	1	2
Pharmacist	1	8	4	4			7	27	4		1		17	39	22	49
Physiotherapist	8	3	3				1	2	1				13	5	1	2
Podiatrist								1			1		1	1	1	1
Psychologist	3	2	11	3			4	7	3		1		22	12	13	9
Total 2017/18	**173**	**80**	**126**	**50**	**1**	**5**	**174**	**217**	**113**	**0**	**22**	**4**	**609**	**356**		
Total 2016/17	**76**	**63**	**103**	**42**	**1**	**0**	**147**	**167**	**69**	**0**	**23**	**0**			**419**	**272**

[1] Cases where immediate action has been initiated under Part 8, Division 7 of the National Law.

[2] In these cases where immediate action was initiated towards the close of the reporting year, an outcome decision has not been finalised.

[3] Matters managed by HPCA in NSW.

[4] HPCA data exclude matters that were considered for immediate action but did not proceed to a hearing, other than matters where the case did not proceed because the practitioner surrendered registration.

Investigations

Sometimes, the information available to a National Board when assessing a complaint or concern is not sufficient to enable a risk-informed decision. In these cases, a National Board can conduct an investigation to gather more information that is relevant to the case. A decision to investigate is not an indication that a National Board has accepted an allegation made in a notification as true.

During an investigation, information can be gathered from sources such as:

- the person who raised their concern with the Board (the notifier)
- the practitioner being investigated
- contents of patient records
- other practitioners who may have been involved in the care of a patient
- witnesses (for example, family members, other patients or staff members)
- experts (who provide independent opinions) or information from professional bodies
- police reports, and/or
- information from other sources such as pharmacy records, health insurers or Medicare Australia.

In 2017/18, National Boards began 2,598 investigations; 5.1% more than in the previous year. Despite the increased volume of notifications, the proportion that progressed to investigation was largely consistent with previous years at 33.0%, compared to 33.2% in 2016/17 and 36.4% in 2015/16.

In addition to regular updates on the progress of individual investigations, AHPRA routinely audits older investigations as a quality-assurance mechanism to identify ways we can reduce the time it takes for AHPRA and the Boards to investigate matters. This year, AHPRA began an investigation case conferencing project that:

- aims to review and reduce aged investigations
- identifies what issues or incidents during the lifecycle of an investigation are contributing to the time taken to complete the investigation
- considers whether clinical input can be better utilised during investigation, and
- will inform our ongoing work on assessing risk by identifying common types of information that can indicate that an investigation is likely to result in a decision to take no regulatory action.

The findings of the project will be assessed and applied to determine what activities may be introduced (or removed) to reduce the likelihood of investigations becoming aged. This work will continue into the next financial year.

We continue to refine processes to ensure timely outcomes for notifiers and practitioners, and have reduced the average number of days to complete an investigation from 398 in 2015/16, to 392 in 2016/17 and 379 days in 2017/18.

Outcomes and timeliness of notifications closed

We assessed and completed 6.5% more notifications in 2017/18 than in 2016/17. This represents the highest number of closures (7,105) since the start of the National Scheme. Of notifications that were closed, 27.8% resulted in some form of regulatory action being taken by a National Board (see Table 18).

The average time taken to complete an assessment and to close matters in assessment is shown in Table 19.

Table 20 shows notifications closed by profession and stage at closure and Table 21 by profession and outcome, while Table 22 contains data provided to us by HPCA about notifications closed in NSW.

Tables 23 and 24 (on pages 53–4) contain data about 4,187 notifications that are currently being managed by AHPRA and remained open as at 30 June 2018.

The average time taken to close a notification in 2017/18 is shown in Figure 10. The majority (64.5%) closed in six months, which is consistent with previous years (64.9% in 2016/17 and 64.0% in 2015/16).

Table 18: Closed notification outcomes

Closed notification outcomes	2015/16	2016/17	2017/18
No further action	66.5%	68.6%	**72.0%**
Caution or reprimand	13.8%	14.2%	**11.5%**
Impose conditions	11.1%	10.6%	**9.7%**
Accept undertaking	3.5%	2.2%	**2.2%**
Refer to a HCE or other entity	3.3%	3.2%	**3.4%**
Registration surrendered, suspended or cancelled	1.9%	1.2%	**1.0%**

Table 19: Timeframes for matters in assessment

Average time (in days) to:	2015/16	2016/17	2017/18	% change 2016/17–2017/18
Close matters in assessment	82	84	**82**	**–2.4%**
Complete assessments and move to another stage	48	51	**42**	**–17.6%**

Changes to the process for assessing notifications about medical practitioners and medical students through 2017/18 led to a 26.1% reduction in the time taken to assess notifications. Medical assessments are completed in 51 days on average; 23.9% better than the national 'all boards' result of 67 days.

The final step in implementing the new process approach for medical notifications is to incorporate Tasmanian and ACT medical notifications and this will be completed in 2018.

Figure 10: Closed notifications by average time taken to complete the matter

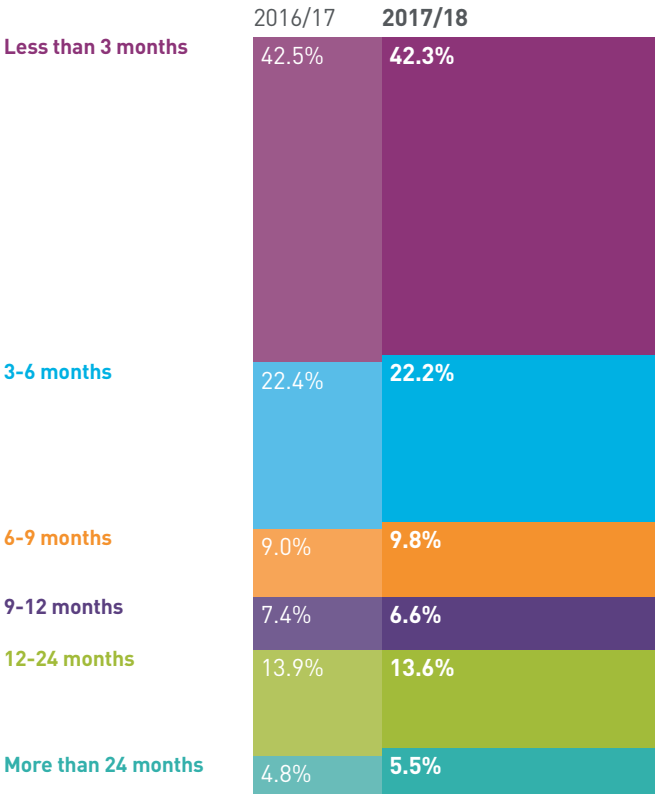


Table 20: Notifications closed in 2017/18 by profession, by stage at closure (including HPCA)

Profession	Assessment		Investigation		Health or performance assessment		Panel hearing		Tribunal hearing		Subtotal 2017/18		Total 2017/18	Total 2016/17
	AHPRA	HPCA[1]	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA[2]	AHPRA	HPCA		
Aboriginal and Torres Strait Islander Health Practitioner	2		1		1						4	0	4	6
Chinese medicine practitioner	25	40	3		1				1	1	30	41	71	65
Chiropractor	46	58	44		3	2	1	2	26	2	120	64	184	152
Dental practitioner	379	358	144	1	22	27	3	54	6	3	554	443	997	871
Medical practitioner	2,435	1,713	1,055	93	119	376	16	96	78	35	3,703	2,313	6,016	5,654
Medical radiation practitioner	13	16	5	1	5		1	2		1	24	20	44	49
Midwife	45	9	27		6	12	1	1	1		80	22	102	135
Nurse	803	476	497	17	230	30	13	87	37	17	1,580	627	2,207	2,050
Occupational therapist	25	17	6		2			3	1		34	20	54	55
Optometrist	22	24	9		1	5					32	29	61	50
Osteopath	11	16	6			3		1			17	20	37	18
Pharmacist	272	246	109		15	12	6	40	9	5	411	303	714	572
Physiotherapist	50	54	28		3			3	1	1	82	58	140	116
Podiatrist	28	20	12		1						41	20	61	70
Psychologist	264	235	93		9	13	6	8	9	4	381	260	641	547
Not identified[3]	11				1						12	0	12	3
Total 2017/18	**4,431**	**3,282**	**2,039**	**112**	**419**	**480**	**47**	**297**	**169**	**69**	**7,105**	**4,240**	**11,345**	
Total 2016/17	**4,141**	**3,145**	**1,919**	**62**	**362**	**188**	**72**	**293**	**175**	**56**	**6,669**	**3,744**		**10,413**

[1] Matters managed by HPCA in NSW.

[2] Excludes appeals.

[3] Practitioner profession may not have been identified in notifications closed at an early stage.

Table 21: Notifications closed in 2017/18, by outcome (AHPRA)

Profession	No further action	Refer all or part of the notification to another body	HCE to retain[1]	Accept undertaking	Caution or reprimand	Fine registrant	Impose conditions	Accept surrender of registration	Suspend registration	Cancel registration	Not permitted to reapply for registration for 12 months or more	Total 2017/18[2]	Total 2016/17
Aboriginal and Torres Strait Islander Health Practitioner	3						1					4	6
Chinese medicine practitioner	25				1		3			1		30	34
Chiropractor	53	25		1	26		13			2		120	88
Dental practitioner	368	6	15	13	79		72		1			554	485
Medical practitioner	2,970	23	128	64	249	8	225		16	20		3,703	3,557
Medical radiation practitioner	14				4		6					24	29
Midwife	47			2	16		15					80	86
Nurse	984	11	23	58	245	2	231	5	15	6		1,580	1,473
Occupational therapist	19	2	1		9	1	2					34	39
Optometrist	21			2	4		5					32	27
Osteopath	13			2	1		1					17	13
Pharmacist	225	3	1	10	122	1	48		1			411	355
Physiotherapist	46		2	3	14		17					82	83
Podiatrist	27		1		7		6					41	47
Psychologist	291	1	1	3	39		41		4	1		381	344
Not identified	10		2									12	3
Total 2017/18	**5,116**	**71**	**174**	**158**	**816**	**12**	**686**	**5**	**37**	**30**	**0**	**7,105**	
Total 2016/17	**4,572**	**54**	**159**	**149**	**946**	**11**	**706**	**5**	**30**	**34**	**3**		**6,669**

[1] Health complaints entity.

[2] A matter may result in more than one outcome. Only the most serious outcome from each closed notification has been noted.

Table 22: Notifications closed in 2017/18, by outcome (HPCA)

Profession	Aboriginal and Torres Strait Islander Health Practitioner	Chinese medicine practitioner	Chiropractor	Dental practitioner	Medical practitioner	Medical radiation practitioner	Midwife	Nurse	Occupational therapist	Optometrist	Osteopath	Pharmacist	Physiotherapist	Podiatrist	Psychologist	Total 2017/18	Total 2016/17
No further action[1]		17	24	93	386	5	10	194	7	12	2	120	6	10	67	**953**	**1,108**
No jurisdiction[2]		5		4	29	1	2	63		1	4	4			16	**129**	**77**
Discontinued		8	16	201	1,604	9	6	189	12	16	6	118	31	9	133	**2,358**	**1,906**
Withdrawn			1	7	42			2				4	2		8	**66**	**78**
Make a new complaint																**0**	**0**
Refer all or part of the notification to another body		6	14	27	85	2	1	11	1		5	4	10	1	16	**181**	**119**
Caution				29	1							7				**37**	**18**
Reprimand			1	1	12			6				3			4	**27**	**30**
Orders – no conditions				6	2											**8**	**13**
Finding – no orders				1	1							3				**5**	**2**
Counselling/interview		4	4	50	16		3	91			2	16	5		6	**197**	**114**
Resolution/conciliation by HCCC			1		31											**32**	**18**
Fine																**0**	**0**
Refund/payment/withhold fee/ retreat																**0**	**0**
Conditions by consent					25			43				3				**71**	**66**
Order – impose conditions; would be conditions if registered		1	3	36	40	2		22			1	23	3		10	**141**	**151**
Accept surrender				3	16											**19**	**32**
Accept registration type change to non-practising					1										1	**2**	**7**
Suspend					3			3								**6**	**5**
Cancelled registration/disqualified from registering			1	11	28	1		11				4	1		3	**60**	**53**
Total 2017/18	**0**	**41**	**65**	**469**	**2,322**	**20**	**22**	**633**	**20**	**29**	**20**	**309**	**58**	**20**	**264**	**4,292**	
Total 2016/17	**0**	**32**	**65**	**406**	**2,111**	**20**	**49**	**586**	**16**	**23**	**5**	**225**	**33**	**23**	**203**		**3,797**

Source: The data in this table were supplied by the Health Professional Councils Authority (HPCA). NSW legislation provides for a range of different outcomes for complaints in NSW. Some of these map to outcomes available under the National Law; others are specific to the NSW jurisdiction. Note that each notification may have more than one outcome; all outcomes have been included.

[1] Includes: Resolved before assessment, Apology, Advice, Council Letter, Comments by Health Care Complaints Commission (HCCC), Deceased, Interview.

[2] Includes practitioners who failed to renew.

Table 23: Open notifications managed by AHPRA as at 30 June 2018, by length of time at each stage

Current stage of open notification	Less than 3 months	3–6 months	6–9 months	9–12 months	12–24 months	More than 24 months	Total 2017/18	Total 2016/17
Assessment	881	153	52	11	8	5	**1,110**	**1,079**
Health or performance assessment	79	86	48	29	27	3	**272**	**310**
Investigation	564	493	334	331	555	178	**2,455**	**2,304**
Panel hearing	8	5	5	1	6	4	**29**	**57**
Subtotal 2017/18	**1,532**	**737**	**439**	**372**	**596**	**190**	**3,866**	
Subtotal 2016/17	**1,592**	**716**	**472**	**325**	**555**	**90**		**3,750**
Tribunal hearing[1]	59	55	69	18	92	28	**321**	**266**
Total 2017/18	**1,591**	**792**	**508**	**390**	**688**	**218**	**4,187**	
Total 2016/17	**1,641**	**734**	**516**	**364**	**603**	**158**		**4,016**

[1] Tribunal proceedings are conducted in accordance with timetables set by the responsible tribunal in each jurisdiction.

Table 24: Open notifications at 30 June 2018, by profession and state and territory (including HPCA)

Profession	AHPRA[1]									AHPRA Subtotal 2017/18	HPCA[3]	Total 2017/18	Total 2016/17
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[2]				
Aboriginal and Torres Strait Islander Health Practitioner			1		1					2		2	2
Chinese medicine practitioner				17	2		8	2		29	4	33	29
Chiropractor			1	21	7	2	24	22		77	12	89	139
Dental practitioner	7	11	1	175	18	2	87	49		350	283	633	668
Medical practitioner	54	37	35	705	171	58	620	254	14	1,948	1,355	3,303	3,080
Medical radiation practitioner	1			2	3	1	8	2		17	6	23	31
Midwife	5	1		26	6	1	8	7	1	55	21	76	77
Nurse	16	11	22	308	166	37	325	120	18	1,023	453	1,476	1,367
Occupational therapist				8			8	1		17	9	26	21
Optometrist		2		8	2		6	2		20	7	27	25
Osteopath	1			2			5			8	4	12	17
Pharmacist	5	4	1	74	20	10	98	29	2	243	210	453	399
Physiotherapist	2	3	1	21	10	1	18	7		63	19	82	69
Podiatrist		3		13			13	6	2	37	9	46	19
Psychologist	11	5	5	68	29	9	117	53		297	149	446	354
Not identified[4]									1	1		1	1
Total 2017/18	102	77	67	1,448	435	121	1,345	554	38	4,187	2,541	6,728	
Total 2016/17	107	60	90	1,431	492	141	1,125	537	33	4,016	2,282		6,298

[1] Based on the state and territory of the practitioner's principal place of practice.

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

[3] Matters managed by HPCA in NSW.

[4] Profession of registrant is not always identifiable in the early stages of a notification.

Expanding clinical input

The outcomes of the 2017 Notifications think tank, which looked strategically at how we can improve the notifications process, also included a shared commitment to ensuring robust clinical input is readily available in the management of notifications. In February 2018 a national clinical input service was established to:

- contribute to the reform of our notification process by identifying when and how clinical advice could support better notification management
- develop models for obtaining clinical input from appropriately qualified clinical advisers within the National Scheme specifically suited to different professions based on notification volume
- implement a national process for facilitating health assessments and performance assessments for Part 7 and Part 8 matters across all professions, and
- establish and implement a national process for obtaining independent expert opinions from external providers during investigations.

The aim of this model is to deliver a single clinical input service, accessible to all regulatory staff, with clinical expertise across all professions regulated by the National Scheme. The clinical input service comprises two national teams. The national health and performance assessments team undertakes the administrative processes associated with health and performance assessment coordination. Medical clinical input is provided by a team of clinical advisers: medical practitioners with a diverse range of skills and experience across the medical profession.

The clinical input service will continue to grow in 2018/19 with the extension of clinical input to other professions. While the service will maintain certain profession-specific arrangements, it will ensure a consistent approach to clinical input – particularly in relation to notifications.

Fast-tracking investigations

A direct response to the think tank outcome was to stream lower-risk/lower-complexity matters to be managed by dedicated resources. This outcome was in response to concerns that the lower-risk/lower-complexity matters were often not prioritised because of the demands of other, higher priority investigations.

Fast-track investigation teams were established during January to June 2018 in both Hobart and Darwin to provide services across AHPRA.

Over April to June 2018, the fast-track teams completed a total of 57 investigations, or 7.7% of all investigations completed. The average time these dedicated teams take to complete investigations is less than half the time that more complex investigations take.

The fast-track teams are so far managing matters that are referred to investigation from a triage committee relating to medical and nursing matters. As more professions migrate to new, national intake and assessment processes, there is scope to increase the range of professions whose matters are suitable for management by a fast-track team.

Legal services

AHPRA's regulatory legal services team supports risk-based decision-making and gives advice on policy and procedure across our regulatory functions. The team's primary role is to manage complex or high-risk notifications that progress to a panel or tribunal. It manages appeals and has specialist units handling complaints about alleged statutory offences, release of information and the provision of strategic legal advice.

Tribunals

A National Board can refer a matter to a tribunal for hearing. Usually, this happens with the most serious allegations, such as where the National Board believes a practitioner has behaved in a way that constitutes professional misconduct.

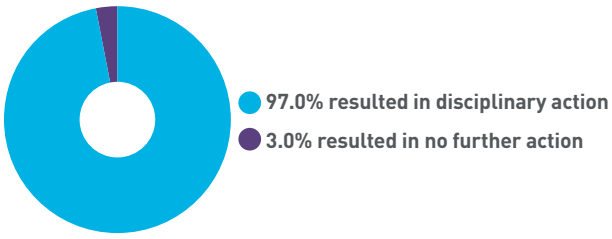
Tribunal proceedings are conducted in accordance with timetables set by the responsible tribunal in each jurisdiction.

The tribunals in each state and territory are:

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

There were 321 notifications open in the tribunal stage as at 30 June 2018, compared with 266 at the same time last year. This increase was anticipated due to multiple years of high rates of notifications. Of the 169 notifications closed by tribunals in the year, 97% of matters resulted in some form of regulatory action or the surrender of registration, while there was a 66.7% reduction in matters resulting in no further action, down to just five individual matters. See Figure 11. This demonstrates that the National Boards' decisions are better identifying the thresholds for referring a matter to a tribunal in order to protect the public.

Figure 11: National Board matters decided by tribunals in 2017/18



Since 2010, all practitioners who have had their registration cancelled by a court or tribunal, been disqualified from applying for registration, or prohibited from using a specified title or providing a specified health service appear on the cancelled health practitioners register. See www.ahpra.gov.au/registration/registers-of-practitioners.

We also publish summaries of tribunal outcomes at www.ahpra.gov.au/publications/tribunal-decisions.

During the year, the Medical Board of Australia started to publish links to disciplinary decisions by courts and tribunals on the public *Register of practitioners* when there has been an adverse finding about a doctor. The Board decided to introduce links to public tribunal decisions, in the interests of transparency and on the recommendation of the *Independent review of the use of chaperones to protect patients in Australia* Over the coming year, this approach will also be adopted by other National Boards.

Panels

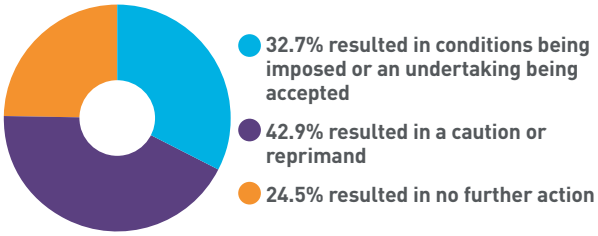
A National Board has the power to establish two types of panels depending on the type of notification:

- health panels, for issues relating to a practitioner's health and performance, or
- professional standard panels, for conduct and performance issues.

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

Of the 49 National Board matters decided by panels during the year, more than 75% resulted in some form of regulatory action being taken. See Figure 12.

Figure 12: National Board matters decided by panels in 2017/18



Appeals

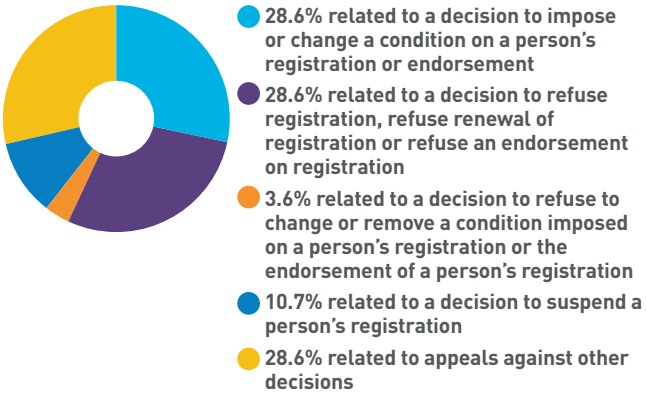
All regulatory decisions are evidence-based and guided by the regulatory principles for the National Scheme. The National Law provides a mechanism of appeal against a decision by a National Board in certain circumstances, including decisions to:

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

Decisions may also be judicially reviewed if there is a perceived flaw in the administrative decision-making process, as opposed to a concern about the merits of the individual decision itself.

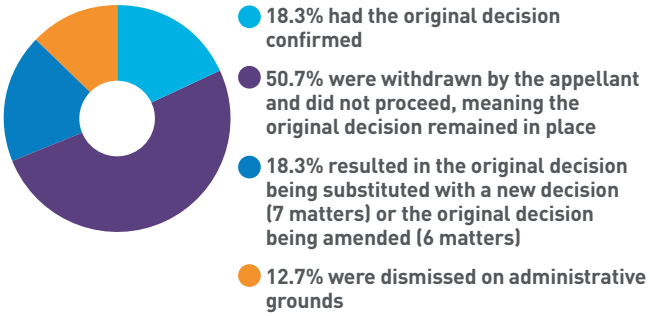
There were just 28 appeals lodged nationally about decisions made by National Boards under the National Law in 2017/18 (see Table 25 and Figure 13). This represents a national reduction of 65.9% when compared with the previous year.

Figure 13: Appeals managed by AHPRA in 2017/18



The majority of these appeals related to the professions with higher regulatory decision volumes, such as medical practitioners (13), and nurses (9). There were 71 appeals finalised in 2017/18. See Table 26 and Figure 14.

Figure 14: Appeals finalised by AHPRA in 2017/18



There were 53 appeals still pending as at 30 June 2018.

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

More information about appeals in 2017/18 is available in the supplementary tables published online at www.ahpra.gov.au/annualreport/2018.

Table 25: Appeals lodged in 2017/18 by profession and jurisdiction

	AHPRA[1]									AHPRA subtotal 2017/18	HPCA[3]	Total 2017/18	Total 2016/17
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[2]				
Aboriginal and Torres Strait Islander Health Practitioner										0		0	0
Chinese medicine practitioner										0	1	1	3
Chiropractor					1					1		1	1
Dental practitioner		1			2					3	3	6	6
Medical practitioner		5	1	3	1	1	2			13	13	26	37
Medical radiation practitioner				1						1		1	1
Midwife										0		0	0
Nurse		1	1		2		5			9	6	15	26
Nurse and midwife										0		0	1
Occupational therapist										0		0	0
Optometrist										0		0	0
Osteopath										0		0	1
Pharmacist										0		0	6
Physiotherapist										0		0	1
Podiatrist										0		0	1
Psychologist	1									1	1	2	6
Total 2017/18	1	7	2	4	6	1	7	0	0	28	24	52	
Total 2016/17	1	9	3	19	10	2	23	14	1	82	8		90

[1] Based on state and territory of the practitioner's principal place of practice.

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

[3] Matters managed by HPCA in NSW.

Table 26: Nature of decision appealed where the appeal was finalised through consent order or a contested hearing or where the appeal was withdrawn

Profession	Original decision confirmed		Original decision amended		Original decision substituted for a new decision		Withdrawn		Dismissed – Administrative		Total 2017/18		Total 2016/17	
	AHPRA[1]	HPCA[2]	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA
Appeal against a tribunal decision	1	2				1			1	1	2	4	2	0
Decision to impose conditions on a person's registration under section 178	3		4		2		16		3		28	0	0	0
Decision to impose or change a condition on a person's registration or the endorsement of the person's registration		2	2	1	1	1	7	4	2	1	12	9	31	4
Decision to refuse to change or remove a condition imposed on the person's registration or the endorsement of the person's registration	1						1		1		3	0	5	2
Decision to refuse to endorse a person's registration											0	0	1	0
Decision to refuse to register a person	5				1		9			1	15	1	13	0
Decision to refuse to renew a person's registration											0	0	3	0
Decision to reprimand a person											0	0	1	1
Decision to suspend a person's registration	2	3			3	1		1			5	5	8	6
Other											0	0	0	1
Not an appellable decision							1		1		2	0	1	0
Judicial review	1						2		1		4	0	3	0
Total 2017/18	**13**	**7**	**6**	**1**	**7**	**3**	**36**	**5**	**9**	**3**	**71**	**19**		
Total 2016/17	**11**	**10**	**3**	**0**	**6**	**2**	**44**	**2**	**4**	**0**			**68**	**14**

[1] AHPRA manages appeals of decisions about NSW registrations.

[2] Matters managed by HPCA in NSW.

Statutory offences

Performance snapshot

581 statutory offence complaints were received this year

667 statutory offence complaints were considered and closed

189 open statutory offence complaints were still under review as at 30 June 2018, a 48% decrease compared with the previous year

Over 71% of all new statutory offence complaints related to alleged unlawful use of title and unlawful claims to registration

132 new serious-risk advertising complaints were received; 143 were closed

13 prosecutions were completed in the Magistrates' or Local Court for statutory offences under the National Law

What are statutory offences?

The National Law includes a number of criminal (summary) offences which relate to conduct that can put individuals and the community at risk. Offences under the National Law may be committed by a person (including registered health practitioners and unregistered individuals) and/or corporate entities. See www.ahpra.gov.au/Notifications/Make-a-complaint/What-is-an-offence.

Types of statutory offence

Offences under the National Law predominantly relate to title protection, unlawful claims as to registration, restricted acts, and advertising of regulated health services.

Unlawful use of protected titles

The National Law restricts the use of protected titles (sections 113, 114 and 115). It is unlawful for someone to knowingly or recklessly use a title to make someone believe they are registered in one of the 15 regulated health professions, or other practices including using a specialist title when the person does not have specialist registration or endorsement.

A breach of this type carries a maximum fine of $60,000 for a corporate entity, or $30,000 for an individual, per offence.

Unlawful claims to registrations by individuals or corporate entities

It is unlawful to knowingly or recklessly claim to be a registered health practitioner under the National Law when you do not hold registration (sections 115, 116 and 118). This can include using a title, name, initial, symbol, word or description that could be reasonably understood to indicate that an individual is a health practitioner or is qualified to practise in a health profession. The National Law also states that a person must not claim that another individual is a registered health practitioner.

A breach of this 'holding out' provision is an offence and carries a maximum fine of $60,000 for a corporate entity, or $30,000 for an individual, per offence.

A registered health practitioner must not claim to be a specialist health practitioner if they do not hold registration in the specialist category (sections 117 and 119). A breach of section 117 or 119 by a registered health practitioner does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken.

Performing a restricted act

The National Law (sections 121, 122 and 123) restricts certain practices:

- restricted dental acts
- restricted prescription of optical appliances, and
- restricted spinal manipulation.

A breach of restricted act provisions in the National Law carries a maximum fine of $60,000 for a corporate entity, or $30,000 for an individual, per offence.

Unlawful advertising

Under the National Law (section 133), you may not advertise a regulated health service or a business providing a regulated health service in a way that:

- is false, misleading or deceptive or is likely to be misleading or deceptive
- offers a gift, discount or other inducement to attract a person to use the service or the business, unless the advertisement also states the terms and conditions of the offer
- uses a testimonial or purported testimonial about the service or business
- creates an unreasonable expectation of beneficial treatment, or
- directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services.

A breach of the advertising provisions of the National Law is an offence and carries a maximum fine of $10,000 for a corporate entity, or $5,000 for an individual, per offence.

Concerns about unlawful advertising are managed in two ways:

- serious-risk advertising complaints, advertising complaints by corporate entities and unregistered persons are managed as statutory offences, and
- low- to moderate-risk advertising offences by registrants are managed under the *Advertising compliance and enforcement strategy*.

Statutory offences received and closed in 2017/18

AHPRA recorded 581 new offence complaints during 2017/18.

Most jurisdictions experienced a decrease in offence complaints received when compared with the previous year. Victoria and NSW continue to account for the majority of offence complaints and this year accounted for more than 68% of all new offence complaints.

More than 71% of offence complaints received nationally related to concerns about alleged unlawful use of title and unlawful claims as to registration. See Figure 15.

This year 667 offence complaints have been closed. See Table 27.

As at 30 June 2018, there were 189 statutory offence complaints under review, down from 355 at 30 June 2017, which is a 48% decrease in open offence complaints. See Figure 16.

See page 63 for offence complaints managed under the *Advertising compliance and enforcement strategy.*

Figure 15: Offence complaints received in 2017/18

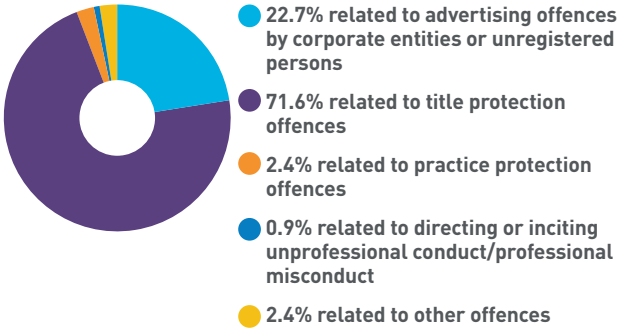


Figure 16: Offence complaints open at 30 June 2018

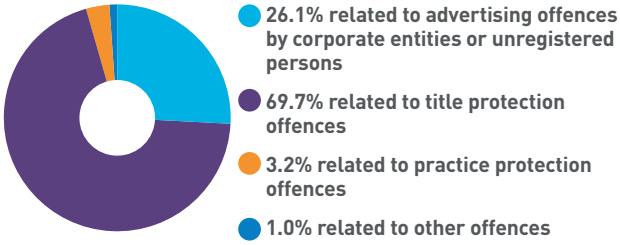


Table 27: Statutory offence complaints received and closed, by type of offence and profession[1]

Profession	Title protections (s.113 – 120)		Practice protections (s.121 – 123)		Advertising breach (s.133)		Directing or inciting unprofessional conduct/ professional misconduct (s.136)		Other offence		Total 2017/18		Total 2016/17	
	Received	Closed	Received	Closed	Received	Closed	Received	Closed	Received	Closed	Received	Closed	Received	Closed
Aboriginal and Torres Strait Islander Health Practitioner		1									**0**	**1**	**3**	**2**
Chinese medicine practitioner	19	25	1	2	11	5					**31**	**32**	**72**	**38**
Chiropractor	17	18	2	2	13	10			1	1	**33**	**31**	**162**	**192**
Dental practitioner	33	34	8	8	14	14					**55**	**56**	**239**	**295**
Medical practitioner	114	114	1	1	49	64	5	5	7	7	**176**	**191**	**273**	**283**
Medical radiation practitioner	6	7			1	1					**7**	**8**	**4**	**9**
Midwife	1	5									**1**	**5**	**8**	**35**
Nurse	62	77	2	2	8	9			2	2	**74**	**90**	**76**	**80**
Occupational therapist	14	16									**14**	**16**	**9**	**13**
Optometrist	3	2			3	5					**6**	**7**	**23**	**24**
Osteopath	2	3			2	3			1	1	**5**	**7**	**252**	**24**
Pharmacist	10	14			8	8			1		**19**	**22**	**53**	**48**
Physiotherapist	28	33		2	8	11			1	1	**37**	**47**	**940**	**657**
Podiatrist	2	6			2	2			1	1	**5**	**9**	**20**	**19**
Psychologist	105	130		1	12	11				3	**117**	**145**	**116**	**110**
Unknown[2]					1						**1**	**0**	**47**	**56**
Total 2017/18	**416**	**485**	**14**	**18**	**132[3]**	**143[3]**	**5**	**5**	**14**	**16**	**581**	**667**		
Total 2016/17	**368**	**422**	**14**	**18**	**1,895**	**1,416**	**6**	**10**	**14**	**19**			**2,297**	**1,885**

[1] All offences from sections 113–136 of the National Law, not only offences about advertising, title and practice protection.

[2] AHPRA also received offence complaints about unregistered persons.

[3] All 2017/18 totals exclude advertising complaints managed entirely through the *Advertising compliance and enforcement strategy*. These were counted the previous year and are reflected in the 2016/17 totals.

Managing offence complaints

Statutory offences are managed with a risk-based approach, focusing on protecting the public and ensuring the timely resolution of all complaints. All new offence complaints are risk assessed, and this dictates the course of action required to ensure public safety. Offences under the National Law are 'summary offences' and are prosecuted in the Magistrates' or Local Court of the relevant state or territory. All offences under the National Law carry penalties of fines that may be imposed by a Court on a finding of guilt.

As required, serious risk offence complaints are investigated by an inspector. This may include applying to the Magistrates' or Local Court for a warrant to search premises and seize evidence.

AHPRA, in consultation with the relevant National Board, will prosecute offences against individual(s) and/or corporate entities where there is a legitimate public-interest concern to do so.

Advertising requirements

Guidelines for advertising regulated health services have been published to help anyone advertising regulated health services to do so appropriately. In turn, AHPRA and the National Boards have published and implemented an *Advertising compliance and enforcement strategy* that outlines the risk-based management of offence complaints, particularly advertising complaints. Both documents are available on the AHPRA website, see www.ahpra.gov.au/Publications/Advertising-resources/Legislation-guidelines/Advertising-guidelines and www.ahpra.gov.au/Publications/Advertising-resources/Legislation-guidelines.

For more information about the management of low- to moderate-risk advertising complaints, see the compliance section of this report, from page 62.

Prosecutions under the National Law

There have been a number of significant prosecutions this year that demonstrate the importance of the statutory offence function for the protection of the public.

AHPRA completed 13 proceedings in the Magistrates' and Local Courts for offences under the National Law across three jurisdictions. All prosecutions resulted in findings of guilt; eight with a conviction and five with no conviction recorded; and in all cases the individual or entity was fined. These outcomes demonstrate that AHPRA continues to identify appropriate thresholds for referring offence complaints for prosecution to protect the public.

Further information about these matters is outlined in Table 28 and Figure 17. Some prosecutions that started in 2017/18 and were concluded after the financial year have been reported here for completeness. Information about AHPRA's prosecutions is available at www.ahpra.gov.au/News.

A further six prosecutions are ongoing before the courts as at 30 June 2018.

Figure 17: Prosecution outcomes in 2017/18

Table 28: Completed prosecutions as at 30 June 2018

Defendant	Date of decision	Jurisdiction	Relevant Board[1]	Relevant section of National Law[2]	Type of offence	Outcome	Sentence
De-identified[3]	29 August 2017	Vic	NMBA	s. 113(1)(a), s. 116(1)(b)(i), s. 116(1)(c)	→ Use of protected title → Holding out as a registered health practitioner	Found guilty but no conviction recorded[4]	The accused was fined $6,000 and ordered to pay costs of $8,217.
Jangodaz, Reza	11 September 2017	NSW	DBA	s. 116(1)(c)	→ Holding out as a registered health practitioner	Convicted	The accused was fined $4,750 and ordered to pay costs of $4,000.
De-identified	27 September 2017	Vic	MBA and PsyBA	s. 113(1)(a), s. 116(1)(c), s. 118(1)(b)(ii), s. 118(1)(c)	→ Use of protected title → Holding out as a registered health practitioner → Unlawful claim to specialist registrations	Found guilty, but no conviction recorded	The accused was fined $20,000 and ordered to pay costs of $10,000.
Wellness Enterprises Pty Ltd t/a Australian Male Hormone Clinic	3 October 2017	Vic	MBA	s. 133(1)(d)	→ Breach of advertising provisions	Convicted	The accused was fined $127,500 ($7,500 per offence) and ordered to pay costs of $6,000.
Morris, Chantelle	17 November 2017	Qld	NMBA	s. 113(1), s. 116(1)(c)	→ Use of protected title → Holding out as a registered health practitioner	Convicted	The accused was fined $12,000 and ordered to pay costs of $3,916.
De-identified	25 January 2018	Vic	PsyBA	s. 113(1)(a), s. 116(1)(b)(i), s. 116(1)(c)	→ Use of protected title → Holding out as a registered health practitioner	Found guilty, but no conviction recorded	The accused was fined $4,500 and ordered to pay costs of $7,500.
Zaphir, George	30 January 2018	Qld	ChiroBA	s. 113(1)(a), s. 116(1)(b), s.116(1)(c)	→ Use of protected title → Holding out as a registered health practitioner	Convicted	The accused was fined $12,000 and ordered to pay costs of $3,537.
Mohamad Anwar, Mohamad Faizal	1 February 2018	Vic	MBA	s. 116(1)(c)	→ Holding out as a registered health practitioner	Convicted	The accused was fined $100,000 ($25,000 per offence) and ordered to pay costs of $14,885.
De-identified	5 February 2018	Vic	PsyBA	s. 113(1)(a), s. 116(1)(c)	→ Use of protected title → Holding out as a registered health practitioner	Found guilty, but no conviction recorded	The accused was fined $10,000 and ordered to pay costs of $14,325.
De-identified	6 February 2018	Vic	MBA	s. 116(1)(c)	→ Holding out as a registered health practitioner	Found guilty, but no conviction recorded	The accused was fined $7,500 and ordered to pay costs of $20,000.
Be, Karren	28 February 2018	NSW	PharmBA	s. 113(1)(a) (withdrawn), s. 116(1)(c)	→ Use of protected title → Holding out as a registered health practitioner	Conviction	The accused was fined $11,250 and ordered to pay costs of $6,920.
Citer, David	9 May 2018	NSW	PsyBA	s. 116(1)(b)(ii)	→ Holding out as a registered health practitioner	Conviction	The accused was fined $9,500 and ordered to pay costs of $5,000.
Lipohar, Edward	7 June 2018	Vic	DBA	s. 118(1)(c), s. 121(1)	→ Holding out as a registered health practitioner → Unlawful use of specialist title → Carrying out restricted dental acts	Conviction	The accused was fined $65,000 and ordered to pay costs of $25,000 The fine and cost order stayed for six months on application of the accused.

[1] For a list of Board acronyms, see page 106.

[2] The Health Practitioner Regulation National Law, as in force in each state and territory. Find it online at www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation.

[3] Prosecutions are de-identified when the court makes a finding of guilt with 'no conviction recorded' or a spent conviction, or when the charges are withdrawn. Cases may also be de-identified where the court grants a suppression order.

[4] See page 107 of the Glossary.

Compliance

Performance snapshot

5,065 cases were being actively monitored by AHPRA at 30 June 18 – these cases related to 5,005 registered practitioners

27.6% were about conduct, health or performance

66.1% were about suitability/eligibility for registration

6.2% related to prohibited practitioners/students

As at 30 June 2018, there were 70 restrictions (conditions or undertakings) in the *National restrictions library*

911 new low- to moderate-risk advertising complaints about registrants were managed under the *Advertising compliance and enforcement strategy*

How AHPRA monitors compliance

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

To find out about active monitoring cases in 2017/18, please refer to Tables 29 and 30. Table 29 reports on active monitoring cases by state and territory. Table 30 reports on these cases by each profession. Restrictions are placed on a practitioner's registration through a number of mechanisms, including as an outcome of a notification, or when a practitioner applies for registration or renewal of registration.

Each monitoring case is assigned to one of five streams.

Health

A practitioner or student is being monitored because they have a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence).

Performance

A practitioner is being monitored to ensure they practise safely and appropriately while demonstrated deficiencies in their knowledge, skill, judgement or care in the practice of their profession are addressed.

Conduct

A practitioner is being monitored to ensure they practise safely and appropriately following consideration of their criminal history, or they have demonstrated a lesser standard of professional conduct than expected.

Suitability/eligibility

A practitioner is being monitored because they:

- do not hold an approved or substantially equivalent qualification in the profession
- lack the required competence in the English language, or
- do not meet the requirements for recency of practice, or do not fully meet the requirements of any other approved registration standard.

Prohibited practitioner/student

A practitioner or student is being monitored because they:

- are subject to a cancellation order, suspension or restriction not to practise, or
- have surrendered registration or changed to non-practising registration, in lieu of further action, under Part 8 of the National Law or suspension.

This year, the number of active monitoring cases nationally decreased by 0.4%. The cases monitored by AHPRA relate to 5,005 individual practitioners and the majority were in relation to monitoring of eligibility/suitability requirements. There was also a 23.0% (59 cases) increase in the number of cases relating to a prohibited practitioner/student when compared with last year.

Expanding our reporting capability

Since the introduction of compliance performance reporting in 2015/16, we have continued our focus on managing risks associated with monitoring cases and identifying opportunities to improve the quality, timeliness and accuracy of our compliance work, including in reporting. Improvements have been made to our ability to report at the level of restriction categories for each compliance case. Reporting at restriction level has many advantages for understanding risks associated with the monitoring of each individual practitioner and the overall monitoring caseload. These improvements will:

- provide a simple and efficient tool to extract information about how many registrants are subject to monitoring for particular types of restrictions, such as for boundary violations, drug and alcohol testing, education and up-skilling, practice limitations and supervised practice
- provide a simple and efficient tool to extract reports about how many practitioners are subject to monitoring for 1, 2, 3, 4, 5 or more concurrent restriction categories, and
- enable the development of more effective mechanisms for identifying the complexity of monitoring cases, for establishing the resources required to monitor particular cases and for the management of individual and team caseloads.

Performance has remained strong across all key performance indicators in all quarters.

Advertising compliance and enforcement

AHPRA's compliance and legal divisions manage the enforcement aspects of the *Advertising compliance and enforcement strategy*. We have 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 this strategy.

The strategy was developed to ensure advertising about regulated health services is done responsibly to keep the public safe from false or misleading claims and to help them make informed choices about their healthcare. It explains how:

- our risk-based approach is applied to advertising compliance and enforcement
- we encourage voluntary compliance and deal with non-compliant advertising, and
- we plan to evaluate and refine this strategy.

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.

The data in 2017/18 confirm that nearly 50% of registrants become compliant in response to the initial letter about the advertising breach, with the remainder becoming compliant when the imposition of advertising restrictions is being considered and the practitioner is issued with the show cause notice where each breach and its location is specified. This demonstrates the effectiveness of the strategy in educating practitioners on their professional obligations and ensuring timely remediation of inappropriate advertising for the benefit of the public. There were no instances of continued non-compliant advertising that required regulatory action through the imposition of advertising restrictions.

You can read the *Advertising compliance and enforcement strategy* at www.ahpra.gov.au/Publications/Advertising-resources/Legislation-guidelines.

Counselling restrictions pilot

This year, National Boards endorsed the introduction of counselling as a notifications outcome by placing a restriction on a practitioner's registration requiring the practitioner to attend Board-led counselling. This is only done in conjunction with a formal caution and to reinforce the issues and reasons for the caution with the practitioner and explore what is required of the practitioner to improve their conduct to prevent recurrence of the issues.

National Boards also endorsed the concept of a pilot with the Psychology Board of Australia to review and confirm the decision-making considerations for imposing a counselling restriction, Board member training, the monitoring process and the overall impact on the practitioner's insights into past conduct and prevention strategies.

The implementation of the pilot was supported by the compliance function, primarily through:

- drafting of policy and guidelines to support the use of a counselling restriction
- development of a standard counselling restriction for use in the pilot
- revising template notices to include an information sheet on the counselling process
- developing and implementing processes to support the policy position and the actual counselling requirement, and
- developing and implementing Board member training on decision-making considerations for imposing a counselling restriction, appointment of counsellors, conducting the counselling and record-keeping associated with the counselling requirement.

The pilot outcomes will inform the wider use of counselling restrictions across all professions.

Table 29: Active monitoring cases at 30 June 2018, by state or territory (including HPCA)

	AHPRA												
	ACT	NSW[1]	NT	QLD	SA	TAS	VIC	WA	No PPP[2]	AHPRA subtotal 2017/18[3]	HPCA[4]	Total 2017/18	Total 2016/17
Conduct	7	3	5	52	45	10	107	44	2	**275**	365	**640**	**687**
Health	14	11	12	251	58	20	114	71	13	**564**	320	**884**	**896**
Performance	14	6	14	143	75	23	198	85	3	**561**	166	**727**	**684**
Prohibited practitioner/ student	3	3	10	55	58	9	131	42	4	**315**		**315**	**256**
Suitability/eligibility[5]	52	1,292	40	544	224	41	628	415	114	**3,350**		**3,350**	**3,343**
Total 2017/18	**90**	**1,315**	**81**	**1,045**	**460**	**103**	**1,178**	**657**	**136**	**5,065**	**851**	**5,916**	
Total 2016/17	**113**	**1,353**	**53**	**1,069**	**450**	**107**	**1,138**	**666**	**135**	**5,084**	**782**		**5,866**

1 Includes cases to be transitioned from AHPRA to HPCA for conduct, health and performance streams.

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

3 It should be noted that the AHPRA data structure provides reports by monitoring cases established rather than by registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. For 2017/18, the 5,065 AHPRA monitoring cases relate to 5,005 registrants (distinct registrants per profession). The data provided by HPCA report the number of registrants being monitored.

4 HPCA monitors conduct in relation to health, performance and conduct in NSW.

5 AHPRA performs monitoring of compliance cases in 'suitability/eligibility' matters for NSW registrations.

Table 30: Active monitoring cases at 30 June 2018, by profession and stream

	Conduct		Health		Performance		Prohibited practitioner/ student	Suitability/ eligibility[1]	Total 2017/18		Total 2016/17	
Profession	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	AHPRA	AHPRA[2]	HPCA	AHPRA[2]	HPCA
Aboriginal and Torres Strait Islander Health Practitioner			4		2		1	55	**62**	**0**	**72**	**0**
Chinese medicine practitioner	5	1			4	1	2	876	**887**	**2**	**945**	**2**
Chiropractor	6	4	4	3	8		6	16	**40**	**7**	**49**	**9**
Dental practitioner	12	23	17	13	66	50	6	22	**123**	**86**	**134**	**60**
Medical practitioner	100	192	205	125	230	29	85	1,072	**1,692**	**346**	**1,620**	**340**
Medical radiation practitioner	1		6	2	4		2	95	**108**	**2**	**88**	**3**
Midwife	3	1	4	1	9		2	137	**155**	**2**	**155**	**2**
Nurse	85	66	281	146	161	63	178	818	**1,523**	**275**	**1,553**	**251**
Occupational therapist		1	4			1	1	52	**57**	**2**	**51**	**4**
Optometrist	2		1	2	6		1	12	**22**	**2**	**15**	**1**
Osteopath		1	1	1	3		1	4	**9**	**2**	**6**	**4**
Pharmacist	17	61	19	14	32	12	11	93	**172**	**87**	**175**	**76**
Physiotherapist	9	3	3	3	10	2	3	33	**58**	**8**	**64**	**3**
Podiatrist			3		3	1	1	10	**17**	**1**	**14**	**0**
Psychologist	35	12	12	10	23	7	15	55	**140**	**29**	**143**	**27**
Total 2017/18	**275**	**365**	**564**	**320**	**561**	**166**	**315**	**3,350**	**5,065**	**851**		
Total 2016/17	**356**	**331**	**577**	**319**	**552**	**132**	**256**	**3,343**			**5,084**	**782**

1 AHPRA performs monitoring of compliance cases in 'suitability/eligibility' matters for NSW registrations.

2 It should be noted that the AHPRA data structure provides reports by monitoring case established rather than by registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. For 2017/18, the 5,065 AHPRA monitoring cases relate to 5,005 registrants (distinct registrants per profession). The data provided by HPCA report the number of registrants being monitored.

Board governance and secretariat

Supporting Boards

AHPRA provides policy advice and executive and secretariat support to all 15 National Boards, state, territory and regional boards and national committees, and the Agency Management Committee and its committees. The tools in ensuring that Board and committee operations remain effective, efficient and support good decision-making under the National Law include:

- the Board members' manual, a guide for all members to assist them in understanding their roles and discharging their regulatory responsibilities, and which outlines key policy, procedural and administrative arrangements for the calling, conduct and management of meetings
- standard formats for key Board and committee documentation and meeting papers, and
- consistent procedural arrangements for secretariat and meeting management processes.

The Board services unit has portfolio responsibility for the development and oversight of the orientation and professional development program for Board and committee members, and for Board effectiveness reviews.

All new National Board members are provided with an orientation to the National Scheme and to the Board(s) to which they have been appointed, usually before they attend their first meeting. This is a full-day session aimed at giving members an overview of the National Scheme, its legislative and governance frameworks, the interplay between the entities in the National Scheme and the role of regulatory boards in that environment. This is complemented by further Board-specific orientation activities and briefings, coordinated through the Board's Executive Officer (employed by AHPRA to act as liaison to the Board).

In 2017/18, orientation sessions were delivered to 22 new National Board members who took up their appointments during that period. We were pleased to welcome nine members of the newly constituted Paramedicine Board of Australia as part of this cohort.

With the assistance of external provider Effective Governance, a customised two-day professional development program, *Governance and decision-making in the National Scheme*, has been developed and is now offered and delivered to members, usually within 6–12 months of their appointment. Key AHPRA staff engaged in working with Boards are also invited to attend to further strengthen our collaboration and partnership.

In 2017/18, 16 National Board members and senior AHPRA staff attended the two sessions offered.

2017/18 also saw the development and piloting of a one-day version of this program specifically tailored to the needs of our regulatory decision-makers on state and territory boards. In collaboration with the Medical Board of Australia, this program has been made available to members of three of the state and territory boards, with delivery to the remaining five boards scheduled for early 2018/19.

A key achievement in 2017/18 was the roll-out of Diligent Boards, a secure, robust, reliable electronic meeting document delivery platform, to replace the previous system. Implementation was concluded on schedule in October 2017, with training conducted for over 40 staff and 250 Board members nationally. The Diligent platform now supports over 750 Board member and staff users.

Secretariat support for Boards and committees

Board Services staff across Australia are responsible for the provision of secretariat and governance support to the National Boards, their committees and other delegates to enable robust, harmonised decision-making aligned with agreed approaches to risk-based regulation and the regulatory principles. Timely, complete and accurate meeting support and record-taking services are provided for all meetings.

To deliver this service, Board Services works closely with all Executive Officers and National Board and committee Chairs, and liaises closely with staff across all directorates to ensure that members are supported in undertaking their decision-making roles under the National Scheme.

Looking to the future

To find out more about the National Boards' structure, meetings of Boards and committees and National Board consultations in 2017/18, refer to the appendices from page 101.

Communication and engagement

Performance snapshot

54 newsletters were issued

The median open rate for newsletters was 67.0%

We received and responded to 451 media enquiries

48 media releases were issued

64 court and tribunal summaries were published

46.4% increase in Facebook followers

19.7% increase in Twitter followers

124.9% increase in LinkedIn followers

Media relations

We continue to explain the National Scheme and our processes and share what we can while meeting our confidentiality obligations. This year, we continued our proactive approach to media relations. We received and responded to 451 media enquiries and published 48 media releases and 569 news items across the AHPRA and National Board websites. We published 109 communiqués on the AHPRA and National Board websites after meetings of Boards and some advisory groups, outlining the topics that were discussed.

We also published 64 court and tribunal summaries which outline each matter and its outcome. The summaries provide an important educational opportunity for registered practitioners about acceptable and unacceptable standards of practice and behaviour, and for patients about what they should expect from their practitioner.

Social media

Our social media channels grew considerably this year, with a 46.4%, 19.7% and 124.9% growth on Facebook, Twitter and LinkedIn respectively.

Publications

A total of 54 newsletters were emailed this year, including National Board newsletters that are sent to all registered practitioners and the *AHPRA report*, which is sent to AHPRA's stakeholders. The newsletters include important information, such as changes to the standards health practitioners need to meet or how regulation is implemented.

AHPRA and the National Boards successfully met the statutory reporting requirement by tabling the 2016/17 annual report in the required timeframe. As at 30 June 2018, the report was downloaded 3,753 times from the AHPRA website.

Seeking feedback

We regularly consult with two advisory groups to gather feedback, information and advice on our work.

Our Community Reference Group (CRG) acts as a 'critical friend' to ensure that we consider the needs and expectations of the community. This year we sought their advice on how to improve the notifier experience, how we can use research to better inform our decision-making, and how we can share work with other government agencies more effectively.

Our Professions Reference Group (PRG) provides an important profession voice in our work. Consisting of one representative from a professional association for each of the regulated professions and one representative from the Health Professions Accreditation Collaborative Forum, they provide advice on a range of operational issues. This year they provided feedback on the changes to the National Law, as well as our work to improve AHPRA processes.

Both groups publish communiques after each meeting for transparency. For CRG meetings, see www.ahpra.gov.au/About-AHPRA/Advisory-groups/Community-Reference-Group. For PRG meetings, see www.ahpra.gov.au/About-AHPRA/Advisory-groups/Professions-Reference-Group.

Closing the gap

This year, AHPRA and the National Boards developed a commitment by 37 health entities to help achieve equity in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians to close the gap by 2031.

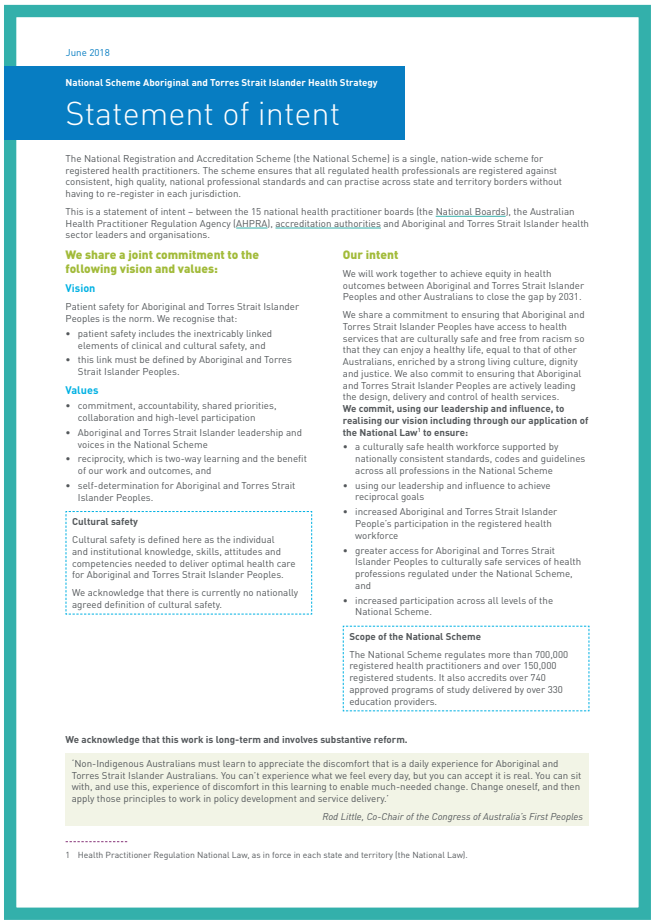
The *National Scheme Aboriginal and Torres Strait Islander health strategy statement of intent* is signed by leading Aboriginal and Torres Strait Islander health organisations, AHPRA, all National Boards and all accreditation authorities.

It was developed in close partnership with a range of Aboriginal and Torres Strait Islander organisations and experts, including the Lowitja Institute, Australian Indigenous Doctors' Association (AIDA), Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) and National Aboriginal Community Controlled Health Organisation (NACCHO).

The group shares a commitment to ensuring that Aboriginal and Torres Strait Islander Peoples have access to health services that are culturally safe and free from racism so that they can enjoy a healthy life, equal to that of other Australians, enriched by a strong living culture, dignity and justice.

To help achieve this, the group is focused on:

- developing a culturally safe health workforce supported by nationally consistent standards, codes and guidelines across all professions in the National Scheme
- using leadership and influence to achieve reciprocal goals
- increased Aboriginal and Torres Strait Islander Peoples' participation in the registered health workforce
- greater access for Aboriginal and Torres Strait Islander Peoples to culturally safe services of health professions regulated under the National Scheme, and
- increased participation across all levels of the National Scheme.



June 2018

National Scheme Aboriginal and Torres Strait Islander Health Strategy

Statement of intent

The National Registration and Accreditation Scheme (the National Scheme) is a single, nation-wide scheme for registered health practitioners. The scheme ensures that all regulated health professionals are registered against consistent, high quality, national professional standards and can practise across state and territory borders without having to re-register in each jurisdiction.

This is a statement of intent – between the 15 national health practitioner boards (the National Boards), the Australian Health Practitioner Regulation Agency (AHPRA), accreditation authorities and Aboriginal and Torres Strait Islander health sector leaders and organisations.

We share a joint commitment to the following vision and values:

Vision

Patient safety for Aboriginal and Torres Strait Islander Peoples is the norm. We recognise that:

- patient safety includes the inextricably linked elements of clinical and cultural safety, and
- this link must be defined by Aboriginal and Torres Strait Islander Peoples.

Values

- commitment, accountability, shared priorities, collaboration and high-level participation
- Aboriginal and Torres Strait Islander leadership and voices in the National Scheme
- reciprocity, which is two-way learning and the benefit of our work and outcomes, and
- self-determination for Aboriginal and Torres Strait Islander Peoples.

Cultural safety

Cultural safety is defined here as the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal health care for Aboriginal and Torres Strait Islander Peoples.

We acknowledge that there is currently no nationally agreed definition of cultural safety.

Our intent

We will work together to achieve equity in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians to close the gap by 2031.

We share a commitment to ensuring that Aboriginal and Torres Strait Islander Peoples have access to health services that are culturally safe and free from racism so that they can enjoy a healthy life, equal to that of other Australians, enriched by a strong living culture, dignity and justice. We also commit to ensuring that Aboriginal and Torres Strait Islander Peoples are actively leading the design, delivery and control of health services.

We commit, using our leadership and influence, to realising our vision including through our application of the National Law[1] to ensure:

- a culturally safe health workforce supported by nationally consistent standards, codes and guidelines across all professions in the National Scheme
- using our leadership and influence to achieve reciprocal goals
- increased Aboriginal and Torres Strait Islander People's participation in the registered health workforce
- greater access for Aboriginal and Torres Strait Islander Peoples to culturally safe services of health professions regulated under the National Scheme, and
- increased participation across all levels of the National Scheme.

Scope of the National Scheme

The National Scheme regulates more than 700,000 registered health practitioners and over 150,000 registered students. It also accredits over 740 approved programs of study delivered by over 330 education providers.

We acknowledge that this work is long-term and involves substantive reform.

'Non-Indigenous Australians must learn to appreciate the discomfort that is a daily experience for Aboriginal and Torres Strait Islander Australians. You can't experience what we feel every day, but you can accept it is real. You can sit with, and use this, experience of discomfort in this learning to enable much-needed change. Change oneself, and then apply those principles to work in policy development and service delivery.'

Rod Little, Co-Chair of the Congress of Australia's First Peoples

1 Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

The *National Scheme Aboriginal and Torres Strait Islander health strategy statement of intent* can be downloaded from www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/Statement-of-intent.

Supporting this work: AHPRA's first *Reconciliation action plan*

This year, AHPRA's first *Reconciliation action plan* (RAP) was formally endorsed by Reconciliation Australia. This important document outlines what AHPRA will do to support the vision outlined in the *National Scheme Aboriginal and Torres Strait Islander health strategy statement of intent* and start addressing the imbalance in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians.

To read more about the Aboriginal and Torres Strait Islander health strategy group, the *National Scheme Aboriginal and Torres Strait Islander health strategy statement of intent* or AHPRA RAP, go to www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.

The cover of AHPRA's RAP (artwork by Paul Green)

Attendees at the Aboriginal and Torres Strait Islander health strategy group meeting in March 2018 [L–R standing]: Ms Sally Cunningham, Mr Gilbert Hennequin, Dr Ailsa Wood, Ms Jill Humphreys, Ms Narelle Mills, Ms Anita Rivera, Mr Martin Fletcher, Ms Eliza Collier, Mr Michael Piu, Dr Sabine Hammond, Ms Kym Ayscough, Ms Tania Dalton, Mr Michael Gorton AM, Mr Craig Dukes, Mr Allan Groth; [L–R seated]: Mr Chris Robertson, Mr Karl Briscoe, Ms Jacqui Gibson-Roos, Dr Joanna Flynn AM, Associate Professor Gregory Phillips, Professor Roianne West, Ms Tanja Hirvonen

Strategy and research

AHPRA's strategy and research team supports and facilitates the implementation of our corporate strategy (see page 9). The team also provides research and evaluation of the regulatory data collected by the National Scheme as well as some external data sources.

The team is responsible for delivering and facilitating continuous improvement of a framework for best practice in implementing strategy, supporting improvement of strategic decision-making, and providing guidance on how to execute scheme strategy with all entities in the National Scheme.

Regulatory planning

Supported by AHPRA's strategy and research team, each of the 15 National Boards carries out annual planning to develop regulatory initiatives in its functions under the National Law, and in alignment with AHPRA's strategic objectives. Whenever possible, these initiatives are consolidated into a multi-profession, scheme-wide approach.

Health Profession Agreements

Under the National Law, each year AHPRA must enter into a Health Profession Agreement with each National Board, which outlines the services provided by AHPRA to the Board, the Board's regulatory plan, and the budget and fees charged to practitioners for the coming year. To find out more, visit www.ahpra.gov.au/Publications/Health-profession-agreements.

Regulatory research

Within the strategy and research team, the AHPRA research unit has a specific objective to conduct research and evaluation projects to develop evidence-based inputs to assist decision-making and policy development. The unit provides expert advice and guidance in framing research questions and designing studies to meet objectives as well as building capacity for research activities across the Scheme.

Access to research

When our data and information are used for research purposes, they are often published as research outcomes in academic journals and publications. In 2017/18, we started making a list of published research available on the AHPRA website where data and/or information from AHPRA and the National Boards have been used by researchers.

Where publications can be accessed freely by the public, links to external websites are provided at www.ahpra.gov.au/About-AHPRA/What-We-Do/Data-access-and-research/What-data-are-available.

Research partnerships

The research unit maintains and facilitates formal strategic data and research partnerships, including a National Health and Medical Research Council (NHMRC) partnership grant with the University of Melbourne, who have been investigating hotspots of risk using regulatory data collected by the National Scheme. In the 2017/18 financial year, a number of publications resulted from the partnership, including:

- Ryan, A, Too, LS, and Bismark, M (2018) 'Complaints about chiropractors, osteopaths, and physiotherapists: a retrospective cohort study of health, performance, and conduct concerns', *Chiropractic & Manual Therapies* 26(12).
- Thomas, LA, Milligan, E, Tibble, HM, and others (2018) 'Health, performance and conduct concerns among older doctors: A retrospective cohort study of notifications received by medical regulators in Australia', *Journal of Patient Safety and Risk Management* 23(2), 54–62.
- Thomas, LA, Tibble, HM, Too, LS, and others (2018) 'Complaints about dental practitioners: an analysis of 6 years of complaints about dentists, dental prosthetists, oral health therapists, dental therapists and dental hygienists in Australia', *Australian Dental Journal* [Epub ahead of print].
- Tibble, HM, Broughton, NS, Studdert, DM, and others (2017) 'Why do surgeons receive more complaints than their physician peers?', *ANZ Journal of Surgery* [E-pub ahead of print].

Policy development

The research unit supports National Boards and other entities across the scheme with research and evaluation activities, including investigating relevant regulatory data about registered practitioners to support the development of regulatory policy, standards, codes and guidelines and regulatory decision-making. In 2017/18, this work included:

- an analysis of notifications involving the supply of pseudoephedrine, which was commissioned by the Pharmacy Board of Australia
- environmental scanning and surveillance of emerging literature monitoring cross-professional trends in risk-based regulation, including managing a service for boards and staff requiring access to journal articles or grey literature
- conducting a number of literature reviews, including the review of relevant academic and grey literature, to obtain up-to-date knowledge of best-practice approaches to inform the review of the current shared code of conduct and the CPD standard
- analysis of data from a survey of pharmacy interns and preceptors to identify factors relating to the quality of supervision provided by preceptors to interns
- completing a comprehensive research report, including a literature review and a notification analysis, to support the Chinese Medicine Board of Australia in establishing a risk-profile for the profession, and
- continuing a cross-professional study assessing the effectiveness of regulatory interventions over a five-year timeframe.

Commissioned research

In 2017, AHPRA commissioned a piece of work in line with its commitment to the Senate Community Affairs Reference Committee inquiry into the medical complaints process in Australia, which had recommended that AHPRA develop and publish a framework for identifying and dealing with vexatious complaints.

The research report 'Reducing, identifying and managing vexatious complaints: Summary report of a literature review prepared for the Australian Health Practitioner Regulation Agency' [Bismark, M, Canaway, R and Morris, J (2017), Centre for Health Policy] was released in April 2018. It takes a first international look at vexatious complaints, finding there is greater risk from people not reporting concerns than from those making truly vexatious complaints. The report outlines a number of principles that will be used to inform best practice for preventing, identifying, and managing vexatious complaints in the future. See www.ahpra.gov.au/About-AHPRA/What-We-Do/Data-access-and-research/What-data-are-available.

Health workforce survey

Each year at renewal, a survey is completed by registered health practitioners to collect critical demographic information about Australia's health practitioner workforce. This year, 96.2% of practitioners responded to the survey as part of the registration renewal process. Over the past year, AHPRA has continued to liaise with the Department of Health (DoH) to facilitate the secure and timely transfer of survey data and to resolve any issues with data quality.

In 2017/18, DoH published workforce data analyses for all professions regulated by the National Scheme, including profession-specific fact sheets and high-level workforce summaries. You can find the workforce data obtained from the survey at http://hwd.health.gov.au.

A new framework for our regulatory research

In 2017/18, the research framework for the National Scheme was finalised and published at www.ahpra.gov.au/About-AHPRA/What-We-Do/Data-access-and-research/Data-not-publicly-available. The framework is designed as a living document that will be regularly updated. It sets out the research priorities and principles for National Boards and AHPRA to focus their research efforts and guide the use of National Scheme data and information to inform policy and decision-making. AHPRA has written to the National Health and Medical Research Council (NHMRC) to share the publication of the research framework and to explore the opportunities for dialogue with the NHMRC about promoting awareness and uptake of the framework.

Implementing our strategy

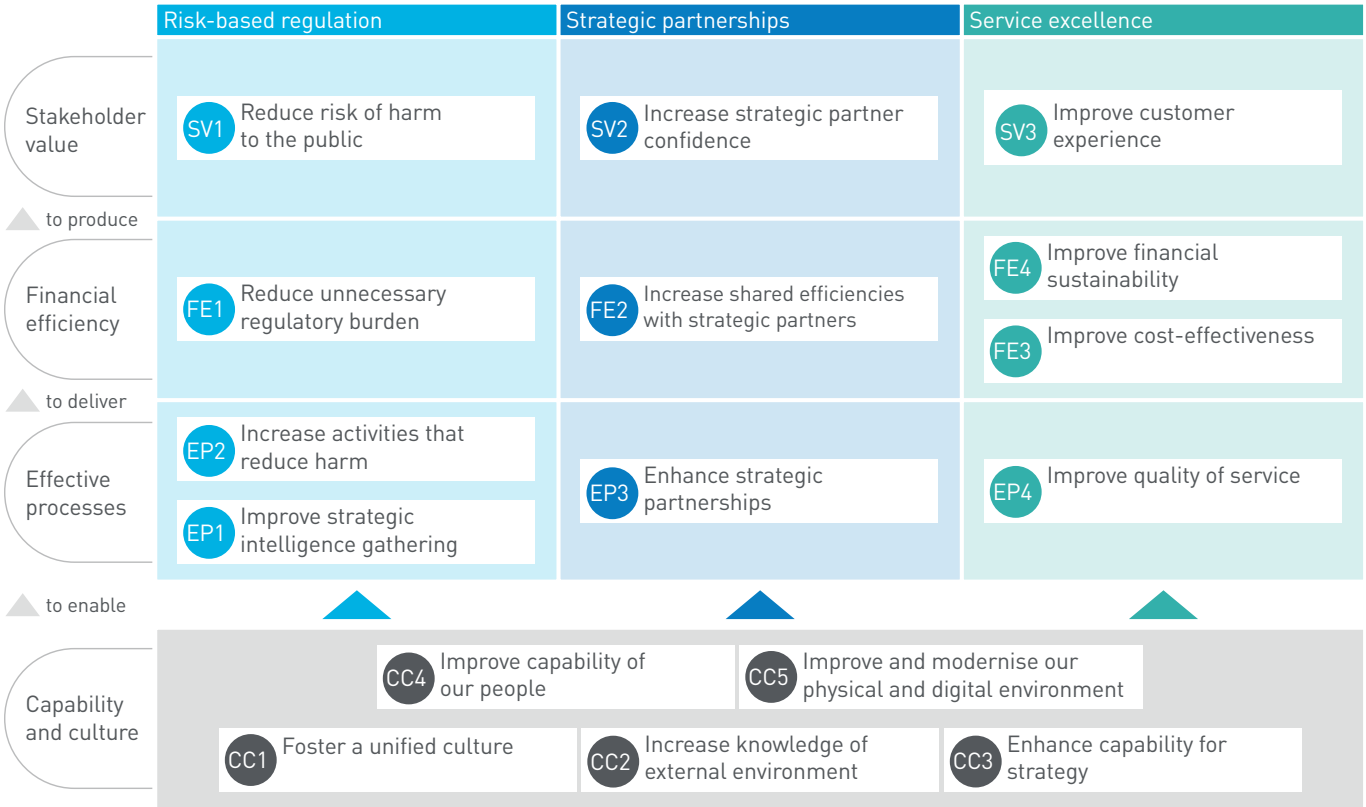
AHPRA employs the balanced scorecard (BSC) methodology as our strategic framework to enable efficient communication of the National Scheme's vision, mission and strategic outcomes.

Four strategic performance reports have been completed to review our progress in implementing our strategy and measuring its execution. These reports provide a cumulative picture of our strategic performance and will continue to be refined as part of the approach to this first year of reporting. See the strategy at www.ahpra.gov.au/About-AHPRA/What-We-Do/NRAS-Strategy-2015-2020.

Our strategy builds on a firm foundation of capability and culture in the organisation, which strengthens risk-based regulation, strategic partnerships and service excellence.

Read Figure 18 from the bottom up. Once achieved, each of the objectives described in this map will deliver our vision (to be recognised as a leading risk-based regulator) through our mission (safer healthcare for all Australians).

Figure 18: Strategic objectives



Multi-profession policy

Overview

National Boards regularly collaborate on shared policy issues, where the issue involves the same or similar impacts across professions. Maximising consistency in the regulatory framework across professions facilitates effective collaborative care and supports good practice. It has benefits for consumers and employers by simplifying the regulatory landscape and helping clarify expectations of all registered health practitioners.

Shared policy issues include:

- developing or reviewing common or shared registration standards, codes and guidelines across National Boards
- coordinating reviews of registration standards and guidelines which involve a mix of multi-profession and profession-specific issues
- developing coordinated policy responses to key issues such as advertising
- developing policy resources and tools, and
- coordinating joint submissions to relevant external consultations.

Common registration standards and guidelines have the same content for all National Boards and include the *Criminal history registration standard*, *Guidelines for advertising regulated health services* and *Guidelines for mandatory notifications*.

Shared standards and guidelines have very similar content across National Boards and include the *English language skills registration standards* for 12 National Boards[1] and the *Code of conduct* shared by seven National Boards and used by an additional five with minor profession-specific variations.

Joint policy initiatives

In 2017/18, we continued substantial work on advertising policy issues, including further implementing the *Advertising compliance and enforcement strategy* for the National Boards and AHPRA. We developed and published new tools, including self-assessment and testimonials tools, to support the strategy and help practitioners understand their obligations and facilitate compliance and substantially progressed the joint review of the *Guidelines for advertising regulated health services*. We developed a framework for evaluating the strategy and started data collection.

We completed the final stages of coordinating a joint review of continuing professional development (CPD), recency of practice (ROP) and professional indemnity insurance (PII) registration standards for three National Boards (Aboriginal and Torres Strait Islander Health Practice, Chinese medicine and Occupational therapy), and for Chiropractic and Optometry (CPD only) and Psychology (PII only).

We continued work on a joint review of the *Code of conduct* shared by seven National Boards and used by an additional five with minor profession-specific variations (Aboriginal and Torres Strait Islander Health Practice, Chinese medicine, Chiropractic, Dental, Medical radiation practice, Occupational therapy, Optometry, Osteopathy, Paramedicine, Pharmacy, Physiotherapy and Podiatry).

We continued work to review the supervised practice guidelines used by a number of National Boards and to establish a clearer, simpler regulatory framework for supervised practice where it is used in registration and notification functions (other than supervision in the context of internships). We tested the proposed framework with stakeholders in preparation for public consultation in 2018/19.

We continued work on the policy framework for scheduled medicines endorsements (see www.ahpra.gov.au/National-Boards/Endorsement-for-scheduled-medicines), including implementing additional guidance for National Boards developing a submission to Ministerial Council for approval of endorsement for scheduled medicines.

The inaugural meeting of our Scheduled Medicines Expert Committee (see www.ahpra.gov.au/About-AHPRA/Advisory-groups/Scheduled-Medicine-Expert-Committee) was held on 27 July 2017 and the committee also met on 1 September 2017, 1 December 2017 and 18 May 2018.

Policy support and coordination

AHPRA's multi-profession policy team develops policy resources and tools to provide policy advice to National Boards. It also develops and coordinates responses for external policy consultations. In 2017/18 examples included:

- *Draft therapeutic goods advertising code* and associated guidelines
- Victorian Child Safety and Wellbeing Information Sharing consultation
- Commonwealth Department of Employment's update of the *Short-term skilled occupation list* and *Medium and long-term strategic skills list*
- Therapeutic Goods Administration consultation on prescription opioid use for pain relief
- Migrant and Women's Health Partnership consultation on the *Draft competency standards framework – Culturally responsive clinical practice: Working with people from migrant and refugee backgrounds*
- Therapeutic Goods Administration consultation on the proposed model for complaints handling, and
- NSW Parliamentary inquiry into cosmetic health clinics.

What's next?

A focus for 2018/19 will be completing the evaluation of the *Advertising compliance and enforcement strategy* and the joint reviews of the shared *Code of conduct* and *Guidelines for advertising regulated health services*, implementing the core registration standards reviewed by six National Boards subject to Ministerial Council approval and undertaking the first phase of the next review of English language skills registration standards. We will also continue the multi-profession review of limited registration standards, review our *Policy manual* (a reference for policy staff working with National Boards), coordinate a review of National Boards social media policy and build our behavioural insights resources and capacity.

[1] The Nursing and Midwifery Board of Australia's *English language skills registration standard* has some profession-specific differences to reflect the characteristics of the nursing and midwifery professions; the Paramedicine Board of Australia's *English language skills registration standard* has some minor differences related to the grandparenting arrangements; and the Aboriginal and Torres Strait Islander Health Practice Board of Australia has a different standard reflecting the unique characteristics of this profession.

Corporate governance

Performance snapshot

This year, we focused on implementing a new governance model to improve the alignment of our strategic objectives with our balanced scorecard (BSC) approach (see Figure 18: Strategic Objectives), prioritising the delivery of strategic initiatives across the four directorates of Business Services, Strategy and Policy, Regulatory Operations, and People and Culture.

Key initiatives

- **Developing our finance and HR systems and digital technology environment**
- **Implementing the consultation process and developing the operating model for Regulatory Operations**
- **Establishing People and Culture Committees, in response to our staff survey commitments**
- **Establishing the People and Culture directorate**

Regulatory operations

In 2017/18 we undertook to establish a national function-based operating model to deliver all our regulatory functions. A national model for the legal and registration functions has been confirmed and is being implemented.

Arranging our regulatory teams along national reporting lines will enable national consistency in how we work, deliver national visibility of our work at any point in time, and allow us to mobilise the skills and expertise of all our staff. The national model relies on a viable AHPRA office in each state and territory and will provide clear points of contact for our stakeholders.

Financial management

The finance function ensures that our financial systems and records are well managed, accurate and compliant with legislation, and provide financial reporting and guidance to AHPRA and the National Boards. The Finance, Audit and Risk Management Committee (FARMC) is the principal committee of the Agency Management Committee that oversees finance, audit and risk. This committee reviewed the annual financial reports and projections with management, focusing on the integrity and clarity of disclosure, compliance with relevant legal and financial reporting standards, and the application of accounting policies and judgements.

AHPRA, partnering with the National Boards, has established a review of equity and cost allocation reference group to review our equity holdings arrangements with the National Scheme to further enhance cost-effectiveness and efficiency. This work incorporates the design and implementation of activity-based costing which will provide a deeper level of understanding of the costs associated with each regulatory function.

AHPRA's income for the full financial year to 30 June 2018 was $184.8 million. Our income for the full year includes the following components, as shown in Table 31.

Table 31: Income type 2017/18

Income type	Full year $'000
Registration income	162,842
Application income	10,780
Interest income	4,939
Legal fee recoveries	961
Government grants	1,612
Exam fees	1,095
Late fees and fast-track fees	668
Certificate of registration status	334
Accreditation income	256
Application for registrar program	213
Other income	1,116
Total	**184,816**

AHPRA and the National Boards work in partnership to deliver financial performance. AHPRA and the National Boards recorded a net deficit of $11.759 million this year.

The financial statements section of the annual report, from page 81, describe the performance in more detail, including the net result and equity position for each National Board.

Fees set for each National Board aim to meet the full costs of regulation for each profession, Table 32 provides an overview of registration fees by profession since the start of the National Scheme.

Table 32: National Board registration fees for each profession

Profession	Fee in $							
	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Aboriginal and Torres Strait Islander Health Practice	n/a	n/a	100	100	100	100	120	150
Chinese medicine	n/a	n/a	550	563	579	579	579	579
Chiropractic	495	510	518	530	545	552	566	566
Dentists and specialists	545	563	572	586	603	610	628	647
Dental prosthetists	485	501	509	521	536	542	558	575
Dental hygienists and therapists	270	279	283	290	298	301	310	319
Medical	650	670	680	695	715	724	724	742
Medical radiation	n/a	n/a	325	295	250	180	180	180
Nursing and midwifery	115	160	160	160	150	150	150	155
Occupational therapy	n/a	n/a	280	230	160	130	110	110
Optometry	395	408	415	395	365	325	300	300
Osteopathy	480	496	504	516	416	386	376	376
Pharmacy	295	305	310	317	317	320	328	336
Physiotherapy	190	196	199	179	159	120	110	110
Podiatry	350	362	368	377	388	378	378	378
Psychology	390	403	409	419	431	436	449	462

AHPRA's organisational structure and resources

Four directorates govern AHPRA's corporate activities. See Figure 19 for the organisational structure and Table 33 for staffing.

Regulatory Operations is responsible for the efficient and effective delivery of core regulatory functions – Registration, Notifications, Compliance and Legal Services – under the National Law. It provides leadership and strategic direction in the development and delivery of operational policy and procedures that support decision-making across these regulatory functions.

Offices in each state and territory deal directly with local stakeholders and support the decision-making of local boards and committees. This directorate is accountable for operational performance across the regulatory functions. It is committed to continuous improvement and quality assurance of our regulatory processes, through the continued refinement of the service model.

Strategy and Policy is responsible for engaging with national and international stakeholders, consumers, practitioners and partners in regulation of other regulatory bodies. It manages our communication and media services, and coordinates and manages intergovernmental relationships.

Policy and governance advice is this directorate's responsibility, as is oversight of accreditation to the National Boards and their committees. It delivers an enduring program of research and analysis that ensures an empirical basis for regulation.

Other areas of focus include strategic analysis and planning, and management and support of the community and professions reference groups (CRG and PRG).

Business Services delivers corporate support, providing effective and efficient business systems and processes to reach our strategic objectives. It coordinates business planning processes and the performance reporting platform to help ensure continuous improvement.

This directorate delivers information technology architecture, finance and human resources (the latter until April 2018) functions to support AHPRA's people and culture. It delivers an ongoing and transparent corporate risk profile to ensure the organisation manages risk well.

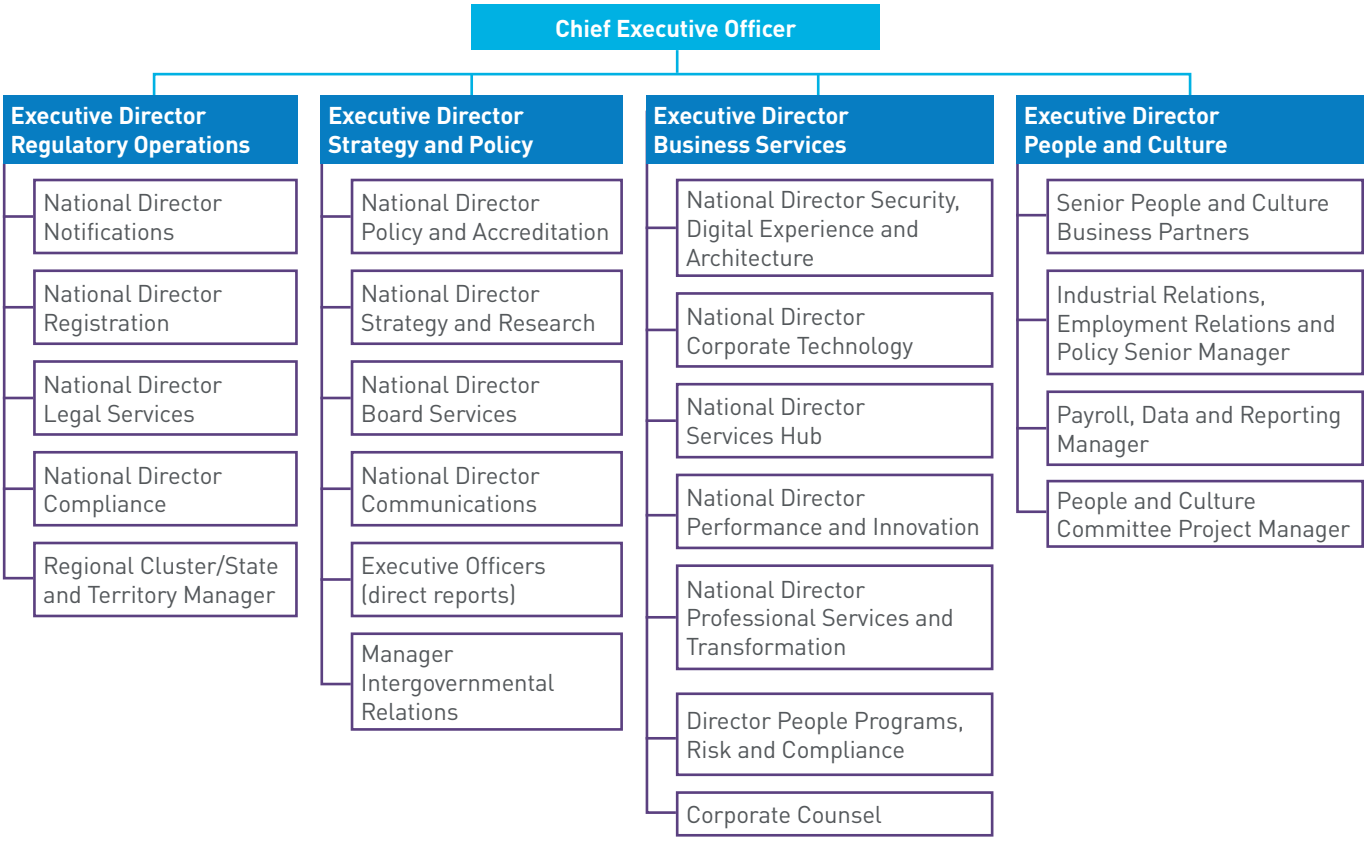
People and Culture was created in May 2018 in recognition of its importance at the National Executive level and its contribution to the future of all AHPRA staff. It is both strategic as well as operational and is providing a customer responsive service. Initial work has focused on building a positive culture for AHPRA through local People and Culture Committees and the work of the Senior Leaders Forum, health and wellbeing services for all staff, streamlining recruitment and supporting learning and development.

The AHPRA Enterprise Agreement is in its final year of operation and plans for the negotiation of the next agreement are underway.

Table 33: Full-time equivalent staff as at 30 June 2018

Directorate	Full-time equivalent staff
Regulatory Operations	653
Strategy and Policy	98
Business Services (including CEO office)	216
People and Culture	17
Total	984

Figure 19: Our organisational structure



Statutory appointments

The statutory appointments team provides strategic, governance and compliance advice and operational support across AHPRA in relation to statutory appointments. The statutory appointments team facilitated and managed 634 vacancies over 2017/18 (see Table 34), which included:

- National Boards
- National Board committees and panels (including advisory assessor panels and List of approved persons for panels)
- state, territory and regional boards, and
- state, territory and regional committees.

Table 34: Statutory vacancies in 2017/18

Category	Number
National Boards	47
National Board committees and panels	242
State, territory and regional boards	117
State, territory and regional committees	228
Total	634

Note: The data provided for statutory vacancies encompass those recruitment rounds that were completed and appointments made in 2017/18.

Corporate legal services

AHPRA's legal advisers operate in two broad streams:

- Lawyers in the Regulatory Operations directorate are located in offices in each state and territory. They provide day-to-day legal advice and services in relation to the operation and application of the National Law as in force in each state and territory, and the obligations of AHPRA and the National Boards under that Law.
- Lawyers in the Business Services directorate are located in our national office in Melbourne. They provide corporate legal services, such as contract negotiation and drafting, privacy analysis and advice, legislative compliance testing and advice about AHPRA's general compliance obligations as a statutory corporation.

Our lawyers work closely and cooperatively to ensure that decisions are made efficiently and in a timely manner under the National Law, and are consistent with legal requirements. Legal advisers manage legal risks relating to the administration of the National Law and the complex business of operating a number of entities that operate nationally under the National Law.

Our legal advisers, in conjunction with our panel of external legal service providers, conduct matters relating to decisions under the National Law, as in force in each state and territory, and the performance of functions under the National Law.

Data access and research

AHPRA collects comprehensive national data on regulation. While these data have registration, workforce planning, demographic, commercial and research value, the National Law, as in force in each state and territory, and the *Privacy Act 1988* (Cth) impose strict limits on their use. Our data access and research policy focuses on assisting researchers and other parties to better understand the process for considering requests for data and research.

During the year, AHPRA updated the information on its website to provide additional clarity on how to request data and information. The website now clearly details what data are already available, how to access that data, as well as the processes for accessing data that are not publicly available and the policies and legislation that govern what can and cannot be released. A research framework was also developed and made available through the website which includes priorities to focus research efforts internally and externally, and research principles to guide the use of National Scheme data.

AHPRA and the National Boards understand the need for transparency and availability of data in the National Law and the *Privacy Act 1988* (Cth), and have developed robust processes on data governance, access and release of National Scheme data.

Table 35: Data access requests by type in 2017/18

Data request	Number of requests received 2017/18
Request to contact or survey practitioners	21
Copies or extracts of the *Register of practitioners*	15
Quantitative statistics (regulatory data)	47
Other (general information)	12
Total	95

Practitioner information exchange program

Table 35 excludes requests to participate in our practitioner information exchange (PIE) program, as well as any requests for extracts or copies of the national *Register of practitioners* that are received directly by the PIE mailbox. PIE provides information to employers about the registration of the health practitioners they employ, including any restrictions that a Board might have placed on a practitioner's registration.

PIE is a secure web-based system. It can help employers with connecting human resources, clinical management, risk management, IT security and customer management systems into an effective health practitioner registration data source.

This year, there were 87 subscribers to the PIE service from government departments, public and private hospitals, and the educational and research sectors.

For more on PIE, see www.ahpra.gov.au/Registration/Employer-Services/Practitioner-information-exchange.

Administrative complaints

Anyone can make a complaint about AHPRA, the Agency Management Committee or a National Board. A complaints form is available on the AHPRA website, along with our complaint-handling policy and procedure. See www.ahpra.gov.au/About-AHPRA/Complaints.

If anyone believes that they have been treated unfairly in our administrative processes, a complaint can also be lodged with the independent National Health Practitioner Ombudsman and Privacy Commissioner (NHPOPC). The NHPOPC will usually only deal with complaints that have already been lodged with AHPRA, and when AHPRA has been given a reasonable opportunity to resolve the complaint. Find out more at https://nhpopc.gov.au.

AHPRA is committed to resolving complaints. Feedback, whether positive or negative, is always welcome to help us improve our services. Complaints are considered at a senior level in AHPRA, in recognition of their importance. We record the details of all complaints received by AHPRA and all complaints directed to AHPRA from the NHPOPC.

In the year ending 30 June 2018, AHPRA received a total of 409 administrative complaints, an increase from 2016/17, when we received 341 complaints. While this is a significant increase in the number of complaints, this increase was largely driven by changes in the way we record complaints, as well as a new procedure for the transfer of complaints from the NHPOPC, which has meant that concerns raised that were not previously identified as complaints are now being captured in our complaint data. Of the 409 received, 234 were received directly by AHPRA and 175 complaints were received via the NHPOPC. Issues raised in complaints included:

- communication issues
- time to process a new registration application
- dissatisfaction with a Board decision, and
- concerns that due process was not followed during the notification process.

This year, nine complaints were received about Board matters (policy-related issues), the same as last year.

For the year, 215 registration complaints were received (an increase from the 161 registration-related complaints received last year). The most common issues raised were:

- 55 complaints were about the time taken to process a new registration application (up from 32 similar complaints last year).
- 50 complainants expressed dissatisfaction with the registration requirements not being clearly conveyed to them (two more than last year expressing a similar concern).
- seven registration renewal-related complaints were concerned with the time taken to finalise a registration renewal application (the same number as last year expressing a similar concern).
- eight complainants were concerned with the time taken to register an overseas applicant (an increase of four complaints from the four received last year).

There were 176 notification-related complaints received this year (an increase from the 164 received last year). The overwhelming majority of the complainants expressed dissatisfaction with Boards' deciding to take no further action in relation to their notification.

Three campaign-related complaints were made this year (down from 35 in 2015/16 and five in 2016/17). These complaints related to changes to information published on the national *Register of practitioners*.

See Table 36 for more information about administrative complaints.

Table 36: Nature of administrative complaints by profession in 2017/18

National Board	Board complaint	Registration complaint	Notification complaint	Other complaint	Campaign	Privacy complaint	Total
Medical	7	67	114	0	2	2	**192**
Chiropractic	0	1	5	0	0	0	**6**
Nursing/Midwifery	0	83	21	0	0	2	**106**
Pharmacy	0	8	0	0	0	0	**8**
Psychology	2	31	19	0	1	0	**53**
Dental	0	5	8	0	0	0	**13**
Optometry	0	0	2	0	0	0	**2**
Physiotherapy	0	6	2	0	0	0	**8**
Osteopathy	0	1	0	0	0	0	**1**
Podiatry	0	1	0	0	0	0	**1**
Chinese medicine	0	1	0	0	0	1	**2**
Medical radiation	0	7	2	0	0	0	**9**
Aboriginal and Torres Strait Islander Health Practice	0	0	2	0	0	0	**2**
Occupational therapy	0	4	1	0	0	1	**6**
Total	**9**	**215**	**176**	**0**	**3**	**6**	**409**

Freedom of information

Section 215 of the National Law provides that the Commonwealth's *Freedom of Information Act 1982* (FOI Act) applies to the National Law, as modified by regulations made under that Law.

During the year, AHPRA received 167 Freedom of Information (FOI) applications, including 19 applications for internal review and six tribunal/court related matters. Two FOI complaints were made to the NHPOPC and were addressed by AHPRA.

161 applications were finalised including 19 internal reviews, six tribunal/court-related matters and one FOI complaint to the NHPOPC. Outcomes are detailed in the table below.

As at 30 June 2018, 14 matters remain on hand.

Table 37: Finalised FOI applications in 2017/18

Outcome	Number
Granted in full	15
Granted in part	74
Access refused	40
Access request was transferred in whole to another agency	1
Access was transferred in part to another agency	0
Access request withdrawn	24
Total	154[1]

[1] Not including six outcomes of tribunal/court-related matters and one FOI complaint to the NHPOPC.

Information governance

AHPRA has maintained an active information governance program during the 2017/18 reporting period. The information governance group activities include:

- delivering a more risk-based approach to managing information-governance outcomes, such as an ability to apply the appropriate level security on our information assets
- conducting ongoing staff awareness campaigns that include information about security, privacy, records management and data access
- continuing compulsory privacy compliance training for all staff
- continuing to review and improve information policies and procedures, and
- continuing the information asset ownership project, which identifies, classifies and determines appropriate control requirements for information assets.

AHPRA has an established information security assurance program which incorporates a number of reviews of our cyber-preparedness and cyber security posture. These reviews have confirmed continual improvement in relation to our information security and cyber threat programs. We recognise the continuing volatility of the digital environment and maintain a high level of vigilance in relation to cyber threats. Informed by the outcomes of our cyber assurance program, we continue an active and responsive program of work through our annual work-plan.

How AHPRA manages its activities and risks

Corporate Assurance Framework

AHPRA has an agreed plan that assigns responsibility to each of the four Executive Directors for managing risks on a day-to-day operational level for their directorates. Each directorate has an assurance plan that records the risks relevant to that directorate.

Risks are identified, assessed, monitored and managed at a directorate level, but escalated in accordance with the requirements of the Corporate Assurance Framework and recorded in the Corporate Assurance Plan for review and monitoring by the CEO and the National Executive.

The Corporate Assurance Plan reports the escalated risks and risk ratings, along with the key controls and assurances put in place to mitigate the risks. The plan is reviewed by the Finance, Audit and Risk Management Committee (FARMC) to monitor the effective management of risks reported to the Agency Management Committee and the National Boards.

FARMC assures that systems are in place so AHPRA effectively and appropriately manages risk, and oversees the operation of those systems. AHPRA's internal audit function forms part of the review process, provides assurance on the risk management process, and advises the committee accordingly. The internal audit work done during the year provided an independent assessment of this to the committee.

Data handling

AHPRA handles significant volumes of sensitive and personal information relating to registered health practitioners, students and notifiers. We recognise our obligations to protect this information, and have established a program of work to strengthen our current practices in minimising the risk of data loss, and to ensure data are collected, held and used in accordance with law and best practice. The information governance assurance group (IGAG) coordinates those activities through the information governance work program.

IGAG's work program for 2017/18 included development and maintenance of an IGAG risk assurance plan, delivery of an annual information awareness program aligned with external activities such as Privacy Week and an information asset ownership program. The information asset ownership program is being progressively delivered throughout AHPRA through a structured multifaceted project.

The system of internal control

The CEO is responsible for reviewing the effectiveness of the system of internal control, which has been in place at AHPRA from 1 July 2017 to 30 June 2018, and up to the date of approval of the annual report and accounts, in accordance with guidance from the Victorian Auditor-General's Office (VAGO).

The review is informed by the work of internal auditors and the senior managers in AHPRA who are responsible for the development and maintenance of the internal control framework, and comments made by external auditors in their management letter and other reports. We have been advised of the implications of the result of the review of the effectiveness of the system of internal control by FARMC. Plans are in place to address identified weaknesses and ensure continuous improvements.

The managers responsible for the system of internal control provided the CEO, through the Executive Director Business Services, with assurance that AHPRA's system of internal control is subject to consistent monitoring, review and improvement, and that AHPRA's key risks are being identified, assessed and managed appropriately to ensure the goals and objectives of the National Scheme are achieved.

This year, the assurance framework was subjected to a process of audit and review to ensure that it continued to provide the highest level of assurance possible. Because of the review, the assurance framework is being revitalised to incorporate a 'three lines of defence' assurance model with closer alignment of the assurance framework, the strategic objectives and the strategic risk priorities.

AHPRA's internal financial and risk management staff, in liaison with the internal auditors, plan and carry out a FARMC-approved program of work to review the design and operation of the systems of internal control. Where weaknesses have been identified, they are reported to FARMC and an action plan is agreed with management to implement the recommendations as part of this process.

We are not aware of any significant internal control issues affecting AHPRA that do not have an effective management plan in place. We are satisfied the system of internal control has operated effectively and has identified risks that AHPRA is managing. We are also satisfied that significant work is continuing to better identify, assess and appropriately manage AHPRA's risks in the future. Importantly, AHPRA is committed to constant improvement in the way it manages risk to ensure the goals and objectives of the National Scheme are delivered.

Our risk mitigation strategy includes the appropriate and proportional placement of insurances. Throughout the financial year, our insurance portfolio was up-to-date and was reviewed and renewed for a further 12-month period on 30 June 2018. The insurance program is overseen by FARMC.

Capacity to handle risk

The Executive Director Business Services is the designated director with operational responsibility for maintaining and developing the organisation-wide system of internal control. The CEO is the designated executive with operational responsibility for the system of risk management and risk reporting.

The Agency Management Committee takes an active role in risk management, receiving periodic reports and reviewing the Corporate Assurance Framework.

FARMC has the role of overseeing AHPRA's governance processes and has reviewed the Corporate Assurance Plan at its meetings, together with movements in the risks identified through that framework and the management of them.

We are not aware of any significant risk management issues that would prevent AHPRA from delivering the National Scheme's goals and objectives that have not been identified, assessed and which do not have an appropriate plan. We are satisfied that work is underway that is designed to ensure AHPRA identifies, assesses, monitors and manages risks appropriately.

Compliance with state and territory laws

AHPRA is subject to a wide range of Commonwealth, state and territory legislation and subordinate rules made under that legislation, such as regulations and obligations under the general law. We are committed to constantly reviewing and improving our procedures and activities to comply with these laws and to promote a culture of compliance. We have carried out a range of activities, described below, to instil the principles set out in *Australian Standard 3806–2006: Compliance programs* into AHPRA's everyday activities.

We have compiled a register of Commonwealth, state and territory legislation that applies to AHPRA and the National Boards. Responsibility for compliance with particular legal obligations has been allocated to relevant AHPRA staff, who have been advised of their compliance responsibilities. We monitor compliance with applicable legislation and note when legislation is amended.

When compliance concerns have been identified through monitoring, or applicable legislation is amended, relevant staff have been allocated responsibility to take practical steps to ensure compliance. Responsible officers regularly report to AHPRA's senior executives and FARMC on the compliance steps they propose to take or have taken.

AHPRA engages a number of contractors to help with administering the National Law. AHPRA's standard contract terms require contractors to comply with applicable legislation and policies, including confidentiality, privacy, employment law and proper record-keeping obligations. Where it is appropriate, AHPRA requires contractors to permit AHPRA audits to ensure their compliance. A contract register is maintained, which is designed to help with monitoring contractor performance. We are in the process of implementing a new Contracts Module which will support expense resource planning and the monitoring of contractor performance.

The Australian Health Practitioner Regulation Agency

Financial statements

for the year ended 30 June 2018

Agency Management Committee's report

Overview of results for 2017/18

The Australian Health Practitioner Regulation Agency (AHPRA), working in partnership with the 15 National Boards recorded a result which was consistent with expectations for 2017/18 as part of our multi-year approach to ensuring sustainable financial arrangements.

In 2017/18 with $68.996 million of equity recorded at 30 June 2018, this was a reduction of $11.759 million during 2017/18.

To reduce equity levels, some Boards have used funds to cover operational expenditure during 2017/18, including the replacement of core infrastructure which continued from the previous year.

Income

Total income from transactions was $184.816 million during the 2017/18 financial year, an increase of $11.580 million from 2016/17. Apart from the grant fund ($1.612 million) received for the establishment of the Paramedicine Board of Australia, the growth was due to an increase in the number of registrants throughout the year and varying fee increases for six of the National Boards, with the remaining National Boards maintaining their registration fees during the year.

Expenditure

Total expenses from transactions were $196.575 million, an increase of $17.338 million from the 2016/17 financial year. This was in part due to our enterprise agreement, increases to notification volumes and the introduction and investment in new and modern technology platforms.

Balance sheet

The balance sheet remains healthy at 30 June 2018 with the largest contributor to this being both cash and cash equivalents, and investments held by AHPRA, which largely recognise registration fees paid in advance by registrants. Overall net assets decreased by $11.759 million during 2017/18.

The year ahead

We expect the overall financial performance in 2018/19 to be similar to 2017/18, with a further reduction in equity in 2018/19 before equity then stabilises over the coming years consistent with our five-year financial plan.

It is expected that AHPRA, in partnership with the National Boards, will continue to be solvent throughout 2018/19 including the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA), which we expect to achieve a breakeven result, and the Paramedicine Board of Australia as national registration commences in 2018/19.

Declaration by Chair, Agency Management Committee, Chief Executive Officer, Executive Director, Business Services and Finance Professional Lead

We certify that the attached financial statements for the Australian Health Practitioner Regulation Agency have been prepared in accordance with Schedule 3, Part 3 of the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory, Australian Accounting Standards and Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the Comprehensive income statement, Balance sheet, Statement of changes in equity, Statement of cash flows and notes to and forming part of the financial statements, presents fairly the financial transactions for the year ended 30 June 2018 and the financial position of the Australian Health Practitioner Regulation Agency as at 30 June 2018.

We are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We were authorised by the Agency Management Committee to issue the attached financial statements on this day.

Michael Gorton AM

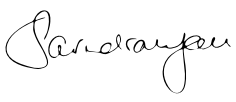
Chair, Agency Management Committee

4 September 2018

Martin Fletcher

Chief Executive Officer

4 September 2018



Sarndrah Horsfall

Executive Director, Business Services

4 September 2018

Anthony DeJong

Finance Professional Lead

4 September 2018

Independent Auditor's Report

Victorian Auditor-General's Office

To the Management Committee of the Australian Health Practitioner Regulation Agency

Opinion	I have audited the financial report of the Australian Health Practitioner Regulation Agency (the agency) which comprises the: • balance sheet as at 30 June 2018 • statement of comprehensive income for the year then ended • statement of changes in equity for the year then ended • statement of cash flows for the year then ended • notes to the financial statements, including significant accounting policies • declaration by chair, agency management committee, chief executive officer, executive director, business services and finance professional lead. In my opinion the financial report presents fairly, in all material respects, the financial position of the agency as at 30 June 2018 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 3 of the *Health Practitioner Regulation National Law Act* and applicable Australian Accounting Standards.
Basis for Opinion	I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. My independence is established by the *Constitution Act 1975.* My staff and I are independent of the agency in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.
Agency Management Committee's responsibilities for the financial report	The Agency Management Committee is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the *Health Practitioner Regulation National Law Act*, and for such internal control as the Agency Management Committee determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error. In preparing the financial report, the Agency Management Committee is responsible for assessing the agency's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

Level 31 / 35 Collins Street, Melbourne Vic 3000
T 03 8601 7000 enquiries@audit.vic.gov.au www.audit.vic.gov.au

Auditor's responsibilities for the audit of the financial report

As required by the *Audit Act 1994,* my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the agency's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Agency Management Committee
- conclude on the appropriateness of the Agency Management Committee's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the agency's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the agency to cease to continue as a going concern.
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Agency Management Committee regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

MELBOURNE
5 September 2018

Ron Mak
as delegate for the Auditor-General of Victoria

Australian Health Practitioner Regulation Agency

Statement of comprehensive income for the year ended 30 June 2018

Continuing operations	Note	2018 $'000	2017 $'000
Income from transactions			
Registration fee income	*A1*	174,290	164,127
Interest income	*A2*	4,939	5,218
Other income	*A3*	5,587	3,891
Total income from transactions		**184,816**	**173,236**
Expenses from transactions			
Board and committee sitting fees	*A4*	6,009	5,801
Legal and notification costs	*A4*	11,900	12,706
Office of the Health Ombudsman (OHO, in Queensland)	*E5*	4,222	2,260
Refund of prior year OHO expense		0	(3,748)
Accreditation expenses (external)	*A4*	9,484	9,113
Staffing costs	*A4*	115,716	103,128
Travel and accommodation	*A4*	6,985	6,681
Systems and communications		9,650	9,861
Property expenses		9,350	9,508
Strategic and project consultant costs		2,159	3,493
Depreciation and amortisation	*B5(1)*	4,207	4,764
Administration expenses	*A4(1)*	16,893	15,670
Total expenses from transactions		**196,575**	**179,237**
Net result for the year		**(11,759)**	**(6,001)**

This statement should be read in conjunction with the accompanying notes.

Balance sheet as at 30 June 2018

	Note	2018 $'000	2017 $'000
Current assets			
Cash and cash equivalents	C1	5,292	7,136
Investments	C2	54,000	107,000
Prepayments		3,290	3,802
Receivables	B2	4,083	1,247
Accrued income	A2	1,151	2,578
Leased assets	C4	532	0
Total current assets		**68,348**	**121,763**
Non-current assets			
Long-term investments	C2	112,000	60,000
Leased assets	C4	4,475	0
Plant and equipment	B4	11,161	7,187
Intangible assets	B5	438	3,172
Total non-current assets		**128,074**	**70,359**
Total assets		**196,422**	**192,122**
Current liabilities			
Payables and accruals	B3	12,307	11,504
Income in advance	A1	85,049	80,243
Employee benefits	D1	14,753	12,338
Lease liability	C4	1,284	0
Make good provision	C4(1)	0	246
Total current liabilities		**113,393**	**104,331**
Non-current liabilities			
Employee benefits	D1	3,537	3,459
Lease liability	C4	9,755	3,084
Make good provision	C4(1)	741	493
Total non-current liabilities		**14,033**	**7,036**
Total liabilities		**127,426**	**111,367**
Net assets		**68,996**	**80,755**
Equity			
Contributed capital	C3	43,895	43,895
Accumulated surplus	C3	25,101	36,860
Total equity		**68,996**	**80,755**
Commitments	C5		
Contingent assets and liabilities	B6		

This statement should be read in conjunction with the accompanying notes.

Australian Health Practitioner Regulation Agency

Statement of changes in equity for the year ended 30 June 2018

	Note	Contributed capital $'000	Accumulated surplus $'000	Total equity $'000
Balance at 1 July 2016		**43,895**	**42,861**	**86,756**
Net result for the year		0	(6,001)	(6,001)
Balance at 30 June 2017		**43,895**	**36,860**	**80,755**
Net result for the year		0	(11,759)	(11,759)
Balance at 30 June 2018	*C3*	**43,895**	**25,101**	**68,996**

This statement should be read in conjunction with the accompanying notes.

Australian Health Practitioner Regulation Agency

Statement of cash flows for the year ended 30 June 2018

	Note	2018 $'000	2017 $'000
Cash flows from operating activities			
Payments to suppliers, employees and others		(193,096)	(178,930)
Receipts relating to registrant fees		179,096	167,397
Net Goods and Service Tax (GST) received from the Australia Taxation Office (ATO)		7,558	6,506
Other receipts		2,751	3,903
Interest received		6,366	5,054
Net cash flows from operating activities	*B1*	**2,675**	**3,930**
Cash flows from investing activities			
Payments for plant and equipment, intangibles and work-in-progress		(5,519)	(4,215)
Purchase of investments		(124,000)	(68,000)
Return of investments		125,000	72,000
Net cash flows used in investing activities		**(4,519)**	**(215)**
Net (decrease)/increase in cash and cash equivalents		**(1,844)**	**3,715**
Cash and cash equivalents at the beginning of the year		7,136	3,421
Cash and cash equivalents at end of the year	*C1*	**5,292**	**7,136**

All amounts are inclusive of GST.

This statement should be read in conjunction with the accompanying notes.

Note A: Funding and cost of delivering our services

Introduction

This section provides a breakdown of income and an account of the expenses incurred by AHPRA in delivering services in partnership with the National Boards.

Income is recognised to the extent that it is probable that the economic benefits will flow to AHPRA and it can be reliably measured.

This section consists of:

- Note A1: Registration fee income
- Note A2: Interest income
- Note A3: Other income
- Note A4: Expenses from transactions, and
- Note A5: Events occurring after the balance sheet date.

Note A1: Registration fee income

Registrations are payable periodically in advance. Only those registration fees that are attributable to the current financial year are recognised as income. Registration fees that relate to future periods are recorded as income in advance within the balance sheet.

When a person pays an application fee, the fee is recognised in the financial year in which it is received.

Registration fee income	2018 $'000	2017 $'000
Registration fees	162,842	154,676
Application fees	11,448	9,451
Total registration fee income	**174,290**	**164,127**

Income in advance	2018 $'000	2017 $'000
Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA)	41	31
Chinese Medicine Board of Australia (CMBA)	867	853
Chiropractic Board of Australia (ChiroBA)	1,026	1,000
Dental Board of Australia (DBA)	4,381	4,108
Medical Board of Australia (MBA)	16,959	15,985
Medical Radiation Practice Board of Australia (MRPBA)	1,001	970
Nursing and Midwifery Board of Australia (NMBA)	47,663	44,666
Occupational Therapy Board of Australia (OTBA)	853	792
Optometry Board of Australia (OptomBA)	599	583
Osteopathy Board of Australia (OsteoBA)	317	294
Paramedicine Board of Australia (ParaBA)	0	202
Pharmacy Board of Australia (PharmBA)	3,474	3,310
Physiotherapy Board of Australia (PhysioBA)	1,189	1,131
Podiatry Board of Australia (PodBA)	707	678
Psychology Board of Australia (PsyBA)	5,968	5,640
Other	4	0
Total income in advance	**85,049**	**80,243**

Regulation of paramedics will begin in late 2018.

AHPRA received $211,874 from the Australian Health Ministers' Advisory Council (AHMAC) in the financial year 2016/17. A further $1.4 million was received in the 2017/18 financial year for the costs of establishing the regulation of paramedics and the new Paramedicine Board of Australia. At 30 June 2017, unspent funds were recorded on the balance sheet. At the establishment of the Board, these funds were transferred to the Board's comprehensive income statement as grant income.

Note A2: Interest income

Interest income is accrued by reference to the principal of a financial asset at the effective interest rate when earned.

Interest income	2018 $'000	2017 $'000
Interest on term deposits	4,939	5,218
Total interest income	**4,939**	**5,218**

Interest earned but not received in the bank is recorded as accrued income in the balance sheet.

Accrued income	2018 $'000	2017 $'000
Accrued interest on term deposits	1,115	2,554
Other accrued income	36	24
Total accrued income[1]	**1,151**	**2,578**

[1] For more information, see Note E2(b).

Note A3: Other income

Other income includes income that is not registration fees or interest. Key items of other income include certificates of registration status requested by registrants, legal fee recoveries and fees related to the Pharmacy Board of Australia's examinations.

Other income	2018 $'000	2017 $'000
Accreditation	256	277
Certificate of registration status	334	438
Government grants	1,612	20
Legal fee recovery	961	1,165
Pharmacy Board of Australia examinations	741	756
Other	1,683	1,235
Total other income	**5,587**	**3,891**

Note A4: Expenses from transactions

Expenses from transactions are recognised in the statement of comprehensive income when they are incurred.

Board and committee sitting fees

Board and committee sitting fee costs include national, state and regional board expenditure relating to meetings held by the National Boards and their committees.

Legal and notification costs

Legal costs include external costs relating to managing the notification (complaint) process by AHPRA. These costs include legal fees paid to external firms and costs of civil tribunals. They do not include the costs associated with AHPRA staff in the assessment and investigation of notifications, or the cost of legal staff employed by AHPRA.

Accreditation expenses (external)

Accreditation expenses (external) relate to payments to external accreditation bodies to exercise accreditation functions, as defined in section 42 of the National Law. Staff costs and committee sitting fees when these functions are carried out by board committees are not included.

ATSIHPBA, CMBA and MRPBA have assigned accreditation functions under section 42 of the National Law to accreditation committees administered by AHPRA.

Accrediting activities relating to registration of health practitioners under section 52 of the National Law are disclosed separately. During 2017/18, funding for MBA accrediting activities of $872k (2017: $966k) was incurred for intern training accreditation authorities (refer to Note A4(1)).

Pooled costs

AHPRA incurs all the following expenses and then proportionally allocates the expenditure to the National Boards, based on an agreed formula. The formula is based on an analysis of historical and financial data to estimate the proportion of AHPRA costs required to regulate each profession. Costs include salaries, systems and communication, property and administration costs. AHPRA supports the work of the National Boards by employing all staff and providing systems and infrastructure to manage registration, compliance and notification functions, as well as the support services necessary to run a national organisation with eight state and territory offices.

Staffing costs

Staffing costs relate to all AHPRA employment costs, including wages and salaries, fringe benefit tax, leave entitlements and on-costs, termination payments, WorkCover premiums, superannuation and contractors.

Travel and accommodation

Travel and accommodation relates to flights, taxis and hotel costs incurred by AHPRA, National Boards and their committees for travel attending scheduled board and committee meetings.

Systems and communication

Systems and communication costs relate to the technology systems of AHPRA.

Property expenses

Property expenses include rental, outgoings and maintenance of all properties.

Strategic and project consultant costs

Strategic and project consultant costs relate to project costs incurred in the year for both National Boards and AHPRA projects.

A4(1): Administration expenses

Administration expenses include corporate legal, bank charges and merchant fees, postage, freight and couriers, printing and stationery, insurance and recruitment.

	2018 $'000	2017 $'000
Bank charges and merchant fees	1,027	772
Criminal history checks	1,330	1,217
External contract services	2,840	3,048
Funding for intern training accreditation authorities for registration of health practitioners (section 52)	872	966
Health programs	3,234	2,131
Insurance	1,187	1,149
Internal audit fees	414	217
Legal – corporate	534	366
Meals and catering	453	388
National Health Practitioner Ombudsman and Privacy Commissioner Office	750	600
Pharmacy Board of Australia examinations[1]	480	429
Printing, postage, freight and courier	2,375	2,160
Publications	372	309
Recruitment	556	667
Other	469	1,251
Total administration expenses	**16,893**	**15,670**

[1] This cost only relates to contracts with third parties in providing the Pharmacy Board of Australia examinations which make up only part of the overall cost of providing this service.

A4(2): Summary of income and expenses by board

The AHPRA annual financial statements are a report of the Agency Fund under the National Law and include transactions of all 15 National Boards administered by AHPRA.

Under the National Law, the National Boards are unable to enter into transactions themselves, with AHPRA administering all income and expenditure transactions on behalf of each National Board, as set out in each Health Profession Agreement.

The total amount transacted is reflected in the comprehensive statement of income and accompanying financial statements. The aggregated total income and total expenditure transacted and attributed to each National Board is shown in the table below for 2017/18.

Board	Income $'000	Expenses $'000	Total $'000
ATSIHPBA	503	503	**0**
CMBA	2,427	1,615	**812**
ChiroBA	2,646	1,648	**998**
DBA	10,963	10,999	**(36)**
MBA	69,640	73,160	**(3,520)**
MRPBA	2,967	3,749	**(782)**
NMBA	58,036	65,091	**(7,055)**
OTBA	2,449	3,167	**(718)**
OptomBA	1,572	1,676	**(104)**
OsteoBA	863	851	**12**
ParaBA	1,612	910	**702**
PharmBA	9,634	11,423	**(1,789)**
PhysioBA	3,365	4,716	**(1,351)**
PodBA	1,867	1,457	**410**
PsyBA	15,417	14,755	**662**
Other	855	855	**0**
Total	**184,816**	**196,575**	**(11,759)**

Note A5: Events occurring after the balance sheet date

Assets, liabilities, income or expenses arise from past transactions or other past events.

Where the transactions result from an agreement between AHPRA and other parties, the transactions are only recognised when the agreement is irrevocable at or before the end of the reporting period.

For events that occur between the end of the reporting period and the date when the financial statements are authorised for issue, where those events provide information about conditions that existed at the reporting date, adjustments are made to amounts recognised in the financial statements.

Note that disclosure is made about events between the end of the reporting period and the date the financial statements are authorised for issue where the events relate to conditions that arose after the end of the reporting period, which are considered to be of material interest.

No subsequent events are identified for disclosure in this report.

Note B: Operating assets and liabilities

Introduction

AHPRA controls plant and equipment that are used in fulfilling our objectives and conducting our activities. Along with other financial assets, they present a key resource we used in the delivery of services. This section also includes information on AHPRA's financial liability towards external suppliers.

This section consists of:

- Note B1: Reconciliation of net result for the year to operating cash flows
- Note B2: Receivables
- Note B3: Payables and accruals
- Note B4: Plant and equipment
- Note B5: Intangible assets and amortisation, and
- Note B6: Contingent assets and liabilities.

Judgement required

The assets included in this section are carried at cost, less accumulated depreciation and impairment.
Judgement has also been applied in assessing the useful lives of plant and equipment.

Note B1: Reconciliation of net result for the year to operating cash flows

	2018 $'000	2017 $'000
Net result for the year	**(11,759)**	**(6,001)**
Adjustments for:		
Depreciation	4,207	4,764
Write off work in progress/assets	72	425
Recognition of lease assets	(5,007)	0
Make-good provision	2	62
Provision for doubtful debts	71	102
Changes in assets and liabilities		
(Increase) in receivables	(2,907)	(90)
Decrease/(increase) in prepayments	512	(1,443)
Decrease/(increase) accrued income	1,427	(164)
Increase in income in advance	4,806	3,270
Increase in payables and accruals	803	1,819
Increase in employee benefits	2,493	1,077
Increase in lease liability	7,955	109
Net cash flows from operating activities	**2,675**	**3,930**

Note B2: Receivables

Receivables consist of:

- contractual receivables, such as debtors in relation to goods and services, and
- statutory receivables, such as Goods and Services Tax (GST) input tax credits recoverable.

The terms of trade are 30 days from invoice date. Receivables are recognised and carried at original invoice amount less any allowance for any uncollectable amounts. Receivables are subject to annual impairment testing. A provision for doubtful receivables is recognised when collection of the full amount is no longer probable. Bad debts are written off when identified, and recognised as an expense in the statement of comprehensive income.

	Note	2018 $'000	2017 $'000
Trade receivables	*E2*	4,064	1,443
Less allowances for doubtful debts		(775)	(783)
GST receivable		794	587
Total receivables		**4,083**	**1,247**

Movement in the allowance for doubtful debts	2018 $'000	2017 $'000
Balance at beginning of year	783	681
Increase in allowance recognised in net result for the year	74	102
Decrease in amounts collected during the year	(79)	0
Decrease in amounts written off as uncollectable	(3)	0
Balance at end of year	**775**	**783**

Note B3: Payables and accruals

Payables are recognised at fair value. Payables represent liabilities for goods and services provided to AHPRA prior to the end of the financial year that are unpaid, and arise when AHPRA is obliged to make future payments in respect of the purchase of goods and services. Terms of settlement are generally 30 days from the date of invoice.

	Note	2018 $'000	2017 $'000
Trade creditors[1]	*E2*	4,428	5,453
Accrued expenses[1]	*E2*	7,879	6,051
Total payables and accruals		**12,307**	**11,504**

[1] For more information, see Note E2.

Note B4: Plant and equipment

Plant and equipment are measured at cost less accumulated depreciation and impairment. These assets are depreciated at rates based on their expected useful lives, using the straight-line method, which is reviewed annually.

The annual depreciation rates used for major assets in each class are as follows:

	2018	2017
Furniture and fittings	13%	13%
Computer equipment	20-40%	20-40%
Office equipment	15%	15%

Leasehold improvements are amortised over the term of the lease, or the life of the assets, whichever is shorter.

	Leasehold improvements $'000	Furniture and fittings $'000	Computer equipment $'000	Office equipment $'000	Total plant and equipment $'000
At cost					
Balance at 30 June 2016	9,232	709	2,407	241	**12,589**
Additions	3,187	198	526	44	**3,955**
Disposals/write-offs	(1,416)	(145)	(9)	(5)	**(1,575)**
Balance at 30 June 2017	**11,003**	**762**	**2,924**	**280**	**14,969**
Additions	3,448	850	2,057	101	**6,456**
Disposals/write-offs	(55)	(238)	(93)	(30)	**(416)**
Balance at 30 June 2018	**14,396**	**1,374**	**4,888**	**351**	**21,009**
Accumulated depreciation					
Balance at 30 June 2016	(4,511)	(396)	(1,788)	(139)	**(6,834)**
Depreciation charge during the year	(1,435)	(99)	(527)	(38)	**(2,099)**
Disposals/write-offs	1013	127	7	4	**1,151**
Balance at 30 June 2017	**(4,933)**	**(368)**	**(2,308)**	**(173)**	**(7,782)**
Depreciation charge during the year	(1,419)	(133)	(825)	(33)	**(2,410)**
Disposals/write-offs	39	206	80	19	**344**
Balance at 30 June 2018	**(6,313)**	**(295)**	**(3,053)**	**(187)**	**(9,848)**
Net book value					
At 30 June 2017	**6,070**	**394**	**616**	**107**	**7,187**
At 30 June 2018	**8,083**	**1,079**	**1,835**	**164**	**11,161**

B4(1): Written-down value of non-financial assets written off

All non-financial assets are assessed annually for indications of impairment. If there is an indication of impairment, the asset concerned is tested as to whether its carrying amount exceeds its possible recoverable amount. The difference is written off as an expense (Administration expenses – other) except to the extent that the write-down can be debited to an asset revaluation surplus account applicable to that same class of asset.

	2018 $'000	2017 $'000
Computer equipment	13	2
Office equipment	11	1
Furniture and fittings	32	18
Leasehold improvement	16	404
Total written down value of non-current assets written off	**72**	**425**

B4(2): Net gains/(loss) on disposal of non-financial assets

The net gain or loss arising from the sale of non-current assets is included as revenue (Other income) or expenses (Administration expenses – other) at the date control passes to the buyer, usually when an unconditional contract of sale is signed.

The net gain or loss on disposal is calculated as the difference between the carrying amount of the asset at the time of the disposal and the net proceeds on disposal. No assets were disposed in sales during 2017/18.

Note B5: Intangible assets and amortisation

When the recognition criteria in AASB138 *Intangible Assets* is met, internally generated intangible assets are recognised and measured at cost less accumulated amortisation and accumulated impairment.

An internally generated intangible asset arising from development (or from the development phase of an internal project) is recognised if, and only if, all of the following are demonstrated:

1. the technical feasibility of completing the intangible asset so that it will be available for use or sale
2. an intention to complete the intangible asset and use it
3. the ability to use the intangible asset
4. the intangible asset will generate probable future economic benefits
5. the availability of adequate technical, financial and other resources to complete the development and to use the intangible asset, and
6. the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Intangible assets are amortised annually at a rate of between 10% and 40% depending on their useful life. Work in progress is not depreciated until it reaches service delivery capacity.

Expenditure on research activities is recognised as an expense in the period in which it is incurred.

Intangible assets not yet available for use are tested annually for impairment and whenever there is an indication that the asset may be impaired.

	Computer software $'000	Work in progress $'000	Total $'000
At cost			
Balance at 30 June 2016	12,134	1,144	**13,278**
Additions	204	152	**356**
Disposals/write-offs	0	0	**0**
Transfer to additions	0	(96)	**(96)**
Balance at 30 June 2017	**12,338**	**1,200**	**13,538**
Additions	145	337	**482**
Disposals/write-offs	0	(989)	**(989)**
Transfer to additions	0	(430)	**(430)**
Balance at 30 June 2018	**12,483**	**118**	**12,601**
Accumulated amortisation			
Balance at 30 June 2016	(7,701)	0	**(7,701)**
Amortisation during the year	(2,665)	0	**(2,665)**
Balance at 30 June 2017	**(10,366)**	**0**	**(10,366)**
Amortisation charge during the year	(1,797)	0	**(1,797)**
Balance at 30 June 2018	**(12,163)**	**0**	**(12,163)**
Net book value			
At 30 June 2017	**1,972**	**1,200**	**3,172**
At 30 June 2018	**320**	**118**	**438**

B5(1): Depreciation and amortisation

	2018 $'000	2017 $'000
Depreciation		
Leasehold improvements	1,419	1,435
Furniture and fittings	133	99
Computer equipment	825	527
Office equipment	33	38
Amortisation		
Computer software	1,797	2,665
Total depreciation and amortisation	**4,207**	**4,764**

Note B6: Contingent assets and liabilities

Contingent assets and contingent liabilities are not recognised in the statement of financial position, but are disclosed by way of note and, if quantifiable, are measured at nominal value. Contingent assets and contingent liabilities are presented inclusive of GST receivable or payable respectively.

Contingent assets	2018 $'000	2017 $'000
Legal proceedings and disputes	0	0

No claim for damages was lodged during the year.

Contingent liabilities	2018 $'000	2017 $'000
Legal proceedings and disputes	0	0

Claims for damages were lodged during the year. Liabilities have been disclaimed and the actions have been defended. Insurers are involved in defending these matters. The extent to which an outflow of funds is required in excess of insurance is dependent on the case outcomes being more or less favourable than currently expected.

Note C: Equity, investment and commitments

Introduction

This section provides information on AHPRA's cash and investment position along with a detailed breakdown of equity by National Boards.

This section consists of:

- Note C1: Cash and cash equivalents
- Note C2: Investments
- Note C3: Equity by board
- Note C4: Leased assets and liabilities, and
- Note C5: Commitments.

Judgement required

Judgements have been made in determining the make-good provision for each office lease. It is based on current market condition and AHPRA's property leasing strategy.

Note C1: Cash and cash equivalents

Cash and cash equivalents include cash on hand and cash at bank, deposits held at call, and other short-term liquid deposits with an original maturity of three months or less, which are readily convertible to known amounts of cash with an insignificant risk of changes in value.

	Note	2018 $'000	2017 $'000
Cash and cash equivalents, at bank		5,292	7,136
Total cash and cash equivalents	*E2*	**5,292**	**7,136**

Note C2: Investments

Investments include term deposits that AHPRA has the positive intent and ability to hold to maturity at fixed or repricing interest rates.

	Note	2018 $'000	2017 $'000
Current			
Term deposits less than 90 days		18,000	37,000
Bank term deposits more than 90 days but less than 1 year		36,000	70,000
Total current investments		**54,000**	**107,000**
Non-current			
Bank term deposits greater than 1 year		112,000	60,000
Total non-current investments		**112,000**	**60,000**
Total investments	*E2*	**166,000**	**167,000**

Note C3: Equity by board

Consistent with the requirements of AASB 1004 *Contributions*, contributions by owners (that is, contributed capital) are treated as equity transactions and, therefore, do not form part of the income and expenses of AHPRA.

Additions to net assets designated as contributions by government or statutory bodies are recognised as contributed capital.

Summary of contributed capital, equity and net result by board

Board	Contributed capital $'000	Accumulated net result to 30 June 2017 $'000	Equity at 30 June 2017 $'000	2017/18 net result $'000	2017/18 result funded from equity $'000	Total $'000	Accumulated net result to 30 June 2018 $'000	Equity at 30 June 2018 $'000
ATSIHPBA	276	(275)	1	0	0	0	(275)	1
CMBA	1,293	3,254	4,547	812	0	812	4,066	5,359
ChiroBA	1,164	1,022	2,186	998	0	998	2,020	3,184
DBA	3,120	915	4,035	0	(36)	(36)	879	3,999
MBA	12,257	11,155	23,412	0	(3,520)	(3,520)	7,635	19,892
MRPBA	2,218	3,165	5,383	0	(782)	(782)	2,383	4,601
NMBA	12,816	3,037	15,853	0	(7,055)	(7,055)	(4,018)	8,798
OTBA	3,574	3,525	7,099	0	(718)	(718)	2,807	6,381
OptomBA	1,061	878	1,939	0	(104)	(104)	774	1,835
OsteoBA	996	201	1,197	12	0	12	213	1,209
ParaBA	0	0	0	702	0	702	702	702
PharmBA	2,716	1,898	4,614	0	(1,789)	(1,789)	109	2,825
PhysioBA	2,728	2,738	5,466	0	(1,351)	(1,351)	1,387	4,115
PodBA	420	2,043	2,463	410	0	410	2,453	2,873
PsyBA	2,194	366	2,560	662	0	662	1,028	3,222
Other	(2,938)	2,938	0	0	0	0	2,938	0
Total	**43,895**	**36,860**	**80,755**	**3,596**	**(15,355)**	**(11,759)**	**25,101**	**68,996**

(a) Contributed capital	2018 $'000	2017 $'000
Balance at the beginning of the financial year	43,895	43,895
Capital contributions from former boards	0	0
Balance at end of the financial year	**43,895**	**43,895**

(b) Accumulated surplus	2018 $'000	2017 $'000
Balance at the beginning of the financial year	36,860	42,861
Net result for the year	(11,759)	(6,001)
Balance at end of the financial year	**25,101**	**36,860**

Note C4: Leased assets and liabilities

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. AHPRA is not party to a finance lease.

In the event that lease incentives are received to enter into operating leases, the aggregate cost of incentives is recognised as a reduction of rental expense over the lease term on a straight-line basis.

During 2017/18, AHPRA entered into three office lease agreements. The lease contracts include lease incentive clauses. AHPRA has recognised these as a lease liability and/or asset that is reduced over the term of the lease. The lease incentive comprised reimbursement for the fit-out of the new premises (liability) and/or rental abatement (asset).

	2018 $'000	2017 $'000
Leased assets	5,007	0
Lease liabilities	11,039	3,084

C4(1): Make-good provision

Provisions are recognised when AHPRA has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably. The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation.

During the calculation of make-good provision, assumptions and estimations have been applied to work out the average make-good cost per square metre, the chance of moving office and the local market conditions in re-negotiating an incentive at lease expiration for each office.

The make-good provision is recognised in accordance with the lease agreement over the offices' leases.

	2018 $'000	2017 $'000
Opening balance	**739**	**677**
Additional provisions required	252	53
Reductions arising from payments	(250)	9
Closing balance	**741**	**739**
Current	0	246
Non-current	741	493
Total	**741**	**739**

Note C5: Commitments

Commitments include operating and capital commitments arising from non-cancellable contractual or statutory obligations. It primarily relates to office leases with terms between three and ten years. These contracts do not allow AHPRA to purchase the office after the lease ends, but AHPRA can renew the lease for a further period.

Operating lease commitments

Commitments (including GST) in relation to operating leases are payable as:

Non-cancellable:	2018 $'000	2017 $'000
Not later than 1 year	9,633	9,051
Later than 1 year but not later than 5 years	35,232	18,804
Later than 5 years	23,231	14,997
Total operating leases	**68,096**	**42,852**

Note D: Employee benefits

Introduction

This section provides information on liabilities AHPRA set aside to meet employment terms and conditions.

This section consists of:

- Note D1: Employee benefits and on-costs
- Note D2: Accountable officer and executive director remuneration, and
- Note D3: Superannuation.

Judgement required

Judgements have been applied in the calculations of employee benefits provisions based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates.

Note D1: Employee benefits and on-costs

(a) Annual leave

Employee benefits including non-monetary benefits and annual leave are recognised in the provision for employee benefits as current liabilities.

When the annual leave is expected to wholly settle within 12 months of the reporting date, it is measured at its nominal value. Those liabilities not expected to be wholly settled within 12 months of the reporting date are measured at the present value of the amounts expected to be paid when the liabilities are settled using remuneration rates expected to apply at the time of settlement.

(b) Long service leave

The long service leave entitlement under existing arrangements is recognised from an employee's start date and becomes payable according to the employment arrangements in place. The valuation of long service leave for employees who have met the conditions of service to take long service leave is recognised as a current liability, while the valuation for those employees still to meet the conditions of service is recognised as a non-current liability.

Part of the current liability is measured at nominal value when it is expected to wholly settle within 12 months of the reporting date. When liabilities are not expected to wholly settle within 12 months of the reporting date, it is measured at the present value of the expected future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given to expected future wage and salary levels, experience of employee departures, and periods of service. Expected future payments are discounted using interest rates on national government guaranteed securities with terms to maturity that match, as closely as possible, the estimated future cash outflows.

(c) Termination benefits

Termination benefits are payable when employment is terminated before the normal retirement date or when an employee accepts voluntary redundancy in exchange for these benefits. AHPRA recognises termination benefits when it is demonstrably committed to either terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal or providing termination benefits as a result of an offer made to encourage voluntary redundancy. Benefits falling due more than 12 months after the end of the reporting period are discounted to present value.

(d) Employee benefits on-costs

Employee benefits on-costs include payroll tax, WorkCover insurance premiums and superannuation entitlements. The benefits on-costs are recognised as liabilities when the employee benefits to which they relate are recognised.

	2018 $'000	2017 $'000
Current employee benefits and on-costs		
Unconditional annual leave expected to be settled within 12 months	6,436	5,733
Unconditional annual leave expected to be settled after 12 months	1,831	1,682
Unconditional long service leave expected to be settled within 12 months	6,486	4,923
Total current employee benefits and on-costs	**14,753**	**12,338**
Non-current employee benefits and on-costs		
Conditional long service leave entitlements expected to be settled after 12 months	3,537	3,459
Total non-current employee benefits and on-costs	**3,537**	**3,459**
Total employee benefits and on-costs	**18,290**	**15,797**

	2018 $'000	2017 $'000
Current employee benefits		
Annual leave	7,214	6,316
Long service leave	5,669	4,154
Non-current employee benefits		
Long service leave	3,074	2,919
Total employee benefits	**15,957**	**13,389**
On-costs		
Current on-costs	1,870	1,868
Non-current on-costs	463	540
Total on-costs	**2,333**	**2,408**
Total employee benefits and on-costs	**18,290**	**15,797**

(e) Movement in employee benefit provision

	Annual leave $'000	Long service leave $'000	Total $'000
Opening balance	**7,415**	**8,382**	**15,797**
Additional provisions required	7,480	2,303	**9,783**
Reductions arising from payments	(6,628)	(662)	**(7,290)**
Closing balance	**8,267**	**10,023**	**18,290**
Current	8,267	6,486	**14,753**
Non-current	0	3,537	**3,537**
Total	**8,267**	**10,023**	**18,290**

Note D2: Accountable officer and executive director remuneration

Remuneration of Chief Executive Officer and Executive Directors

The Chief Executive Officer (CEO) is Mr Martin Fletcher who held the position throughout the period 1 July 2017 to 30 June 2018.

The aggregate compensation made to the CEO and Executive Directors is set out below:

	2018 $	2017 $
Short-term employee benefits	1,357,849	1,226,762
Long-term employee benefits	36,794	19,582
Post-employment benefits	94,789	86,141
Total	**1,489,432**	**1,332,485**

	2018	2017
Total number of executives	5	4
Total annualised employee equivalents	4.25	4

Note D3: Superannuation

The amount expensed in respect of superannuation represents AHPRA contributions for members of both defined benefit and defined contribution superannuation plans that are paid or payable during the reporting period.

Employees of AHPRA are entitled to receive superannuation benefits and AHPRA contributes to both defined benefit and defined contribution plans. The defined benefit plans provide benefits based on years of service and final average salary.

AHPRA does not recognise any defined benefit liability in respect of the plans because it has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due.

Superannuation contributions paid or payable for the reporting period are included as part of staffing costs in AHPRA's statement of comprehensive income.

The name, details and amounts expensed in relation to the major employee superannuation funds and contributions made by AHPRA are as follows:

Fund	Paid contribution for the year		Contribution at year end	
	2018 $'000	2017 $'000	2018 $'000	2017 $'000
Defined benefit plans				
Gold State Super	164	236	22	8
QSuper	179	223	8	7
Other	31	31	4	1
Defined contribution plans				
Australian Super	3,495	2,920	1	116
First State accumulation fund	527	403	0	17
QSuper accumulation V2	464	381	0	12
VicSuper FutureSaver	506	474	0	18
Sunsuper superannuation	367	399	0	13
Other	5,570	5,176	38	186
Total	**11,303**	**10,243**	**73**	**378**

Note E: Other

Introduction

This section sets out financial instrument specific information (including exposures to financial risks) as well as additional material disclosures required by accounting standards or otherwise, for the understanding of these statements.

This section consists of:

- Note E1: Summary of significant accounting policies
- Note E2: Financial instruments
- Note E3: Related party disclosures
- Note E4: Remuneration of external auditor, and
- Note E5: Co-regulatory jurisdictions.

Judgement required

At the end of each reporting period, AHPRA assesses whether there is objective evidence that a financial asset or group of financial assets is impaired. All financial instrument assets are subject to an annual review for impairment.

Note E1: Summary of significant accounting policies

Statement of compliance

These financial statements are referred to as a general purpose financial report which has been prepared in accordance with Australian Accounting Standards (AAS) and Interpretations and other mandatory requirements. AAS include Australian equivalents to the International Financial Reporting Standards.

The financial statements have also been prepared in accordance with the relevant requirements of the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory.

For the purpose of preparing the financial statements, AHPRA is a not-for-profit entity.

These financial statements were authorised to be issued by the Agency Management Committee on 4 September 2018.

(a) Reporting entity

AHPRA is the organisation responsible for the administration of the National Scheme across Australia.

AHPRA's operations are governed by the National Law, which came into effect on 1 July 2010 and on 18 October 2010 in Western Australia. This law means that registered health professions are regulated by nationally consistent legislation.

AHPRA supports the National Health Practitioner Boards in the administration of the National Scheme. National Boards are responsible for regulating their respective health professions. The primary role of the National Boards is to protect the public and set standards and policies that all registered health practitioners must meet.

The Agency Management Committee oversees the work of AHPRA. The Chair of the Agency Management Committee is Mr Michael Gorton. The Chief Executive Officer is Mr Martin Fletcher.

The financial statements include the controlled activities of AHPRA.

AHPRA's corporate address is 111 Bourke Street, Melbourne, Victoria, 3000.

(b) Basis of accounting preparation and measurement

Accounting policies are selected and applied in preparing the financial statements for the year ended 30 June 2018 in a manner that ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is appropriately reported.

The financial statements, other than the statement of cash flows, have been prepared using the accrual basis of accounting. Under the accrual basis, items are recognised as assets, liabilities, equity, income or expenses when they satisfy the definition and recognition criteria for those items; that is, they are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

The financial report is prepared in accordance with the historical cost convention.

The estimates and underlying assumptions used in preparing these financial statements are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision. Judgements and assumptions made by management in the application of AAS that have significant effects on the financial statements and estimates relate to:

- assumptions for employee benefit provisions based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates, and
- the fair value of intangible assets.

(c) Corporate structure

AHPRA is a statutory body governed by the National Law.

(d) Prepayments

Prepaid expenditure is recognised when payments are made in advance of receipt of goods or services or expenditure made in one accounting period that covers a term extending beyond that period. It is then recognised as expenditure to the period in which the service relates.

(e) Goods and services tax (GST)

All application, registration and late fees are exempt from GST legislation. Income, expenses and assets are recognised net of GST except where the amount of GST incurred is not recoverable, in which case it is recognised as part of the cost of acquisition of an asset or part of an item of expense or revenue. GST receivable from or payable to the Australian Taxation Office (ATO) is included in the statement of financial position. The GST component of a receipt or payment is recognised on a gross basis in the statement of cash flows in accordance with AASB 107 *Statement of Cash Flows*.

(f) Income tax

Tax effect accounting has not been applied as AHPRA is exempt from income tax under section 50–25 of the *Income Tax Assessment Act 1997*.

(g) Functional and presentation currency

All amounts specified in these statements are presented in Australian dollars.

(h) Rounding of amounts

Amounts in the financial statements have been rounded to the nearest thousand dollars unless otherwise stated. Figures in the financial statements may not equate due to rounding.

(i) Changes in accounting policy

Subsequent to the 2016/17 reporting period, no new or revised AAS or AHPRA accounting policies have been adopted in the current period.

(j) New accounting standards and interpretations

Certain new Australian accounting standards and interpretations that are not mandatory for the 30 June 2018 reporting period have been published.

As at 30 June 2018, the following standards and interpretations had been issued but were not effective for the 2017/18. AHPRA has not adopted, and does not intend to adopt, these standards early.

AASB 108 requires disclosure of the impact on AHPRA's financial statements of these changes. These are set out on the following page.

Standard/ interpretation[1]	Summary	Applicable for annual reporting periods beginning on or after	Impact on AHPRA financial statements
AASB 9 ***Financial instruments***	The key changes include the simplified requirements for the classification and measurement of financial assets, a new hedging accounting model, and a revised impairment loss model to recognise impairment losses earlier, as opposed to the current approach that recognises impairment only when incurred.	1 January 2018	While the preliminary assessment has not identified any material impact arising from AASB 9, it will continue to be monitored and assessed.
AASB 2014-7 ***Amendments to Australian Accounting Standards arising from AASB 9***	Amends various AASs to incorporate the consequential amendments arising from the issuance of AASB 9.	1 January 2018	The assessment has indicated that there will be no significant impact for the public sector or not-for-profit entities.
AASB 15 ***Revenue from contracts with customers***	The core principle of AASB 15 requires an entity to recognise revenue when the entity satisfies a performance obligation by transferring a promised good or service to a customer.	1 January 2018	The changes in revenue recognition requirements in AASB 15 may result in changes to the timing and amount of revenue recorded in the financial statements. We are waiting to complete our assessment based on the outcomes of AASB 15's exposure draft relating to public sector licences, expected to be completed in December 2018.
AASB 2015-8 ***Amendments to Australian Accounting Standards – Effective Date of AASB 15***	This standard defers the mandatory effective date of AASB 15 from 1 January 2017 to 1 January 2018.	1 January 2018	This amending standard will defer the application period of AASB 15 to the 2018/19 reporting period in accordance with the transition requirements.
AASB 2014-5 ***Amendments to Australian Accounting Standards arising from AASB15***	Amends the measurement of trade receivables and the recognition of dividends as follow: → Trade receivables that don't have a significant financing component, are to be measured at their transaction price, at initial recognition.	1 January 2018	The impact will be the same as identified in AASB 15.
AASB 2016-3 ***Amendments to Australian Accounting Standards – Clarifications to AASB 15***	This standard amends AASB 15 to clarify the requirements on identifying performance obligations, principal versus agent considerations and the timing of recognising revenue from granting a licence. The amendments require: → a promise to transfer to a customer a good or service that is 'distinct' to be recognised as a separate performance obligation → for items purchased online, the entity is a principal if it obtains control of the good or service prior to transferring to the customer, and → for licences identified as being distinct from other goods or services in a contract, entities need to determine whether the licence transfers to the customer over time (right to use) or at a point in time (right to access).	1 January 2018	The impact will be the same as identified in AASB 15.
AASB 2016-7 ***Amendments to Australian Accounting Standards*** **- Deferral of AASB 15 for** ***Not-for-Profit Entities***	This standard defers the mandatory effective date of AASB 15 for not-for-profit entities from 1 January 2018 to 1 January 2019.	1 January 2019	This amended standard will defer the application period of AASB 15 to the 2019/20 reporting period in accordance with the transition requirements.
AASB 2014-1 ***Amendments to Australian Accounting Standards*** **[Part E** ***financial instruments*****]**	Amends various AASs to reflect the AASB's decision to defer the mandatory application date of AASB 9 to annual reporting periods beginning on or after 1 January 2018 as a consequence of Chapter 6 Hedge accounting, and to amend reduced disclosure requirements.	1 January 2018	This amended standard will defer the application period of AASB 9 to the 2018/19 reporting period in accordance with the transition requirements.
AASB 16 ***Leases***	The key changes introduced by AASB 16 include the recognition of most operating leases (which are currently not recognised) on the balance sheet.	1 January 2019	Our assessment indicates that all our property leases will be affected and some other minor leases. This will affect our statement of financial position and other disclosures. The amount of expense recognised will be affected by net present value calculation.
AASB 1058 ***Income of Not-for-Profit Entities***	This standard will replace AASB 1004 *Contributions* and establishes principles for transactions that are not within the scope of AASB 15, where the consideration to acquire an asset is significantly less than fair value to enable not-for-profit entities to further their objectives. The restructure of administrative arrangement will remain under AASB 1004.	1 January 2019	Undertake further review and assessment on whether the registration fee collection within the scope of AASB 15 or AASB 1058. This will involve reviewing the terms and conditions of these arrangements in more detail to identify the existence of any performance obligations once the public sector licensing exposure draft is completed.

[1] AHPRA does not anticipate early adoption of any of the above Australian Accounting Standards or Interpretations however further analysis of these standards will occur during 2018/19.

Note E2: Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of AHPRA's activities, certain financial assets and financial liabilities arise under statute rather than contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*.

Where relevant, for note disclosure purposes, a distinction is made between those financial assets and financial liabilities that meet the definition of financial instruments in accordance with AASB 132 and those that do not.

Categories of financial instruments include:

- cash and cash equivalents
- investments, and
- receivables.

Receivables are financial instrument assets with fixed and determinable payments that are not quoted on an active market. These assets are initially recognised at fair value plus any directly attributable transaction costs. Subsequent to initial measurement, receivables are measured at amortised cost using the effective interest method, less any impairment.

Contractual receivables are classified as financial instruments and categorised as receivables. Statutory receivables are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments because they do not arise from a contract.

Receivables category includes cash and deposits (refer to Note C1), term deposits with maturity greater than three months, trade receivables and other receivables, but not statutory receivables such as GST.

Impairment of financial assets

At the end of each reporting period, AHPRA assesses whether there is objective evidence that a financial asset or group of financial assets is impaired. All financial instrument assets are subject to annual review for impairment. Any impairment loss is recognised in the statement of comprehensive income.

Financial liabilities at amortised cost

Financial instrument liabilities are initially recognised on the date they originate. They are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these liabilities are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in the comprehensive income statement over the period of the interest-bearing liability, using the effective interest rate method.

Financial instrument liabilities measured at amortised cost include all of AHPRA's contractual payables.

(a) Financial risk management

AHPRA's principal financial instruments consist of at call variable interest deposits, fixed and repricing term deposits and trade receivables and payables. AHPRA has no exposure to foreign exchange rate risk.

(b) Credit risk exposure

Credit risk is the risk that a party will fail to fulfil its obligations to AHPRA resulting in financial loss. The maximum exposure to credit risk, excluding the value of any collateral or other security at balance date, is the carrying amount, net of any provisions for impairment of those assets, as disclosed in the statement of financial position and notes to the financial statements. AHPRA does not have any material credit risk exposure to any single receivable or group of receivables under financial instruments entered into by the entity.

There are no material amounts of collateral held as security at 30 June 2018 (2017: $nil).

Credit risk is managed by the entity and reviewed regularly. It arises from exposures to debtors as well as through deposits with major financial institutions.

AHPRA monitors the credit risk by actively assessing the rating quality and liquidity of counterparties.

Credit quality of contractual assets that are neither past due nor impaired

Financial assets	Financial institutions (AA- credit rating)[1] $'000	Other $'000	Total $'000
2018			
Cash and cash equivalents	5,292	0	**5,292**
Investments	166,000	0	**166,000**
Receivables	0	3,290	**3,290**
Accrued income	1,115	36	**1,151**
Total	**172,407**	**3,326**	**175,733**
2017			
Cash and cash equivalents	7,136	0	**7,136**
Investments	167,000	0	**167,000**
Receivables	0	660	**660**
Accrued income	2,554	24	**2,578**
Total	**176,690**	**684**	**177,374**

[1] Fitch Ratings and Standard & Poor's both rate AA-. Moody's Investors Service rate Aa3.

Ageing analysis of financial assets

Financial assets	Carrying amount $'000	Not past due and not impaired $'000	Past due but not impaired				Impaired financial assets $'000
			Less than 1 month $'000	1–3 months $'000	3–12 months $'000	More than 1 year $'000	
2018							
Cash and cash equivalents	5,292	5,292	0	0	0	0	0
Investments	166,000	0	0	18,000	36,000	112,000	0
Receivables	4,064	2,734	41	110	256	923	(775)
Accrued income	1,151	1,151	0	0	0	0	0
Total	**176,507**	**9,177**	**41**	**18,110**	**36,256**	**112,923**	**(775)**
2017							
Cash and cash equivalents	7,136	7,136	0	0	0	0	0
Investments	167,000	0	0	37,000	70,000	60,000	0
Receivables	1,443	206	181	45	224	787	(783)
Accrued income	2,578	2,578	0	0	0	0	0
Total	**178,157**	**9,920**	**181**	**37,045**	**70,224**	**60,787**	**(783)**

(c) Liquidity risk exposure

Liquidity risk is the risk that AHPRA will encounter difficulty in meeting obligations associated with financial liabilities. AHPRA manages liquidity risk by monitoring cash flows' forecast and ensuring that adequate liquid funds are available to meet current obligations.

The following tables disclose the maturity analysis of AHPRA's financial liabilities.

Payables	Carrying amount $'000	Maturity dates		
		Less than 1 month $'000	1–3 months $'000	3–12 months $'000
2018				
Trade creditors	4,428	4,313	102	13
Accrued expenses	7,879	7,879	0	0
Total	**12,307**	**12,192**	**102**	**13**
2017				
Trade creditors	5,453	5,114	352	(13)
Accrued expenses	6,051	6,051	0	0
Total	**11,504**	**11,165**	**352**	**(13)**

The maximum exposure to liquidity risk is the total carrying amount of the financial liabilities as shown above.

(d) Market risk exposure

Currency risk

AHPRA has no exposure to currency risk at 30 June 2018 or at 30 June 2017.

Equity price risk

AHPRA has no exposure to equity price risk at 30 June 2018 or at 30 June 2017.

Interest rate risk

Exposure to interest rate risk is limited to assets bearing variable interest rates. AHPRA has a combination of deposits with floating and fixed interest rates. Exposure to variable interest rate risk is with financial institutions with AA- credit rating.[1]

Interest rate exposure of financial instruments

2018	Weighted average interest rate	Non- interest bearing $'000	Floating interest rate $'000	Fixed interest rate $'000	Total $'000
Financial assets					
Cash and cash equivalents	1.50%	0	0	5,292	**5,292**
Investments	2.79%	0	89,000	77,000	**166,000**
Receivables	0.00%	3,290	0	0	**3,290**
Total		**3,290**	**89,000**	**82,292**	**174,582**
Financial liabilities					
Payables	0.00%	4,428	0	0	**4,428**
Accrued expenses	0.00%	7,879	0	0	**7,879**
Total		**12,307**	**0**	**0**	**12,307**

[1] Fitch Ratings and Standard & Poor's both rate AA-. Moody's Investors Service rate Aa3.

2017	Weighted average interest rate	Non-interest bearing $'000	Floating interest rate $'000	Fixed interest rate $'000	Total $'000
Financial assets					
Cash and cash equivalents	1.50%	0	0	7,136	**7,136**
Investments	2.98%	0	69,000	98,000	**167,000**
Receivables	0.00%	660	0	0	**660**
Accrued income	0.00%	2,578	0	0	**2,578**
Total		**3,238**	**69,000**	**105,136**	**177,374**
Financial liabilities					
Payables	0.00%	5,453	0	0	**5,453**
Accrued expenses	0.00%	6,051	0	0	**6,051**
Total		**11,504**	**0**	**0**	**11,504**

Sensitivity analysis

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, AHPRA believes the following movements are 'reasonably possible' over the next 12 months:

- A parallel shift of +0.5% and –0.5% (2017: +1.0% and –0.5%) in market interest rates (AUD) from year-end rates of 1.5% and 2.53% due to an overall more stable environment.

The following table discloses the impact on net operating result and equity for each category of financial instrument held by AHPRA at year end as presented to key management personnel, if changes in the market interest rates occur.

Financial assets	Carrying amount $'000	At +0.5% $'000	At +0.5% $'000	At –0.5% $'000	At –0.5% $'000
2018		**Surplus**	**Equity**	**Surplus**	**Equity**
Cash and cash equivalents	5,292	26	26	(26)	(26)
Investments	166,000	576	576	(576)	(576)
Total		**602**	**602**	**(602)**	**(602)**
Financial assets	**Carrying amount $'000**	**At +1.0% $'000**	**At +1.0% $'000**	**At –0.5% $'000**	**At –0.5% $'000**
2017		**Surplus**	**Equity**	**Surplus**	**Equity**
Cash and cash equivalents	7,136	71	71	(36)	(36)
Investments	167,000	1,157	1,157	(579)	(579)
Total		**1,228**	**1,228**	**(615)**	**(615)**

Other market risk

AHPRA has no exposure to other market risk at 30 June 2018 or at 30 June 2017.

(e) Fair value

The fair values and net fair values of financial instrument assets and liabilities are determined as follows:

- Level 1 – the fair value of financial instruments with standard terms and conditions and traded in active liquid markets is determined with reference to quoted market prices.
- Level 2 – the fair value is determined using inputs other than quoted prices that are observable for the financial asset or liability, either directly or indirectly.
- Level 3 – the fair value is determined in accordance with generally accepted pricing models based on discounted cash flow analysis using unobservable market inputs.

AHPRA considers that the carrying amount of financial instrument assets and liabilities recorded in the financial statements to be a fair approximation of their fair values, because of the short-term nature of the financial instruments and the expectation that they will be settled in full.

The following table shows that the fair values of the contractual financial assets and liabilities are the same as the carrying amounts other than receivables where there is a provision for doubtful debts.

Comparison between carrying amount and fair value

	Note	Carrying amount $'000	Fair value $'000	Carrying amount $'000	Fair value $'000
Contractual financial assets		**2018**	**2018**	**2017**	**2017**
Cash and cash equivalents		5,292	5,292	7,136	7,136
Investments		166,000	166,000	167,000	167,000
Receivables	*B2*	4,064	3,290	1,443	660
Accrued income		1,151	1,151	2,578	2,578
Total contractual financial assets		**176,507**	**175,733**	**178,157**	**177,374**
Contractual financial liabilities					
Payables		4,428	4,428	5,453	5,453
Accrued expenses		7,879	7,879	6,051	6,051
Total contractual financial liabilities		**12,307**	**12,307**	**11,504**	**11,504**

Note E3: Related party disclosures

(a) Ministerial Council

The Ministerial Council comprises Ministers of the governments of the participating jurisdictions and the Commonwealth with portfolio responsibility for health. The following Ministers were members of the Ministerial Council during the year 1 July 2017 to 30 June 2018, unless otherwise noted.

Name	Portfolio	Jurisdiction
Ms Meegan Fitzharris MLA	Minister for Health and Wellbeing Minister for Transport and City Services Minister for Higher Education, Training and Research Chair, Ministerial Council from August 2017	Australian Capital Territory
The Hon Greg Hunt MP	Minister for Health	Commonwealth
The Hon Bradley Hazzard MP	Minister for Health Minister for Medical Research	New South Wales
The Hon Natasha Fyles MLA	Attorney-General and Minister for Justice Minister for Health	Northern Territory
The Hon Dr Steven Miles MP	Minister for Health and Minister for Ambulance Services from December 2017	Queensland
The Hon Cameron Dick MP	Minister for Health and Minister for Ambulance Services from July to December 2017	
The Hon Stephen Wade MLC	Minister for Health and Wellbeing from March 2018	South Australia
The Hon Peter Malinauskas MLC	Minister for Health Minister for Mental Health and Substance Abuse September 2017 to March 2018	
The Hon Jack Snelling MP	Minister for Health to September 2017	
The Hon Michael Ferguson MP	Minister for Health Minister for Police Fire and Emergency Management Minister for Science and Technology	Tasmania
The Hon Jill Hennessy MP	Minister for Health Minister for Ambulance Services Chair, Ministerial Council to August 2017	Victoria
The Hon Roger Cook MLA	Deputy Premier Minister for Health Minister for Mental Health	Western Australia

Amounts relating to responsible ministers' remuneration are reported in the financial statements of the relevant minister's jurisdiction.

(b) Agency Management Committee members

Name	Period
Mr Michael Gorton AM, Chair	1/07/2017 – 30/06/2018
Adjunct Prof. Karen Crawshaw PSM	1/07/2017 – 30/06/2018
Mr Ian Smith PSM	1/07/2017 – 30/06/2018
Ms Jenny Taing	1/07/2017 – 30/06/2018
Ms Barbara Yeoh AM	1/07/2017 – 30/06/2018
Dr Peggy Brown AO	1/07/2017 – 30/06/2018
Dr Susan Young	1/07/2017 – 30/06/2018
Ms Philippa Smith AM	1/07/2017 – 30/06/2018

(c) Related party transactions

Key management personnel (KMP) of AHPRA include the responsible minister in each jurisdiction that forms parts of the Ministerial Council under the National Law, members of the Agency Management Committee, Chief Executive Officer and members of the National Executive team, which includes:

- Executive Director, Regulatory Operations, Kym Ayscough
- Executive Director, Strategy and Policy, Chris Robertson
- Executive Director, Business Services, Sarndrah Horsfall
- Interim Executive Director, People and Culture, Judith Pettitt.

Other than the responsible Ministers, the remuneration for KMP is disclosed as follows.

	2018 $	2017 $
Short-term employee benefits	1,501,785	1,318,533
Long-term employee benefits	36,794	19,582
Post-employment benefits	108,463	94,859
Total	**1,647,042**	**1,432,974**

Outside of normal citizen type transactions with AHPRA, there were no related party transactions that involved KMP, their close family members and their personal business interests other than those disclosed below. No provision has been required, nor any expense recognised, for impairment of receivables from related parties.

All other transactions that have occurred with KMP and their related parties have not been considered material for disclosure. In this context, transactions are only disclosed when they are considered necessary to draw attention to the possibility that AHPRA's financial position and profit or loss may have been affected by the existence of related parties, and by transactions and outstanding balances, including commitments, with such parties.

Mr Michael Gorton AM is Chair of the Agency Management Committee. He is a principal of Russell Kennedy Solicitors which provides legal services on notification matters to AHPRA on normal commercial terms and conditions.

	2018 $'000	2017 $'000
Russell Kennedy Solicitors	102	140

The following transactions have involved the Ministerial Council during 2017/18.

Funding of $1.4 million in 2017/18 was provided by Australian Governments to support the implementation of national regulation of paramedics under the National Scheme. Australian Health Ministers decided that paramedicine is to be regulated under the National Scheme, and the initial grant is to support AHPRA to start its work in partnership with the soon-to-be-established Paramedicine Board of Australia.

Note E4: Remuneration of external auditor

	2018 $'000	2017 $'000
Victorian Auditor-General's Office	164	159
Total	**164**	**159**

Note E5: Co-regulatory jurisdictions

The *Health Practitioner Regulation National Law (NSW) No. 86a* and the *Queensland Health Ombudsman Act 2013* allow for co-regulation of registered health practitioners at the discretion of the respective member jurisdictions. Both New South Wales (NSW) and Queensland (Qld) have determined that co-regulation applies.

NSW Health Professional Councils Authority (HPCA)

In NSW, the Health Minister informs AHPRA and the National Boards of the amount to be collected per registrant on behalf of the NSW Health Professional Councils Authority (HPCA), for the purpose of handling notifications related to NSW-based practitioners. AHPRA collects these amounts and passes them onto the various Health Profession Councils, via HPCA. As this amount is set per registrant and collected by AHPRA and remitted to HPCA within seven days after the end of the month, it is treated as an administered item in these financial statements. These amounts are not recorded within the statement of comprehensive income or statement of financial position.

Transactions relating to this activity are reported as administered (non-controlled) items per this table.

Summary of HPCA fee collected and payable

Board	2018	2017
ATSIHPBA	6	4
CMBA	457	490
ChiroBA	392	209
DBA	2,664	3,437
MBA	13,745	13,379
MRPBA	333	348
NMBA	8,476	8,015
OTBA	250	233
OptomBA	225	219
OsteoBA	200	194
ParaBA	0	0
PharmBA	1,932	1,848
PhysioBA	618	595
PodBA	319	304
PsyBA	1,696	1,596
Total	**31,313**	**30,871**

Office of the Health Ombudsman (Queensland)

In Queensland, the Health Minster informs AHPRA and the National Boards of the amount to be paid to the Office of the Health Ombudsman (Queensland). This payment is included in the statement of comprehensive income as an expense. In 2017/18, AHPRA was required to pay $2.91 million to the Office of the Health Ombudsman (Queensland) under these arrangements.

A further $1.389 million provision has been made for additional Queensland Civil and Administrative Tribunal (QCAT) cases occurring during this financial year, which is over and above the costs included in the Minister's determined $2.91 million. The breakdown of the payment and provision is shown in the table below.

	2018		2017		
Board	Minister's determination $'000	QCAT accrual $'000	Reported $'000	Adjusted and other $'000	Total reported 2018 $'000
ATSIHPBA	0	0	0	0	**0**
CMBA	20	0	19	(7)	**13**
ChiroBA	8	0	88	(118)	**(110)**
DBA	135	0	151	(118)	**17**
MBA	1,171	160	1,125	(173)	**1,158**
MRPBA	2	0	19	(18)	**(16)**
NMBA	1238	695	648	256	**2,189**
OTBA	2	0	3	(1)	**1**
OptomBA	13	53	11	(3)	**63**
OsteoBA	10	0	2	5	**15**
ParaBA	0	0	0	0	**0**
PharmBA	93	321	89	91	**505**
PhysioBA	53	107	29	1	**161**
PodBA	22	0	4	14	**36**
PsyBA	142	53	72	(5)	**190**
Total	**2,909**	**1,389**	**2,260**	**(76)**	**4,222**

Appendices

Appendix 1: Structure of the National Boards

National Board	National committees	Regional boards	State and territory boards	State and territory/regional committees
ATSIHPBA	Immediate Action Committee[1] Registration and Notifications Committee	N/A	N/A	N/A
CMBA	Immediate Action Committee[1] Policy, Planning and Communications Committee Registration and Notifications Committee	N/A	N/A	N/A
ChiroBA	Immediate Action Committee[1] Registration, Notifications and Compliance Committee When required: → Accreditation, Assessment and Education Working Group → Communications and Relationships Working Group → CPD Working Group → Governance, Finance and Administration Working Group → Regulatory Policy and Standards Working Group → Statutory Offences Unit Liaison Group	N/A	N/A	N/A
DBA	Accreditation Committee Conscious Sedation Advisory Panel Equivalence Assessment Panel for overseas-trained dental specialists Expert Reference Group – Specialist Recency of Practice Advisory Panel	N/A	N/A	Immediate Action Committee (excluding NSW) Registration Committee (NSW only) Registration and Notifications Committee (excluding NSW)
MBA	Finance Committee Queensland Triage and Assessment Committee Western Triage and Assessment Committee National Training Survey Advisory Group National Training Survey Steering Committee Professional Performance Framework Implementation Working Group Sexual Boundaries Notifications Committee (commenced 6 July 2017)	N/A	All states and territories	Health Committee in Vic and WA Immediate Action Committee (excluding NSW) Notifications Committees (excluding NSW) Registration Committee (all jurisdictions)
MRPBA	Immediate Action Committee[1] National Examination Committee Overseas Qualifications Assessment Committee (until December 2017) Registration and Notifications Committee Strategy and Policy Committee	N/A	N/A	N/A
NMBA	Finance, Governance and Communications Committee Program Approval Committee Registration and Notifications Committee State and Territory Chairs' Committee	N/A	All states and territories	Immediate Action Committee (excluding NSW) When required: → Notifications Committee (excluding NSW) → Registration Committee
OTBA	Accreditation and Assessment Working Group Communications and Relationships Working Group Finance and Governance Working Group Immediate Action Committee[1] Registration and Notifications Committee	N/A	N/A	N/A
OptomBA	Finance and Risk Committee Immediate Action Committee[1] Policy and Education Committee Registration and Notifications Committee Scheduled Medicines Advisory Committee Statutory Offences Unit Liaison Group	N/A	N/A	N/A
OsteoBA	Immediate Action Committee[1] Registration and Notifications Committee Statutory Offences Unit Liaison Group	N/A	N/A	N/A

National Board	National committees	Regional boards	State and territory boards	State and territory/regional committees
ParaBA (from October 2017)	N/A	N/A	N/A	N/A
PharmBA	Finance, Risk and Governance Committee Immediate Action Committee Notifications Committee Policies, Codes and Guidelines Committee Registration and Examinations Committee	N/A	N/A	N/A
PhysioBA	Continuous Improvement Committee Immediate Action Committee[1] Registration and Notifications Committee	N/A	N/A	N/A
PodBA	Immediate Action Committee[1] Registration and Notifications Committee Strategic Planning and Policy Committee	N/A	N/A	N/A
PsyBA	Examination Committee Governance Working Group (including Finance) Psychology Immediate Action Committee (from February 2018) Regulatory Risk Working Group	ACT, Tas and Vic NT, SA and WA	NSW Qld	ACT/Tas/Vic Immediate Action Committee (until February 2018) NT/SA/WA Immediate Action Committee (until February 2018) Qld Immediate Action Committee (until February 2018)

[1] As part of the Multi-profession Immediate Action Committee from December 2016.

Appendix 2: Meetings of Boards and committees

The table below details the number of National Board, national committee, state/territory board and committee meetings held during 2017/18. Each Board has different committee structures to support their day-to-day regulatory decision-making and policy work, largely determined by both the volume and risk profile of the tasks (see Appendix 1).

The purposes of committees vary, and include decision-making about individual practitioners (e.g. registration, notifications, immediate action and compliance matters) and policy-oriented committees looking at standards, codes and guidelines for the profession.

All of the meetings listed below as either state/territory board or state/territory committee, along with the majority of national committee meetings, were engaged in regulatory decision-making affecting individual practitioners. Numbers include out-of-sessions and immediate action committee meetings where those occurred.

National Board	National Board meetings	National committee meetings	Total national meetings	State/territory board meetings	State/territory committee meetings	Total state/territory meetings	Total
ATSIHPBA	5	13	18				**18**
CMBA	12	47	59				**59**
ChiroBA	15	45	60				**60**
DBA	13	22	35		116	116	**151**
MBA	17	63	80	130	707	837	**917**
MRPBA	11	29	40				**40**
NMBA	19	50	69	116	482	598	**667**
OTBA	13	34	50				**50**
OptomBA	12	27	39				**39**
OsteoBA	14	21	35				**35**
ParaBA	14	N/A	14				**14**
PharmBA	12	109	121				**121**
PhysioBA	12	66	78				**78**
PodBA	15	23	38				**38**
PsyBA	11	18	29	67	32	99	**128**
Total	**198**	**567**	**765**	**313**	**1,337**	**1,650**	**2,415**

Appendix 3: Attendance at meetings of the Agency Management Committee and its subcommittees

The table below sets out how many meetings of the Agency Management Committee and its subcommittees each member attended in the 2017/18 financial year, compared with the total number of meetings those members were eligible to attend. Agency Management Committee members who left or joined during the financial year have a smaller number of meetings that they were eligible to attend. Not all Agency Management Committee members are members of each subcommittee. Non-Agency Management Committee members have also been appointed to its subcommittees, including National Board Chairs and members.

Meeting attendance

Name	Number of meetings attended/eligible to attend
Agency Management Committee	
Mr Michael Gorton AM, Chair	10/11
Ms Philippa Smith AM	09/11
Adjunct Prof. Karen Crawshaw PSM	10/11
Ms Jenny Taing	09/11
Ms Barbara Yeoh AM	10/11
Mr Ian Smith PSM	09/11
Dr Susan Young	11/11
Dr Peggy Brown AO	10/11
Regulatory Performance Committee (formerly the Performance Committee)	
Dr Peggy Brown AO, Chair	02/02
Dr Susan Young	02/02
Adjunct Prof. Karen Crawshaw PSM	02/02
Ms Philippa Smith AM	01/02
Dr Joanna Flynn AM	02/02
Assoc. Prof. Lynette Cusack	02/02
Mr William Kelly	02/02
Dr John Lockwood AM	02/02
Prof. Brin Grenyer	02/02
Mr Ian Bluntish	02/02
Mr Mark Bodycoat	01/02
Finance, Audit and Risk Management Committee	
Ms Barbara Yeoh AM, Chair	05/05
Mr Ian Smith PSM	03/05
Ms Jenny Taing	02/02
Mr David Balcombe	05/05
Ms Kim Jones	05/05
Ms Allyson Warrington	02/02
Mr Anthony Evans	01/02
Remuneration Committee	
Mr Michael Gorton AM, Chair	02/02
Adjunct Prof. Karen Crawshaw PSM	02/02
Mr Ian Smith PSM	02/02
Ms Jenny Taing	02/02
Dr John Lockwood AM	02/02
Performance Committee (superseded)	
Mr Michael Gorton AM, Chair	02/02
Dr John Lockwood AM	02/02
Dr Peggy Brown AO	01/02
Mr Ian Bluntish	02/02
Dr Joanna Flynn AM	01/02
Ms Jenny Taing	01/02

Appendix 4: National Board consultations

National Board	Consultations completed July 2017–June 2018
All National Boards	*Review of accreditation arrangements – assignment of accreditation functions* Released: 17 April 2018 Closed: 14 May 2018 *Draft guideline for informing a National Board about where you practise* Released:13 April 2018 Closed: 25 May 2018
ATSIHPBA	*Changes to the rules for being a registered Aboriginal and/or Torres Strait Islander Health Practitioner* *Draft revised registration standards for professional indemnity insurance arrangements, continuing professional development and recency of practice and guidelines for continuing professional development* Released: 13 March 2018 Closed: 4 May 2018
CMBA	*Draft revised registration standards for professional indemnity insurance arrangements, continuing professional development and recency of practice and guidelines for continuing professional development* Released: 13 March 2018 Closed: 4 May 2018
ChiroBA	*Draft revised registration standard and guidelines for continuing professional development* Released: 13 March 2018 Closed: 4 May 2018
DBA	*Proposed revised scope of practice registration standard and guidelines for scope of practice* Released: 22 March 2018 Closed: 14 May 2018
MBA	*Consultation on proposed changes to sexual boundaries guidelines* Released: 29 January 2018 Closed: 29 March 2018 *Consultation on good medical practice – a code of conduct for doctors in Australia* Released: 13 June 2018 Closed: 3 August 2018
MRPBA	Nil
NMBA	*Midwife standards for practice* Released: 3 July 2017 Closed: 25 August 2017 *Registered nurse and midwife prescribing – discussion paper* Released: 30 October 2017 Closed: 22 December 2017 *Decision-making framework – benchmarking consultation survey* Released: 23 January 2018 Closed: 9 March 2018 *Re-entry to practice policy – practitioner consultation survey* Released: 11 April 2018 Closed: 25 April 2018 *Re-entry to practice policy – Government and health consultation service survey* Released: 15 May 2018 Closed: 10 June 2018

National Board	Consultations completed July 2017–June 2018
OTBA	*Draft revised registration standards for professional indemnity insurance arrangements, continuing professional development and recency of practice and guidelines for continuing professional development* Released:13 March 2018 Closed: 4 May 2018
OptomBA	*Draft revised registration standard and guidelines for continuing professional development* Released: 13 March 2018 Closed: 4 May 2018
OsteoBA	Nil
PharmBA	Nil
ParaBA	*Proposed registration standards – English language skills, criminal history, professional indemnity insurance arrangements, continuing professional development (and supporting guidelines), recency of practice, grandparenting arrangements* Released: 19 December 2017 Closed: 8 February 2018
PhysioBA	Nil
PodBA	Nil
PsyBA	*Proposal to retire the 4+2 internship pathway to general registration* Released: 29 March 2018 Closed: 1 June 2018 *Review of professional indemnity insurance arrangements registration standard* Released: 13 March 2018 Closed: 4 May 2108 *National psychology examination curriculum review* Released: 7 July 2017 Closed: 1 September 2017

Appendix 5: Approved registration standards, codes and guidelines

For the reporting period 1 July 2017 to 30 June 2018, a number of registration standards for the 16 health professions in the National Scheme were submitted for approval by the Ministerial Council in accordance with the National Law.

Codes and guidelines were also developed and approved by the relevant National Boards.

Prior to approval, there must be public consultation on the proposed registration standards, codes and guidelines.

Registration standards, codes and guidelines are developed by the relevant National Board in accordance with the National Law and AHPRA's *Procedures for the development of registration standards, codes and guidelines*. You can find out more about these procedures at www.ahpra.gov.au/Publications/Procedures.

Chinese Medicine Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Status
Guidelines for safe practice of Chinese herbal medicine	CMBA	2015	Effective from 12 November 2017

For more information about codes, guidelines and policies for Chinese medicine, go to www.chinesemedicineboard.gov.au/Codes-Guidelines.

Dental Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Status
Dental list of recognised specialties, related specialist titles and definitions	Ministerial Council	11 July 2017	Effective from 1 October 2017

For more information about policies, codes and guidelines for the dental profession, go to www.dentalboard.gov.au/Codes-Guidelines.

Medical Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Status
Granting general registration to medical practitioners who hold an Australian Medical Council certificate registration standard	MBA	1 September 2017	Effective from 15 February 2018
Registration standard for specialist registration	MBA	1 September 2017	Effective from 1 June 2018

For more information about registration standards for the medical profession, go to www.medicalboard.gov.au/Registration-Standards.

For more information about codes, guidelines and policies for the medical profession, go to www.medicalboard.gov.au/Codes-Guidelines-Policies.

Nursing and Midwifery Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Status
Code of conduct for nurses	NMBA	27 July 2017	Effective from 1 March 2018
Code of conduct for midwives	NMBA	27 July 2017	Effective from 1 March 2018
Midwife standards for practice	NMBA	22 March 2018	Effective from 1 October 2018

For more information about codes and guidelines for nursing and midwifery, go to www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements.

Optometry Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Status
Endorsement for scheduled medicines registration standard	Ministerial Council	31 May 2018	Effective from 10 September 2018
Guidelines for use of scheduled medicines	OptomBA	31 May 2018	Effective from 10 September 2018

For more information about codes, guidelines and policies for optometry, go to www.optometryboard.gov.au/Policies-Codes-Guidelines.

Paramedicine Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Status
Continuing professional development registration standard	Ministerial Council	13 April 2018	Effective from 17 May 2018
Criminal history registration standard	Ministerial Council	13 April 2018	Effective from 17 May 2018
English language skills registration standard	Ministerial Council	13 April 2018	Effective from 17 May 2018
Professional indemnity insurance arrangements registration standard	Ministerial Council	13 April 2018	Effective from 17 May 2018
Recency of practice registration standard	Ministerial Council	13 April 2018	Effective from 17 May 2018
Grandparenting registration standard	Ministerial Council	113 April 2018	Effective from 17 May 2018
Code of conduct for paramedics (interim)	ParaBA	15 June 2018	Effective from 15 June 2018
Guidelines for mandatory notifications (interim)	ParaBA	15 June 2018	Effective from 15 June 2018
Guidelines for advertising regulated health services (interim)	ParaBA	15 June 2018	Effective from 15 June 2018
Guidelines for continuing professional development	ParaBA	17 May 2018	Effective from 17 May 2018
Social media policy (interim)	ParaBA	15 June 2018	Effective from 15 June 2018

For more information about registration standards for paramedicine, go to www.paramedicineboard.gov.au/Professional-standards/Registration-standards.

For more information about codes, guidelines and policies for paramedicine, go to www.paramedicineboard.gov.au/Professional-standards/Codes-guidelines-and-policies.

Pharmacy Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Status
Section 6.2 - Compounding of sterile injectable medicines **of the** ***Guidelines on compounding of medicines***	PharmBA	23 June 2017	Effective from 1 February 2018

For more information about codes, guidelines and policies for pharmacy, go to www.pharmacyboard.gov.au/Codes-Guidelines.

Podiatry Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Status
Registration standard: Endorsement for scheduled medicines	Ministerial Council	2 February 2018	Effective from 1 August 2018
Guidelines: Endorsement for scheduled medicines	PodBA	28 July 2017	Effective from 1 August 2018

For more information about policies, codes and guidelines for podiatry, go to www.podiatryboard.gov.au/Policies-Codes-Guidelines.

Common abbreviations and acronyms

National Boards abbreviations

ATSIHPBA

Aboriginal and Torres Strait Islander Health Practice Board of Australia

CMBA

Chinese Medicine Board of Australia

ChiroBA

Chiropractic Board of Australia

DBA

Dental Board of Australia

MBA

Medical Board of Australia

MRPBA

Medical Radiation Practice Board of Australia

NMBA

Nursing and Midwifery Board of Australia

OTBA

Occupational Therapy Board of Australia

OptomBA

Optometry Board of Australia

OsteoBA

Osteopathy Board of Australia

ParaBA

Paramedicine Board of Australia

PharmBA

Pharmacy Board of Australia

PhysioBA

Physiotherapy Board of Australia

PodBA

Podiatry Board of Australia

PsyBA

Psychology Board of Australia

AHPRA

The Australian Health Practitioner Regulation Agency, established by section 23(1) of the National Law.
See www.ahpra.gov.au.

COAG

Council of Australian Governments.
See www.coag.gov.au.

CRG

Community Reference Group.
See www.ahpra.gov.au/About-AHPRA/Advisory-groups.

HCE

Health Complaints Entity. An entity that is established by or under an Act of a participating jurisdiction, and whose functions include conciliating, investigating and resolving complaints made against health service providers and investigating failures in the health system.
See www.ahpra.gov.au/Notifications/Further-information/Health-complaints-organisations.

HPCA

Health Professional Councils Authority. Manages complaints and concerns about practitioners in NSW.
See page 8 or go to www.hpca.nsw.gov.au.

NHPOPC

National Health Practitioner Ombudsman and Privacy Commissioner. See https://nhpopc.gov.au.

NRAS

The National Registration and Accreditation Scheme (also referred to as the National Scheme).
See www.ahpra.gov.au/About-AHPRA/What-We-Do/FAQ.

OHO

Office of the Health Ombudsman. Manages complaints in Queensland. See www.oho.qld.gov.au.

PRG

Professions Reference Group.
See www.ahpra.gov.au/About-AHPRA/Advisory-groups.

Glossary

A comprehensive list of definitions is available on the AHPRA website at www.ahpra.gov.au/support/glossary.

Accreditation

Accreditation ensures the education and training leading to registration as a health practitioner meets approved standards and prepares graduates to practise a health profession safely and competently. The accreditation authority may be a committee established by a National Board, or a separate organisation.

Caution

A formal caution may be issued by a National Board or an adjudication body. A caution is intended to act as a deterrent so that the practitioner does not repeat the conduct. A caution is not usually recorded on the *Register of practitioners*. However, a National Board can require a caution to be recorded on the *Register of practitioners*.

Condition

A National Board or an adjudication body can impose a condition on the registration of a practitioner or student, or on an endorsement of registration. A condition aims to restrict a practitioner's practice in some way, to protect the public.

Current conditions which restrict a practitioner's practice of the profession are published on the *Register of practitioners*. When a National Board or adjudication body decides the conditions are no longer required to ensure safe practice, they are removed and no longer published.

Examples of conditions include requiring a practitioner to:

- complete specified further education or training within a specified period
- undertake a specified period of supervised practice
- do, or refrain from doing, something in connection with the practitioner's practice
- manage their practice in a specified way
- report to a specified person at specified times about the practitioner's practice, or
- not employ, engage or recommend a specified person, or class of persons.

There may also be conditions related to a practitioner's health (such as psychiatric care or drug screening).

The details of health conditions are not usually published on the *Register of practitioners*. Also see the definition of Undertaking.

Division

Part of a health profession. A practitioner can be registered in more than one division within a profession. Not all professions have divisions.

For more information, please refer to the list published online at www.ahpra.gov.au/registration/registers-of-practitioners/professions-and-divisions.

Education provider

The name of the university, tertiary education institution, specialist medical or other health-profession college that provides a program of study.

Endorsement

An endorsement of registration recognises that a person has an extended scope of practice in a particular area because they have an additional qualification that is approved by the National Board.

There are a number of different types of endorsement available under the National Law, including:

- scheduled medicines
- nurse practitioner
- acupuncture, and
- approved area of practice.

In psychology, these are divided into 'subtypes' which describe additional qualifications and expertise. An endorsement can include more than one 'subtype'.

Health impairment

Physical or mental impairment, disability, condition or disorder (including substance abuse or dependence), that detrimentally affects or is likely to detrimentally affect a registered health practitioner's capacity to safely practise the profession or a student's capacity to undertake clinical training.

Immediate action

Immediate action can be taken as an interim step to restrict a practitioner's registration while a complaint is investigated. Immediate actions include:

- the suspension of, or imposition of a condition on, a registered health practitioner's or student's registration
- accepting an undertaking from a registered health practitioner or student, and
- accepting the surrender of a registered health practitioner's or student's registration.

Mandatory notifications

Notification that an entity is required to make to AHPRA under Division 2 of Part 8 of the National Law. It is mandatory that colleagues, employers or education providers of a registered practitioner or student submit a notification about them if they have behaved in a way that constitutes notifiable conduct. Refer to each Board's website for Guidelines for mandatory notifications.

Ministerial Council

Ministerial Council, as defined in the National Law, is 'the Council of Australian Governments COAG Health Council or a successor of the Council by whatever name called, constituted by Ministers of the governments of the participating jurisdictions and the Commonwealth with portfolio responsibility for health'.

National Board

Appointed by the Ministerial Council to regulate the profession in the public interest and meet the responsibilities set down in the National Law. National Board members and/or state board members and/or committee members are delegated the functions/powers of the National Board.

National Law

The Act, adopted in each state and territory, setting out the provisions of the Health Practitioner Regulation National Law. The National Law has been adopted by the parliament of each state or territory through adopting legislation. The National Law is generally consistent in all states and territories. NSW did not adopt Part 8 of the National Law. See page 8 to find out about health regulation in Australia.

National Scheme

The National Registration and Accreditation Scheme for registered health practitioners, established by the Council of Australian Governments (COAG). In 2010, under the National Law, 10 professions became nationally regulated by a corresponding National Board. In 2012, four additional professions joined the National Scheme. In 2017 the Paramedicine Board of Australia was established in preparation for the regulation of paramedics in late 2018.

No conviction recorded

No conviction recorded is an outcome that is available to a court after either a plea or finding of guilt. This is a common outcome for first offenders for 'low level' offences, which reflects the willingness of the legislature and the community to provide first offenders, in certain circumstances, a second chance to maintain a reputation of good character.

No further action

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

Notation

Records a limitation on the practice of a registrant. Used by National Boards to describe and explain the scope of a practitioner's practice by noting the limitations on that practice. The notation does not change the practitioner's scope of practice but may reflect the requirements of a registration standard.

Notifiable conduct

When registered health practitioner has:

- practised the practitioner's profession while intoxicated by alcohol or drugs
- engaged in sexual misconduct in connection with the practice of the practitioner's profession
- placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment, or
- placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.

Notification

Anyone can make a notification (lodge a complaint or raise a concern) about a registered health practitioner. This is the way to raise a concern about a practitioner's professional conduct, performance or health. Notifications can be made by contacting AHPRA on 1300 419 495 or visiting our complaints portal at www.ahpra.gov.au/Notifications.

Notifications may be investigated by National Boards.

A National Board may decide to take action about a notification if:

- the practitioner has been found to have engaged in unprofessional conduct or professional misconduct
- the practitioner has been found to have engaged in unsatisfactory professional performance, or
- the practitioner's health is impaired and their practice may place the public at risk.

The Boards are 'notified' of an issue. The word 'notification' is deliberate and reflects that the Boards are not complaint resolution agencies. However, to make the experience of making a complaint easier to follow, we have simplified the language used on the AHPRA website over the past year.

Health practitioner regulation is a protective jurisdiction. The role of the National Boards is to protect the public by dealing with practitioners who may be putting the public at risk as a result of their conduct, professional performance or health.

Practice

This definition of practice is used in a number of National Board registration standards. It means any role, whether remunerated or not, in which an individual uses their skills and knowledge as a practitioner in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.

Some National Boards have also issued guidance about when practitioners need to be registered.

Principal place of practice

The location declared by a practitioner as the address at which they mostly practise the profession. If the practitioner is not practising, or not practising mostly at one address, then the practitioner's principal place of residence is used.

If the location of the principal place of practice is in Australia, the following information is displayed on the *Register of practitioners*:

- suburb
- state
- postcode, and
- country.

If the location is outside Australia, the following information is displayed on the *Register of practitioners*:

- international state/province
- international postcode, and
- country.

In rare cases, when a practitioner has demonstrated that their health and safety may be at risk from the publication of this information about their principal place of practice, a National Board may choose to not publish this information.

Qualifications

Professional qualifications for which a practitioner must have to meet the requirements for registration in a profession. Undergraduate and postgraduate Australian qualifications recognised by National Boards are published on the National Boards' websites. Individual practitioners' approved qualifications are published on the *Register of practitioners*.

Prohibited practitioner/student

A prohibited practitioner or student is a person who is being monitored because they are subject to a cancellation order, suspension or restriction not to practise, or have surrendered registration or changed to non-practising registration, in lieu of further action, under Part 8 of the National Law or suspension.

Register of practitioners

Also known as the public register, the *Register of practitioners* is a publicly accessible database of all currently registered health practitioners with a principal place of practice in Australia. AHPRA also maintains a list of cancelled practitioners and a list of practitioners who have an undertaking not to practise. You can search these databases at www.ahpra.gov.au/registration/registers-of-practitioners.

Registered health practitioner

An individual who is registered under the National Law to practise a health profession, other than as a student, or who holds a non-practising registration in a health profession under the National Law.

Registration expiry date

Date when a practitioner's current registration expires. Practitioners must apply to renew their registration annually. If the practitioner's name appears on the register, they are registered and can practise within the scope of their registration, consistent with any conditions or undertakings that apply.

Under the National Law, registrants who apply to renew on time can practise while their annual renewal application is being processed. Practitioners remain registered for one month after their registration expiry date. If they apply to renew their registration during this period, they are required to pay a late fee and can continue to practise while their application is being processed.

Registration number

Since March 2012, practitioners have been allocated one unique registration number for each profession in which they are registered. This number stays with the practitioner for life, even if they have periods when they are not registered. Practitioners registered in more than one profession have one registration number for each profession.

Registration status

The status of a registration can be:

Registered: The practitioner is registered to practise.

Suspended: The registration has been suspended and the practitioner is not permitted to practise while suspended. The practitioner's name is published on the *Register of practitioners*.

Cancelled: The registration has been cancelled and the practitioner is not permitted to practise. The practitioner's name is not published on the *Register of practitioners* but is published on the list of cancelled practitioners.

Registration type

The National Law defines the type of registration that a National Board can grant to an eligible practitioner. More information is available on the AHPRA website at www.ahpra.gov.au/Publications/AHPRA-FAQ-and-Fact-Sheets.

Reprimand

A reprimand is a chastisement for conduct; a formal rebuke. Reprimands issued since the start of the National Scheme (1 July 2010 or 18 October 2010 in WA) are published on the *Register of practitioners*.

Specialty

There are currently three professions with specialist registration under the National Law: podiatry, dental and medical. The Ministerial Council is responsible for approving a list of specialties for each profession and for approving one or more specialist titles for each specialty on the list. The National Boards each decide the requirements for specialist registration in their profession.

Requirements for specialist registration vary across the professions that have specialist recognition (medical, dental and podiatry).

Standards

Standards refer to the registration standards for National Boards that define the requirements that applicants, registrants or students need to meet to be registered.

Student

A person whose name is entered in a student register as being currently registered as a student practitioner under the National Law.

Suspension

If a practitioner's registration is suspended, they are not eligible to practise. A tribunal has the power to suspend a practitioner's registration as a result of a hearing. A National Board also has the power to suspend a practitioner's registration pending other assessment or action, if it believes there is serious risk to the health and safety of the public from the practitioner's continued practice of the profession, and that suspension is necessary to protect the public from that risk.

A health panel can suspend a practitioner's registration if the panel finds that the practitioner (or student) has an impairment and it is necessary to suspend the practitioner's registration to protect the public.

Undertaking

National Boards can seek and accept an undertaking from a practitioner to limit the practitioner's practice in some way if this is necessary to protect the public. The undertaking means the practitioner agrees to do, or to not do, something in relation to their practice of the profession. Current undertakings which restrict a practitioner's practice of the profession are published on the *Register of practitioners*. When a National Board or adjudication body decides the undertakings are no longer required to ensure safe practice, they are revoked and are no longer published. Current undertakings which relate to a practitioner's health are mentioned on the National register but details are not provided.

An undertaking is voluntary, whereas a condition is imposed on a practitioner's registration.

Unprofessional conduct

Unprofessional conduct is conduct that is of a lesser standard than that which might reasonably be expected of a health practitioner by the public or the practitioner's professional peers. A more extensive definition is available under section 5 of the National Law.

Each profession has a set of standards and guidelines which clarify the acceptable standard of professional conduct.

Unsatisfactory professional performance

This is when the knowledge, skill or judgement possessed, or care exercised by, a practitioner in the practice of the health profession in which the practitioner is registered is below the standard reasonably expected for a health practitioner with an equivalent level of training or experience.

Voluntary notification

A notification made on a voluntary basis. The grounds for a voluntary notification are set out in section 144 of the National Law.

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Contacts

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Via the online enquiry form at the AHPRA website at www.ahpra.gov.au

Download the report

This annual report and summary reports for 14 Boards 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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