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At a glance: The medical radiation practice profession

16,257 medical radiation practitioners, up 3.7% from 2016/17

That’s 2.3% of the total health practitioner registrant base

Female: 68.1%
Male: 31.9%

24 notifications were lodged with AHPRA about medical radiation practitioners

0.2% of medical radiation practitioners had notifications lodged 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
- None resulted in suspension or cancellation of registration
- 58.3% resulted in no further action being taken

Immediate action was considered three times and taken twice¹

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

8 mandatory notifications were made:

- 5 about standards
- 2 about impairment
- 1 about sexual misconduct

108 medical radiation practitioners were being actively monitored for compliance with restrictions on their registration² as at 30 June 2018

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

¹ Immediate action is an interim step the Board can take to suspend or cancel a medical radiation practitioner’s registration while a complaint is being considered. Refer to the 2017/18 annual report by the Australian Health Practitioner Regulation Agency (AHPRA) for more data on immediate action.

² See Table 14 for data about monitoring cases relating to compliance with restrictions on registration for medical radiation practitioners.
Message from the Chair

This report summarises data relating to the medical radiation profession in Australia, which have been drawn from the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards’ 2017/18 annual report. It offers a unique insight into the regulatory landscape.

Over the last year the Board has continued to focus on refining the elements of regulation to ensure that it reflects a contemporary approach that manages the risk to the public while ensuring that it is fit for the medical radiation practice workforce.

Early in 2018 the Board commenced a review of the Professional capabilities for medical radiation practice. The Policy Committee, assisted by a project team, has made steady progress noting the concurrent review of accreditation standards being undertaken by the Medical Radiation Practice Accreditation Committee.

The National examination is a continuing focus for the Board. We have engaged registered practitioners from the profession to assist in developing content for the exam, and in concert with education and assessment expertise, we are refining the effectiveness of the exam.

The Board has been very encouraged by the discussion and support for the elements of regulation at events like professional conferences and industry seminars. There is an increasing recognition that good regulation can support many of the aims of professional practice.

The Board will continue the focus on professional practice and the benefits this brings to patients and the overall safety of the public.

Mr Mark Marcenko
Chair, Medical Radiation Practice Board of Australia

Medical Radiation Practice Board of Australia

Members of the Board

Mr Mark Marcenko (Chair)
Mr Richard Bialkowski
Ms Joan Burns (from 15 December 2017)
Ms Donisha Duff (from 15 December 2017)
Ms Mary Edwards (to 31 October 2017)
Ms Marcia Fleet (to 15 December 2017)
Dr Susan Gould (from 15 December 2017)
Mr James Green (from 15 December 2017)
Mr Christopher Hicks
Ms Robyn Hopcroft (to 15 December 2017)
Mr Brendan McKernan
Ms Cara Miller
Professor Stephan Millett (to 15 December 2017)
Mr Travis Pearson (to 15 December 2017)
Ms Tracy Vitucci
Mr Roger Weckert
Ms Caroline Wright (from 15 December 2017)

Committees

The following national committees support the Medical Radiation Practice Board of Australia:
- Immediate Action Committee
- National Examination Committee
- Overseas Qualifications Assessment Committee
- Registration and Notifications Committee
- Strategy and Policy Committee.

Executive and policy support

Mr Adam Reinhard
Executive Officer, Medical radiation practice

Mr Reinhard supports the Medical Radiation Practice Board of Australia. He works in AHPRA’s National Office in Melbourne.

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

For more information, visit the Board’s website.
About us

The Board has worked in partnership with AHPRA to protect the public since the profession joined the National Registration and Accreditation Scheme (the National Scheme) in 2012. Together, we regulate the profession by ensuring that only those medical radiation practitioners who are suitably trained and qualified can practise in Australia.

Protecting the public by ensuring access to a safe, competent and qualified healthcare workforce is always our priority. Every decision we make is guided by the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory, and by the regulatory principles (see right).

Visit the Board’s website.

For more information about the National Scheme and AHPRA, visit the AHPRA website.

About this report

This annual report summary provides a profession-specific view of AHPRA and the Board’s work to manage risk to the public in 2017/18. Information provided in this report is drawn from the annual report published by AHPRA and the National Boards. All data are correct as at 30 June 2018.

Whenever possible, historical data are provided to show trends over time.

For information about our data please read ‘An important note about our data’ in Regulating the workforce.

Profession-specific summaries for all National Boards are available to download from the AHPRA website.

Our regulatory principles

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

- Protect the public
- Take timely and necessary action
- Administer the National Law
- Ensure registrants are qualified
- Work with stakeholders
- Uphold professional standards
- Identify and respond to risk
- Use appropriate regulatory force

For more information, download AHPRA’s 2017/18 annual report.
Medical Radiation Practice Board of Australia: Year in review

A number of major initiatives were actioned by the Board in 2017/18. Here are the highlights:

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 in addition to 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.

Stakeholder relations

Throughout the year members of the Board attended a number of professional association conferences, Members presented information about regulation of the profession and spoke with practitioners about the impact of regulation.

Board members also met with a number of national and international regulators associated with medical radiation practice.

The Board developed material that supports Australia’s celebration of World Radiographer Day, which is an internationally recognised day that aims to build greater awareness of the value medical radiation practitioners contribute to safe patient care.

Future work

The main focus of 2018/19 will be the review of the Professional capabilities for medical radiation practice which will include public consultation in early 2019. Following completion of the review the Board will publish revised Professional capabilities and will work with stakeholders to implement the new arrangements.

Another focus for the Board will be highlighting the important work of clinical supervisors and increasing the availability of clinical supervisor training programs.

Communication and engagement

The Board publishes a communiqué after each monthly Board meeting, which provides highlights of relevance to our stakeholders.

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

You can read past communiqués, newsletters and media releases on the Board website.
Registering the medical radiation workforce

In brief

16,257 registered medical radiation practitioners in 2017/18; up from 15,683 in 2016/17.

Medical radiation practitioners comprise 2.3% of the total registrant base.

Women comprised 68.1% of the profession.

0.5% of the profession identified as being Aboriginal and/or Torres Strait Islander in a workforce survey conducted at the time of renewal of registration (80 medical radiation practitioners nationally).

Under the National Law, as in force in each state and territory, there is a range of registration categories. Medical radiation registration types are:

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

The Board has three divisions of practice, and registered practitioners must be qualified in at least one of the following divisions:

- Diagnostic radiography
- Radiation therapy, or
- Nuclear medicine technology.

Before a practitioner can practise and use a title protected under the National Law, applicants must provide evidence that they are eligible to hold registration, and registration must be granted.

Find out more about registration with the Medical Radiation Practice Board of Australia.

Figure 1: Numbers of medical radiation practitioners, year by year, since the profession joined the National Scheme

Table 1: Numbers of medical radiation practitioners, year by year, since the profession joined the National Scheme

<table>
<thead>
<tr>
<th>Year</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td>13,905</td>
</tr>
<tr>
<td>2013/14</td>
<td>14,387</td>
</tr>
<tr>
<td>2014/15</td>
<td>14,866</td>
</tr>
<tr>
<td>2015/16</td>
<td>15,303</td>
</tr>
<tr>
<td>2016/17</td>
<td>15,683</td>
</tr>
<tr>
<td>2017/18</td>
<td>16,257</td>
</tr>
</tbody>
</table>

Registration

As at 30 June 2018, there were 16,257 medical radiation practitioners registered under the National Scheme. This represents a 3.7% increase from 2016/17. All jurisdictions saw an increase in registrant numbers, with New South Wales (NSW), Victoria and Queensland being the principal place of practice for 78.0% of all registered medical radiation practitioners. See Table 2 for a breakdown of registrants by division.

Of the 702,741 registered health practitioners across the 14 professions, 2.3% were medical radiation practitioners.

Of the medical radiation registrant base, 98.5% held some form of practising registration. There was a small increase of 1.3% from the previous year in the number of medical radiation practitioners moving to non-practising registration.

Tables 1–4 show data relating to the registration of medical radiation practitioners in 2017/18.

Applications for registration

AHPRA received 1,653 applications for registration as a medical radiation practitioner in 2017/18. In partnership with AHPRA, the Board considers every application for registration carefully and assesses it against the requirements for registration, including English-language proficiency and checking whether the applicant has a criminal history.

Only those medical radiation practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. Where appropriate to protect the public, and in accordance with the regulatory principles of the National Scheme, the Board may decide to impose conditions on a practitioner’s registration or to refuse an application.

Of the 1,686 applications finalised, 2.8% resulted in conditions being imposed on registration or the refusal of registration, in order to protect the public.
Figure 2: Number and percentage of medical radiation practitioners with a principal place of practice in each state and territory

- 111 (0.7%) in the Northern Territory
- 3,321 (20.4%) in Queensland
- 1,359 (8.4%) in Western Australia
- 3,939 (24.2%) in Victoria
- 272 (1.7%) in the Australian Capital Territory
- 5,413 (33.3%) in New South Wales
- 1,237 (7.6%) in South Australia
- 111 (0.7%) in the Northern Territory

280 (1.7%) practitioners with no principal place of practice (includes practitioners with an overseas or unknown address).

Renewals

Once on the register, medical radiation practitioners must apply to renew their registration(s) each year and make declarations on the relevant registration requirements. As with new applications for registration, the Board may impose conditions on registration or refuse renewal.

A total of 14,760 medical radiation practitioners renewed their registration in 2017/18, with 98.5% renewing online; an increase of 0.1% from 2016/17.

Register of practitioners

According to the National Law, AHPRA is required to maintain and publish a publicly accessible Register of practitioners (Register) so that information about the registration of any health practitioner is easy to find.

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

Tribunal decisions that result in the cancellation of a practitioner’s registration due to health, performance or conduct issues result in the individual appearing on a Register of cancelled practitioners.

Practitioner audits

AHPRA conducts regular audits of random samples of health practitioners across all professions on behalf of the National Boards. Audits provide assurance that practitioners are meeting the registration requirements for their profession. During an audit, a practitioner is required to provide evidence in support of the declarations they made in their previous year’s registration renewal application.

In 2017/18, AHPRA audited 7,193 practitioners across all 15 regulated health professions. For all audits completed this year, 98.4% of medical radiation practitioners were found to be in compliance with the registration standards being audited.

See AHPRA’s 2017/18 annual report for more information about the audit process.

Figure 3: Audit outcomes for the medical radiation profession

- 98.4% compliant: fully compliant with the registration standards
- 0.3% non-compliant: non-compliant with one or more standard
- 1.3% no audit action required: practitioners who changed registration type to non-practising or surrendered their registration after being advised that they were subject to audit
### Table 1: Number of medical radiation practitioners as at 30 June 2018

<table>
<thead>
<tr>
<th>Registrants</th>
<th>ACT</th>
<th>NSW</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>No PPP1</th>
<th>Total 2017/18</th>
<th>Total 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18 total registered medical radiation practitioners</td>
<td>272</td>
<td>5,413</td>
<td>111</td>
<td>3,321</td>
<td>1,237</td>
<td>325</td>
<td>3,939</td>
<td>1,359</td>
<td>280</td>
<td>16,257</td>
<td></td>
</tr>
<tr>
<td>2016/17 total registered medical radiation practitioners</td>
<td>261</td>
<td>5,217</td>
<td>107</td>
<td>3,167</td>
<td>1,178</td>
<td>312</td>
<td>3,844</td>
<td>1,335</td>
<td>262</td>
<td>15,683</td>
<td></td>
</tr>
<tr>
<td>% change from 2016/17 to 2017/18</td>
<td>4.2%</td>
<td>3.8%</td>
<td>3.7%</td>
<td>4.9%</td>
<td>5.0%</td>
<td>4.2%</td>
<td>2.5%</td>
<td>1.8%</td>
<td>6.9%</td>
<td>3.7%</td>
<td></td>
</tr>
<tr>
<td>All registered health practitioners in 2017/18</td>
<td>12,297</td>
<td>202,033</td>
<td>7,419</td>
<td>139,056</td>
<td>55,060</td>
<td>15,188</td>
<td>182,674</td>
<td>70,859</td>
<td>18,155</td>
<td>702,741</td>
<td></td>
</tr>
</tbody>
</table>

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

### Table 2: Medical radiation practitioners, by division and state or territory

<table>
<thead>
<tr>
<th>Medical radiation practitioners</th>
<th>ACT</th>
<th>NSW</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>No PPP1</th>
<th>Total 2017/18</th>
<th>Total 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic radiographer</td>
<td>193</td>
<td>4,157</td>
<td>98</td>
<td>2,595</td>
<td>990</td>
<td>242</td>
<td>2,962</td>
<td>1,106</td>
<td>231</td>
<td>12,574</td>
<td>12,117</td>
</tr>
<tr>
<td>Diagnostic radiographer and nuclear medicine technologist</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>10</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>17</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Diagnostic radiographer and radiation therapist</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Nuclear medicine technologist</td>
<td>24</td>
<td>454</td>
<td>2</td>
<td>180</td>
<td>2</td>
<td>17</td>
<td>351</td>
<td>67</td>
<td>17</td>
<td>1,197</td>
<td>1,145</td>
</tr>
<tr>
<td>Radiation therapist</td>
<td>55</td>
<td>800</td>
<td>11</td>
<td>535</td>
<td>161</td>
<td>65</td>
<td>624</td>
<td>184</td>
<td>32</td>
<td>2,467</td>
<td>2,402</td>
</tr>
<tr>
<td>Total 2017/18</td>
<td>272</td>
<td>5,413</td>
<td>111</td>
<td>3,321</td>
<td>1,237</td>
<td>325</td>
<td>3,939</td>
<td>1,359</td>
<td>280</td>
<td>16,257</td>
<td></td>
</tr>
<tr>
<td>Total 2016/17</td>
<td>261</td>
<td>5,217</td>
<td>107</td>
<td>3,167</td>
<td>1,178</td>
<td>312</td>
<td>3,844</td>
<td>1,335</td>
<td>262</td>
<td>15,683</td>
<td></td>
</tr>
</tbody>
</table>

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

### Table 3: Registered medical radiation practitioners, by age

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18</td>
<td>1,175</td>
<td>3,102</td>
<td>2,990</td>
<td>2,336</td>
<td>1,694</td>
<td>1,460</td>
<td>1,092</td>
<td>1,093</td>
<td>873</td>
<td>346</td>
<td>78</td>
<td>16</td>
<td>2</td>
<td>16,257</td>
</tr>
<tr>
<td>2016/17</td>
<td>1,135</td>
<td>3,037</td>
<td>2,880</td>
<td>2,157</td>
<td>1,658</td>
<td>1,397</td>
<td>1,088</td>
<td>1,078</td>
<td>839</td>
<td>336</td>
<td>61</td>
<td>16</td>
<td>1</td>
<td>15,683</td>
</tr>
</tbody>
</table>

### Table 4: Registered medical radiation practitioners, by principal place of practice and gender

<table>
<thead>
<tr>
<th>Medical radiation practitioners</th>
<th>ACT</th>
<th>NSW</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>No PPP1</th>
<th>Total 2017/18</th>
<th>Total 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>178</td>
<td>3,653</td>
<td>70</td>
<td>2,230</td>
<td>914</td>
<td>228</td>
<td>2,656</td>
<td>940</td>
<td>206</td>
<td>11,075</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>94</td>
<td>1,760</td>
<td>41</td>
<td>1,091</td>
<td>323</td>
<td>97</td>
<td>1,283</td>
<td>419</td>
<td>74</td>
<td>5,182</td>
<td></td>
</tr>
<tr>
<td>Total 2017/18</td>
<td>272</td>
<td>5,413</td>
<td>111</td>
<td>3,321</td>
<td>1,237</td>
<td>325</td>
<td>3,939</td>
<td>1,359</td>
<td>280</td>
<td>16,257</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>174</td>
<td>3,527</td>
<td>63</td>
<td>2,124</td>
<td>871</td>
<td>215</td>
<td>2,580</td>
<td>915</td>
<td>195</td>
<td>10,664</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>87</td>
<td>1,690</td>
<td>44</td>
<td>1,043</td>
<td>307</td>
<td>97</td>
<td>1,264</td>
<td>420</td>
<td>67</td>
<td>5,019</td>
<td></td>
</tr>
</tbody>
</table>

1 No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
Regulating the medical radiation workforce

In brief: Notifications, monitoring and offences

24 notifications (complaints or concerns) were lodged with AHPRA about medical radiation practitioners in 2017/18.

0.2% of the medical radiation practitioner registrant base were the subject of a notification (compared with 1.6% of all registered health practitioners).1

Immediate action was taken twice; 1 of these resulted in suspension of a medical radiation practitioner’s registration while a notification was investigated; 1 resulted in conditions being imposed on a medical practitioner’s registration.

8 mandatory notifications were lodged with AHPRA about medical radiation practitioners.

24 notifications were closed during the year.

108 medical radiation practitioners were being monitored for compliance with restrictions on their registration as at 30 June 2018.

7 statutory offence complaints were made about the profession – most related to improper use of a protected title.

An important note about our data

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

The notification process is different in New South Wales and Queensland:

- In NSW, AHPRA does not manage notifications. They are managed by 14 professional councils (supported by the Health Professional Councils Authority, or HPCA) and the Health Care Complaints Commission (HCCC).

- In Queensland, the Office of the Health Ombudsman (OHO) receives all complaints about health practitioners and determines which of those complaints are referred to the Board/AHPRA to manage.

Wherever possible in the tables in this report, HPCA data are given in separate columns and the data have been checked by the HPCA (correct as at time of publication). Please refer to the HPCA’s 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 occupational therapists, 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 we only have access to the data relating to matters referred to us by OHO. AHPRA does not report on all complaints about registered health practitioners in Queensland.

What is a notification?

In the National Scheme, a complaint or concern about a registered health practitioner or student is called a notification. They are called notifications because AHPRA is notified of a concern or complaint about a practitioner, which AHPRA then manages in partnership with the relevant National Board. Most of the notifications received about individual medical radiation practitioners are managed through Part 8 of the National Law, which can lead to decisions that affect a practitioner’s registration.

Some complaints are treated differently under the National Law, as they are considered ‘statutory offences’. AHPRA and the Board can prosecute individuals who commit these offences. For information about statutory offences concerning medical radiation practitioners in 2017/18, see Statutory Offences.

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

Anyone can notify AHPRA about a medical radiation practitioner’s health, performance or conduct. While registered practitioners and employers have mandatory reporting obligations under the National Law, many of the complaints or concerns we receive are made voluntarily by employers and other practitioners (see Figure 6).

We can also receive notifications about students who are studying to become medical radiation practitioners. However, in 2017/18 AHPRA and the Board did not receive any notifications about students of medical radiation practice.

See the 2017/18 annual report for data relating to notifications about students across all regulated health professions.

For more information about the notifications process, visit the AHPRA website.

1 Includes complaints managed by the HPCA in NSW and OHO in Queensland. Refer to Table 7.
Notifications received

This year, AHPRA received the highest number of notifications (7,276) about health practitioners in any single reporting year since the National Scheme began: 24 (0.3%) of those related to medical radiation practitioners. In 2016/17 we received 23 notifications.

Just over 54% of all notifications relating to medical radiation practitioners received in 2017/18 were about registrants with a principal place of practice in Victoria (nine) and Queensland (four).

Of the total registrant base, 0.2% of the medical radiation profession had notifications made about them during the year, consistent with the previous year.

Notifications closed

The Board assessed and closed 24 notifications about medical radiation practitioners in 2017/18, 29 notifications were completed in 2016/17. These closures accounted for 0.3% of the 7,105 notifications closed nationally by AHPRA and the National Boards across all professions.

Over half of the notifications closed about medical radiation practitioners resulted in no further action being taken by the Board.

As at 30 June 2018, there were 17 open notifications about medical radiation practitioners being managed by AHPRA and the Board.

Tables 5–13 show data about notifications in 2017/18.

### Figure 4: Total notifications received by AHPRA about medical radiation practitioners, year by year, since the profession joined the National Scheme

<table>
<thead>
<tr>
<th>Year</th>
<th>Notifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td>21</td>
</tr>
<tr>
<td>2013/14</td>
<td>15</td>
</tr>
<tr>
<td>2014/15</td>
<td>21</td>
</tr>
<tr>
<td>2015/16</td>
<td>36</td>
</tr>
<tr>
<td>2016/17</td>
<td>23</td>
</tr>
<tr>
<td>2017/18</td>
<td>24</td>
</tr>
</tbody>
</table>

### Figure 5: How AHPRA and the Board manage notifications

1. Find out what happened
2. Talk to other parties
3. Talk to complainant
4. Seek independent opinions
5. Decide whether the practitioner has failed to meet the required standards
6. Take any action needed to keep the public safe and prevent the same thing happening again

### Figure 6: The most common sources of notifications lodged with AHPRA about medical radiation practitioners

<table>
<thead>
<tr>
<th>Source</th>
<th>2017/18</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>20.8%</td>
<td>34.8%</td>
</tr>
<tr>
<td>Other practitioner</td>
<td>16.7%</td>
<td></td>
</tr>
<tr>
<td>Own motion (by Board)¹</td>
<td>12.5%</td>
<td>30.4%</td>
</tr>
<tr>
<td>Patient, relative or member of the public</td>
<td>8.3%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Government department</td>
<td>8.3%</td>
<td>13.0%</td>
</tr>
<tr>
<td>Treating practitioner¹</td>
<td></td>
<td>4.3%</td>
</tr>
<tr>
<td>Health complaints entity</td>
<td>4.2%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>13.2%</td>
</tr>
</tbody>
</table>

¹ 0% in 2016/17.
Figure 7: The most common types of complaint lodged with AHPRA about medical radiation practitioners

<table>
<thead>
<tr>
<th>Type of Complaint</th>
<th>2017/18</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health impairment</td>
<td>20.8%</td>
<td>26.1%</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>16.7%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Documentation</td>
<td>12.5%</td>
<td>13.0%</td>
</tr>
<tr>
<td>Boundary violation</td>
<td>8.3%</td>
<td>8.7%</td>
</tr>
<tr>
<td>National Law breach</td>
<td>4.2%</td>
<td>17.4%</td>
</tr>
<tr>
<td>Other offence</td>
<td>4.2%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Other</td>
<td>8.3%</td>
<td>17.4%</td>
</tr>
</tbody>
</table>

1 Included in Other in 2016/17.
2 0% in 2017/18.
3 0% in 2016/17.
4 Breach of a non-offence provision in the National Law, which could result in regulatory action but not be prosecuted through a local or magistrates court; for example, a breach of conditions placed on a practitioner’s registration or breach of registration standards.
5 An unlawful act allegedly committed by a health practitioner that is not specifically covered by the National Law but may be subject to regulatory action under Part 8 of the National Law; for example, a breach of the Poisons Act.

Mandatory notifications

All health practitioners, their employers and education providers have mandatory reporting obligations under the National Law. This means that they must tell AHPRA if they have formed a reasonable belief that a registered medical radiation practitioner or student has behaved in a way that constitutes notifiable conduct.

Notifiable conduct by registered health practitioners is defined as:
- practised while intoxicated by alcohol or drugs
- sexual misconduct in the practice of the profession
- placed the public at risk of substantial harm because of an impairment (health issue), or
- placed the public at risk because of a significant departure from accepted professional standards.

AHPRA received 908 mandatory notifications across all regulated health professions in 2017/18. Of those, eight mandatory notifications were about medical radiation practitioners. Over 60% of those related to a significant departure from accepted professional standards.

For Guidelines for mandatory notifications, visit the AHPRA website.

For data about mandatory notifications lodged with AHPRA across all regulated health professions during the year, please refer to AHPRA and the National Boards’ 2017/18 annual report.

Taking immediate action

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

In 2017/18, the Board considered immediate action three times and took it twice. One case resulted in suspension of a practitioner’s registration and one in imposing of conditions on a practitioners registration.

See AHPRA’s annual report for more information about immediate actions taken in 2017/18, and Table 8 in this report for immediate action cases about medical radiation practitioners by state and territory.

Tribunals, panels and appeals

Tribunals

The Board can refer a matter to a tribunal for hearing. Usually, this happens when the allegations involve the most serious of matters, such as when the Board believes a medical radiation practitioner has behaved in a way that constitutes professional misconduct.

Tribunals in each state and territory:
- **Australian Capital Territory** Civil and Administrative Tribunal
- **New South Wales** Civil and Administrative Tribunal
- **Northern Territory** Civil and Administrative Tribunal
- **Queensland** Civil and Administrative Tribunal
- **South Australia** Health Practitioners Tribunal
- **Tasmania** Health Practitioners Tribunal
- **Victorian** Civil and Administrative Tribunal
- **Western Australia** State Administrative Tribunal

In 2017/18, no medical radiation matters were decided by a tribunal.

Panels

The Board has the power to establish two types of panel depending on the type of notification:
- **Health panels**, for issues relating to a practitioner’s health and performance, or
- **Professional standard panels**, for conduct and performance issues.

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

In 2017/18, one matter about medical radiation practitioners was decided by panel.
Appeals

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

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

There is also a mechanism of appeal by judicial review if the appeal relates to a perceived flaw in the administrative decision-making process, as opposed to the merits of the individual decision itself.

Please refer to AHPRA’s annual report for data relating to appeals in 2017/18.

Compliance

On behalf of the Board, AHPRA monitors medical radiation practitioners and students who have restrictions [conditions or undertakings] placed on their registration, and those with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports the Board to manage risk to public safety. As at 30 June 2018, there were 108 individual medical radiation practitioners being monitored.* Monitoring can be for one or more of the following reasons:

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

The 108 active monitoring cases of medical radiation practitioners represent 2.1% of all monitoring cases managed by AHPRA across the 15 regulated health professions. The majority of these cases were being monitored for suitability/eligibility.

For more information on monitoring and compliance, visit the AHPRA website.

See Table 14 for active monitoring cases by stream.

Statutory offences

The National Law sets out four types of statutory offences:

- Unlawful use of protected titles
- Unlawful claims by individuals or organisations as to registration
- Performing a restricted act, and
- Unlawful advertising.

Breaches of the National Law that constitute a statutory offence can put individuals and the community at risk. These offences may be committed by registered health practitioners, unregistered individuals or corporate entities and are covered under Part 7 of the National Law. For more information, see the AHPRA website.

AHPRA received seven new statutory offence complaints about medical radiation practitioners in 2017/18; there were four in 2016/17. Of those received this year, six related to title protection and one to an alleged advertising breach. Statutory offence complaints about medical radiation practitioners accounted for just 1.2% of all statutory offence complaints received nationally across all professions.

This year, there was an 11.1% decrease in the number of statutory offence complaints closed (eight; down from nine in 2017/18).

See Table 15 for data about statutory offences relating to medical radiation practitioners in 2017/18.

Table 5: Notifications received about medical radiation practitioners, by state or territory (including HPCA)

<table>
<thead>
<tr>
<th>Medical radiation practitioners</th>
<th>ACT</th>
<th>NSW</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>No PPP</th>
<th>Subtotal</th>
<th>HPCA</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 2017/18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>36</td>
</tr>
<tr>
<td>Total 2016/17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>36</td>
</tr>
</tbody>
</table>

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

2. Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

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

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

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

Table 6: Notifications received, by division and state or territory (excluding HPCA)

<table>
<thead>
<tr>
<th>Medical radiation practitioners</th>
<th>ACT</th>
<th>NSW</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>No PPP</th>
<th>Total 2017/18</th>
<th>Total 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic radiographer</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>8</td>
<td>5</td>
<td>0</td>
<td>20</td>
<td>19</td>
</tr>
<tr>
<td>Nuclear medicine technologist</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Radiation therapist</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Unknown practitioner*</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>12</td>
<td>29</td>
</tr>
<tr>
<td>Total 2017/18</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>9</td>
<td>5</td>
<td>1</td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td>Total 2016/17</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>10</td>
<td>4</td>
<td>0</td>
<td>23</td>
<td>29</td>
</tr>
</tbody>
</table>

1. Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

2. Matters referred to AHPRA and the National Board by OHO in Queensland.

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

* Practitioners are not always identified in the early stages of a notification.
### Medical Radiation Practice Board of Australia annual report summary 2017/18

## Table 7: Percentage of medical radiation practitioners with notifications received, by state or territory (including HPCA)

<table>
<thead>
<tr>
<th>Registrants</th>
<th>ACT</th>
<th>NSW (including HPCA complaints)</th>
<th>NT</th>
<th>QLD (including OHO complaints)</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>No PPP1</th>
<th>Total2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical radiation practitioners</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.2%</td>
</tr>
<tr>
<td>2017/18</td>
<td>0.4%</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.3%</td>
<td>0.2%</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.2%</td>
<td>0.0%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Total medical radiation practitioners</td>
<td>0.8%</td>
<td>0.4%</td>
<td>0.0%</td>
<td>0.3%</td>
<td>0.2%</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.4%</td>
<td>0.1%</td>
<td>0.3%</td>
</tr>
<tr>
<td>All registered practitioners 2017/18</td>
<td>1.6%</td>
<td>1.8%</td>
<td>1.8%</td>
<td>2.1%</td>
<td>1.6%</td>
<td>1.5%</td>
<td>1.1%</td>
<td>1.2%</td>
<td>0.3%</td>
<td>1.6%</td>
</tr>
<tr>
<td>All registered practitioners 2016/17</td>
<td>1.9%</td>
<td>1.7%</td>
<td>2.2%</td>
<td>2.2%</td>
<td>1.3%</td>
<td>1.9%</td>
<td>1.1%</td>
<td>1.2%</td>
<td>0.5%</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

1. No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
2. Total matters managed by AHPRA, OHO in Queensland and the HPCA in NSW.

## Table 8: Immediate action cases by division and state or territory (excluding HPCA)

<table>
<thead>
<tr>
<th>Medical radiation practitioners</th>
<th>ACT</th>
<th>NSW1</th>
<th>NT</th>
<th>QLD2</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>No PPP3</th>
<th>Total 2017/18</th>
<th>Total 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic radiographer</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Nuclear medicine technologist</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Radiation therapist</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total 2017/18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Total 2016/17</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

1. Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.
2. Matters referred to AHPRA and the National Board by OHO in Queensland.
3. No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

## Table 9: Outcomes of immediate actions for medical radiation practitioners (excluding HPCA)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>2017/18</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical radiation practitioners</td>
<td>All practitioners</td>
<td>All practitioners</td>
</tr>
<tr>
<td>Not take immediate action</td>
<td>173</td>
<td>0</td>
</tr>
<tr>
<td>Accept undertaking</td>
<td>113</td>
<td>1</td>
</tr>
<tr>
<td>Impose conditions</td>
<td>174</td>
<td>0</td>
</tr>
<tr>
<td>Accept surrender of registration</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Suspend registration</td>
<td>126</td>
<td>1</td>
</tr>
<tr>
<td>Decision pending</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>609</td>
<td>2</td>
</tr>
</tbody>
</table>

## Table 10: Notifications closed, by state or territory (including HPCA)

<table>
<thead>
<tr>
<th>Medical radiation practitioners</th>
<th>ACT</th>
<th>NSW1</th>
<th>NT</th>
<th>QLD2</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>No PPP3</th>
<th>Total 2017/18</th>
<th>Total 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 2017/18</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>24</td>
<td>20</td>
</tr>
<tr>
<td>Total 2016/17</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>8</td>
<td>3</td>
<td>0</td>
<td>12</td>
<td>3</td>
<td>1</td>
<td>29</td>
<td>20</td>
</tr>
</tbody>
</table>

1. Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.
2. Matters referred to AHPRA and the National Board by OHO in Queensland.
3. No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
4. Matters managed by the HPCA in NSW.

## Table 11: Notifications closed, by division and state or territory (excluding HPCA)

<table>
<thead>
<tr>
<th>Medical radiation practitioners</th>
<th>ACT</th>
<th>NSW1</th>
<th>NT</th>
<th>QLD2</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>No PPP3</th>
<th>Total 2017/18</th>
<th>Total 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic radiographer</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>16</td>
<td>27</td>
</tr>
<tr>
<td>Nuclear medicine technologist</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Radiation therapist</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Unknown practitioner4</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total 2017/18</td>
<td>3</td>
<td>9</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total 2016/17</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>8</td>
<td>3</td>
<td>0</td>
<td>12</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.
2. Matters referred to AHPRA and the National Board by OHO in Queensland.
3. No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
4. Practitioners are not always identified in the early stages of a notification.
### Table 12: Notifications closed, by division and stage at closure (excluding HPCA)

<table>
<thead>
<tr>
<th>Medical radiation practitioners</th>
<th>Assessment1</th>
<th>Health or performance assessment2</th>
<th>Investigation</th>
<th>Panel hearing</th>
<th>Tribunal hearing</th>
<th>Total 2017/18</th>
<th>Total 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic radiographer</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>16</td>
<td>27</td>
</tr>
<tr>
<td>Nuclear medicine technologist</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Radiation therapist</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Unknown practitioner3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Total 2017/18</td>
<td>3</td>
<td>9</td>
<td>8</td>
<td>3</td>
<td>3</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Total 2016/17</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>8</td>
<td>3</td>
<td>29</td>
<td></td>
</tr>
</tbody>
</table>

1. Closed after initial assessment of the matter.  
2. Performance assessments are carried out by a Board-selected assessor whose scope of practice is similar to that of the practitioner being assessed (assessors are not Board members or AHPRA staff).  
3. Practitioners are not always identified in notifications closed at an early stage.

### Table 13: Notifications closed, by outcome at closure (excluding HPCA)

<table>
<thead>
<tr>
<th>Medical radiation practitioners</th>
<th>No further action1</th>
<th>Health complaints entity to retain</th>
<th>Caution</th>
<th>Impose conditions</th>
<th>Reprimand</th>
<th>Total 2017/18</th>
<th>Total 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic radiographer</td>
<td>9</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>0</td>
<td>16</td>
<td>27</td>
</tr>
<tr>
<td>Nuclear medicine technologist</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Radiation therapist</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Unknown practitioner2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Total 2017/18</td>
<td>14</td>
<td>0</td>
<td>3</td>
<td>6</td>
<td>1</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Total 2016/17</td>
<td>17</td>
<td>1</td>
<td>6</td>
<td>5</td>
<td>0</td>
<td>29</td>
<td></td>
</tr>
</tbody>
</table>

1. No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.  
2. Practitioners are not always identified in notifications closed at an early stage.

### Table 14: Active monitoring cases at 30 June 2018, by stream (excluding HPCA)

<table>
<thead>
<tr>
<th>Stream1</th>
<th>2017/18</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Health</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Performance</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Prohibited practitioner/student</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Suitability/eligibility</td>
<td>95</td>
<td>80</td>
</tr>
<tr>
<td>Total2</td>
<td>108</td>
<td>91</td>
</tr>
</tbody>
</table>

1. AHPRA reports on monitoring cases established rather than by individual registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. However, as at 30 June 2018, there were 108 cases about medical radiation practitioners, which related to 108 individual registrants.  
2. These cases also may include cases that are to be transitioned from AHPRA to the HPCA for conduct, health and performance streams. They do not include HPCA-managed monitoring cases.

### Table 15: Statutory offence complaints about medical radiation practitioners, received and closed, by type of offence and jurisdiction

<table>
<thead>
<tr>
<th>Type of offence1</th>
<th>ACT</th>
<th>NSW2</th>
<th>NT</th>
<th>QLD3</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>No PPP4</th>
<th>Total 2017/18</th>
<th>Total 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title protections (s. 113–120)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Advertising breach (s. 133)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total 2017/18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Total 2016/17</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

1. This table captures offence complaints by principal place of practice (PPP) and includes all offences from sections 113–116 of the National Law, not only offences about advertising, title and practice protection.  
2. Excludes matters managed by the HPCA in NSW.  
3. Matters referred to AHPRA and the National Board by OHO in Queensland.  
4. No principal place of practice (No PPP) includes practitioners with an overseas or unknown address. AHPRA also receives offence complaints about unregistered persons where a PPP is not recorded.
Appendix: National committee members

The Medical Radiation Board of Australia values the contribution of its Board and committee members across Australia. Together, we make decisions to protect the public Australia-wide. In 2017/18, we held 11 National Board and 29 national committee meetings. Members of these Committee members were:

Medical Radiation Practice Accreditation Committee

**Professor Marilyn Baird (Chair) (to 30 June 2018)**
Mr Chin Hwa Chan (to 30 June 2018)
Dr Daphne James
Professor Brian Jolly (Deputy Chair)
Dr Sarah Lewis (Deputy Chair)
Dr Sharon Maresse
Mrs Jane Shepherdson
Mrs Deborah Starkey (to 30 June 2018)

**Medical Radiation Practice Accreditation Committee**

**National Examination Committee**

**Mr Mark Marcenko (National Board Chair)**
Ms Tracy Vitucci (National Board member)
Ms Marcia Fleet (National Board member)

**Exam content writers**

Mr James Bainbridge
Mr Mark Becker
Ms Elly Bradley (from 24 September 2017)
Mrs Julie Burbery (from 24 September 2017)
Mr Nicholas Crawford (from 24 September 2017)
Mrs Lisa Cunningham (from 24 September 2017)
Mrs Louise Deshon (from 24 September 2017)
Dr Geoffrey Dick
Ms Judy Duong (from 24 September 2017)
Mrs Lacey Evans (from 24 September 2017)
Mrs Jennifer Fischer (from 24 September 2017)
Ms Sarah Gales (to 1 December 2017)
Ms Eileen Giles
Mrs Clare Herbert (from 24 September 2017)
Mr Neil Hicks (from 24 September 2017)
Dr Jacqueline Hislop-Jambrich (from 24 September 2017)
Miss Felicity Hoolihan (from 24 September 2017)
Miss Carolyn Jones (from 24 September 2017)
Mrs Esther Kerr (from 24 September 2017)
Ms Lauren Maher (from 24 September 2017)
Mrs Catherine Osborne (from 24 September 2017)
Miss Emily Phung (from 24 September 2017)
Ms Sophie Radley (from 24 September 2017)
Mr Evan Read (from 24 September 2017)
Miss Michelle Reeves (from 24 September 2017)
Mr Ajesh Singh (from 24 September 2017)
Mrs Sarah Tice (from 24 September 2017)
Mr Glen Trainor (from 24 September 2017)
Mr James Turner (from 24 September 2017)

**Overseas Qualifications Assessment Committee**

(to 31 December 2017)

**Mr Roger Weckert (Chair)**
Ms Marcia Fleet
Mr Richard Bialkowski
Mr Chris Hicks
Ms Cara Miller

**Registration and Notifications Committee**

**Mr Mark Marcenko (Chair)**
Mr Brendan McKernan
Mr Roger Weckert
Mr Richard Bialkowski (from 20 February 2018)
Ms Cara Miller (from 20 February 2018)
Ms Marcia Fleet (until 15 December 2017)
Ms Robyn Hopcroft (until 15 December 2017)
Mr Travis Pearson (until 15 December 2017)
Ms Tracy Vitucci (until 20 February 2018)

**Strategy and Policy Committee**

**Mr Chris Hicks (Chair)**
Ms Tracy Vitucci (from 20 February 2018)
Dr Sue Gould (from 20 February 2018)
Ms Joan Burns (from 20 February 2018)
Mr James Green (from 20 February 2018)
Ms Donisha Duff (from 20 February 2018)
Mrs Caroline Wright (from 20 February 2018)
Professor Stephan Millett (until 15 December 2017)
Medical Radiation Practice Board of Australia: www.medicalradiationpracticeboard.gov.au

Phone
Within Australia, call 1300 419 495
From outside Australia, call +61 3 9275 9009
Opening hours: Monday to Friday 9:00am–5:00pm (Australian Eastern Standard Time)

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Australian Health Practitioner Regulation Agency
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For more information about AHPRA and the National Boards’ work in 2017/18, please see the annual report.

Useful links
Register of practitioners
Complaints portal
Court and tribunal outcomes
National restrictions library

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### Australian Health Practitioner Regulation Agency

GPO Box 9958 in your capital city  
www.medicalradiationpracticeboard.gov.au  
www.ahpra.gov.au

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
</tr>
</thead>
</table>
| **Australian Capital Territory** | Ground floor  
50 Blackall St  
Barton ACT 2600 |
| **New South Wales** | Level 51  
680 George St  
Sydney NSW 2000 |
| **Northern Territory** | Level 5  
22 Harry Chan Ave  
Darwin NT 0800 |
| **Queensland**      | Level 4  
192 Ann St  
Brisbane QLD 4000 |
| **South Australia** | Level 11  
80 Grenfell St  
Adelaide SA 5000 |
| **Tasmania**        | Level 5  
99 Bathurst St  
Hobart TAS 7000 |
| **Victoria**        | Level 8  
111 Bourke St  
Melbourne VIC 3000 |
| **Western Australia** | Level 1  
541 Hay St  
Subiaco WA 6008 |