

LOCAL DECISIONS – NATIONAL SCHEME

Regulating health practitioners
in Queensland:

ANNUAL REPORT SUMMARY 2013/14

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



Australian Health Practitioner Regulation Agency

| | |
|--|----------------------|
| Aboriginal and Torres Strait Islander health practice | Occupational therapy |
| Chinese medicine | Optometry |
| Chiropractic | Osteopathy |
| Dental | Pharmacy |
| Medical | Physiotherapy |
| Medical radiation practice | Podiatry |
| Nursing and Midwifery | Psychology |

Regulating health practitioners in Queensland

This year, for the first time, we offer this snapshot of our work regulating 117,622 health practitioners in Queensland.

This short report complements the more detailed, national profile included in the 2013/14 annual report of AHPRA and the National Boards.



There are now **117,622** registered health practitioners in Queensland, compared to 113,197 in 2013 and 103,730 in 2012

11,376 people applied for registration as a health practitioner in Queensland in 2014, including applications to change registration type

On 30 June 2014 there were **69,129** nurses and midwives, **19,032** medical practitioners, **5,626** psychologists, **5,536** pharmacists and **4,056** dental practitioners in Queensland

There are **324** dental and **11,682** medical specialists in Queensland

1.7% of health practitioners in Queensland are subject to a notification, slightly higher than the 1.4% national average



We received **2,375** notifications about health practitioners in Queensland during the year, including **376** mandatory notifications

AHPRA is monitoring conditions on registration or undertakings from **937** Queensland practitioners

There has been a **16%** increase in notifications in Queensland, the same as the **16%** national increase

44% of complaints are about clinical care, **11%** about communication, **10%** about possible health impairment and **6%** about pharmacy or medication issues

20 Queensland practitioners had their registration limited in some way after a criminal history check

There has been a **63%** increase in mandatory reports in Queensland during the year. Queensland has the highest rate of mandatory reporting in Australia, with **33%** of all mandatory notifications received

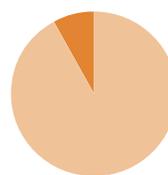
Queensland boards and committees took 'immediate action' **224** times, restricting the practitioner's registration in **165** cases

76% of registered health practitioners in Queensland are women

41% of complaints were referred by the Health Quality and Complaints Commission, **13%** came directly from patients and **10%** from other practitioners

There were **39** tribunal decisions made during the year, leading to disciplinary action in **29** (74%) cases

There were **43** notifications closed after panel hearings, leading to disciplinary action in **38** (88%) cases



Notifications about practitioners with **5** National Boards - dental, medical, nursing and midwifery, pharmacy and psychology - account for **95%** of notifications in Queensland

About the National Scheme

Who

The National Registration and Accreditation Scheme regulates more than 619,000 registered health practitioners across Australia.

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

The National Scheme makes sure that only practitioners who have the skills and qualifications to provide safe and ethical care are registered to practise in Australia.

What

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

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

The [online national registers](#) provide a single reference point for the community about the current registration status of all registered health practitioners in Australia, including current restrictions on practice.

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

The National Scheme is responsible for the quality education of health practitioners, by setting the framework for the accreditation of health practitioner education and training in Australia.

When

The National Scheme started in July 2010. Since then, there has been an increase in the number of registered practitioners, from 530,115 in July 2011 to 619,509 on 30 June 2014 (including four new professions entering the scheme in 2012).

Where

The National Scheme operates across Australia. It builds local decision-making into a national standards and policy framework. Every state and territory parliament has passed a nationally consistent law – the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), which came into effect on 1 July 2010 (and 18 October 2010 in Western Australia).

Why

Public safety is the most important purpose of regulation. Other objectives and guiding principles of the National Scheme are set down in the [National Law](#).

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Foreword from the AHPRA Chair and CEO

One in every 20 working Australians is a registered health practitioner – or 118,000 of all 4,690,900 Queenslanders. All of us are patients from time to time. Directly or indirectly, regulation of health practitioners matters to us all.

Well-regulated practitioners are the foundation of a healthcare system that provides safe, high-quality healthcare. The legal framework set by governments when creating the National Law is designed to protect patients and be fair to practitioners, while facilitating access to health services. In our regulatory work in Queensland and nationally, we are committed to striking this carefully managed balance.

More about the work of the Queensland AHPRA office during the year, along with state-specific data, is detailed in this report.

Local decision-making

The National Scheme anchors local decision-making to a national policy and standards framework. It provides robust public protection, economies of scale, and consistent standards that practitioners must meet. The scheme makes it clear what members of the community can expect from the people who provide their healthcare.

The vast majority of decisions about individual registered health practitioners are made locally. More than 92% of notifications are made about practitioners in four professions, which all have state, territory or regional boards or committees in place. This figure grows to 96% when including pharmacists who manage notifications through a national committee.

State board members are appointed by the Health Minister in Queensland. Members of the Queensland regional psychology board are all from Queensland. Board and committee members make decisions about local practitioners supported by the Queensland AHPRA office.

Health complaints management in Queensland involves a network of local agencies working effectively together. The transition to Queensland's new health complaints handling system began during 2014, while we worked with the Health Quality and Complaints Commission (HQCC). From 1 July 2014, the National Scheme will work with the Queensland Health Ombudsman, the Queensland Civil and Administrative Tribunal (QCAT), state, territory and regional boards and committees and AHPRA to deliver effective and timely outcomes and protect the public.

Performance

This year, in Queensland and nationally, our priority focus has been on improving our management of notifications, our performance and accountability through measurement and reporting, and the experience of notifiers and practitioners who are subject to a notification.

Our investment in notifications management is delivering results. To better manage and measure our performance, we have introduced a set of key performance indicators (KPIs) for the timeliness of notifications management. The time it takes to assess and manage notifications is reducing. In the context of ongoing increases in the number of notifications we receive, this will remain a critical challenge for us to meet.

We have robust processes in place to swiftly identify and manage serious risk to the public. In Queensland this year, National Boards took immediate action 224 times, limiting the practitioner's registration in some way in 171 cases. During the year, the increase in notifications in Queensland is 16%, the same as the national average increase. During the year, as part of a major investment in improving notifications management, AHPRA significantly increased staff in our notifications teams, with 20 new staff including 15 investigators and lawyers in our Queensland team.

Conclusion

The national standards and robust public protections that are a cornerstone of the National Scheme were made possible when governments across Australia led a world-first reform in health practitioner regulation. We recognise and appreciate the ongoing support of the Minister and his department, stakeholders within the professions and wider health sector and the community. Building understanding and confidence in our work is an important element of our trustworthiness.

Improved community engagement has been a particular focus during the past year. Our Community Reference Group continues to add value and insight into our work with notifiers and health consumers more generally.

We look forward to continuing to work in partnership with National Boards and their state boards and committees to serve the community of Queensland.



Michael Gorton AM, AHPRA Chair



Martin Fletcher, AHPRA CEO

Foreword from AHPRA's Queensland State Manager, Matthew Hardy

It's been a year of significant achievement and action in the Queensland AHPRA office.

Highlights for 2013/14:

- The appointment of a new Queensland Board of the Medical Board of Australia.
- The reappointment of Queensland boards of the Nursing and Midwifery Board of Australia and the Psychology Board of Australia.
- Working with the office of the newly appointed Queensland Health Ombudsman to support the smooth transition to a new complaints management system in Queensland.
- Working with our AHPRA Queensland staff to implement the new complaints management system in Queensland and improving our performance to be a respected partner in the new complaints handling system.
- Increased resourcing of our notifications teams, to help us improve timeliness, streamline processes and work better with notifiers and practitioners
- 16% increase in notifications received, with a corresponding 3.4% decrease in the number of open notifications.
- 63% increase in mandatory notifications received.

Local decisions, national framework

Close to 96% of all notifications are made about practitioners in five professions – medical, nursing and midwifery, dental, pharmacy and psychology. Four of these National Boards have state, territory or regional boards or committees, which make all decisions about individual practitioners. Read more about the work of Queensland boards and committees in this report. More generally, all National Boards must have one member from Queensland, who provides insight into local issues that are brought to the attention of a National Board.

Local AHPRA offices in every state and territory ensure that the National Scheme is delivered locally, supported by national policy, standards and systems.

Improving notifications management

There has been a 16% increase in the number of notifications received in Queensland this year, exactly matching the national 16% increase.

After three years of consistent increase in notifications in Queensland, this appears to be an established trend, consistent nationally and internationally in healthcare and across other sectors. We are monitoring this both locally and nationally, to better understand the cause and make sure we respond effectively.

Despite this increase, expanding our Queensland notifications teams by recruiting more staff and testing new ways of working has helped us reduce the number and average age of open notifications from the previous year.

In 2014/15 we will continue our commitment to improve our ways of working across the office to ensure we can appropriately respond to the needs and expectations of our registrants, stakeholders and the wider Queensland community.

Working with our stakeholders

During the year, we have been in regular touch with many of our major stakeholders, listening to their ideas for ways we can improve, making opportunities to respond to feedback and talking about the National Scheme. This year we held nine meetings with our local professional associations, six with health practitioner regulatory agencies, eight with key Queensland Health stakeholders and a number with other important stakeholders in the Queensland medico-legal community. We attended or made presentations over 30 events, reaching more than 2,000 people, and particularly focused on students throughout the state to help raise awareness and understanding of the importance of regulation to their future professional lives.

Crucially, in the lead up to the introduction of the new co-regulatory health practitioner complaints management system in Queensland from 1 July 2014, we have worked to provide information and support to Queensland Health and established a collaborative relationship with the incoming Health Ombudsman to ensure a smooth transition.

Our work with the community will be a priority focus in the coming year. More widely through our national stakeholder engagement program, we have ventured into social media initially by joining Twitter, expanded our options to participate in National Board consultations and are planning future work with non-English speaking communities. We continue to benefit from advice and challenge from our Community Reference Group and distribute information about the National Scheme with our online community of interest. This group has grown from the initial community briefings we held around Australia in 2012/13 and includes people from Queensland.

Local office, national contribution

The day-to-day business of most of the team in the Queensland office is to manage our core regulatory functions of registration and notifications, and support our local boards and committees.

I thank the members of Queensland boards and committees for their expertise and commitment to the people of Queensland. I also thank the staff of the AHPRA Queensland office for their dedication in supporting Queensland and national boards and committees throughout the year.



Matthew Hardy, Queensland State Manager, AHPRA

PART 1:

Decision-making in Queensland: Board and committee reports

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

The main focus of the Queensland Registration and Notification Committee of the Dental Board of Australia in 2013/14 was on managing risk to patients. We did this in two main ways: by making decisions about individual registered dental practitioners after receiving a notification about them; and by assessing the most complex applications for registration, often from overseas-trained practitioners.

Data showing the work of the local committee are detailed in this report. More comprehensive information about the work of the Dental Board of Australia nationally is included in the 2013/14 annual report of AHPRA and the National Boards.

As you will read, 2013/14 was a very busy year for the Queensland Registration and Notification Committee of the Dental Board of Australia.

Along with the National Board members from each jurisdiction, the state committee is the local face of dental practitioner regulation in Australia. Our local committee is made up of practitioner and community members who live and work in Queensland. The decisions the committee makes are guided by the national standards and policies set by the Dental Board of Australia. The local committee makes most decisions about dental practitioners in our region, supported by the local AHPRA office, in a national policy framework.

The local committee provides important feedback to the National Board about its standards and policies. As Chair of the local committee, I attended a number of National Board meetings throughout the year. These meetings create opportunities to discuss how the National Board policies influence our decision-making at the local level. The opportunities to engage with the National Board continue to grow to support the national policy framework.

Along with the National Board and all its committees, the core priority for the year ahead for the Queensland committee is to implement the regulatory principles of the National Scheme. As Chair, I am also looking forward to participating in the National Board's biennial dental conference to be held in May 2015, when all committee members have a chance to discuss, reflect and learn in order to improve the quality of our decisions. This has proved to be a most practical and effective forum to consolidate national consistency and ensure we make risk-based regulatory decisions.

Working with our stakeholders has been a major priority during the year. With the Queensland State

Manager, Matthew Hardy, we have worked to involve the local dental community in ensuring competently delivered services are provided to the people of Queensland. By open dialogue with professional associations and through engagement with teaching institutions, the expectations of the Board and the responsibility that places on dental practitioners has been made very clear.

Several new members were appointed to the committee in 2013. This year, we have had the opportunity to consider issues deeply and held often-complex discussions. All committee members have contributed to consistent decision-making and a 'right touch' approach that matches our actions to the level of risk posed to the community.

I thank the staff within the Queensland AHPRA office for their dedication and support of the committee's functions. I especially thank my colleagues on the Queensland committee for their energy and commitment to the people of Queensland during the year.



Dr Robert McCray, Chair, Queensland Registration and Notification Committee, Dental Board of Australia



Dr John Lockwood AM, Chair, Dental Board of Australia

Members of the Queensland Registration and Notification Committee

Dr Robert McCray (Chair)

Dr Edward Hsu

Dr Bruce Newman

Ms Neda Nikolovski

Mr Neil Roberts

Mr Stuart Unwin

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

It has been a year of considerable progress for the Queensland Board of the Medical Board of Australia.

As ever, our core focus was on public safety as we made decisions about individual medical practitioners. These decisions fall into two broad categories: either complex applications for registration which require detailed individual assessment; or what action we need to take to manage risk to the public as a result of a notification.

The decisions we make in Queensland are guided by the national standards and policies set by the Medical Board of Australia. In effect, local boards are making decisions about local practitioners, supported by a local AHPRA office, within a national framework.

During the year, the Queensland Board has spent a lot of time and effort working with the medical board nationally, with all other state and territory Medical Boards and with AHPRA to improve our management of notifications. This has involved careful analysis of our current performance, and identifying opportunities for doing our work better and more effectively. To support this, we have developed an action plan that clearly identifies our priorities and allocated KPIs, which we monitor monthly.

We have also looked very closely at the experience of notifiers and how we can make our communication more straightforward, easier to understand and more timely. I am looking forward to reporting on the benefits of this work in 2015.

Working with our stakeholders has been another priority during the year. We consider it essential that we engage with all of our stakeholders and have made deliberate efforts to meet with as many as possible since the new Queensland Board started earlier this year. We are currently formalising this approach with the development of a communication and engagement strategy that supports our activities with local stakeholders, professional associations and the community.

We are a newly appointed Board and have embraced the challenges inherent in professional regulation during the first eight months of our appointment. It has been a busy and productive period. In addition, we have witnessed the appointment of the Health Ombudsman and the establishment of the Office of the Health Ombudsman on 1 July 2014. This was a significant event in the management of notifications

and complaints in Queensland, and we have worked closely and collaboratively with the Office of the Health Ombudsman to ensure that our objective of protecting the public remains our priority.

I would like to thank my colleagues on the Queensland Board for their energy and commitment to the people of Queensland during the year. I would also like to extend my appreciation to the staff in the Queensland AHPRA office for their support as the Board deliberates on all matters before us.

This Queensland report provides a snapshot of regulation at work in our state over the last year. It complements the comprehensive, profession-specific information published in the annual report of AHPRA and the National Boards for 2013/14.



Associate Professor Susan Young,
Chair, Queensland Board, Medical
Board of Australia



Dr Joanna Flynn AM, Chair, Medical
Board of Australia

Members of the Queensland Board

Associate Professor Susan Young (Chair)

Dr Mark Waters (Deputy Chair)

Dr Cameron Bardsley

Dr Victoria Brazil

Professor William Coman AM

Dr Christine Foley

Ms Christine Gee

Mr David Kent QC

Mr Gregory McGuire

Associate Professor Eleanor Milligan

Associate Professor David Morgan OAM

Dr Susan O'Dwyer

Dr Josephine Sundin

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

In 2014, the Queensland Board of the Nursing and Midwifery Board of Australia continued to focus on public safety, making decisions about individual nurses and midwives. These may be complex applications for registration which require detailed individual assessment, or deciding what action we need to take to manage risk to the public as a result of a notification.

The decisions we make in Queensland are guided by the national standards and policies set by the Nursing and Midwifery Board of Australia (National Board) and by the principles for assessing applications for registration and notifications, which were recently developed jointly by the National Board state and territory boards. These policies and regulatory guidelines inform the decisions we make in Queensland about local practitioners, supported by AHPRA's state office.

During the year, the Queensland Board has worked closely with our colleagues on the National Board and on other state and territory boards, through monthly state and territory teleconferences of board chairs, workshops on nursing and midwifery regulation and developing principles for assessing applications for registration.

This important partnership will continue and supports a nationally consistent approach to managing and making decisions about notifications and registration issues for nurses and midwives. I am looking forward to participating in the inaugural Nursing and Midwifery Board conference to be held in November 2014.

Our work with stakeholders has also been a priority. The National Board held its meeting in Brisbane in July 2013. Importantly, this coincided with a well-attended stakeholder forum, which helped us meet and speak with our colleagues in other sectors who are interested in the important work of regulating nurses and midwives. With the Queensland State Manager, Matthew Hardy, we have worked to better inform the nursing and midwifery community about registration requirements and how to manage practitioners who have conditions imposed on their registration.

I thank my colleagues on the Queensland Board for their energy and commitment to the people of Queensland during the year. I would especially like to acknowledge the contribution of outgoing Chair, Professor Don Gorman and outgoing board members Ms Leanne Smith and Mr Terry Selva. I would also like to thank the staff of AHPRA Queensland for the assistance provided to the Board throughout the year.

This snapshot of regulation at work in our state complements the comprehensive, profession-specific information published in the annual report of AHPRA and the National Boards for 2013/14.



Professor Patricia (Patsy) Yates, Chair, Queensland Board of the Nursing and Midwifery Board of Australia



Dr Lynette Cusack, Chair, Nursing and Midwifery Board of Australia

Members of the Queensland Board

Professor Patricia Yates (Chair from 1 July 2014)

Professor Donald Gorman (Chair to 30 June 2014)

Adjunct Professor Veronica Casey (also a member of the Nursing and Midwifery Board of Australia)

Mr John Chambers

Ms Michelle Garner

Ms Michelle Hill (resigned 6 April 2014)

Mr Stanley Macionis

Mr Terence Selva

Ms Leanne Smith

Pharmacy Board of Australia: Chair's message

The Pharmacy Board of Australia (the National Board) makes decisions about the nearly 5,500 registered pharmacists in Queensland. To make sure we have local knowledge informing our decisions, there are practitioner members of the Board from each state and territory and a community member from each of four states. Mr Brett Simmonds is the Queensland practitioner member of the National Board.

The Board has established a notifications committee to make decisions about individual registered pharmacists in Queensland, guided by the standards and policies set by the National Board. In addition to five core members from the National Board, there are two representatives from each state and territory on this committee. Those members alternate attendance at meetings and assist in the decision-making on matters from their respective jurisdictions. This strategy helps to make sure decisions are both nationally consistent and locally relevant. The work of this committee is increasing, along with the number of notifications made about registered pharmacists.

During the year, the Board continued its work with stakeholders in Queensland. We also draw on the skills and expertise of local pharmacists, who support the Board through their participation as examiners for the national pharmacy examination.

During the year, the Board sought the views of the community and practitioners in Queensland in public consultations that reviewed a number of registration standards, codes and guidelines that have been in place since the start of the National Scheme. Next year, we will be looking for more contributions when we come to review other important regulatory guidelines

Data showing the work of the Board in Queensland are detailed in this report. More comprehensive information about the work of the Pharmacy Board of Australia nationally is included in the 2013/14 annual report of AHPRA and the National Boards.



Adjunct Associate Professor Stephen Marty, Chair, Pharmacy Board of Australia

Queensland Board of the Psychology Board of Australia: Chair's message

2014 was a very busy year for the Queensland Board of the Psychology Board of Australia.

The work of the Psychology Board of Australia is detailed in the annual report of AHPRA and the National Boards. This provides a national snapshot of the work the Board does to regulate the psychology profession in Australia.

The Queensland Board is the local face of psychology regulation in our state and is made up of practitioner and community members from Queensland. Our decisions about psychologists in our region are guided by the national standards and policies set by the Psychology Board of Australia. We are supported by AHPRA's Queensland office.

The main focus of the Queensland Board during the year was on public safety, as we made decisions about individual psychologists. Most of our work considers what action we need to take to manage risk to the public as a result of a notification. Another priority is assessing complex applications for registration.

Along with our interstate and national colleagues, this year we reviewed the effectiveness of our current regional board structure in dealing with the day-to-day work of regulating the psychology profession. This involved analysing the consistency of decision-making across regional boards to make sure there was no unnecessary variation in outcomes, processes or policies needed to keep the public safe. We wanted to make sure we were using resources prudently, that we were communicating effectively with the National Board (and other regional boards) about serious conduct matters and making good decisions.

As a result of the review, we will be maintaining a regional board structure and working with AHPRA to support consistent, robust decision-making that reflects the regulatory principles endorsed by all National Boards across the National Scheme.

A priority in the year ahead will be continuing work with the National Board to support a smooth transition to the new overseas qualifications assessment framework. In addition to local meetings and events during the year, an important development was the meeting of all regional psychology boards with the National Board. This provided an opportunity to share and compare regional and rural resolutions with other jurisdictions. This has complemented our regular monthly teleconference meeting of all regional

chairs with the National Board Chair, to discuss local problems and share solutions.

Working with our stakeholders in Queensland has been another feature of the year. With the Queensland State Manager, Matthew Hardy, we have worked closely with the Office of the Health Ombudsman as we made the transition to a co-regulatory framework.

As part of a decision to be more proactive in reducing the number of potential complaints reaching regulatory authorities in Queensland, we have focused on raising awareness of regulation and national standards with students studying psychology and those in training. We have made presentations to provisionally registered psychologists in training at universities across Queensland, and presented at the annual Psychology Australian Psychological Society EXPO event.

I thank my colleagues on the Queensland Board for their energy and commitment to the people of Queensland during the year. On 27 June 2014, the Minister for Health appointed members to an expanded nine-member Board for new three-year terms. I wish to thank Mr Kingsley Bedswell and Barry Sheehan who served on the previous board, and welcome new members Professor Justin Kenardy, Ms Rachel Phillips, Dr Melissa Sands, Mrs Gail Hartridge and Ms Susan Johnson to the Board. My thanks also for the assistance and support provided throughout the year by the staff in the Queensland AHPRA office.

Members of the Queensland Board

Associate Professor Robert Schweitzer (Chair)

Mr Kingsley Bedswell

Mrs Jeanette Jifkins

Professor Kevin Ronan

Mr Barry Sheehan

Dr Haydn Till



Associate Professor Robert Schweitzer, Chair, Queensland Board of the Psychology Board of Australia



Professor Brin Grenyer, Chair, Psychology Board of Australia

National Boards and committees making local decisions

The other National Boards in the National Scheme have taken a different approach to decision making about local practitioners.

Keeping a close eye on the cost of regulation, along with the risk profile, complexity and size of their profession, many of these Boards established national committees to make decisions about local practitioners.

National Board members are appointed from each state and territory. National committees are appointed by the Boards on merit and include Board members in most cases. Additional members may be appointed to bring specific professional or jurisdictional expertise when this is needed. Oversight of these committees by the National Boards supports consistent and robust decision-making that keeps the public safe.

Using national committees is an important way to cut the cost of regulation for these professions, while maintaining the benefits of scale and public protection provided by the National Scheme. National Boards also work closely with our network of state and territory managers, so they can monitor and respond to any state or territory-specific issues for their professions.

National Boards engaged with local stakeholders in a range of ways during the year, including:

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

For more information about the work of National Boards during the year, read the 2013/14 annual report of AHPRA and the National Boards.

The National Board Chairs



Mr Peter Pangquee
Chair, Aboriginal and Torres Strait Islander Health Practice Board of Australia



Professor Charlie Xue
Chair, Chinese Medicine Board of Australia



Dr Phillip Donato OAM
Chair, Chiropractic Board of Australia



Mr Neil Hicks
Chair, Medical Radiation Practice Board of Australia



Dr Mary Russell
Chair, Occupational Therapy Board of Australia



Mr Colin Waldron
Chair, Optometry Board of Australia



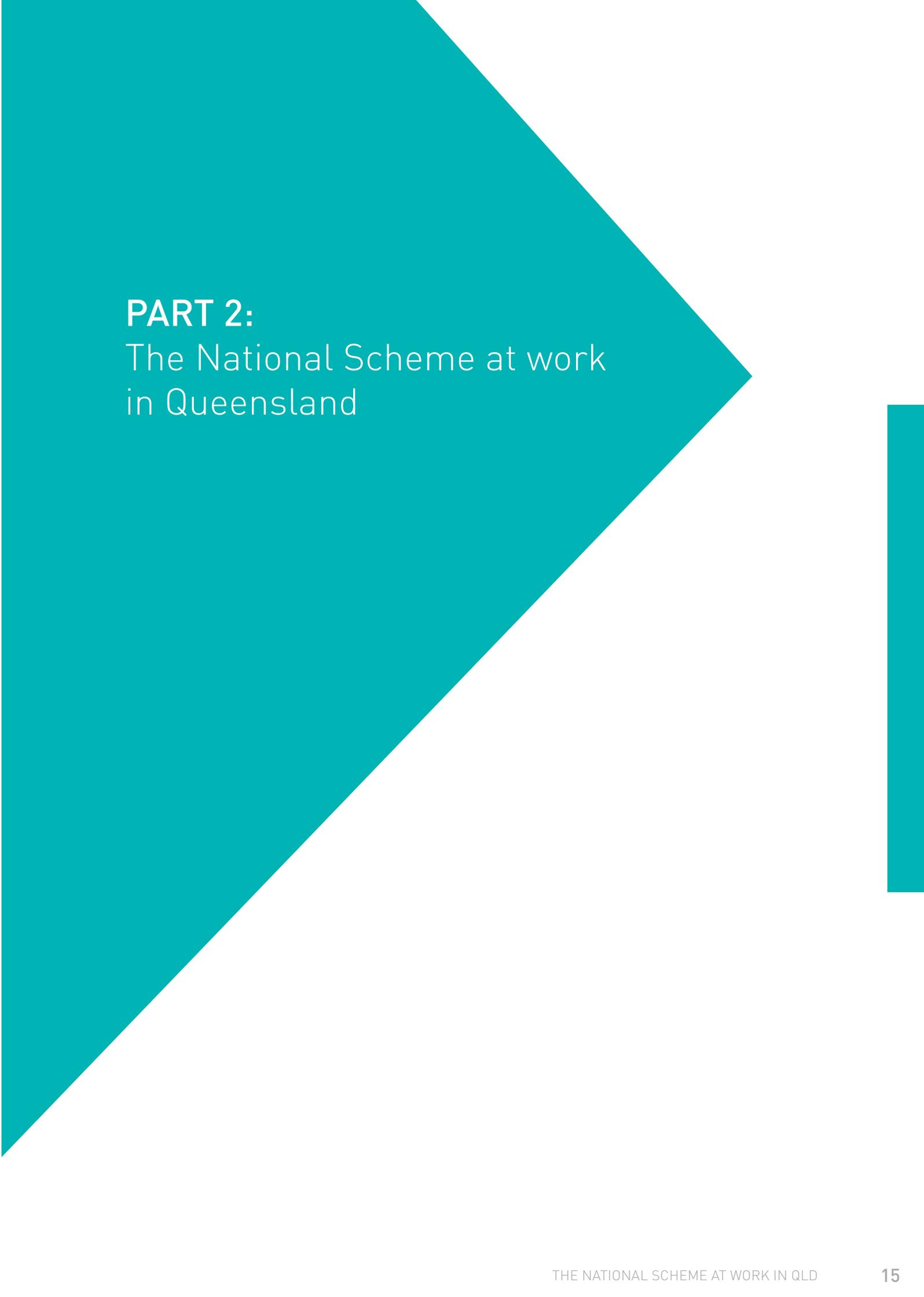
Dr Robert Fendall
Chair, Osteopathy Board of Australia



Mr Paul Shinkfield
Chair, Physiotherapy Board of Australia



Ms Catherine Loughry
Chair, Podiatry Board of Australia



PART 2:
The National Scheme at work
in Queensland

Queensland data snapshot: registration and notifications

Background

These data are drawn from the 2013/14 annual report of AHPRA and the National Boards. The report looks at national data through a Queensland lens, to tell more about our work in this state to keep the public safe.

This snapshot provides information about the number of practitioners in each profession in Queensland, including a breakdown by registration type, registration division (when this applies), information about specialties (for dental, medical and podiatry practitioners), and endorsements or notations held. We also provide a gender breakdown of practitioners, by profession.

We provide national comparisons, to see how Queensland compares to the national average, and so that the relativity can be better seen. When possible, we provide a three-year history of data, so we can identify and track emerging trends over time. We also include a breakdown of data by profession in some cases.

We also include information about notifications in Queensland. This includes details of notifications received and closed during the year, as well as those remaining open at the end of the reporting year. Details of mandatory reports received and immediate actions taken are included as well as information on the rate of notifications and mandatory notification within the state.

We publish the source of notifications, as there are different patterns across states and territories. Again, we offer a three-year history when possible, as well as a breakdown by profession. National data and comparisons against national data are included. In general, the national data includes data about notifications in NSW, except when categories used differ between NSW and the other states and territories.

More comprehensive data are published in the 2013/14 annual report of AHPRA and the National Boards, which also includes more comprehensive profession-specific information.

Registration in Queensland

Tables 1–6 provide details of registered practitioners in Queensland. On 30 June 2014 there were 117,622 registered practitioners in Queensland, representing 19.0% of all practitioners registered nationally. This proportion has varied little over the last three years. By profession, the proportion of practitioners ranges from osteopaths, with 8.9% of Australia's osteopaths

based in Queensland, to nurses and midwives, where Queensland claims 20.0% of Australia's total from these professions.

Interesting patterns emerge in data viewed by registration type (Table 2). There are many professions that have proportionally more provisional registrants than general registrants. This applies to medical practitioners (20% of medical practitioners with general registration nationally, and 22.4% of provisional registrants), medical radiation practitioners (19.7% general, 21.7% provisional), pharmacists (19.6% general, 23.1% provisional) and psychologists (17.7% general, 20.5% provisional). There is also a higher proportion of medical practitioners with specialist registration (25.3%) in Queensland than the proportion of practitioners with general registration (19.2%).

For professions with divisions (Table 5), there are several divisions with quite high concentrations of practitioners in Queensland, notably Chinese medicine practitioners, who are registered solely as acupuncturists (33.8% of national total) and oral health therapists (31.8% of national total).

Details of registration applications received in 2013/14 are provided in Table 7. In 2013/14, 19.4% of the applications received nationally were received in Queensland. The proportion of all national applications (for first-time registration as well as changes to types of registration) received in Queensland has increased each year.

Table 1: Registered practitioners with QLD as the principal place of practice¹

| Profession | QLD | National Total ⁵ | % of National Total |
|--|------------------|-----------------------------|---------------------|
| Aboriginal and Torres Strait Islander Health Practitioner ² | 37 | 343 | 10.8% |
| Chinese Medicine Practitioner ² | 810 | 4,271 | 19.0% |
| Chiropractor | 753 | 4,845 | 15.5% |
| Dental Practitioner | 4,056 | 20,707 | 19.6% |
| Medical Practitioner | 19,032 | 99,379 | 19.2% |
| Medical Radiation Practitioner ² | 2,832 | 14,387 | 19.7% |
| Midwife | 540 | 3,230 | 16.7% |
| Nurse | 62,226 | 327,388 | 19.0% |
| Nurse and Midwife ³ | 6,363 | 31,832 | 20.0% |
| Occupational Therapist ² | 3,174 | 16,223 | 19.6% |
| Optometrist | 950 | 4,788 | 19.8% |
| Osteopath | 166 | 1,865 | 8.9% |
| Pharmacist | 5,536 | 28,282 | 19.6% |
| Physiotherapist | 4,823 | 26,123 | 18.5% |
| Podiatrist | 698 | 4,129 | 16.9% |
| Psychologist | 5,626 | 31,717 | 17.7% |
| Total 2013-14 | 117,622 | 619,509 | 19.0% |
| Total 2012-13² | 113,197 | 592,470 | 19.1% |
| Total 2011-12 | 103,730 | 548,528 | 18.9% |
| Population as a proportion of national population⁴ | 4,690,900 | 23,319,400 | 20.1% |

Notes:

1. Data are based on registered practitioners as at 30 June 2014.
2. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.
3. Practitioners who hold dual registration as both a nurse and a midwife.
4. Based on ABS Demographics Statistics as at 30 December 2013.
5. National total also includes registrants who have no specified principal place of practice.

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

| Profession | QLD | National Total | % of National Total |
|---|-------|----------------|---------------------|
| Aboriginal and Torres Strait Islander Health Practitioner | 37 | 343 | 10.8% |
| General | 37 | 343 | 10.8% |
| Chinese Medicine Practitioner | 810 | 4,271 | 19.0% |
| General | 788 | 4,149 | 19.0% |
| Non-practising | 22 | 122 | 18.0% |
| Chiropractor | 753 | 4,845 | 15.5% |
| General | 735 | 4,577 | 16.1% |
| Non-practising | 18 | 268 | 6.7% |
| Dental Practitioner | 4,056 | 20,707 | 19.6% |
| General | 3,663 | 18,320 | 20.0% |

| Profession | QLD | National Total | % of National Total |
|---|--------|----------------|---------------------|
| General and Specialist | 310 | 1,586 | 19.5% |
| Limited | 31 | 324 | 9.6% |
| Non-practising | 51 | 446 | 11.4% |
| Specialist | 1 | 27 | 3.7% |
| General and Limited ¹ | | 4 | |
| Medical Practitioner | 19,032 | 99,379 | 19.2% |
| General | 6,468 | 32,389 | 20.0% |
| General (Teaching and Assessing) | 7 | 34 | 20.6% |
| General (Teaching and Assessing) and Specialist | | 2 | |
| General and Specialist | 8,744 | 48,118 | 18.2% |
| Limited | 636 | 4,347 | 14.6% |
| Limited (Public Interest - Occasional Practice) | 126 | 399 | 31.6% |
| Non-practising | 228 | 2,477 | 9.2% |
| Provisional | 861 | 3,846 | 22.4% |
| Specialist | 1,962 | 7,767 | 25.3% |
| Medical Radiation Practitioner | 2,832 | 14,387 | 19.7% |
| General | 2,668 | 13,500 | 19.8% |
| Limited | | 3 | |
| Non-practising | 15 | 197 | 7.6% |
| Provisional | 149 | 687 | 21.7% |
| Midwife | 540 | 3,230 | 16.7% |
| General | 535 | 3,173 | 16.9% |
| Non-practising | 5 | 57 | 8.8% |
| Nurse | 62,226 | 327,388 | 19.0% |
| General | 61,641 | 323,284 | 19.1% |
| General and Non-practising ² | 2 | 13 | 15.4% |
| Non-practising | 583 | 4,091 | 14.3% |
| Nurse and Midwife | 6,363 | 31,832 | 20.0% |
| General | 6,161 | 30,111 | 20.5% |
| General and Non-practising ³ | 132 | 1,122 | 11.8% |
| Non-practising | 70 | 599 | 11.7% |
| Occupational Therapist | 3,174 | 16,223 | 19.6% |
| General | 3,024 | 15,599 | 19.4% |
| Limited | 25 | 115 | 21.7% |
| Non-practising | 115 | 471 | 24.4% |
| Provisional | 10 | 38 | 26.3% |
| Optometrist | 950 | 4,788 | 19.8% |
| General | 934 | 4,654 | 20.1% |
| Limited | | 3 | |
| Non-practising | 16 | 131 | 12.2% |
| Osteopath | 166 | 1,865 | 8.9% |
| General | 161 | 1,791 | 9.0% |
| Non-practising | 5 | 73 | 6.8% |
| Provisional ⁴ | | 1 | |
| Pharmacist | 5,536 | 28,282 | 19.6% |
| General | 5,010 | 25,455 | 19.7% |
| Limited | 2 | 17 | 11.8% |

| Profession | QLD | National Total | % of National Total |
|------------------------|----------------|----------------|---------------------|
| Non-practising | 97 | 964 | 10.1% |
| Provisional | 427 | 1,846 | 23.1% |
| Physiotherapist | 4,823 | 26,123 | 18.5% |
| General | 4,693 | 25,093 | 18.7% |
| Limited | 33 | 264 | 12.5% |
| Non-practising | 97 | 766 | 12.7% |
| Podiatrist | 698 | 4,129 | 16.9% |
| General | 684 | 4,017 | 17.0% |
| General and Specialist | 1 | 27 | 3.7% |
| Non-practising | 13 | 85 | 15.3% |
| Psychologist | 5,626 | 31,717 | 17.7% |
| General | 4,544 | 26,219 | 17.3% |
| Non-practising | 240 | 1,390 | 17.3% |
| Provisional | 842 | 4,108 | 20.5% |
| Total | 117,622 | 619,509 | 19.0% |

Notes:

1. Practitioners holding general or specialist registration and limited/provisional registration for a registration sub type or division within the same profession.
2. Practitioners holding general registration in one division and non-practising registration in another division.
3. Practitioners holding general registration in one profession and non-practising registration in the other profession.
4. Osteopathy Board has introduced a category of provisional registration in 2013-14.

Table 3: Registered practitioners who hold an endorsement or notation with QLD as the principal place of practice

| Profession | QLD | National Total | % of National Total |
|-------------------------------|-------|----------------|---------------------|
| Chiropractor | | 33 | |
| Acupuncture | | 33 | |
| Dental Practitioner | 18 | 86 | 20.9% |
| Conscious sedation | 18 | 86 | 20.9% |
| Medical Practitioner | 51 | 412 | 12.4% |
| Acupuncture | 51 | 412 | 12.4% |
| Nurse ¹ | 1,040 | 1,975 | 52.7% |
| Nurse Practitioner | 293 | 1,087 | 27.0% |
| Scheduled Medicines | 747 | 888 | 84.1% |
| Midwife ¹ | 128 | 364 | 35.2% |
| Eligible Midwife ² | 92 | 247 | 37.2% |
| Midwife Practitioner | | 1 | |
| Scheduled Medicines | 36 | 116 | 31.0% |
| Optometrist | 320 | 1,753 | 18.3% |
| Scheduled Medicines | 320 | 1,753 | 18.3% |
| Osteopath | | 2 | |
| Acupuncture | | 2 | |
| Physiotherapist | | 9 | |
| Acupuncture | | 9 | |

| Profession | QLD | National Total | % of National Total |
|---------------------|--------------|----------------|---------------------|
| Podiatrist | 2 | 64 | 3.1% |
| Scheduled Medicines | 2 | 64 | 3.1% |
| Psychologist | 1,300 | 9,221 | 14.1% |
| Area of Practice | 1,300 | 9,221 | 14.1% |
| Total | 2,859 | 13,919 | 20.5% |

Notes:

1. Nurse and midwife registrants may hold dual nursing and midwifery registration and may have endorsements against each registration. Nursing and midwifery registrants may hold one or more endorsement/notation in each profession.
2. Holds notation of Eligible Midwife.

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

| Profession | QLD | National Total | % of National Total |
|---|--------|----------------|---------------------|
| Aboriginal and Torres Strait Islander Health Practitioner | 37 | 343 | 10.8% |
| Female | 28 | 251 | 11.2% |
| Male | 9 | 92 | 9.8% |
| Chinese Medicine Practitioner | 810 | 4,271 | 19.0% |
| Female | 425 | 2,279 | 18.6% |
| Male | 385 | 1,992 | 19.3% |
| Chiropractor | 753 | 4,845 | 15.5% |
| Female | 256 | 1,799 | 14.2% |
| Male | 497 | 3,046 | 16.3% |
| Dental Practitioner | 4,056 | 20,707 | 19.6% |
| Female | 1,897 | 9,932 | 19.1% |
| Male | 2,159 | 10,775 | 20.0% |
| Medical Practitioner | 19,032 | 99,379 | 19.2% |
| Female | 7,496 | 39,963 | 18.8% |
| Male | 11,536 | 59,416 | 19.4% |
| Medical Radiation Practitioner | 2,832 | 14,387 | 19.7% |
| Female | 1,871 | 9,694 | 19.3% |
| Male | 961 | 4,693 | 20.5% |
| Midwife | 540 | 3,230 | 16.7% |
| Female | 537 | 3,219 | 16.7% |
| Male | 3 | 11 | 27.3% |
| Nurse | 62,226 | 327,388 | 19.0% |
| Female | 55,422 | 290,178 | 19.1% |
| Male | 6,804 | 37,210 | 18.3% |
| Nurse and Midwife | 6,363 | 31,832 | 20.0% |
| Female | 6,233 | 31,242 | 20.0% |
| Male | 130 | 590 | 22.0% |
| Occupational Therapist | 3,174 | 16,223 | 19.6% |
| Female | 2,931 | 14,872 | 19.7% |
| Male | 243 | 1,351 | 18.0% |

| Profession | QLD | % of | |
|-----------------|----------------|----------------|----------------|
| | | National Total | National Total |
| Optometrist | 950 | 4,788 | 19.8% |
| Female | 458 | 2,404 | 19.1% |
| Male | 492 | 2,384 | 20.6% |
| Osteopath | 166 | 1,865 | 8.9% |
| Female | 70 | 986 | 7.1% |
| Male | 96 | 879 | 10.9% |
| Pharmacist | 5,536 | 28,282 | 19.6% |
| Female | 3,350 | 17,015 | 19.7% |
| Male | 2,186 | 11,267 | 19.4% |
| Physiotherapist | 4,823 | 26,123 | 18.5% |
| Female | 3,295 | 18,082 | 18.2% |
| Male | 1,528 | 8,041 | 19.0% |
| Podiatrist | 698 | 4,129 | 16.9% |
| Female | 421 | 2,515 | 16.7% |
| Male | 277 | 1,614 | 17.2% |
| Psychologist | 5,626 | 31,717 | 17.7% |
| Female | 4,447 | 24,996 | 17.8% |
| Male | 1,179 | 6,721 | 17.5% |
| Total | 117,622 | 619,509 | 19.0% |

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

| Profession | QLD | % of | |
|--|-------|----------------|----------------|
| | | National Total | National Total |
| Chinese Medicine Practitioner | 810 | 4,271 | 19.0% |
| Acupuncturist | 551 | 1,630 | 33.8% |
| Acupuncturist and Chinese Herbal Dispenser ¹ | 3 | 5 | 60.0% |
| Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹ | 41 | 503 | 8.2% |
| Acupuncturist and Chinese Herbal Medicine Practitioner ¹ | 207 | 2,019 | 10.3% |
| Chinese Herbal Dispenser | 1 | 41 | 2.4% |
| Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹ | | 14 | |
| Chinese Herbal Medicine Practitioner | 7 | 59 | 11.9% |
| Dental Practitioner | 4,056 | 20,707 | 19.6% |
| Dental Hygienist | 135 | 1,298 | 10.4% |
| Dental Hygienist and Dental Prosthetist ¹ | 1 | 3 | 33.3% |
| Dental Hygienist and Dental Prosthetist and Dental Therapist ¹ | | 2 | |
| Dental Hygienist and Dental Therapist ¹ | 163 | 493 | 33.1% |

| Profession | QLD | % of | |
|--|---------------|----------------|----------------|
| | | National Total | National Total |
| Dental Hygienist and Oral Health Therapist ¹ | | 1 | 0.0% |
| Dental Prosthetist | 238 | 1,209 | 19.7% |
| Dental Prosthetist and Dental Therapist ¹ | | 1 | |
| Dental Therapist | 198 | 1,093 | 18.1% |
| Dentist | 3,014 | 15,638 | 19.3% |
| Dental Hygienist and Dentist ¹ | 1 | 6 | 16.7% |
| Oral Health Therapist | 306 | 963 | 31.8% |
| Medical Radiation Practitioner | 2,832 | 14,387 | 19.7% |
| Diagnostic Radiographer | 2,237 | 11,103 | 20.1% |
| Diagnostic Radiographer and Nuclear Medicine Technologist ¹ | 10 | 16 | 62.5% |
| Diagnostic Radiographer and Radiation Therapist ¹ | 1 | 2 | 50.0% |
| Nuclear Medicine Technologist | 134 | 1,012 | 13.2% |
| Radiation Therapist | 450 | 2,254 | 20.0% |
| Nurse | 62,226 | 327,388 | 19.0% |
| Enrolled Nurse | 11,709 | 61,301 | 19.1% |
| Enrolled Nurse and Registered Nurse ¹ | 1,037 | 5,022 | 20.6% |
| Registered Nurse | 49,480 | 261,065 | 19.0% |
| Nurse and Midwife | 6,363 | 31,832 | 20.0% |
| Enrolled Nurse and Midwife ¹ | 11 | 55 | 20.0% |
| Enrolled Nurse and Registered Nurse and Midwife ¹ | 2 | 54 | 3.7% |
| Registered Nurse and Midwife ¹ | 6,350 | 31,723 | 20.0% |
| Total | 76,287 | 398,585 | 19.1% |

Notes:

1. Practitioners who hold dual or multiple registration.

continued overleaf

Table 6: Health practitioners with specialties at 30 June 2014¹

| Profession | QLD | National Total | % of National Total |
|---|--------|----------------|---------------------|
| Dental Practitioner | 324 | 1,667 | 19.4% |
| Dento-maxillofacial radiology | 8 | 11 | 72.7% |
| Endodontics | 28 | 154 | 18.2% |
| Forensic odontology | 2 | 27 | 7.4% |
| Oral and maxillofacial surgery | 45 | 201 | 22.4% |
| Oral medicine | 6 | 36 | 16.7% |
| Oral pathology | 5 | 25 | 20.0% |
| Oral surgery | 3 | 48 | 6.3% |
| Orthodontics | 116 | 597 | 19.4% |
| Paediatric dentistry | 24 | 114 | 21.1% |
| Periodontics | 45 | 214 | 21.0% |
| Prosthodontics | 37 | 207 | 17.9% |
| Public health dentistry (Community dentistry) | 2 | 16 | 12.5% |
| Special needs dentistry | 3 | 17 | 17.6% |
| Medical Practitioner | 11,682 | 61,171 | 19.1% |
| Addiction medicine | 26 | 166 | 15.7% |
| Anaesthesia | 899 | 4,495 | 20.0% |
| Dermatology | 80 | 489 | 16.4% |
| Emergency medicine | 349 | 1,567 | 22.3% |
| General practice | 4,820 | 23,624 | 20.4% |
| Intensive care medicine | 169 | 796 | 21.2% |
| Paediatric intensive care medicine | | 2 | |
| No subspecialty declared | 169 | 794 | 21.3% |
| Medical administration | 83 | 331 | 25.1% |
| Obstetrics and gynaecology | 353 | 1,814 | 19.5% |
| Gynaecological oncology | 9 | 43 | 20.9% |
| Maternal-fetal medicine | 7 | 39 | 17.9% |
| Obstetrics and gynaecological ultrasound | 5 | 80 | 6.3% |
| Reproductive endocrinology and infertility | 4 | 53 | 7.5% |
| Urogynaecology | 6 | 30 | 20.0% |
| No subspecialty declared | 322 | 1,569 | 20.5% |
| Occupational and environmental medicine | 43 | 300 | 14.3% |
| Ophthalmology | 160 | 935 | 17.1% |
| Paediatrics and child health | 404 | 2,315 | 17.5% |
| Clinical genetics | 1 | 22 | 4.5% |
| Community child health | 9 | 35 | 25.7% |
| General paediatrics | 315 | 1,744 | 18.1% |
| Neonatal and perinatal medicine | 22 | 145 | 15.2% |
| Paediatric cardiology | 5 | 22 | 22.7% |

| Profession | QLD | National Total | % of National Total |
|--|-------|----------------|---------------------|
| Paediatric clinical pharmacology | | 1 | |
| Paediatric emergency medicine | 9 | 37 | 24.3% |
| Paediatric endocrinology | 4 | 20 | 20.0% |
| Paediatric gastroenterology and hepatology | 2 | 19 | 10.5% |
| Paediatric haematology | 1 | 7 | 14.3% |
| Paediatric immunology and allergy | 2 | 11 | 18.2% |
| Paediatric infectious diseases | 3 | 15 | 20.0% |
| Paediatric intensive care medicine | 1 | 5 | 20.0% |
| Paediatric medical oncology | 3 | 18 | 16.7% |
| Paediatric nephrology | | 5 | |
| Paediatric neurology | 3 | 28 | 10.7% |
| Paediatric palliative medicine | 1 | 2 | 50.0% |
| Paediatric rehabilitation medicine | | 5 | 0.0% |
| Paediatric respiratory and sleep medicine | 6 | 23 | 26.1% |
| Paediatric rheumatology | 2 | 11 | 18.2% |
| No subspecialty declared | 15 | 140 | 10.7% |
| Pain medicine | 53 | 251 | 21.1% |
| Palliative medicine | 44 | 275 | 16.0% |
| Pathology | 405 | 2,276 | 17.8% |
| Anatomical pathology (including cytopathology) | 163 | 821 | 19.9% |
| Chemical pathology | 15 | 89 | 16.9% |
| Forensic pathology | 13 | 43 | 30.2% |
| General pathology | 78 | 502 | 15.5% |
| Haematology | 79 | 460 | 17.2% |
| Immunology | 12 | 111 | 10.8% |
| Microbiology | 38 | 211 | 18.0% |
| No subspecialty declared | 7 | 39 | 17.9% |
| Physician | 1,520 | 9,089 | 16.7% |
| Cardiology | 236 | 1,200 | 19.7% |
| Clinical genetics | 7 | 70 | 10.0% |
| Clinical pharmacology | 11 | 51 | 21.6% |
| Endocrinology | 107 | 582 | 18.4% |
| Gastroenterology and hepatology | 133 | 763 | 17.4% |
| General medicine | 332 | 1,753 | 18.9% |
| Geriatric medicine | 76 | 574 | 13.2% |
| Haematology | 87 | 485 | 17.9% |
| Immunology and allergy | 14 | 143 | 9.8% |
| Infectious diseases | 51 | 368 | 13.9% |
| Medical oncology | 92 | 553 | 16.6% |
| Nephrology | 77 | 482 | 16.0% |

| Profession | QLD | National Total | % of National Total |
|--|---------------|----------------|---------------------|
| Neurology | 69 | 526 | 13.1% |
| Nuclear medicine | 32 | 249 | 12.9% |
| Respiratory and sleep medicine | 121 | 610 | 19.8% |
| Rheumatology | 46 | 347 | 13.3% |
| No subspecialty declared | 29 | 333 | 8.7% |
| Psychiatry | 609 | 3,329 | 18.3% |
| Public health medicine | 80 | 435 | 18.4% |
| Radiation oncology | 68 | 358 | 19.0% |
| Radiology | 412 | 2,220 | 18.6% |
| Diagnostic radiology | 351 | 1,902 | 18.5% |
| Diagnostic ultrasound | | 4 | |
| Nuclear medicine | 51 | 184 | 27.7% |
| No subspecialty declared | 10 | 130 | 7.7% |
| Rehabilitation medicine | 55 | 454 | 12.1% |
| Sexual health medicine | 18 | 115 | 15.7% |
| Sport and exercise medicine | 11 | 115 | 9.6% |
| Surgery | 1,021 | 5,422 | 18.8% |
| Cardio-thoracic surgery | 42 | 200 | 21.0% |
| General surgery | 344 | 1,895 | 18.2% |
| Neurosurgery | 42 | 226 | 18.6% |
| Oral and maxillofacial surgery | 29 | 105 | 27.6% |
| Orthopaedic surgery | 274 | 1,313 | 20.9% |
| Otolaryngology - head and neck surgery | 88 | 474 | 18.6% |
| Paediatric surgery | 13 | 98 | 13.3% |
| Plastic surgery | 67 | 428 | 15.7% |
| Urology | 79 | 399 | 19.8% |
| Vascular surgery | 43 | 215 | 20.0% |
| No subspecialty declared | | 69 | |
| Podiatrist | 1 | 27 | 3.7% |
| Podiatric Surgeon | 1 | 27 | 3.7% |
| Total | 12,007 | 62,865 | 19.1% |

Notes:

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

Table 7: Applications received by profession and registration type

| Profession | QLD | National Total | % of National Total |
|--|-------|----------------|---------------------|
| Aboriginal and Torres Strait Islander Health Practitioner ¹ | 13 | 85 | 15.3% |
| General | 13 | 84 | 15.5% |
| Non-practising | | 1 | |
| Chinese Medicine Practitioner ¹ | 113 | 696 | 16.2% |
| General | 93 | 624 | 14.9% |
| Limited | | 1 | |
| Non-practising | 20 | 71 | 28.2% |
| Chiropractor | 42 | 370 | 11.4% |
| General | 36 | 318 | 11.3% |
| Limited | | 7 | |
| Non-practising | 6 | 45 | 13.3% |
| Dental Practitioner | 325 | 1,907 | 17.0% |
| General | 251 | 1,399 | 17.9% |
| Limited | 46 | 291 | 15.8% |
| Non-practising | 21 | 133 | 15.8% |
| Specialist | 7 | 84 | 8.3% |
| Medical Practitioner | 3,053 | 15,425 | 19.8% |
| General | 1,034 | 5,152 | 20.1% |
| General (Teaching and Assessing) | 2 | 6 | 33.3% |
| Limited | 529 | 3,289 | 16.1% |
| Limited (Public Interest - Occasional Practice) | | 1 | |
| Non-practising | 58 | 439 | 13.2% |
| Provisional | 852 | 3,842 | 22.2% |
| Specialist | 578 | 2,696 | 21.4% |
| Medical Radiation Practitioner ¹ | 251 | 1,700 | 14.8% |
| General | 114 | 1,042 | 10.9% |
| Limited | | 2 | |
| Non-practising | 9 | 85 | 10.6% |
| Provisional | 128 | 571 | 22.4% |
| Midwife | 339 | 1,704 | 19.9% |
| General | 280 | 1,377 | 20.3% |
| Non-practising | 59 | 327 | 18.0% |
| Nurse | 4,853 | 24,147 | 20.1% |
| General | 4,615 | 22,879 | 20.2% |
| Non-practising | 238 | 1,268 | 18.8% |
| Occupational Therapist ¹ | 372 | 2,204 | 16.9% |
| General | 286 | 1,807 | 15.8% |
| Limited | 13 | 79 | 16.5% |
| Non-practising | 73 | 313 | 23.3% |
| Provisional | | 5 | |
| Optometrist | 51 | 262 | 19.5% |
| General | 47 | 235 | 20.0% |

| Profession | National | | % of National Total |
|----------------------------------|---------------|---------------|---------------------|
| | QLD | Total | |
| Limited | | 4 | |
| Non-practising | 4 | 23 | 17.4% |
| Osteopath | 15 | 211 | 7.1% |
| General | 13 | 167 | 7.8% |
| Limited | | 7 | |
| Non-practising | 1 | 31 | 3.2% |
| Provisional | 1 | 6 | 16.7% |
| Pharmacist | 754 | 3,313 | 22.8% |
| General | 368 | 1,609 | 22.9% |
| Limited | 5 | 46 | 10.9% |
| Non-practising | 20 | 130 | 15.4% |
| Provisional | 361 | 1,528 | 23.6% |
| Physiotherapist | 439 | 2,332 | 18.8% |
| General | 392 | 2,003 | 19.6% |
| Limited | 27 | 184 | 14.7% |
| Non-practising | 20 | 145 | 13.8% |
| Podiatrist | 58 | 380 | 15.3% |
| General | 51 | 348 | 14.7% |
| Non-practising | 7 | 29 | 24.1% |
| Provisional | | 1 | |
| Specialist | | 2 | |
| Psychologist | 698 | 4,053 | 17.2% |
| General | 271 | 1,645 | 16.5% |
| Limited | | 2 | |
| Non-practising | 68 | 394 | 17.3% |
| Provisional | 359 | 2,012 | 17.8% |
| Total 2013-14 | 11,376 | 58,789 | 19.4% |
| Total 2012-13 | 11,819 | 63,113 | 18.7% |
| Total 2011-12¹ | 13,039 | 79,355 | 16.4% |

Notes:

1. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012. AHPRA opened applications for these professions in March 2012. States and territories where registers of practitioners existed migrated to AHPRA in July 2012, while states or territories with no registers accepted applications for registration.

Notification in Queensland

Notifications in Queensland are detailed in Tables 8–19. In 2013/14, 2,375 notifications were lodged in Queensland, representing 23.6% of the notifications received nationally. This is a 16% increase on last year; the same as the national increase. The proportion of notifications received in Queensland, relative to the national total, has not changed.

The data show significant differences in mandatory notifications in Queensland, compared to the rest of Australia. In 2013/14, Queensland received 242 notifications, or 32.8% of mandatory notifications received nationally. This is a 63% increase on the

previous year. The rate of mandatory notifications at 25.6 per 10,000 practitioners is much higher than the national average of 15.8 notifications per 10,000 practitioners.

Queensland received 23.6% of all notifications received nationally. This is close to the same rate as Queensland's proportion of notifications closed during the year (23.7%) and higher than the proportion of notifications remaining open at the end of the reporting year (22.3%).

There is a higher percentage of practitioners with notifications in Queensland (1.7%), compared to the national average of 1.4%.

A large proportion of notifications received (1,035) were about clinical care (see Table 11), consistent with the national pattern. Table 12 details the source of notifications. Most (41%) Queensland notifications were referred by the Health Quality and Complaints Commission (which was replaced by the Health Ombudsman on 1 July 2014). This represents almost half (49.2%) the notifications nationally received from a health complaints entity. Other major sources of notifications in Queensland were employers (33.6% of national total), other practitioners or treating practitioners (35.9% and 42.5% respectively of the national total) and self-reporting (64% of the national total); 13% of notifications in Queensland were made directly by patients.

In 2013/14, boards took immediate action in 224 cases, as an interim step to manage risk and keep the public safe. This accounts for 33.8% of the total immediate actions taken by boards nationally. Queensland immediate action cases led to restrictions on registration in 76% of cases decided. In 26 of these cases the registration of the practitioner was suspended; in two cases the Board accepted the surrender of the practitioner's registration; in 113 cases the Board imposed conditions on registration; and in 24 accepted an undertaking from the practitioner. In 53 cases the Board determined that no further action was required to manage risk to the public, and six cases had not been finalised at the end of the reporting year.

There were 46 notifications still open at the end of the reporting year (see Table 14) that had been received before the National Scheme started. This is 50.5% of the national total.

continued overleaf

Table 8: Notifications received or closed in 2013/14 or remaining open at 30 June 2014, by profession¹

| Profession | All Received | | | Mandatory Received | | | Closed | | | Open at 30 June | | |
|--|--------------|----------------|---------------------|--------------------|----------------|---------------------|--------------|----------------|---------------------|-----------------|----------------|---------------------|
| | QLD | National Total | % of National Total | QLD | National Total | % of National Total | QLD | National Total | % of National Total | QLD | National Total | % of National Total |
| Aboriginal and Torres Strait Islander Health Practitioner ⁵ | | 6 | | | | | | 5 | | | 3 | |
| Chinese Medicine Practitioner ⁵ | 10 | 26 | 38.5% | | | | 9 | 28 | 32.1% | 5 | 15 | 33.3% |
| Chiropractor | 8 | 111 | 7.2% | 7 | | | 9 | 89 | 10.1% | 15 | 97 | 15.5% |
| Dental Practitioner | 207 | 951 | 21.8% | 10 | 26 | 38.5% | 243 | 1,015 | 23.9% | 72 | 441 | 16.3% |
| Medical Practitioner | 1,361 | 5,585 | 24.4% | 134 | 351 | 38.2% | 1,342 | 5,515 | 24.3% | 575 | 2,631 | 21.9% |
| Medical Radiation Practitioner ⁵ | 5 | 28 | 17.9% | 2 | 8 | 25.0% | 6 | 28 | 21.4% | 4 | 15 | 26.7% |
| Midwife | 68 | 110 | 61.8% | 19 | 34 | 55.9% | 66 | 103 | 64.1% | 38 | 87 | 43.7% |
| Nurse | 438 | 1,900 | 23.1% | 157 | 590 | 26.6% | 393 | 1,774 | 22.2% | 270 | 1,118 | 24.2% |
| Occupational Therapist ⁵ | 12 | 43 | 27.9% | 3 | 9 | 33.3% | 8 | 41 | 19.5% | 7 | 20 | 35.0% |
| Optometrist | 15 | 66 | 22.7% | 1 | 2 | 50.0% | 13 | 66 | 19.7% | 6 | 18 | 33.3% |
| Osteopath | | 11 | | | | | 1 | 14 | 7.1% | | 13 | |
| Pharmacist | 87 | 514 | 16.9% | 20 | 55 | 36.4% | 90 | 464 | 19.4% | 81 | 365 | 22.2% |
| Physiotherapist | 39 | 134 | 29.1% | 6 | 14 | 42.9% | 28 | 104 | 26.9% | 17 | 73 | 23.3% |
| Podiatrist | 12 | 54 | 22.2% | 2 | 4 | 50.0% | 11 | 58 | 19.0% | 9 | 28 | 32.1% |
| Psychologist | 112 | 487 | 23.0% | 22 | 45 | 48.9% | 107 | 484 | 22.1% | 67 | 313 | 21.4% |
| Not identified ² | 1 | 21 | 4.8% | | | | 1 | 15 | 6.7% | | | |
| 2014 Total^{3,4} | 2,375 | 10,047 | 23.6% | 376 | 1,145 | 32.8% | 2,327 | 9803 | 23.7% | 1,166 | 5,237 | 22.3% |
| 2013 Total⁵ | 2,042 | 8,648 | 23.6% | 230 | 1,013 | 22.7% | 1,957 | 8,014 | 24.4% | 1,207 | 5,099 | 23.7% |
| 2012 Total⁶ | 1,548 | 7,594 | 20.4% | 245 | 775 | 31.6% | 1,148 | 6,209 | 18.5% | 1,097 | 4,521 | 24.3% |

Notes:

- Based on state and territory where the notification is handled for registrants who do not reside in Australia.
- Profession of registrant is not always identifiable in the early stages of a notification.
- Data includes some cases where early enquiries were received in 2012/13 but information to support a formal notification was only received in 2013/14.
- The process for recording of notifications received from health complaints entities and jointly considered with AHPRA has been modified this reporting year to ensure consistency of reporting across all jurisdictions.
- Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.
- NSW data revised since initial publication.

Table 9: Percentage of registrant base with notifications received in 2013/2014, by profession¹

| Profession | QLD | 2014 Total |
|--|------|------------|
| Aboriginal and Torres Strait Islander Health Practitioner ⁴ | | 1.7% |
| Chinese Medicine Practitioner ⁴ | 1.0% | 0.6% |
| Chiropractor | 1.1% | 2.0% |
| Dental Practitioner | 4.3% | 4.0% |
| Medical Practitioner | 6.1% | 4.9% |
| Medical Radiation Practitioner ⁴ | 0.1% | 0.2% |
| Midwife ² | 0.8% | 0.3% |
| Nurse ³ | 0.6% | 0.5% |
| Occupational Therapist ⁴ | 0.4% | 0.3% |
| Optometrist | 1.4% | 1.3% |
| Osteopath | | 0.6% |
| Pharmacist | 1.4% | 1.7% |

| Profession | QLD | 2014 Total |
|-------------------------------|-------------|-------------|
| Physiotherapist | 0.6% | 0.5% |
| Podiatrist | 1.3% | 1.2% |
| Psychologist | 1.8% | 1.4% |
| 2014 Total | 1.7% | 1.4% |
| 2013 Total⁴ | 1.5% | 1.3% |
| 2012 Total | 1.4% | 1.2% |

Notes:

- Percentages for each state and profession are based on registrants whose profession has been identified and whose principal place of practice is an Australian state or territory. Notifications when the profession of the registrant has not been identified and registrants whose principal place of practice is not in Australia are only represented in the state and profession totals above.
- The registrant base used for midwives includes registrants with midwifery or with nursing and midwifery registration.
- The registrant base for nurses includes registrants with nursing registration or with nursing and midwifery registration.
- Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.

Table 10: Registrants involved in mandatory notifications by jurisdiction

| | 2013/14 | | 2012/13 ¹ | | 2011/12 | |
|------------------------|---|-------------|---|-------------|---|-------------|
| | No. practitioners ² Rate / 10,000 33practitioners ³ | | No. practitioners ² Rate / 10,000 practitioners ³ | | No. practitioners ² Rate / 10,000 practitioners ³ | |
| Queensland | 301 | 25.6 | 208 | 18.4 | 229 | 22.1 |
| Total Australia | 976 | 15.8 | 951 | 16.1 | 732 | 13.3 |

Notes:

1. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.
2. Figures present the number of practitioners involved in the mandatory reports received.
3. Practitioners with no principal place of practice are not represented in the calculation of a rate for each state but are included in the calculation of the total Australia rate.

Table 11: Issues in notifications received in 2013/14

| Issue | QLD | National Total | % of National Total |
|------------------------------|--------------|----------------|---------------------|
| Behaviour | 96 | 392 | 24.5% |
| Billing | 61 | 240 | 25.4% |
| Boundary violation | 55 | 308 | 17.9% |
| Clinical care | 1,035 | 4,049 | 25.6% |
| Communication | 263 | 894 | 29.4% |
| Confidentiality | 44 | 233 | 18.9% |
| Conflict of interest | 3 | 19 | 15.8% |
| Discrimination | 1 | 16 | 6.3% |
| Documentation | 60 | 445 | 13.5% |
| Health impairment | 243 | 885 | 27.5% |
| Infection/hygiene | 3 | 50 | 6.0% |
| Informed consent | 3 | 77 | 3.9% |
| Medico-legal conduct | 10 | 88 | 11.4% |
| National Law breach | 61 | 201 | 30.3% |
| National Law offence | 32 | 139 | 23.0% |
| Offence | 84 | 300 | 28.0% |
| Other | 98 | 240 | 40.8% |
| Pharmacy/medication | 136 | 904 | 15.0% |
| Research/teaching/assessment | 4 | 16 | 25.0% |
| Response to adverse event | 5 | 14 | 35.7% |
| Teamwork/supervision | 19 | 60 | 31.7% |
| Not recorded | 59 | 477 | 12.4% |
| Total | 2,375 | 10,047 | 23.6% |

Table 12: Source of notifications received in 2013/14

| Issue | QLD | National Total (excluding NSW) ¹ | % of National Total (excluding NSW) |
|-------------------------|--------------|---|-------------------------------------|
| Anonymous | 63 | 171 | 36.8% |
| Drugs and poisons | | 53 | |
| Education provider | 12 | 23 | 52.2% |
| Employer | 215 | 639 | 33.6% |
| Government department | 16 | 74 | 21.6% |
| HCE | 982 | 1,995 | 49.2% |
| Health advisory service | 6 | 14 | 42.9% |
| Hospital | 1 | 14 | 7.1% |
| Insurance company | | 9 | |
| Lawyer | 11 | 30 | 36.7% |
| Member of Parliament | | 2 | |
| Member of the public | 91 | 308 | 29.5% |
| Ombudsman | | 1 | |
| Other board | 21 | 38 | 55.3% |
| Other practitioner | 244 | 679 | 35.9% |
| Own motion | 56 | 285 | 19.6% |
| Patient | 315 | 1,529 | 20.6% |
| Police | 10 | 36 | 27.8% |
| Relative | 109 | 492 | 22.2% |
| Self | 121 | 189 | 64.0% |
| Treating practitioner | 37 | 87 | 42.5% |
| Unclassified | 65 | 143 | 45.5% |
| Total | 2,375 | 6,811 | 34.9% |

Notes:

1. The national total excludes NSW data as the categorisation of 'source' differs between NSW and the remaining states and territories.

Table 13: Immediate action cases about notifications received in 2013/14

| Outcomes | QLD | National Total | % of National Total |
|----------------------------------|------------|----------------|---------------------|
| Not take immediate action | 53 | 140 | 37.9% |
| Accept undertaking | 24 | 93 | 25.8% |
| Impose conditions | 113 | 309 | 36.6% |
| Accept surrender of registration | 2 | 3 | 66.7% |
| Suspend registration | 26 | 110 | 23.6% |
| Decision pending | 6 | 8 | 75.0% |
| Total | 224 | 663 | 33.8% |

Table 14: Notifications under previous legislation open at 30 June 2014, by profession

| Profession | QLD | National Total | % of National Total |
|--------------------------------|------------|----------------|---------------------|
| Chinese Medicine Practitioner | | 5 | |
| Chiropractor | | 2 | |
| Dental Practitioner | 3 | 3 | 100.0% |
| Medical Practitioner | 22 | 49 | 44.9% |
| Medical Radiation Practitioner | 2 | 2 | 100.0% |
| Midwife | | | |
| Nurse | 3 | 9 | 33.3% |
| Osteopath | | 1 | |
| Pharmacist | 6 | 7 | 85.7% |
| Physiotherapist | 2 | 2 | 100.0% |
| Psychologist | 8 | 11 | 72.7% |
| Not identified | | | |
| Total 2014¹ | 46 | 91 | 50.5% |
| Total 2013 | 97 | 242 | 40.1% |
| Total 2012 | 162 | 517 | 31.3% |

Notes:

1. Since the 2012/13 annual report a number of cases have been identified that were previously reported as National Law cases and should be reported as prior law cases. They have been included in the 2013/14 data.

Tables 15–19 detail the outcomes of key stages in the notifications process during 2013/14. The national data in these tables do not include NSW. Only 71 (3%) enquiries received during the year were not considered to meet the requirements for a notification and were closed at the lodgement stage, and in 10 cases the outcome had not been determined (Table 15).

Of the assessments finalised during the year (see Table 16), 23% were referred for further regulatory action, including investigation, health or performance assessment, or panel or tribunal hearing. Most cases (1,832 or 77%) were closed after assessment. This is a high proportion (41.8%) of all cases closed nationally after assessment. The outcome from assessments finalised in Queensland follow different patterns to other jurisdictions. Cases in Queensland account for more than half of the cases referred to panel hearing (81.5%) or tribunal hearing (75%) and for more than half the cases closed with conditions imposed (69%), a caution issued (52.5%) or referral back to the health complaints entity which initially received the notification (51.9%).

There were 362 investigations closed during the year. Of the 105 referred for more regulatory action, 89 were referred to a panel or tribunal hearing (85%) or a performance or health assessment (15%). There were 257 notifications closed after investigation, representing 17.5% of the national total. Of these, in 170 (66%) matters the Board decided no further regulatory action was needed to manage risk to

the public; in 50 matters (19%) the Board cautioned the practitioner; and in 35 matters (14%) imposed conditions or accepted an undertaking (see Table 17).

Table 18 details the outcome of panel hearings. In 88% of cases, the panel took some form of disciplinary action on the practitioner. The 43 cases finalised by a panel in Queensland accounted for 18.9% of the national total. Table 19 details the outcome of 39 tribunal decisions in Queensland during the year. In 29 of these cases (74%), the tribunal took disciplinary action of some sort. The 39 cases closed after a tribunal hearing represented 33.6% of the national total (see Table 19).

Table 15: Outcomes of enquiries received in 2013/14 (excluding NSW)

| Outcomes | QLD | National Total (excl NSW) | % of National Total |
|-----------------------|--------------|---------------------------|---------------------|
| Moved to notification | 2,354 | 6,621 | 35.6% |
| Closed at lodgement | 71 | 1,196 | 5.9% |
| Yet to be determined | 10 | 227 | 4.4% |
| Total | 2,435 | 8,044 | 30.3% |

Table 16: Outcomes of assessments completed in 2013/14 (excluding NSW)

| Outcome of decisions to take the notification further | QLD | National Total (excl NSW) | % of National Total |
|---|--------------|---------------------------|---------------------|
| Health or performance assessment | 157 | 324 | 48.5% |
| Investigation | 347 | 2,055 | 16.9% |
| Panel hearing | 22 | 27 | 81.5% |
| Tribunal hearing | 12 | 16 | 75.0% |
| Total | 538 | 2,422 | 22.2% |
| Outcome of notifications closed following assessment | QLD | Total | |
| No further action | 881 | 2,550 | 34.5% |
| Health complaints entity to retain | 696 | 1,342 | 51.9% |
| Refer all of the notification to another body | 1 | 10 | 10.0% |
| Caution | 192 | 366 | 52.5% |
| Accept undertaking | 21 | 58 | 36.2% |
| Impose conditions | 40 | 58 | 69.0% |
| Practitioner surrenders registration | 1 | 3 | 33.3% |
| Total | 1,832 | 4,387 | 41.8% |

continued overleaf

Table 17: Outcomes of investigations finalised in 2013/14 (excluding NSW)

| Outcomes | QLD | National Total (excl NSW) | % of National Total |
|--|------------|------------------------------|------------------------|
| Health or performance assessment | 16 | 41 | 39.0% |
| Panel hearing | 30 | 242 | 12.4% |
| Tribunal hearing | 59 | 190 | 31.1% |
| Total | 105 | 473 | 22.2% |
| Outcome of notifications closed following investigation | | | |
| | QLD | Total | |
| No further action | 170 | 989 | 17.2% |
| Refer all or part of the notification to another body | 2 | 12 | 16.7% |
| Caution | 50 | 304 | 16.4% |
| Accept undertaking | 17 | 67 | 25.4% |
| Impose conditions | 18 | 96 | 18.8% |
| Practitioner surrender | | 1 | |
| Total | 257 | 1,469 | 17.5% |

Table 18. Outcome of panel hearings finalised in 2013/14 (excluding NSW)

| Outcomes | QLD | National Total (excl NSW) | % of National Total |
|--------------------------------------|-----------|------------------------------|------------------------|
| No further action | 5 | 55 | 9.1% |
| Caution | 11 | 57 | 19.3% |
| Reprimand | 9 | 26 | 34.6% |
| Accept undertaking | 1 | 2 | 50.0% |
| Impose conditions | 17 | 82 | 20.7% |
| Practitioner surrenders registration | | 2 | |
| Suspend registration | | 4 | |
| Total | 43 | 228 | 18.9% |

Table 19. Outcome of tribunal hearings finalised in 2013/14 (excluding NSW)

| Outcomes | QLD | National Total (excl NSW) | % of National Total |
|--|-----------|------------------------------|------------------------|
| No further action | 10 | 14 | 71.4% |
| Caution | 1 | 1 | 100.0% |
| Reprimand | 6 | 35 | 17.1% |
| Fine registrant | | 7 | |
| Accept undertaking | 3 | 6 | 50.0% |
| Impose conditions | 12 | 25 | 48.0% |
| Practitioner surrenders registration | | 2 | |
| Suspend registration | 5 | 12 | 41.7% |
| Cancel registration | 1 | 12 | 8.3% |
| Not permitted to re-apply for registration for a period of 12 months | 1 | 1 | 100.0% |
| Permanently prohibited from undertaking services relating to midwifery | | 1 | |
| Total | 39 | 116 | 33.6% |

Practitioners under active monitoring at the end of the reporting year are detailed in Table 20. Cases in Queensland accounted for 33.1% of the registrants under active monitoring (937 registrants). Most of these were medical practitioners (396) or nurses (268). Cases in Queensland represent more than half the national total of registrants being monitored in several professions: for midwives (19 cases or 54.3%), occupational therapists (46 cases or 52.9% of the national total) and just under half of the medication radiation practitioners (52 cases or 49.1%).

Table 21 provides an overview of cases when a criminal history check undertaken resulted in, or contributed to, the imposition of conditions by a Board or undertakings given by a practitioner. There were 20 cases in Queensland in 2013/14.

Table 20: Active monitoring cases at 30 June 2014 by profession (excluding NSW)

| Profession | QLD | National Total (excl NSW) | % of National Total |
|---|------------|------------------------------|------------------------|
| Aboriginal and Torres Strait Islander Health Practitioner | | 17 | |
| Chinese Medicine Practitioner | 3 | 124 | 2.4% |
| Chiropractor | 9 | 34 | 26.5% |
| Dental Practitioner | 41 | 150 | 27.3% |
| Medical Practitioner | 396 | 987 | 40.1% |
| Medical Radiation Practitioner | 52 | 106 | 49.1% |
| Midwife | 19 | 35 | 54.3% |
| Nurse | 268 | 908 | 29.5% |
| Occupational Therapist | 46 | 87 | 52.9% |
| Optometrist | | 8 | |
| Osteopath | 1 | 10 | 10.0% |
| Pharmacist | 55 | 145 | 37.9% |
| Physiotherapist | 10 | 66 | 15.2% |
| Podiatrist | 5 | 19 | 26.3% |
| Psychologist | 32 | 131 | 24.4% |
| Total | 937 | 2,827 | 33.1% |

continued overleaf

Table 21: Cases in 2013/14 where a criminal history check resulted in or contributed to imposition of conditions or undertakings, by profession

| Profession | QLD | National Total (excl NSW) | % of National Total |
|---|-----------|---------------------------|---------------------|
| Aboriginal and Torres Strait Islander Health Practitioner | | 1 | |
| Chinese Medical Practitioner | | | |
| Chiropractor | | 1 | |
| Dental Practitioner | 1 | 1 | 100.0% |
| Medical Practitioner | | 11 | |
| Midwife | | 1 | |
| Nurse | 16 | 48 | 33.3% |
| Pharmacist | 2 | 8 | 25.0% |
| Physiotherapist | | 2 | |
| Podiatrist | 1 | 1 | 100.0% |
| Psychologist | | 2 | |
| Total 2013/14 | 20 | 76 | 26.3% |
| Total 2012/13 | 5 | 27 | 18.5% |

Keeping the public safe: monitoring

Health practitioners and students may have restrictions placed on their registration for a range of reasons including as a result of a notification, the assessment of an application for registration or a renewal of registration, or after an appeal lodged with a tribunal. Types of restrictions being monitored include:

Drug and alcohol screening – requirements to provide biological samples for analysis for the presence of specified drugs and/or alcohol.

Health – requirements to attend treating health practitioner(s) for the management of identified health issues (including physical and psychological/psychiatric issues).

Supervision – restrictions that allow require a health professional to practise only if they are being supervised by another health practitioner (usually registered in the same profession). The restrictions detail the form of the supervision.

Mentoring – requirements to engage a mentor to provide assistance, support and guidance in addressing issues, behaviours or deficiencies identified in skills, knowledge, performance or conduct.

Chaperoning – restrictions that allow patients generally, or specific groups of patients, to be treated or examined only when a suitable third party is present.

Audit – requirements for a health practitioner to submit to an audit of their practice, which may include auditing records and/or the premises from which they practise.

Assessment – requirements that a health practitioner or student submits to an assessment of their health, performance, knowledge, skill or competence to practise their profession.

Practice and employment – requirements that a practitioner or student does, or refrains from doing, something in connection with their practice of their profession (for example, restrictions on location, hours or scope of practice, or rights in respect of particular classes of medicines).

Education and upskilling – requirements to attend or complete a (defined) education, training or upskilling activity, including prescribed amounts of continuing professional development.

Character – requirements that a health practitioner or student remain of good character for a specified period of time (for example, that no further notifications are received regarding them).

A health practitioner or student may simultaneously have restrictions of more than one type and/or category in place on their registration at any time.

NOTES

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