REGULATING HEALTH PRACTITIONERS – MANAGING RISK TO THE PUBLIC

ANNUAL REPORT 2013/14

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

AHPRA

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

Australian Health Practitioner Regulation Agency

This annual report is prepared and submitted in accordance with Clause 8 to Schedule 3 of the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. All references in this report should be understood to refer to the National Law.

Copies of this annual report are publicly available at www.ahpra.gov.au and at no cost by contacting AHPRA by telephone on 1300 419 495, in writing to GPO Box 9958, Melbourne VIC 3000 or by email through the online enquiry form at the AHPRA website: www.ahpra.gov.au

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About

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

Guided by a nationally consistent law, AHPRA and the National Boards work to regulate the health professions in the public interest. This includes registering practitioners who are suitably trained and qualified to provide safe healthcare, and investigating concerns about registered health practitioners.

Delivering the National Registration and Accreditation Scheme

The National Registration and Accreditation Scheme aims to protect the public by ensuring that only suitably trained and qualified practitioners are registered. It also facilitates: workforce mobility across Australia; the provision of high-quality education and training of health practitioners; and rigorous assessment of overseas-trained practitioners.

AHPRA's responsibilities

- To publish national registers of practitioners so important information about the registration of individual health practitioners is available to the public.
- To manage the registration and renewal processes for health practitioners and students around Australia.
- On behalf of the Boards, to manage investigations into the professional conduct, performance or health of registered health practitioners (except in NSW where this is undertaken by the Health Professional Councils and the Health Care Complaints Commissioner).
- To work with the health complaints entities in each state and territory to make sure the appropriate organisation deals with community concerns about individual, registered health practitioners.
- To support the Boards in the development of registration standards, and codes and guidelines.
- To provide advice to the Ministerial Council about the administration of the National Registration and Accreditation Scheme.

The National Boards

The National Boards are responsible for regulating the health professions, protecting the public and setting the standards and policies that all registered health practitioners must meet. The 14 National Boards are:

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

Performance summary

REGISTRATION

619,509
health practitioners in 14 professions registered to practise in Australia

Growth in registrant numbers in all professions

97%
of nurses and midwives now renew their annual registration online, **setting a global benchmark**

58,789
applications for registration across all professions

96%
of practitioners completed the workforce survey, creating invaluable data for workforce planning and reform

Huge reduction in practitioner requests for paper renewal forms – **349,000** fewer in 2014 than in 2010 for nursing and midwifery renewal

More than **120,459 students** studying to be health practitioners in Australia

61,000 criminal record checks

3,597 (6%) disclosable court outcomes
79 actions to limit registration

In optometry, for the first time there were more female than male practitioners in 2013/14 **(50.2% are female)**

3 accreditation committees established

NOTIFICATIONS

10,047
notifications received in 2013/14, up from 8,648 in 2012/13

1.4% of 619,509 practitioners were the subject of a notification

16% increase in notifications lodged overall; with variations across states, territories and professions, including some decreases

9% increase in mandatory notifications; with variations across states, territories and professions, including some decreases

26% increase in nursing and midwifery notifications

18.6% increase in notifications about medical practitioners

56% of notifications were about medical practitioners, who make up **16%** of total practitioners

75% of 'immediate actions' – for the most serious risks – led to restrictions on registration

111
appeals lodged in tribunals about Board decisions made under the National Law

Of the **139** appeals that were finalised during the year, **81%** resulted in no change to the Board decision

Of the matters decided by tribunals in the year, **88%** resulted in disciplinary action

STATUTORY OFFENCES

547

advertising-related complaints

Of the **296** cases closed during the year, **98%** were resolved when the individual or organisation complied with AHPRA's demand to amend or remove the advertising, and required no further action

289

offence complaints in relation to title and practice protections

Of the **157** cases closed during the year, **97%** were resolved when the individual or organisation complied with AHPRA's demand to comply with the National Law and required no further action

AHPRA: SUPPORTING THE NATIONAL BOARDS

95%

of people rated their interaction with our Customer Service Teams as satisfied/very satisfied; **an increase of 8% on last year**

103 **requests received for access to registered health practitioner data and information for research purposes**

2,500 followers on Twitter since our launch in March 2014

Our 15 websites received more than **8.4** million visits in 2013/14 and more than **48.6** million page views

222 Freedom of Information applications finalised

Received up to **1,700** phone calls and **225** web enquiries each working day and **4,000** calls daily in peak times

79%

of telephone calls answered within 90 seconds

More than **40** National Board appointments and **100** state and territory appointments made by health ministers, in a process supported by AHPRA

Executive summary

Our priority focus for 2013/14 was on improving our management of notifications both in terms of timeliness and the experience of notifiers, our performance and accountability through measurement and reporting, and the smooth management of registration and renewal processes for health practitioners.

Notifications

Our investment in notifications management is delivering results. The time it takes to assess and manage notifications is reducing. In the context of a 16% growth in the number of notifications we receive, this will remain a critical challenge. We have boosted resources to assess and investigate notifications and have robust processes in place to swiftly identify and manage serious risk to the public. To better manage and measure our performance, we have introduced a set of key performance indicators for the timeliness of notifications management. This will increase accountability and improve performance.

In February 2014, we engaged consumer advocacy group, the Health Issues Centre, to advise us on changes we could make to improve the experience of notifiers. This helped us to respond to the March 2014 report of the Victorian parliamentary inquiry into our performance.

We have worked closely with the recently appointed Queensland health ombudsman. Our work focused on making sure we can effectively play our part in the new complaints management system in Queensland which takes effect on 1 July 2014. We have also maintained a close working relationship with the Health Professional Councils within the co-regulatory model in NSW for managing notifications.

Registration

Applications for registration continue to increase, year-on-year, as do renewals of registration. We now set the international benchmarks for online renewal, with 96% of registered health practitioners renewing their registration online. This is matched by rates of 96% for completion of the workforce survey – creating an invaluable source of information to support workforce planning and reform.

Data about appeals to courts and tribunals indicate that most outcomes (81%) upheld the original decisions made under the National Law.

In August 2013, we strengthened nationally consistent procedures to monitor practitioner compliance with restrictions on registration, supported by system support and staff training. We have maintained our focus on managing statutory offences about advertising and title and practice protection. More than 98% of advertising matters were resolved on AHPRA's demand to amend or remove the advertising. In October 2013, we centralised the management of the customer service team to improve service, efficiency and consistency. The service now operates from four sites using a 1300 number, and 95% of customers rated their interaction with us highly.

Regulatory policy

The 14 National Boards in the National Scheme have worked together this year to identify and address a range of issues that pose common regulatory challenges while recognising the issues that are specific to the professions. The National Boards reviewed, finalised and implemented common guidelines (advertising and mandatory notifications), a common social media policy and a broadly shared code of conduct during 2013/14. We have agreed and implemented a set of common regulatory principles that underpin decision-making across the National Scheme.

The National Boards, accreditation authorities and AHPRA have established an Accreditation Liaison Group (ALG) to facilitate effective delivery of accreditation within the National Scheme and address shared issues for accreditation across National Boards, accreditation authorities and AHPRA.

Corporate and regulatory functions

During 2014, we restructured AHPRA to improve the way we operate. The new structure brings clearer national executive accountability for our core regulatory functions, simplifies governance and removes duplication of responsibilities. It also strengthens the close partnerships between National Boards and AHPRA in the National Scheme.

National Boards and AHPRA rely heavily on information technology to enable key business functions and to manage the important information we hold. We have improved the consistency of the technology systems that support our regulatory and corporate operations. Our Chief Information Officer (CIO), Graeme Dunn, won the prestigious iAward for the Victorian CIO of the year 2014.

Our capacity to report on registration and notifications has continued to improve over the past year. This annual report includes updates on previously reported data – enabling year-on-year comparisons in many cases – and new data on the outcomes of our work. With the incorporation of four new professions into the National Scheme from 1 July 2012, there is now two years' of national data available for Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners, medical radiation practitioners and occupational therapists, and four years for the other professions.

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Foreword from the AHPRA Chair

Patient safety lies at the heart of our health system. Maintaining standards and ensuring we have a safe, experienced and patient-centred health workforce is a vital part of our work as a regulator. We can be proud of the quality and dedication of the health practitioners who provide our health services on a daily basis, and we have good systems in place to address the occasional few who do not meet expected standards.

This is the work of AHPRA, in conjunction with the National Boards.

As only the second AHPRA Chair, I am pleased to report that 2014 has been a year of consolidation and improvement across the National Scheme.

We have had three main areas of focus during the year: improving the experience of notifiers; improving and measuring our performance; and participating in and preparing for the review of the National Registration and Accreditation Scheme.

Improving the notifier experience

How notifiers experience the process of regulation is critically important. Many notifiers (37%) come to us with concerns about the healthcare they or their family members personally received. We need to make sure that the way we handle these concerns – from start to end – doesn't make them feel worse about their experience or exacerbate the concern they started with. We need good systems to make sure our processes are fair and legally robust. We need to make sure our decisions are wise and based on the best available evidence. And we need to communicate effectively and clearly, so all the people involved understand what we do, what decisions we have made, and why we made them. This is not an easy task but it is achievable. Our partnership with Victoria's Health Issues Centre has helped focus our work, by identifying what is currently not working so well and making recommendations for change. We have taken their recommendations seriously and put in place a comprehensive action plan to address them. There is more detail about what we are doing later in this report.

Improving our performance

Another priority focus for the year has been on improving – and reporting on – our performance, especially in our core regulatory functions. We must ensure that notifications about health practitioners are handled well and in a timely way. We have therefore developed and implemented a set of key performance indicators (KPIs) for the timeliness of notifications management. This work followed our strengthening last year of nationally consistent systems and processes in notifications management. More information on our approach to KPIs is detailed on pages 125 and 126. In 2015 we will apply this approach to our work in registrations.

Developing and then applying these KPIs has had a significant impact on our management of notifications. We can see more clearly where the pressure points in our systems are, and as a result are able to target our efforts and resources to address them. Having introduced KPIs in 2014, we will be reporting on our performance in 2015.

Notably, this annual report confirms a consistent increase over the past four years in the number of notifications we receive. This trend appears well established and consistent across Australia, and in line with the experience of overseas regulators. Managing this increase in volume poses considerable challenges for the National Boards and AHPRA. We need to make sure our people and our systems are well equipped to deal with current challenges while we plan for future demands.

Review of the National Scheme

The scheduled review of the National Registration and Accreditation Scheme has provided a welcome opportunity to engage deeply and strategically with the challenges for health practitioner regulation in Australia. The review was planned in the Intergovernmental Agreement that underpins the National Scheme. We have learned from and addressed challenges raised in Victoria's parliamentary inquiry.

We know from our work with regulators overseas that Australia's reform of health practitioner regulation – though the introduction of the National Scheme – is internationally significant. We also know by analysing our experience over the past four years that the National Scheme has undeniably provided considerable benefits to the community and the professions, as well as challenges.

National Boards and AHPRA believe the fundamental tenets of Ministers' original vision for the National Scheme are in place, are important and should be preserved. We are not complacent and recognise that there are areas that require further improvement. Many of these improvements can, and are, being made, within the existing National Law framework.

The National Scheme is the product of an important national health workforce reform. It is internationally

significant in its scale and ambition. After four years, AHPRA is continuing to mature rapidly, but on any international and national regulatory comparison, it is still a relatively young organisation.

We have worked closely with the independent reviewer, Mr Kim Snowball, and his team, providing extensive data, access to experienced people and detailed preliminary submissions as these have been requested. We look forward to the public consultation process scheduled to take place later in 2014, and to the results of the economic analysis being conducted as part of the review by independent experts from the UK.

Thanks

Being appointed Chair of AHPRA, after five years as a member, was an honour and created an opportunity to reflect both on what we are doing well and what we can do better. I am grateful to be working with such a committed and talented team on such an important task. I thank my colleagues on the Agency Management Committee for contributing their time, focus and considerable intellectual capacity to bringing out the best of the National Scheme for all Australians.

I would like to recognise the leadership and contribution of AHPRA's former Chair, Peter Allen, and the commitment of Genevieve Gray, who both served the community diligently in their terms as members.

Implementing the National Scheme relies on collaboration and partnership. I would like to thank all members of National Boards, and particularly all the Chairs, for the unwavering commitment to making this partnership work effectively; and the AHPRA staff, ably led by AHPRA CEO Martin Fletcher and his team, for their dedication and commitment.

Mr Michael Gorton AM, Chair, Agency Management Committee

Foreword from the Chief Executive Officer

We have achieved a lot since the start of the National Scheme. After four years, we are a still a relatively young organisation and only part way through the journey to establish a fully mature regulatory system. But already there is much of which to be proud.

We now set international benchmarks for online registration renewals, with nearly 97% of registered health practitioners renewing their registration online. This has grown from just over 50% in 2010 for some professions. Importantly, high online renewal rates are now matched by high (96%) rates for submission of the workforce survey. The results of this survey, which is completed voluntarily at renewal by registered practitioners, provide invaluable health workforce data. Such data reflect the importance of the workforce objectives of our work.

We have robust and reliable systems to support the regulation of Australia's 619,509 registered health practitioners. In particular, the national registers provide important information to the community, practitioners and employers about the registration of each registered health practitioner. The accuracy, completeness and accessibility of the national registers is at the heart of our work.

During the year, we affirmed a set of regulatory principles that will underpin the work of the Boards and AHPRA in regulating Australia's health practitioners, in the public interest. These have been endorsed by the National Boards and AHPRA, and will shape our approach to regulatory decision-making. The principles encourage a responsive and proportionate, risk-based approach to regulation across all professions. They recognise that regulatory decision-making is complex and contextual, requiring judgement, experience and common sense.

Accreditation has also been a focus and the National Boards, AHPRA and the accreditation authorities and committees have worked hard to consolidate their work, and investigate opportunities for cross-profession collaboration and innovation. The integration of the accreditation function over four years into a consistent statutory regulatory framework is a significant achievement.

Structure of AHPRA

In late 2013, I commissioned KPMG to independently review the AHPRA national organisation structure and make recommendations about ways to strengthen our performance and ensure clear national accountabilities for all our work. I acted on their advice about structural change and our new organisation structure will take effect on 1 July 2014.

We have looked closely at the lessons from established regulators and identified five shared features of success: a common regulatory framework; structured and strategic stakeholder engagement; clear and shared regulatory principles and culture; effective use of data and research to support risk-focused regulation; and leadership capability. These are all priorities in the National Scheme and actions to achieve them are detailed in our business plan. See Appendix 4.

One of the significant events of the year for the National Scheme was the inquiry by the Legal and Social Issues Legislation Committee of the Victorian Parliament into the performance of AHPRA. The committee handed down its findings in March 2014 and we welcomed its call for increased transparency, accountability and reporting to parliament. AHPRA appeared before the committee on several occasions and made detailed submissions about improvements to managing consumer complaints and public risk, and increasing accountability and reporting. These are published on the committee website.

Management of notifications

Our work to improve our management of notifications (complaints) in the National Scheme is detailed later in this report, as is our partnership with the Health Issues Centre (HIC), to improve our interaction with notifiers. We are applying the lessons from the Victorian inquiry with a focus on both notifiers and practitioners who are subject to a notification, to improve our management of notifications nationally.

This year AHPRA and National Boards have worked closely with the newly appointed health ombudsman in Queensland to make sure the new complaints management system there is effective and efficient when it takes effect on 1 July 2014. At that time, there will be two different co-regulatory models for notifications within the National Scheme. This will establish three different models of health complaints management in Australia, all underpinned by the same set of nationally consistent professional standards for practitioners with information feeding into the national registers. We are committed to making these models work, but recognise the challenges they may pose for national consistency in decision-making.

We are not complacent and continue to identify and act on opportunities to improve the performance of the National Scheme.

I would like to thank AHPRA Chairs Michael Gorton AM and Peter Allen, and members of the Agency Management Committee for their guidance and leadership; National Board Chairs and members for their commitment to a strong partnership with AHPRA; the AHPRA National Executive for their commitment, discipline and intellectual rigour; senior managers for their substantial contributions to leading the work of AHPRA in the National Scheme over many years; and AHPRA staff across Australia for their energy, focus and drive.

Without all of you, we could not have achieved so much or built a regulatory system for health practitioners in Australia that helps keep the public safe.

Martin Fletcher, Chief Executive Officer, AHPRA

Foreword from the National Board Chairs

2014 has been a year of significant milestones. National Boards have agreed regulatory principles underpinning decision-making across the National Scheme. Our approach to regulation is more sharply focused on assessing and managing risk to the public. And we are actively focused on finding ways to tailor our approach to regulation to match the size, risk profile and complexity of each profession. This work precedes the scheduled review of the National Scheme that will be a significant feature of the coming year.

Our focus on building a common regulatory framework, strategic stakeholder engagement and moving towards sustainable regulation for all professions reflects the maturing of the National Scheme. AHPRA's processes and systems are now more reliable and confidently support the day-to-day regulatory decision-making of National Boards. We share a concentrated focus on performance, to make sure we can accurately measure and continue to improve the way we manage our work.

Good will and collaboration have been a feature of 2014. Within professions, National Boards have actively reached out to their stakeholders to engage on important regulatory issues that are both profession specific and common to all regulated health professions. The 14 National Boards in the National Scheme have worked actively together, in the process deepening our understanding of the range of issues that pose common regulatory challenges to us all. At the same time, we have been able to recognise and acknowledge the issues that are specific to our professions and work in partnership with AHPRA to address these.

We have implemented coordinated and wide-ranging public consultations on standards, codes and guidelines that are common to our professions. This integrated approach to consultation is a great strength of the National Scheme. It has enabled us to properly 'road-test' our ideas, while we provide streamlined opportunities for stakeholders interested in issues that cross professions to engage with our work.

The revised regulatory principles (see page 19) agreed by all National Boards in 2014 will be progressively implemented in 2015 and provide a foundation for future work. These principles will guide our decision-making and support a proportionate, risk-based approach to regulation and, over time, the application of considered and consistent regulatory force to issues that pose similar risk.

After four years, we are now able to extract more detailed and reliable data about the scope of our work and the cost of regulating each profession in the National Scheme. Through this, we have been able to recognise opportunities to innovate and identify options that support the effective regulation of all professions in the National Scheme. In 2015, we will actively analyse different regulatory approaches, within the framework of the National Law. This work will concentrate on identifying options for the sustainable and responsive regulation of the smaller professions in the scheme that have substantially different risk profiles, volumes of work and efficiencies of scale.

We recognise the significance of the scheduled National Registration and Accreditation Scheme review, which will progress to public consultation later in the 2014 calendar year. We welcome the scrutiny the review will provide, the opportunities for improvement that we hope will follow, and the importance it reflects of health practitioner regulation to the Australian community.

On behalf of our board member colleagues across professions and on state, territory and regional boards and committees, and national board committees, we thank the Agency Management Committee, the CEO Martin Fletcher and his leadership team, and all AHPRA staff, for their diligence and commitment to the work of National Boards in regulating health practitioners, in the public interest.

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

Dr John Lockwood AM, Chair, Dental Board of Australia

Dr Joanna Flynn AM, Chair, Medical Board of Australia

Mr Neil Hicks, Chair, Medical Radiation Practice Board of Australia

Dr Lynette Cusack, Chair, Nursing and Midwifery 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

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

Mr Paul Shinkfield, Chair, Physiotherapy Board of Australia

Ms Catherine Loughry, Chair, Podiatry Board of Australia

Professor Brin Grenyer, Chair, Psychology Board of Australia

Achievements against National Law objectives and guiding principles

National Law objectives	National Scheme achievements
a. to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered	• online national registers for up-to-date registration status of 619,509 health practitioners • nationally consistent registration standards that all practitioners must meet • regular review of registration standards to ensure they are up to date • coordinated, rigorous assessment of applications for registration • routine random audits of compliance with registration standards • 228 panel decisions • 663 immediate actions (including NSW), of which 75% led to restrictions on registration • 116 tribunal decisions • 75 suspensions
b. to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction	• register once, practice across Australia • easier online renewal which sets international benchmarks • consistent national standards practitioners must meet • new online services for employers to access registration information • nationally consistent registration processes
c. to facilitate the provision of high quality education and training of health practitioners	• assignment of accreditation authorities for all professions • new approaches and innovation in accreditation (including three accreditation committees and increasing cross-profession collaboration) • agreed quality framework for delivering accreditation functions • approved education and training providers must meet consistent national standards • online list of approved programs of study easily accessible to prospective students
d. to facilitate the rigorous and responsive assessment of overseas-trained health practitioners	• streamlined processes to assess and register international medical graduates • new specialist pathway for medical specialists • nationally consistent pre-registration examinations for psychology and pharmacy professions • engagement with government agencies to explore alignment of assessment processes
e. facilitate access to services provided by health practitioners in accordance with the public interest	• growth in registered health workforce year on year • registration types tailored to meet workforce needs (limited registration and area of need)
f. enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.	• engagement with governments on workforce priorities • committee of National Board Chairs focused on workforce issues • collaboration with stakeholders from the professions and the community • innovation through accreditation committees
National Law guiding principles	**National Scheme achievements**
1. The scheme is to operate in a transparent, accountable, efficient, effective and fair way.	• publication of Health Profession Agreements for each Board • KPIs for regulatory operations introduced and published • greater engagement with the community and professions through professions and community reference groups • regular newsletters distributed by all National Boards
2. Fees required to be paid under the scheme are to be reasonable having regard to the efficient and effective operation of the scheme.	• fees stabilised • six National Board fee cuts • two National Board fees frozen • six National Board fee increases limited to consumer price index
3. Restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.	• four registration standards approved by Ministerial Council • collaboration across professions in registration (consultations, standards, codes, policies) and accreditation • Board decisions generally upheld in appeals

PART 1:
About the National Registration and Accreditation Scheme

Sets out the principles underpinning the National Registration and Accreditation Scheme, and the roles and responsibilities of the National Boards, the Agency Management Committee, AHPRA, the National Boards and the accreditation authorities.

Contents

Overview

The Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards are responsible for implementing the National Registration and Accreditation Scheme (the National Scheme) to ensure that Australians have access to safe, high-quality health practitioners.

The National Scheme aims to protect the public, facilitate access to health services across Australia, and ensure consistent, proportionate and timely regulatory outcomes are delivered, in the public interest, ensuring that risks to the public and patient safety are identified, assessed and mitigated.

The National Scheme supports the development of a flexible and sustainable health workforce by enabling mobility of practitioners across the country, and collection of accurate national data about regulated practitioners in each of the professions.

The National Scheme is governed by the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. The National Law established a national system of regulation for health practitioners in 14 professions. It came into effect in most of Australia on 1 July 2010 and in Western Australia on 18 October 2010. NSW is a co-regulatory jurisdiction. This means it is part of the National Scheme but manages notifications about practitioners' health, performance and conduct differently. See page 124 onward for details.

The Australian Health Workforce Ministerial Council oversees the National Scheme. The Ministerial Council comprises state and territory health ministers and the commonwealth health minister.

The National Scheme vision:

"A competent and flexible health workforce that meets the current and future needs of the Australian community"

Guiding principles

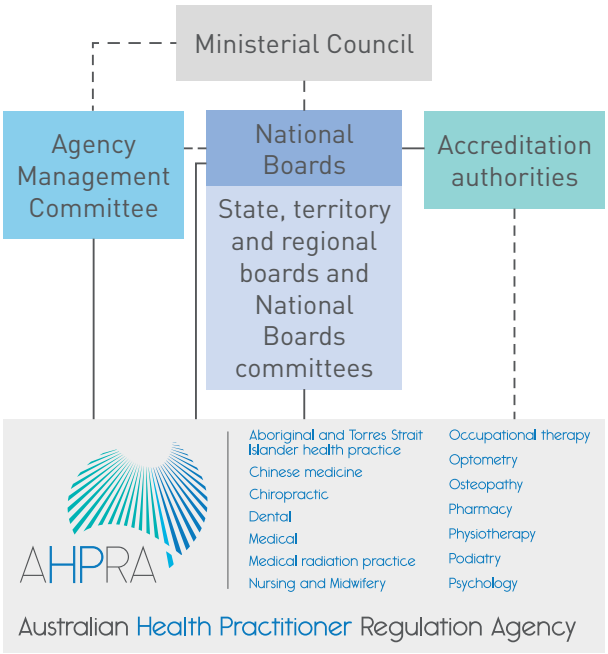
The guiding principles of the National Scheme are set out in the National Law:

- The scheme is to operate in a transparent, accountable, efficient, effective and fair way.
- Fees required to be paid under the scheme are to be reasonable, having regard to the efficient and effective operation of the scheme.
- Restrictions on the practice of a health professional are to be imposed only if it is necessary to ensure health services are provided safely and are of an appropriate quality.

The *National Registration and Accreditation Scheme Strategy 2011-2014*, developed jointly by the National Boards and AHPRA, sets out our vision, mission and strategic priorities. The key strategic priorities are to:

1. ensure the integrity of the national registers
2. drive national consistency of standards, processes and decision-making
3. respond effectively to notifications about the performance of health practitioners
4. adopt contemporary business and service delivery models
5. engender confidence and respect of health practitioners
6. foster community and stakeholder awareness of, and engagement with, health practitioner regulation
7. use data to monitor and improve policy advice and decision-making, and
8. become a recognised leader in professional regulation.

Structure of the National Scheme



Regulatory principles for the National Scheme

These regulatory principles underpin the work of the Boards and AHPRA in regulating Australia's health practitioners, in the public interest. They shape our thinking about regulatory decision-making and have been designed to encourage a responsive, risk-based approach to regulation across all professions.

1. The Boards and AHPRA **administer and comply with the Health Practitioner Regulation National Law**, as in force in each state and territory. The scope of our work is defined by the National Law.

2. We protect the **health and safety of the public** by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

3. While we balance all the objectives of the National Registration and Accreditation Scheme, **our primary consideration is to protect the public**.

4. When we are considering an application for registration, or when we become aware of concerns about a health practitioner, **we protect the public by taking timely and necessary action under the National Law**.

5. In all areas of our work we:
   - **identify the risks** that we are obliged to respond to
   - **assess the likelihood and possible consequences** of the risks, and
   - **respond in ways that are proportionate and manage risks** so we can adequately protect the public.

   This does not only apply to the way in which we manage individual practitioners but in all of our regulatory decision-making, including in the development of standards, policies, codes and guidelines.

6. When we take action about practitioners, **we use the minimum regulatory force to manage the risk** posed by their practice, to protect the public. Our **actions are designed to protect the public and not to punish practitioners**.

   While our actions are not intended to punish, we acknowledge that practitioners will sometimes feel that our actions are punitive.

7. Community confidence in health practitioner regulation is important. Our response to risk considers **the need to uphold professional standards and maintain public confidence in the regulated health professions**.

8. **We work with our stakeholders**, including the public and professional associations, to achieve good and protective outcomes. **We do not represent the health professions or health practitioners**. However, we will work with practitioners and their representatives to achieve outcomes that protect the public.

Benefits of the National Scheme

The National Scheme has delivered a range of benefits to the community in terms of public protection, and to practitioners in terms of flexibility, mobility and clear national standards. It has also improved the Boards' capacity to bring consistency and quality to the regulation of their professions.

The National Scheme promotes:

mobility – so practitioners can register once and practise across Australia within the full scope of their registration

consistency – through uniform national standards for each profession

efficiency – with less red tape associated with registrations and notifications, processes are streamlined, there are economies of scale and increased online options

collaboration – through sharing, learning and understanding of innovation and good regulatory practice across professions

transparency – with a national online register of the current registration status of all registered health practitioners.

National Scheme transition

When the National Scheme was introduced it involved the transition:

from **97** separate health practitioner boards	to **14** National Boards
from more than **75** different pieces of legislation	to **1** nationally consistent law enacted by each state and territory parliament
of **38** regulatory organisations	replaced by **1** organisation
of **8** separate state and territory regulatory systems	into **1** National Scheme

Main achievements of the National Scheme

Improved public protection through consistent professional standards

The National Scheme provides a clear and consistently applied framework that has strengthened the requirements for registration of practitioners nationally. Consistent and approved national standards provide assurance about practitioners' safety to practise, and align the expectations of practitioners within professions, regardless of where they work.

The National Scheme has increased the transparency of regulation for many professions. There are documented and consistent processes for developing registration and accreditation standards, supported by robust consultation processes. The consultation requirements built into the National Law have led many National Boards to engage more widely and deeply with stakeholders outside the professions.

There is a common focus in AHPRA and across the National Boards on developing regulatory policy that is consistent, while recognising the variety of practice types and settings between professions.

Streamlined renewal and registration processes

The National Scheme introduced an online, public national register of practitioners, which provides accurate, reliable and up-to-date information about the registration status of all registered practitioners, regardless of where in Australia they practise.

Registration standards define the requirements that practitioners must meet to be registered. The National Scheme has enabled AHPRA to establish robust processes and systems so that National Boards can consider every application for registration carefully and assess it against the requirements for registration.

Our systems for registration renewal are efficient and trusted by the professions, and rates of online registration now set international benchmarks. There are online services to support the registration of new graduates.

The National Scheme facilitates workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between jurisdictions. Registered practitioners are able to register once and practise anywhere in Australia within the scope of their registration.

Stable costs

Registration fees under the National Scheme are stabilising or reducing. The scheme is self-funding and meets the costs of regulation through practitioners' registration fees. There is no cross-subsidisation across professions. Fee stabilisation is being achieved despite an overall increase in notifications. National Boards, with the support of AHPRA, are examining opportunities for increased cost-effectiveness and sustainability, especially for smaller professions with lower risk profiles and lower volumes of notifications.

Improved notification management

The National Scheme ensures timely action if the performance, conduct or health of a practitioner poses a risk to public safety – through the immediate action provisions of the National Law. Robust processes are in place to swiftly identify and manage serious risks to the public.

A set of regulatory principles guide our work and the decision-making across the National Scheme, to make sure that regulation is proportionate and effective (see page 19).

Procedures are in place to monitor practitioner compliance with restrictions on registration.

Effective partnerships

In partnership, National Boards and AHPRA bring together a combination of expertise that supports leading practice regulation. National Boards have extensive professional experience and clinical expertise, with practitioner members recognised as leaders in their profession and community members as leaders in their communities. AHPRA staff bring expertise and experience in regulatory policy, operations and sector administration. The success of this partnership model, based on mutual respect, brings out the best of the National Scheme.

AHPRA and the National Boards engage daily with a large number and variety of stakeholders across the professions, community, government and statutory agencies, education providers and employers.

Support for effective regulation

AHPRA and the National Boards have established a range of initiatives that support the effective regulation of the professions in the public interest and the efficient operation of the National Scheme. This includes improving our work with consumers, board governance and succession planning, customer service, technology management, and data exchange services.

Roles and responsibilities

The functions of AHPRA and the National Boards are set out in the National Law. A Health Profession Agreement between each Board and AHPRA outlines the partnership and the services that AHPRA will provide each year to enable the Boards to meet their regulatory responsibilities. In the interests of transparency and accountability, the Boards and AHPRA publish these Health Profession Agreements. These are available from: www.ahpra.gov.au/Health-Professions/Health-Profession-Agreements.

Partnership and collaboration are crucial to the effective implementation of the National Scheme. AHPRA's partnership with the National Boards must be strong, respectful, flexible and based on clear roles and responsibilities. The regulatory framework provided to support and implement the decisions of the National Boards aims to support national consistency, quality service and build capability in AHPRA people, processes and systems.

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 and they set standards and policies that all registered health practitioners must meet.

National Boards

The National Law establishes a National Board for the 14 health professions in the National Scheme, responsible for health practitioner regulatory policy-setting and decision-making.

Professions in the National Scheme:

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

The functions of the National Boards include:

- responsibility for registering health practitioners who meet the requirements of the approved registration standards
- making decisions about individual practitioners in the investigation and management of notifications about performance, conduct or health of practitioners
- developing standards, codes and guidelines, and
- setting national fees.

Some of the National Boards have established and delegated specific powers to state, territory and regional boards and committees and national committees. The structure of the National Boards and their committees can be found in Appendix 1.

In the 2013/14 financial year, there were 39 appointments/reappointments made by the Australian Health Workforce Ministerial Council across nine of the National Boards. Of these, 25 were health practitioner vacancies and 14 were community member vacancies.

Agency Management Committee

AHPRA is governed by the Agency Management Committee, which is responsible for overseeing AHPRA policy and ensuring AHPRA functions properly, effectively and efficiently in working with the National Boards. Membership comprises eight members including:

- a Chair who is not a registered health practitioner and has not been a health practitioner in the last five years
- at least two people with expertise in health and/or education and training, and
- at least two people with business or administrative expertise who are not current or previously registered health practitioners.

Members are appointed for up to three years by the Australian Health Workforce Ministerial Council. The Agency Management Committee has established three committees:

- The Audit and Risk Committee is responsible for ensuring an effective audit and risk assessment function for AHPRA. The committee also oversees the AHPRA Investment Policy (published at www.ahpra.gov.au/About-AHPRA/Agency-Management-Committee). The committee is independently chaired by Mr Geoff Linton.
- The Remuneration Committee determines the remuneration policy and performance management framework for AHPRA executive managers. The committee is chaired by Mr Michael Gorton AM (Chair, Agency Management Committee).
- The Performance Committee makes recommendations to the Agency Management Committee to strengthen the performance culture across the National Scheme; provides oversight and scrutiny of operational performance measures and data; and provides assurance that any organisational performance-related issues, including the consistency of data and statistics, are being well managed. The committee is chaired by Mr Ian Smith (member, Agency Management Committee).

During the year, the terms of two members of the Agency Management Committee ended and three new members were appointed. AHPRA Chair, Mr Peter Allen, and committee member Professor Genevieve Gray both finished their terms after five years.

Mr Michael Gorton AM was appointed as Chair. Ms Jenny Taing, Mr David Taylor and Ms Barbara Yeoh were each appointed members for three years. Professor Merrilyn Walton was reappointed for a further three years.

See pages 180 to 182 for biographies of the Agency Management Committee members.

Agency Management Committee members (left to right):

Professor Con Michael AO, Mr David Taylor, Ms Karen Crawshaw PSM, Professor Merrilyn Walton, Mr Michael Gorton AM (Chair), Ms Barbara Yeoh, Mr Ian Smith PSM, Ms Jenny Taing.

AHPRA

AHPRA operates nationally through offices in every capital city of Australia. We manage the registration and renewal processes for health practitioners and students around Australia, and support the National Boards in the development of registration standards, codes and guidelines. On behalf of the National Boards, we manage investigations into the professional conduct, performance or health of registered health practitioners (except in NSW where this is undertaken by the Health Professional Councils and the Health Care Complaints Commission). We work with the health complaints entity in each state and territory to make sure the appropriate organisation deals with community concerns about registered health practitioners.

AHPRA and the National Boards work with accreditation authorities to make sure the education and training of registered health practitioners meets approved standards.

How AHPRA supports the National Boards

AHPRA provides services to each of the National Boards and supports the efficient regulation of health practitioners by providing consistent services, when appropriate.

The services provided by AHPRA to implement Board decisions must support national consistency, quality service, and build capacity in our people, processes and systems. Our operations are under continuous review for opportunities to improve.

AHPRA has a national network that includes:

- **State and territory offices** – providing the local delivery network in every capital city.
- **Board services and board support** – managing and supporting the relationship with the National Boards.
- **Business improvement and information technology** – providing policy, process and technology support and development, as well as leading innovation, improvement and reporting.
- **Coordinated regulatory operations** – supporting the consistent implementation of national processes across our state and territory offices.
- **Legal services** – providing and coordinating legal advice and services to AHPRA and the Boards and committees, through expert legal teams in every office.
- **Finance and corporate** – delivering key enabling functions such as finance, human resources, risk management and planning.

The partnership with AHPRA provides National Boards with access to independent legal, communications and regulatory policy expertise. There are economies of scale and efficiencies, particularly for smaller professions. Collaboration across professions provides another valuable pool of expertise and shared experience to Boards. More detail can be found in the Board reports, which start on page 29.

National Executive

AHPRA is led by Martin Fletcher, the Chief Executive Officer (CEO). The National Executive supports the CEO in setting strategic direction and delivering AHPRA's services. Major accountabilities include finalising the annual business plan and budget (ahead of approval by the Agency Management Committee), monitoring AHPRA performance against targets and opportunities for improvement, and leading enterprise-wide organisational strategies and plans.

On 1 July 2014, members of the National Executive were:

- Martin Fletcher, Chief Executive Officer
- Chris Robertson, Executive Director Strategy and Policy
- Kym Ayscough, Executive Director, Regulatory Operations
- Sarndrah Horsfall, Executive Director, Business Services (who will take up her role in September 2014).

During 2014, we restructured AHPRA to improve the way we operate. See page 166 for details and the new organisation structure. Before this, during 2014 AHPRA's National Executive Committee also included John Ilott, Director Finance and Corporate, Dominique Saunders, General Counsel and Jim O'Dempsey, Director of Business Improvement and Innovation.

Accreditation authorities

There are separate accreditation authorities for each health profession in the National Scheme. The National Board for each profession decides on the accreditation authority for the relevant profession: 11 have appointed external authorities and three have established committees.

AHPRA and the National Boards work with these authorities to make sure the education and training in the health professions in the National Scheme is robust and that graduates meet the standards required for registration in Australia.

At 30 June 2014, the accreditation authorities for each profession in the National Scheme were:

- Aboriginal and Torres Strait Islander Health Practice Accreditation Committee
- Chinese Medicine Accreditation Committee
- Council on Chiropractic Education Australasia Inc.
- Australian Dental Council
- Australian Medical Council
- Medical Radiation Practice Accreditation Committee
- Australian Nursing and Midwifery Accreditation Council
- Occupational Therapy Council (Australia & New Zealand) Ltd
- Optometry Council of Australia and New Zealand
- Australian and New Zealand Osteopathic Council
- Australian Pharmacy Council
- Australian Physiotherapy Council
- Australian and New Zealand Podiatry Accreditation Council
- Australian Psychology Accreditation Council

More information about our work in accreditation is on page 163.

PART 2:
The National Boards

Provides details of cross-profession work in 2013/14 and individual reports from each of the 14 National Boards, including their achievements and outcomes for the year, board-specific data on registration and notifications, and their priorities for 2014/15.

Contents

Cross-profession work

A key strength of the National Scheme is the regular interaction between National Boards. This has facilitated cross-profession approaches to common regulatory issues and supported joint consultation and collaboration.

While the National Scheme is a multi-profession scheme operating within a single statutory framework and with one supporting organisation (AHPRA), a range of regulatory approaches which are tailored to professions with different risk profiles and professional characteristics are being explored with National Boards.

Policy development to address the objectives and guiding principles of the National Law is an important part of AHPRA's support for National Boards, including development and review of registration standards, codes and guidelines, and the coordination of cross-profession policy projects such as a revised approach to international criminal history checks.

Standards, codes and guidelines

The core registration standards (English language skills, professional indemnity insurance, criminal history, recency of practice and continuing professional development (CPD)) required under the National Law, together with each Board's code of conduct or equivalent, are the main way National Boards define the minimum *national* standards they expect of practitioners, regardless of where they practise in Australia.

Five core registration standards for all 14 health professions regulated under the National Scheme:

- Continuing professional development
- Criminal history
- English language skills
- Professional indemnity insurance arrangements
- Recency of practice

The standards bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and inform Board decision-making when concerns are raised about practitioners' conduct, health or performance. National Boards hold practitioners to account against these standards in disciplinary processes.

National Boards have developed common guidelines for advertising regulated health services and for mandatory notifications. Most National Boards have a similar code of conduct. This commonality facilitates the National Law's guiding principles of efficiency, effectiveness and fairness. It also helps consumers to understand what they can expect from their health practitioners.

Our work on professional standards in 2013/14

In 2013/14, the National Boards (supported by AHPRA) reviewed, finalised and implemented common guidelines (advertising and mandatory notifications), the common social media policy and the shared code of conduct. Revised documents came into effect in March 2014 and updates to the guidelines for advertising were published in May 2014.

This work has focused on continuing to build the evidence base for National Board policy and reviewing the structure and format of registration standards, guidelines and codes consistent with good practice. Changes aimed to support clear communication and understanding of National Board requirements by practitioners, the public and other stakeholders.

The common guidelines explain the requirements of the National Law. The wording was refined and clarified to assist practitioners to understand their obligations and to communicate more clearly with other stakeholders. A scheduled four-week lead time in 2014 gave practitioners and stakeholders time to become familiar with the new content and structure before the revised standards took effect in March 2014.

The National Boards' codes of conduct set out the Boards' expectations of each registered health practitioner. Revisions published in 2014 to the shared code clarify to practitioners what is expected of them.

During the year, the National Boards coordinated the review of the common criminal history registration standard and the largely common English language skills registration standards. To prepare, AHPRA commissioned research about English language skills in the regulatory context to inform the review.[1] The research was combined with National Boards' experience in administering their English language skills registration standards and supplemented with further information, including discussions with other regulators and language test providers. National Boards consulted stakeholders through a single consultation paper and proposals for largely common standards. This work ensured that final recommendations to National Boards would be based on the best available evidence and address the objectives and guiding principles of the National Law.

1 2013 Dental Board of Australia public consultation: *Review of criminal history registration standard and English language skills registration standard*. Available at: www.dentalboard.gov.au/news/past-consultations.aspx

Similarly, the National Boards for the first 10 professions to be regulated under the National Scheme and the Medical Radiation Practice Board of Australia reviewed their registration standards for recency of practice, CPD and professional indemnity insurance arrangements. AHPRA coordinated these reviews across professions. This enabled multi-profession research to be commissioned, and facilitated National Boards considering issues of consistency and examples of good practice across the professions in the National Scheme.

Several Boards have developed, and the Ministerial Council has approved, additional registration standards beyond the five essential standards required by the National Law. See Appendix 3 for a full list of registration standards approved by Ministerial Council during 2013/14.

Common standards, codes and guidelines issued in 2013/14

- Revised *Guidelines for advertising* (March 2014, updated in May 2014)
- Revised *Guidelines for mandatory notifications* (March 2014)
- Revised *Code of conduct* shared by the Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Dental, Occupational Therapy, Osteopathy, Physiotherapy and Podiatry Boards of Australia, with profession-specific changes for the Chiropractic, Medical Radiation Practice and Pharmacy Boards of Australia.

Common National Board consultations completed

- International criminal history checks (released 1 October 2013; closed 31 October 2013)
- Common registration standards (English language skills registration standards (except Aboriginal and Torres Strait Islander Health Practice Board) and criminal history) (released 25 October 2013; closed 23 December 2013).

Stakeholder engagement

AHPRA and the National Boards engage daily with a large number and variety of stakeholders across the professions, community, government and statutory agencies, education providers and employers. The needs and interests of these groups sometimes overlap and sometimes are profession or jurisdiction specific.

National Boards and AHPRA continue to work closely with all our many stakeholders. AHPRA's state and territory managers play an important role in fostering relationships with local stakeholders.

Individually, each National Board works with the stakeholders specific to their profession, including practitioners, in a range of ways. The reports from National Boards from page 29 of this report detail this effort. All the Boards publish newsletters for their registrants to provide up-to-date and accurate information about regulation and the standards the Boards expect practitioners to meet. During 2013/14, a number of Boards have made improvements to their stakeholder engagement work, including more regular newsletters.

We have developed a stakeholder engagement framework to help us engage more effectively with our stakeholders and members of the community, to build confidence in the National Scheme and make it more accessible. We want to make it easier to interact with and to understand. The framework maps the network of relationships and stakeholders in the National Scheme and identifies how these should take effect and who is responsible for making them work. Our approach to stakeholder engagement is shaped by a commitment to being proactive, transparent, accessible and accountable.

Proactive

- Actively engage, inform and educate stakeholders
- Encourage stakeholders to provide feedback
- Listen to how we can engage more effectively with our stakeholders
- Support greater awareness of the scheme and its benefits

Transparent

- Be clear about what we do
- Look for ways to improve
- Take a 'no surprises' approach to how we engage

Accessible

- Actively develop a public voice and face of the scheme
- Make it easy to engage with us
- Speak and write plainly
- Be clear

Accountable

- Report on what we do
- Be transparent and up front

Community Reference Group

AHPRA established a Community Reference Group (CRG), which had its first meeting in June 2013. This is the first time a national group of this kind, with a focus on health practitioner regulation, has been established in Australia.

The CRG has a number of roles, including advising AHPRA and National Boards on ways in which community understanding and involvement in our work can be strengthened. This includes strategies for promoting greater community response to consultations, ways in which the national registers can be more accessible and better understood, and strategies to build greater community understanding of how practitioner regulation works.

While the group is a conduit between communities and AHPRA/National Boards, it is not representative of particular communities. Rather, members of the group contribute expertise and share their opinions as individuals. The group is chaired by a community member appointed to one of the 14 National Boards. The group does not discuss individual registration or notifications matters and is advisory.

The CRG met five times during 2013/14. Communiqués from meetings of the CRG are published at: www.ahpra.gov.au/About-AHPRA/Advisory-groups/Community-Reference-Group.aspx

Our work with the CRG is complemented by our communication with our 'online community of interest'. These are individuals who have attended our community briefing sessions or otherwise expressed interest in the National Scheme and the work of health practitioner regulation.

A list of members of the CRG can be found in Appendix 7.

Professions Reference Group

The Professions Reference Group (PRG) is made up of members of professional associations for practitioners registered in the National Scheme. It was established to provide feedback, information and advice on strategies for building better knowledge from within the professions about health practitioner regulation, and advising AHPRA on operational issues affecting the professions. The group includes national professional associations. It does not discuss individual registration or notifications matters.

The group meets quarterly as an advisory group to AHPRA and provides a forum for information-sharing between regulated professions and with AHPRA. Profession-specific interaction continues between each professional association and their National Board.

A list of organisations that are members of the PRG can be found in Appendix 7. The PRG is chaired on a rotating basis by members.

The PRG met four times during 2013/14.

Our work with governments, education providers and other agencies

We continue to work closely with governments, education providers and other agencies interested in or involved with health practitioner regulation. We have established partnerships, consistent with privacy law and confidentiality requirements, with a range of data partners such as Medicare Australia, the National eHealth Transition Authority (NEHTA) and Health Workforce Australia

We have established services for employers who employ registered health practitioners so they have access to our online services for bulk registration checks, and can check the registration status of their employees in real time. We work with education providers on student enrolments and, in most cases, through accreditation authorities or committees, to ensure high-quality education.

Routinely, AHPRA keeps governments informed about the National Scheme, seeks feedback and provides briefs on jurisdiction-specific issues.

National Registration and Accreditation Scheme Review

In May 2014, Health Ministers published the terms of reference for the independent review of the National Registration and Accreditation Scheme. Mandated initially by the inter-government agreement that underpins the scheme, the review is focused on:

- identifying the achievements of the National Scheme against its objectives and guiding principles
- assessing the extent to which National Scheme meets its aims and objectives
- the operational performance of the National Scheme
- the National Law, including the impact of mandatory reporting provisions, the role of the Australian Health Workforce Advisory Council, advertising, and mechanisms for new professions entering the scheme, and
- the future sustainability of the National Scheme, with a specific focus on the addition of other professions in the scheme and funding arrangements for smaller regulated professions.

AHPRA and the National Boards have engaged thoughtfully with the review, which is being led by Mr Kim Snowball. It provides both an important opportunity to identify what is working well and opportunities to improve and strengthen our work to protect the public and facilitate access to health services.

Board reports for each of the National Boards follow.

Aboriginal and Torres Strait Islander Health Practice Board of Australia

Message from the Chair

Over the last 12 months, accreditation standards and processes were developed in time for wide-ranging public consultation and eventual approval by the Board at its November 2013 meeting. I'm pleased to report that the first round of accreditation site visits has just been completed. So, after much hard work by the Board's Accreditation Committee and AHPRA's Accreditation Unit, we're on schedule to achieve what we had set out this time last year.

A major achievement this year was making progress towards financial sustainability. As a result of the Board taking steps to reduce its operating costs, no additional supplementary funding was required in 2013/14. In addition, the Board agreed to reduce its meeting frequency from two-monthly to quarterly for 2014/15. This will reduce our meeting costs by 40%.

The Board developed proposed supervision guidelines for public consultation, which will be released in July 2014. We also started a practitioner audit of the Board's criminal history registration standard.

We approved a stakeholder engagement implementation plan in April 2014 and began by conducting a number of stakeholder forums across Australia. These were well attended and engaging. We also actively contributed to the development of a capability statement for the profession, a skills recognition and upskilling project, and the industry's environmental scan.

On behalf of the Board, I would like to express our gratitude to our many partners and supporters. The Board also wishes to thank AHPRA for its ongoing professional advice and support.

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

Major outcomes/achievements 2013/14

Accreditation

- Approved the *Accreditation standards for Aboriginal and Torres Strait Islander health practice* and endorsed the *Accreditation processes for Aboriginal and Torres Strait Islander health practice* in November 2013.

Registration

- Agreed to waive the late registration renewal fee for 2013 for any registration renewal application made by an Aboriginal and Torres Strait Islander health practitioner after the registration period ended on 30 November 2013.
- Approved the recommended hours for mandatory work placements for the registration qualification of *HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander primary health care practice* as 800 hours.
- Released the proposed supervision guidelines for public consultation.

Compliance

- Implemented the audit of registered practitioners' compliance with the Board's criminal history registration standard.

Financial

- In the Board's inaugural years, supplementary funding was provided by the Commonwealth, state and territory governments. No additional supplementary funding was required in 2013/14, as the Board had taken steps to reduce its operating costs, including by halving the number of annual sitting days, resulting in a saving of $140,066 per annum (36%).
- At its June 2014 meeting, the Board agreed to reduce its operating costs further for 2014/15 by reducing its meeting frequency from every two months to quarterly, reducing its costs from about $232,900 per annum to $140,000.

Engagement

- Conducted stakeholder forums in Adelaide, Sydney, Brisbane, Perth, Hobart and Melbourne.
- Delivered presentations to the Aboriginal and Torres Strait Islander health sector, including forums conducted by:
  - National Aboriginal Community Controlled Health Organisation
  - National Aboriginal and Torres Strait Islander Health Workers' Association
  - Aboriginal Health and Medical Research Council of NSW
  - Victorian Aboriginal Community Controlled Health Organisation
  - South Australian Aboriginal Primary Health Care Workers' Forum
  - Greater Northern Australia Regional Training Network.
- Nominated Karrina DeMasi to represent the Board on the Health Workforce Australia Project Advisory Group for the Aboriginal and Torres Strait Islander Health Practitioner Skills Recognition and Upskilling Project.
- Contributed to Community Services and Health Industry Skills Council's 2014 Environmental Scan in September 2013.
- Provided feedback to National Health and Medical Research Council's draft *Talking about complementary and alternative medicine* publication in September 2013.
- Provided feedback to Health Workforce Australia's draft *Clinical training profile for Aboriginal and Torres Strait Islander health worker and health practitioner*.
- Contributed to the development of an Aboriginal and Torres Strait Islander health practitioner capability statement, in a project led by the National Aboriginal and Torres Strait Islander Health Workers' Association.

Delegations

- Resolved to delegate various functions of the Board to the committees of the Board and AHPRA in accordance with its revised *Instrument of delegation*.

Registration standards, policies and guidelines published

- Aboriginal and Torres Strait Islander health practice accreditation standards (17 December 2013).

Priorities for the coming year

Stakeholder engagement

As part of the Board's strategy, we will continue to seek stakeholder feedback on the Board's standards, processes and decisions; provide opportunities for collaborations and strategic partnerships to improve decision-making; and establish how to better utilise the Board's regulatory functions to support a sustainable Aboriginal and Torres Strait Islander health workforce.

Board succession planning

The current Board's three-year term ends in June 2014, so depending on the outcome of re/appointments, a proactive succession plan will be developed in 2014/15. This plan will ensure the sustainable performance of the Board over the long term, encompassing three broad, inter-related elements: recruitment, induction and knowledge management.

Registration standards review

The Board's five core and two other registration standards need to be reviewed by 30 June 2015. The work needed to assess early stakeholder feedback on the effectiveness of these standards, incorporate lessons learned from recently reviewed registration standards by other professions, and undertake targeted/preliminary consultation and wide-ranging public consultation will need to start at the end of 2013/14 in order to meet this important milestone.

Board-specific registration and notifications data 2013/14

At 30 June 2014, there were 343 Aboriginal and Torres Strait Islander health practitioners registered in Australia. The Northern Territory is the state with the largest number of registered practitioners (226) and the only jurisdiction to see a slight decline in registrant numbers in 2013/14; registrant numbers increased in all other jurisdictions during this period. Fifty per cent of the registrants are aged between 40 and 55.

A total of six notifications were received about Aboriginal and Torres Strait Islander health practitioners, compared with four received in 2012/13. All notifications were lodged in the Northern Territory and represent 2.7% of the registrant base in that jurisdiction. Five cases were closed in 2013/14; three of these resulted in no further action and two resulted in conditions being imposed.

Table AT1: Registrant numbers at 30 June 2014

Aboriginal and Torres Strait Islander Health Practitioner	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total	% change from prior year
2013/14	2	36	226	37	12	1	8	21		343	14.33%
2012/13	1	21	228	31	4	1	7	7		300	
Change from prior year	100.00%	71.43%	-0.88%	19.35%	200.00%	0.00%	14.29%	200.00%			

*Principal place of practice

Table AT2: Registered practitioners by age

Aboriginal and Torres Strait Islander Health Practitioner	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75- 79	80 +	Total
2013/14	7	20	30	42	64	57	51	39	23	7	2	1		343
2012/13	6	20	19	42	58	53	43	31	18	9				300

Table AT3: Notifications received by state or territory

Aboriginal and Torres Strait Islander Health Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
Notifications received in 2013/14		6						6		6
Notifications received in 2012/13		4						4		4

Table AT4: Per cent of registrant base with notifications received by state or territory

Aboriginal and Torres Strait Islander Health Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14		2.7%						2.0%		1.7%
2012/13		1.8%						1.3%		1.3%

Table AT5: Notifications closed by state or territory

Aboriginal and Torres Strait Islander Health Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	2014 Subtotal	NSW	2014 Total	2013 Total
		5						5		5	3

Table AT6: Stage at closure for notifications closed (excluding NSW)

Stage at closure	Total
Assessment	3
Health or performance assessment	1
Investigation	1
Total	5

Table AT7: Outcome at closure for notifications closed (excluding NSW)

Outcome at closure	Total
No further action	3
Impose conditions	2
Total	5

Members of the Aboriginal and Torres Strait Islander Health Practice Board of Australia

- Mr Peter Pangquee (Chair)
- Ms Clare Anderson
- Mr Bruce Davis
- Ms Karrina DeMasi
- Ms Sharon Milera
- Ms Lisa Penrith
- Ms Jenny Poelina
- Ms Renee Owen
- Mrs Jane Schwager

During 2013/14, the Board was supported by Executive Officer Mr Gilbert Hennequin.

More information about the work of the Board is available at: www.atsihealthpracticeboard.gov.au

Chinese Medicine Board of Australia

Message from the Chair

The Board's top priority for the first two years was setting the basic standards and guidelines to begin registration. It then had to deal with unique challenges inherent in developing the English language standards, grandparenting and bringing a profession into a statutory scheme for the first time. The Board has met all its deadlines and laid a solid foundation for the effective and efficient delivery of regulation of the Chinese medicine profession.

The National Registration and Accreditation Scheme for Chinese medicine practitioners has been in operation now for two years. As the Board finalises its first term, it now understands and responds to the wider regulatory workforce reform environment and participates in cross-professional learning through sharing ideas, innovation and networking.

A round of multiple National Board re-appointments /appointments arising from the expiry of inaugural terms on 1 July 2014 started in November 2013, and in June 2014 Health Ministers announced the new and re-appointed Chair and Board members of the Chinese Medicine Board of Australia.

National Board appointments are made by the Australian Health Workforce Ministerial Council (Ministerial Council), under the National Law.

The re-appointed Board members for the second term from 1 July 2014 to 30 June 2017 are:

- Professor Charlie Xue, re-appointed as Chair, Chinese Medicine Board of Australia and practitioner member from Victoria
- Professor Craig Zimitat, re-appointed as Community Member from Tasmania, and
- Ms Di Wen Lai, re-appointed as practitioner member from Western Australia.

The new Board members to be welcomed from 1 July 2014 are:

- Mr Roderick Martin, appointed as a practitioner member from Queensland for a period of three years from 1 July 2014 (first term)
- Dr Liang Zhong Chen, appointed as a practitioner member from South Australia for a period of three years from 1 July 2014 (first term), and
- Ms Christine Berle, appointed as a practitioner member from New South Wales for a period of three years from 1 July 2014 (first term).

The Board extends very sincere thanks to all outgoing and previous Board members for their dedication to and work on the National Scheme and for contributing to the safety of the public by ensuring access to Chinese medicine practitioners who are safe and adequately trained and qualified. Outgoing Board members are:

- Jenny Chou, practitioner member (South Australia)
- Stephen Janz, practitioner member (Queensland)
- Haisong Wang, practitioner member (ACT), and
- Dr Xiaoshu Zhu, practitioner member (NSW).

Former Board members are:

- Alison Christou (till 31 July 2012), community member (Queensland), and
- Vivian Lin (till 15 July 2013), community Member (Victoria).

AHPRA and the Board also congratulated Ms Esther Alter (July 2013) and Dr Anne Fletcher (May 2014) on their appointments as community members to the National Board.

The Board has continued to focus on good governance and strategic planning to ensure consistent and transparent decision-making. A major focal point has been the Board's finances. The Board is responsible for overseeing its budget and for ensuring that it operates within a responsible, sustainable financial framework. As one of the smaller sized professions, this poses a significant challenge, especially during this, the establishment phase of integrating Chinese medicine into the National Scheme.

One of the risks for increased costs is the unpredictability of notifications. To date, this has not been a major area of concern. The Board has also developed a constructive relationship with the Chinese Medicine Council of New South Wales. The Board meets with representatives of the Council at least twice a year.

I wish to acknowledge the strong partnership with AHPRA and productive working relationship with other Boards, both of which are essential to our effectiveness. Alongside this is the Board's participation and contribution to the broad areas such as Chairs' forum, and hosting international delegations. The Board has also been proactively engaging in dialogue related to the potential for acupuncture endorsement standards.

Professor Charlie Xue
Chair, Chinese Medicine Board of Australia

Major outcomes/ achievements 2013/14

Accreditation

The Accreditation Committee established by the National Board has statutory responsibility to develop accreditation standards for programs of study, for approval by the National Board and to establish processes to assess and monitor programs of study and education providers.

In July 2013, the Chinese Medicine Accreditation Committee released draft accreditation standards and process documents for public consultation.

In November 2013, the committee called for expressions of interest for appointment to a list of approved assessors to be allocated to Chinese Medicine accreditation assessment teams.

In December 2013 the first national Chinese medicine accreditation standards were released. These were published by the Accreditation Committee then also approved and published by the National Board.

By February 2014, the Accreditation Committee had made appointments to the list of approved assessors.

By June 2014, the Accreditation Committee had received monitoring reports from all education providers offering approved Chinese medicine programs of study.

The Chinese medicine accreditation standards are the standards that programs of study, and the education providers who offer those programs, are assessed against to establish whether they will be accredited and approved. Students who graduate from an approved Chinese medicine program of study are qualified for registration with the Chinese Medicine Board of Australia.

The Board receives regular updates from the Accreditation Committee and the Chairs of the National Board and Accreditation Committee meet at least twice a year to facilitate clear communication and collaborative effort.

Committees restructure

The Board has national committees to advise the Board and to make decisions where the Board has delegated functions under the National Law. The Board has established the following committees made up of National Board members and in some cases others appointed for their expertise:

- Communication Committee
- Finance Committee
- Notifications Committee
- Policies, Standards and Guidelines Advisory Committee
- Registration Committee
- Accreditation Committee

The Board decided to restructure some of its committees from July 2014, reducing the committees to two – a combined Registration and Notifications Committee and a combined Policy, Planning and Communications Committee.

The Accreditation Committee will continue as an independent committee.

Financial outcomes

Under the National Registration and Accreditation Scheme there is no cross-profession subsidisation and the Chinese Medicine Board of Australia must be financially sustainable in its own right.

To meet this expectation and performance indicators, the Board must maximise its operational efficiency or the additional financial burden must be carried by the registered Chinese medicine practitioners. The Board chose to address the former as a high priority in 2013/14.

To this end, the Board has implemented a number of strategies since April 2013 to reduce costs. The Board has made significant advances in becoming more efficient and is working with AHPRA to manage funds and expenditure accordingly.

The net result for the Board for 2013/14 was a surplus of $387,000 ahead of budget by $691,000 which was a significant turnaround.

In addition the Board has, this year, carefully considered equity ratings and risk assessment scoring. More will be published about this in the near future.

Strategic plan

The Board has worked to its regulatory plan with established major priorities. The Board revisits the plan and its progress against the plan at least quarterly.

Registration standards, policies and guidelines developed/published

New publications

- Updated frequently asked questions on patient records
- Infection prevention and control guidelines for acupuncture practice
- Infection prevention and control guidelines explanatory statement
- Infection control quick reference guide
- Position statement regarding protected titles, endorsement and holding out under the National Law
- Powerpoint presentation: *Building community trust and protecting public safety: the Australian national registration of Chinese medicine practitioners*

- Powerpoint presentation from Sydney forum: *Chinese medicine regulation in Australia*
- Information to assist registered practitioners with education conditions on their registration

Consultations

- Draft supervision guidelines for Chinese medicine practitioners – community and health practitioner feedback was sought from 28 May to 23 July 2014
- Draft guidelines for safe Chinese herbal medicine practice – community and health practitioner feedback was sought from 5 June until 31 July 2014.

Stakeholder engagement

The Board sends a representative to address major conferences within the profession when invited to do so.

A delegation from the Singapore Ministry of Health visited AHPRA and the Chinese Medicine Board of Australia in August, to share knowledge and learn about our approach to health regulation. Singapore has been regulating Chinese medicine practitioners for 12 years and is now looking at implementing compulsory continuing education. The delegation was keen to learn about our use of registration standards, the introduction of audit to check compliance with standards, and other approaches in the National Scheme to promoting professional standards. With four languages commonly used in Singapore, our approach to English language skills testing, to consultations and translation was also of particular interest.

The Board made a submission to the Western Australian Department of Health's proposed review of the Health (Skin Penetration Procedures) Regulations 1998, the Hairdressing Establishment Regulations 1972 and the *Code of practice for skin penetration procedures*.

Within the National Scheme:

- Board member Esther Alter represents the Board on the Statutory Offences Reference Group
- Board member Esther Alter represents the Board on a cross-board Selection Advisory Panel to review and shortlist community member applications for appointments to the list of approved persons approved to be a panel member pursuant to section 183(1) of the National Law
- Board members Esther Alter, Di Wen Lai and Charlie Xue represent the Board on a cross-board Selection Advisory Panel to review and shortlist health practitioner applications for appointments to the list of approved persons approved to be a panel member pursuant to section 183(1) of the National Law
- Board member Esther Alter represents the Board on the Panel Reference Group
- the Chair participates in a monthly Forum of Chairs of National Boards, and
- the Chair has participated in a Multi-Professions Working Group.

Priorities for the coming year

Campaign related to the end of 'grandparenting'

The grandparenting provisions allow practitioners who have not been previously registered or do not hold an approved program of study qualification to apply for registration with the National Board.

These provisions will be coming to an end in June 2015. The Board will be encouraging practitioners who think they may be eligible to apply early, as processing applications can take some time.

Engagement with the profession

The Board is conducting a number of meetings/forums to engage more directly with the profession. This has been identified as a strategic priority for 2014/15. The Board decided to hold its June 2014 meeting in Sydney and held a public forum the evening before. Similar 'town hall'-style meetings for practitioners and other stakeholders are planned for the next 12 months. The goals are to:

- promote the National Registration and Accreditation Scheme
- educate practitioners about regulation, including requirements for registration, national standards and notifications management
- update profession stakeholders on current issues, and
- receive questions and feedback from the profession.

Review of registration standards

A number of the inaugural standards will be coming up for a three-year review in 2014/15.

Board-specific registration and notifications data 2013/14

At 30 June 2014, there were 4,271 Chinese medicine practitioners registered in Australia; an increase of 4.94% over the previous year. NSW is the state with the largest number of registered practitioners (1,737), followed by Victoria with 1,194 practitioners. Table CM2 provides details of registrants by divisions. Many registrants hold registration in more than one division. The largest group of practitioners (2,019) hold registration as acupuncturists and Chinese herbal medicine practitioners.

Nationally, a total of 26 notifications were received relating to 0.6% of Chinese medicine practitioners; down from 30 received in 2012/13. Of these, 10 were

lodged in Queensland and 16 were lodged in other states and territories. Eleven of the notifications related to acupuncturists and six of the notifications were about registrants holding acupuncturist and Chinese herbal medicine practitioner registration.

Twenty-eight cases were closed during 2013/14, including 13 cases in NSW and 15 cases elsewhere in Australia.

Of the 15 cases closed outside NSW, 12 cases were closed at the assessment stage, two following investigation and one following a health or performance assessment. In 13 cases, the Board determined that no further action was required (10) or the case (3) was to be handled by the health complaints entity that had received the notification. Of the remaining two cases, conditions were imposed on the practitioner in one case and an undertaking from the practitioner accepted in the remaining case.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

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

Immediate action was initiated in two cases, both involving registrants holding acupuncturist registration. Integrated data for all professions are set out in Table N10 (page 139), showing the outcomes of immediate actions initiated. More information about immediate action is published on our website under *Notifications*.

Concerns raised about advertising during the year were managed by AHPRA's statutory offences unit and are reported on page 119.

Table CM1: Registrant numbers at 30 June 2014

Chinese Medicine Practitioner	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total	% change from prior year
2013/14	64	1,737	14	810	164	34	1194	214	40	4,271	4.94%
2012/13	62	1,649	12	785	157	33	1,151	192	29	4,070	
Change from prior year	3.23%	5.34%	16.67%	3.18%	4.46%	3.03%	3.74%	11.46%	37.93%	4.94%	

*Principal place of practice

Table CM2: Registrant numbers by division and state or territory

Division	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
Acupuncturist	23	415	10	551	91	21	428	86	5	1,630
Acupuncturist and Chinese Herbal Dispenser		1		3			1			5
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner	7	365		41	7	1	61	20	1	503
Acupuncturist and Chinese Herbal Medicine Practitioner	34	888	4	207	61	11	677	104	33	2,019
Chinese Herbal Dispenser		34		1	1		3	2		41
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner		11			3					14
Chinese Herbal Medicine Practitioner		23		7	1	1	24	2	1	59
Total	64	1,737	14	810	164	34	1,194	214	40	4,271

Table CM3: Registered practitioners by age

Chinese Medicine Practitioner	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Total
2013/14	24	231	388	595	594	510	609	571	408	193	90	42	16	4,271
2012/13	21	223	393	566	536	493	624	557	359	165	82	33	18	4,070

Table CM4: Notifications received by state or territory

Chinese Medicine Practioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	3		10	1		3	1	18	8	26
2012/13			3	2		6	2	13	17	30

Table CM5: Per cent of registrant base with notifications received by state or territory

Chinese Medicine Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	4.7%		1.0%	0.6%		0.3%	0.5%	0.6%	0.5%	0.6%
2012/13			0.4%	1.3%		0.5%	1.0%	0.5%	0.9%	0.7%

Table CM6: Notifications received by division and state or territory (excluding NSW)

Division	ACT	QLD	SA	VIC	WA	Total
Acupuncturist	1	7		2	1	11
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner	1					1
Acupuncturist and Chinese Herbal Medicine Practitioner	1	3	1	1		6
Total	3	10	1	3	1	18

Table CM7: Immediate action cases by division and state or territory (excluding NSW)

Division	QLD	WA	Total
Acupuncturist	1	1	2
Total	1	1	2

Table CM8: Notifications closed by division and state or territory (excluding NSW)

Division	QLD	SA	VIC	WA	Total
Acupuncturist	6	1	2	1	10
Acupuncturist and Chinese Herbal Medicine Practitioner	3		1	1	5
Total	9	1	3	2	15

Table CM9: Notifications closed by state or territory

Chinese Medicine Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	2014 Subtotal	NSW	2014 Total	2013 Total
			9	1		3	2	15	13	28	14

Table CM10: Stage at closure for notifications closed by division (excluding NSW)

Division	Assessment	Health or Performance assessment	Investigation	Total
Acupuncturist	8	1	1	10
Acupuncturist and Chinese Herbal Medicine Practitioner	4		1	5
Total	12	1	2	15

Table CM11: Outcomes at closure for notifications closed by division (excluding NSW)

Division	No further action	Health complaints entity to retain	Accept undertaking	Impose conditions	Total
Acupuncturist	5	3	1	1	10
Acupuncturist and Chinese Herbal Medicine Practitioner	5				5
Total	10	3	1	1	15

Members of the Chinese Medicine Board of Australia

- Professor Charlie Xue (Chair)
- Ms Esther Alter
- Ms Jenny Chou (Jian-ling Zhou)
- Dr Anne Fletcher (from 1 May 2014)
- Mr Stephen Janz
- Dr Di Wen Lai
- Professor Vivian Lin (Deputy Chair to 17 July 2013)
- Mr Haisong Wang
- Dr Xiaoshu Zhu
- Professor Craig Zimitat (Deputy Chair)

During 2013/14, the Board was supported by Executive Officer Ms Debra Gillick and Acting Executive Officers Ms Rebecca Lamb and Mr Jason Fernandis.

More information about the work of the Board is available at: www.chinesemedicineboard.gov.au

Chiropractic Board of Australia

Message from the Chair

I am pleased to provide this report about the functions, activities and outcomes of the Chiropractic Board of Australia.

The Board remains committed to ensuring that the public receive care from safe, competent and ethical chiropractors. The Board ensures that any person applying for registration meets the standards of the Board and that once they are registered, they are held to account to these standards. The support of the public in advising us about practitioners who do not meet our standards is critical, and I thank everyone who has supported our role by bringing matters to our attention.

It is now four years since the National Registration and Accreditation Scheme began and the transitional phase of the scheme is drawing to an end. We are now entering into a phase of review and refinement. The registrations standards and supporting guidelines developed prior to the start of the scheme have been reviewed, and wide and vigorous consultation has taken place during the last year in relation to these.

I must thank all members of the Chiropractic Board of Australia and its committees for their contributions, support, dedication and joint sense of purpose.

The work of the Board can only come to fruition through the partnership and delivered operational outcomes as provided by AHPRA. Our thanks go to Martin Fletcher, AHPRA CEO, and his expert teams in the national and state offices, Executive Officer to the Board Paul Fisher, and Board Support Officer Emily Marshall.

The Board has a range of committees to both advise and perform work on behalf of the Board. These committees perform a critical role in the operational effectiveness of the Board, and my thanks and appreciation go to the chairs of these committees for their drive and achieved outcomes:

- Registration, Notification and Compliance Committee, chaired by Dr Mark McEwan
- Standards, Polices, Codes and Guidelines Committee, now chaired by Dr Bevan Goodreid
- Governance, Finance and Administration Committee, now chaired by Ms Barbara Kent
- CPD Committee, chaired by Dr Michael Badham
- Communications and Relationships Committee, chaired by Ms Anne Burgess, and
- Accreditation, Education and Assessment committee, chaired by Dr Amanda Kimpton.

As I am nearing the end of my current appointment as Chair, I pause to reflect on the hard work done by so many people to support the Board in its work. My gratitude goes to the members of the National Board – their continuing professionalism, output and collaborative spirit in meeting and delivering the needs of the National Law cannot be overstated. To the chiropractic registrants, may you all continue to provide the best, safest and most ethical care to the Australian public.

Dr Phillip Donato OAM (chiropractor)
Chair, Chiropractic Board of Australia

Major outcomes and achievements 2013/14

Registration, notification and compliance

The Registration, Notification and Compliance Committee meet monthly. Additionally, this year the Board participated in the routine audit of practitioners against their compliance with the Board's registration standards. The results of the audit will be available towards the end of the year.

Governance, finance and administration

During the year, the Board undertook strategic planning and Board performance workshops. This has assisted us in our governance arrangements and ensured a strategic focus on the Board's regulatory obligations. The Board also published its strategic plan on its website.

Communications and relationships

The Board has continued to develop and maintain its relationship with stakeholders, and looks

forward to fostering a high level of engagement and communication in the coming year.

The Board presented forums in most state capital cities to inform practitioners about the changes and content of the revised guidelines in relation to advertising, social media and mandatory reporting, as well as the code of conduct for chiropractors.

Accreditation assessment and education

In partnership with the Council on Chiropractic Education Australasia (CCEA), the National Board hosted a forum on the future of chiropractic education. The forum involved stakeholders from all university programs and professional groups from Australia and New Zealand, and included government representatives.

Professor Liz Farmer facilitated the event and Professor Jim Reynoldson and Dr Lindsay Heywood made expert presentations.

The topics covered and resultant discussions were wide ranging, with stimulating contributions from all who attended. The attendees unanimously agreed that this was a worthwhile and beneficial activity, that a working party should be set up to progress the matters discussed, and that this forum should be an annual event.

Registration standards, codes, policies and guidelines

The Board continued work on, and finalised, the scheduled review of a number of items in the last year. Common guidelines in relation to mandatory reporting and the social media policy were finalised and were published, in collaboration with the other National Boards. Additionally, the revised code of conduct for chiropractors was published after a lengthy and detailed review.

Public consultation took place on the scheduled revision of a number of the Board's registration standards. These include the standards relating to: criminal history, English language skills, professional indemnity insurance, recency of practice, CPD and the assessment of formal learning activities.

CPD

The Board continued an audit of formal learning, assessed by the two bodies (Chiropractic and Osteopaths College of Australasia and the Chiropractors Association of Australia) recognised by the Board to assess CPD. At the same time, the Board has been working with these bodies to improve the process of assessment to ensure that any assessed formal learning activity meets the requirements of the Board.

Priorities for the coming year

The priority for the Board in 2014/15 will be to finalise its review of registration standards and supporting guidelines.

Enhancing the CPD process undertaken by practitioners is also a priority area for the Board. In addition to the review of standards and guidelines, the Board will continue to work with recognised bodies and practitioners to enhance their undertaking of the Board's requirements in relation to what is acceptable CPD.

Further strengthening of community and stakeholder relationships is important in understanding and representing the public interest, and continued engagement with all stakeholders will be an important activity for the Board in the next financial year.

Board-specific registration and notifications data 2013/14

At 30 June 2014, there were 4,845 chiropractors registered across Australia. This represents an increase of 4.04% since the previous year. NSW has the highest number of registered practitioners with 1,619 practitioners, followed by Victoria with 1,283 registrants. The Northern Territory has fewest registrants, with 24 practitioners. Almost half (49%) of all practitioners are under 40 years of age.

In 2013/14, 111 notifications were received across Australia about chiropractors. This represents an increase of over 50% from the previous year. Notifications were received about 2.0% of the registrant base, up from 1.4% in 2012/13. Victoria received more notifications than any other state or territory, with 34 notifications; followed closely by NSW with 32 notifications.

A total of 89 notifications were closed in 2013/14 (including in NSW). Of the 58 notifications closed outside NSW, more than half of these notifications (31) were closed at the assessment stage. Eight of the closed notifications had been subject to a panel or tribunal hearing, and the remainder closed after an investigation (19).

In 41 of the closed cases, the Board determined to take no further action (39) or the case was to be retained and managed by the health complaints entity in the relevant state or territory (2). The remaining 17 cases resulted in conditions being imposed (12), a caution issued (3), suspension of registration (1), and in one case the practitioner who is not currently registered is not permitted to re-apply for registration for a period of 12 months.

Concerns raised about advertising during the year were managed by AHPRA's statutory offences unit and are reported on page 119.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

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

Immediate action was considered in six cases; three in South Australia and three in Western Australia. Integrated data for all professions are published in Table N10 (page 139), showing the outcomes of immediate actions initiated. More information about immediate action is published on our website under *Notifications*.

Table C1: Registrant numbers at 30 June 2014

Chiropractor	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP *	Total	% change from prior year
2013/14	65	1,619	24	753	364	53	1,283	564	120	4,845	4.04%
2012/13	61	1,564	23	724	360	47	1,260	529	89	4,657	4.37%
2011/12	56	1,511	24	692	357	45	1,202	498	77	4,462	2.60%
% change from prior year	6.56%	3.52%	4.35%	4.01%	1.11%	12.77%	1.83%	6.62%	34.83%		

*Principal place of practice

Table C2: Registered practitioners by age

Chiropractor	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available	Total
2013/14	100	781	776	735	728	467	434	320	227	138	85	40	14		4,845
2012/13	90	737	758	733	702	427	439	284	230	132	78	28	18	1	4,657
2011/12	106	658	730	721	667	424	417	270	225	120	78	31	11	4	4,462

Table C3: Notifications received by state or territory

Chiropractor	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	1	1	8	18	3	34	14	79	32	111
2012/13	1		11	6		26	6	50	22	72
2011/12	6		26	19		29	8	88	27	115

Table C4: Per cent of registrant base with notifications received by state or territory

Chiropractor	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	1.5%	4.2%	1.1%	3.0%	3.8%	2.7%	2.3%	2.2%	1.7%	2.0%
2012/13	1.6%		1.2%	1.7%		2.0%	1.1%	1.6%	1.3%	1.4%
2011/12	8.9%		3.6%	2.8%		1.8%	1.6%	2.4%	1.4%	2.0%

Table C5: Notifications closed by state or territory

Chiropractor	SA	WA	Total
2013/14	3	3	6

Table C6: Immediate action cases by state or territory (excluding NSW)

Chiropractor	ACT	NT	QLD	SA	TAS	VIC	WA	2014 Subtotal	NSW	2014 Total	2013 Total	2012 Total
Closed 2013/14			9	10	2	27	10	58	31	89	71	88

Table C7: Stage at closure for notifications closed (excluding NSW)

Stage at closure	Total
Assessment	31
Investigation	19
Panel hearing	7
Tribunal hearing	1
Total	58

Table C8: Outcome at closure for notifications closed (excluding NSW)

Outcome at closure	Total
No further action	39
Health complaints entity to retain	2
Caution	3
Impose conditions	12
Suspend registration	1
Not permitted to reapply for registration for a period of 12 months	1
Total	58

Members of the Chiropractic Board of Australia

- Dr Phillip Donato OAM (Chair)
- Dr Michael Badham
- Ms Anne Burgess
- Dr Graham (Bevan) Goodreid
- Ms Barbara Kent
- Dr Amanda-Jane Kimpton
- Dr Mark McEwan
- Dr Wayne Minter (from 11 November 2013)
- Ms Margaret Wolf

During 2013/14, the Board was supported by Executive Officer Dr Paul Fisher.

More information about the work of the Board is available at: www.chiropracticboard.gov.au

Dental Board of Australia

Message from the Chair

The main focus for the Dental Board of Australia has been a wide review of its registration standards, codes and guidelines; work that will continue into 2014/15.

The most significant of these was the revised scope of practice registration standard and associated guidelines. The Board undertook a multi-stage review of the standard and developed guidelines over the course of 18 months. The profession was fully engaged during this review and the standard and guidelines came into effect on 30 June 2014.

The scope of practice standard and guidelines are part of the broad regulatory framework that the Dental Board has developed to set out the requirements it reasonably expects of registered dental practitioners in the practice of their profession. The Board does not seek to restrict practice, but to allow all dental practitioners to practise within their competence, education and training in dentistry.

At times, the conduct of dental practitioners is brought into question by peers or members of the public through the notification processes. The Board works in partnership with AHPRA in the management of these notifications, with the Board's state and territory registration and notification committees making decisions on the matters. A practitioner audit of the profession has also been undertaken, with satisfactory results.

The last year has seen consultation with the Chairs of the four other National Boards most represented in notification numbers – medical, nursing and midwifery, pharmacy and psychology – and work with AHPRA on refining and improving the management of notifications. Cross-professional work in this area and broader policy development is one of the overwhelming benefits of the National Scheme.

The priorities for the Board for the year ahead are to ensure the views of the Board are captured in the independent three-year review of the National Scheme, and to further develop the Board's committee structure, enabling the delegation and decisions to maintain profession-specific outcomes.

Dr John Lockwood AM
Chair, Dental Board of Australia

Major outcomes/achievements in 2013/14

The Board has continued its work in developing and strengthening nationally consistent decisions in the core regulatory functions of registration, notifications and compliance, particularly in the following areas:

- scope of practice
- publication of shared codes and guidelines
- review of profession-specific registration standards
- dental speciality qualification framework and competencies, and
- collaboration with international dental regulators.

Scope of practice

After extensive consultation with the profession, government and other stakeholders, the Board published the revised scope of practice registration standard and guidelines in May 2014, and they came into effect on 30 June 2014.

The revised standard and guidelines provide clarity on the requirements first published in 2010. The Board expects all dental practitioners to practise within the scope of their education, training and competence. The standard also sets out the expectation of the Board for dental practitioners to practise in a team approach, respectful of the training and competence of their colleagues.

The Board will spend the first quarter of the 2014/15 financial year conducting a series of forums for dental practitioners to help them understand the requirements and practitioner obligations under the revised standard and guidelines.

Publication of shared codes and guidelines

The Dental Board and the majority of other National Boards published a revised code of conduct. This

document is the foundation of professional practice as a dental practitioner.

The Board and all other National Boards also published revised guidelines on advertising regulated health services.

All National Boards published a policy on social media to provide additional guidance to practitioners on how the evolving world of social media may impact on their professional practice, including in advertising.

Review of profession-specific registration standards

The Board reviewed and consulted on registration standards specific to the profession. These include the standard for specialist registration and endorsement for conscious sedation. The Board will consider the outcome of the consultation and recommend final drafts of the revised standards to Health Ministers, for approval in the coming year.

The Board, along with the other National Boards, also consulted on revised registration standards for English language skills and criminal history. These will also be submitted to Health Ministers for approval.

Dental specialty qualification framework and competencies

The Board has started a major piece of work on developing a qualification framework and competencies for each of the 13 approved dental specialties. This work is being done in conjunction with the Dental Council of New Zealand.

The project will produce a framework that describes the threshold level of competence expected of all applicants for specialist registration in both Australia and New Zealand. This includes graduates from approved programs in both countries and overseas trained dental specialists. The framework will result in increased transparency and consistency in the assessment of these applications.

The Board has been working closely with the specialist academies and colleges in preparing the draft documents for consultation. The Board will consult widely on these documents over the coming year.

Collaboration with international dental regulators

In August 2013, representatives of the Board and AHPRA attended the inaugural International Dental Regulators Conference. This conference led to the founding of the International Society of Dental Regulators. The Dental Board, AHPRA and the Australian Dental Council are founding members of this society.

The society and associated conferences provide opportunities to collaborate with our international colleagues, to learn from one another as we regulate in an increasingly globalised health workforce. The ongoing collaboration will help identify opportunities for consistency in education and competence standards with international peers.

Registration standards, policies and guidelines developed/published

- Scope of practice registration standard
- Guidelines for scope of practice

Stakeholder engagement, professional standards

The Dental Board has had ongoing engagement with the profession, government and other stakeholders, primarily through consultation on revised and new regulatory policies.

The Board continues to work closely with the Australian Dental Council as the assigned accreditation authority for the profession. Work started, and due for completion in the coming year, includes the development of entry level attributes and competency standards for dental prosthetists, and a review of the accreditation standards for the profession.

Priorities for the coming year

The Board's main priorities for the coming year are to:

- **Finalise review of standards, guidelines and policies.** The Board will continue its review of existing guidelines and policies. The Board is committed to supporting the implementation of these documents once finalised so that dental practitioners understand their obligations under the National Law and the Board's requirements.
- **Finalise and implement the specialist qualification and competency standards.** This significant piece of work will be completed in the coming year. The Board will work closely with education providers, specialist academies and colleges, as well as AHPRA and the Australian Dental Council in the implementation of the standards.

Board-specific registration and notifications data 2013/14

At 30 June 2014, there were 20,707 dental practitioners across Australia, an increase of 3.99% since the previous year. NSW (6,361) has the highest number of registered practitioners, followed by Victoria with 4,768 registered practitioners. Almost one third of registrants (32%) are 35 years old or younger.

Of the 20,707 registrants, 506 hold registration in more than one division; over three quarters (76%) of

the registrants hold registration as a dentist, 9% hold dental hygienist registration, 8% hold dental therapist registration, 6% hold dental prosthetist registration and 5% hold oral health therapist registration.

In 2013/14, 951 notifications were received about dental practitioners across Australia, a decrease from the 1,052 notifications received in 2012/13. Nationally this represents notifications about 4.0% of the registrant base; down from 4.4% in 2012/13.

For the first time this year, details are published which include a divisional breakdown of notifications received and closed outside NSW. Of the 582 notifications received outside NSW, 518 (89%) were notifications about dentists, with a further 41 notifications (7%) about dental prosthetists.

Nationally, there were 1,015 notifications closed in 2013/14; 636 of these were managed outside NSW. Of these notifications, 563 (89%) were about dentists, consistent with the proportion of matters received that relate to dentists.

Two thirds (66%) of closed cases were closed at the assessment stage. Thirty-one cases were closed after a panel or tribunal hearing. The remaining cases (186) were closed after an investigation (158) or a health or performance assessment (28).

In 475 of these closed cases (75%) the Board determined that there would be no further action, or the case was to be handled by the relevant health complaints entity who initially received the notification or referred to another body for action. In 79 cases the practitioner was cautioned or reprimanded; in 81 cases conditions were imposed or an undertaking accepted, and in one case the practitioner surrendered registration.

Concerns raised about advertising during the year were managed by AHPRA's statutory offences unit and are reported on page 119.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

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

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more, or
- have or may have an impairment, or
- have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

The data in Table D6 show immediate action taken by the Board during the year by division and state or territory. Of the 18 cases where immediate action was considered in 2013/14, 17 cases related to dentists and the remaining case involved a dental hygienist. Integrated data for all professions are published in Table N10 (page 139). More information about immediate action is published on our website under *Notifications*.

Table D1: Registrant numbers at 30 June 2014

Dental Practitioner	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP *	Total	% change from prior year
2013/14	386	6,361	147	4,056	1,708	349	4,768	2,422	510	20,707	3.99%
2012/13	372	6,204	138	3,890	1,681	331	4,633	2,340	323	19,912	4.32%
2011/12	350	5,989	134	3,728	1,615	336	4,358	2,254	323	19,087	4.19%
% change 2012/13 to 2013/14	3.76%	2.53%	6.52%	4.27%	1.61%	5.44%	2.91%	3.50%	57.89%		

*Principal place of practice

Table D2: Registrant numbers by division and state or territory

Division	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
Dental Hygienist	42	375	6	135	230	19	189	283	19	1,298
Dental Hygienist and Dental Prosthetist		2		1						3
Dental Hygienist and Dental Prosthetist and Dental Therapist		1					1			2
Dental Hygienist and Dental Therapist	10	54	7	163	67	2	131	54	5	493
Dental Hygienist and Dentist	1	3		1			1			6
Dental Hygienist and Oral Health Therapist		1								1
Dental Prosthetist	15	418	3	238	53	48	343	86	5	1,209
Dental Prosthetist and Dental Therapist							1			1
Dental Therapist	17	226	17	198	94	51	170	315	5	1,093
Dentist	285	5,029	106	3,014	1,146	219	3,727	1,639	473	15,638
Oral Health Therapist	16	252	8	306	118	10	205	45	3	963
Total	386	6,361	147	4,056	1,708	349	4,768	2,422	510	20,707

*Principal place of practice

Table D3: Registered practitioners by age

Dental Practitioner	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available	Total
2013/14	693	2,788	3,166	2,602	2,314	2,028	2,180	2,130	1,396	872	327	141	70		20,707
2012/13	639	2,584	3,072	2,432	2,216	2,031	2,228	2,045	1,329	823	300	120	79	14	19,912
2011/12	618	2,416	2,848	2,279	2,176	2,004	2,270	1,931	1,259	768	287	130	52	49	19,087

Table D4: Notifications received by state and territory

Dental Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	24	14	207	45	23	218	51	582	369	951
2012/13	16	16	212	71	11	223	37	586	466	1,052
2011/12	15	8	162	32	15	195	49	476	516	992

Table D5: Notifications received by division and state or territory (excluding NSW)

Division	ACT	NT	QLD	SA	TAS	VIC	WA	Total
Dental Hygienist			1				4	5
Dental Hygienist and Dental Therapist				1				1
Dental Prosthetist		1	18	1	2	12	7	41
Dental Therapist			2					2
Dentist	23	11	184	39	20	201	40	518
Oral Health Therapist				2	1			3
Unknown practitioner [1]	1	2	2	2		5		12
Total	24	14	207	45	23	218	51	582

1. Practitioners are not always identified in the early stages of a notification.

Table D6: Immediate action cases by state or territory (excluding NSW)

Division	ACT	QLD	VIC	WA	Total
Dental Hygienist				1	1
Dentist	2	7	6	2	17
Total	2	7	6	3	18

Table D7: Per cent of registrant base with notifications received by state or territory

Dental Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	5.4%	8.8%	4.3%	2.4%	6.0%	4.1%	1.9%	3.6%	5.0%	4.0%
2012/13	4.3%	8.0%	4.6%	3.1%	3.3%	4.1%	1.4%	3.7%	6.4%	4.4%
2011/12	3.7%	2.2%	3.7%	1.9%	3.6%	4.0%	1.9%	3.3%	6.0%	4.1%

Table D8: Notifications closed by state or territory

Dental Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	2014 Total	2013 Total	2012 Total
Closed 2013/14	12	13	243	55	23	250	40	636	379	1,015	1,075	865

Table D9: Notifications closed by division and state or territory (excluding NSW)

Division	ACT	NT	QLD	SA	TAS	VIC	WA	Total
Dental Hygienist			2	1		1	1	5
Dental Hygienist and Dental Therapist			3					3
Dental Prosthetist		1	25	3	4	14	7	54
Dentist	12	11	209	49	18	232	32	563
Oral Health Therapist			1	1	1			3
Unknown practitioner [1]		1	3	1		3		8
Total	12	13	243	55	23	250	40	636

1. Practitioners are not always identified in notifications closed at an early stage.

Table D10: Notifications closed by division and stage at closure (excluding NSW)

Division	Assessment	Health or performance assessment	Investigation	Panel hearing	Tribunal hearing	Total
Dental Hygienist	3		2			5
Dental Hygienist and Dental Therapist			2	1		3
Dental Prosthetist	34	4	15	1		54
Dentist	373	24	137	21	8	563
Oral Health Therapist	1		2			3
Unknown practitioner [1]	8					8
Total	419	28	158	23	8	636

1. Practitioners are not always identified in notifications closed at an early stage.

Table D11: Notifications closed by division and outcomes at closure (excluding NSW)

Division	No further action	Health complaints entity to retain	Refer all of the notification to another body	Caution	Reprimand	Accept undertaking	Impose conditions	Practitioner surrendered registration	Total
Dental Hygienist	2	1				1	1		5
Dental Hygienist and Dental Therapist	2			1					3
Dental Prosthetist	22	17		7			7	1	54
Dentist	258	159	3	65	6	38	34		563
Oral Health Therapist	3								3
Unknown practitioner [1]	5	3							8
Total	292	180	3	73	6	39	42	1	636

1. Practitioners are not always identified in notifications closed at an early stage.

Members of the Dental Board of Australia

- Dr John Lockwood AM (Chair)
- Winthrop Professor Paul Abbott
- Ms Susan Aldenhoven AM
- Mrs Jennifer Bishop
- Dr Gerard Condon
- Ms Alison Faigniez
- Mr Stephen Herrick
- Mr Paul House
- Dr Mark Leedham
- Mr Michael Miceli
- Dr Murray Thomas
- Ms Alison von Bibra

During 2013/14, the Board was supported by Executive Officer Ms Michelle Thomas.

More information about the work of the Board is available at: www.dentalboard.gov.au

Medical Board of Australia

Message from the Chair

The fourth year of the National Scheme has been characterised by a strong focus on measuring and improving our performance in core regulatory functions, particularly the management of notifications. The Medical Board, nationally and through state and territory boards, recognises that the notifications process is very stressful for both practitioners and notifiers. We are committed to improving the timeliness and effectiveness of our response to notifications and to monitoring and reporting on our performance. The Medical Board has strongly supported the development of a set of regulatory principles for the National Scheme to ensure that our decision making is focused on assessing and managing risk to public, is evidence-based and is consistent with contemporary expectations of professional standards.

In last year's report I outlined events in Queensland that led to the absence of that state's board and later, to legislative change. The new system this established for managing health complaints in Queensland starts on 1 July 2014. A small group of very committed individuals, both medical practitioners and community members, was appointed in May 2013 to address the backlog of open notifications in Queensland. The Queensland Medical Interim Notifications Group (QMING) worked on this task for two days a week for several months. Early in this calendar year, the Queensland Minister for Health appointed a new state board, which included most of the members of QMING.

State and territory board members carry out the most important work of medical regulation, dealing with notifications and applications for registration. Australia has been very fortunate to have people of such high calibre, both community and practitioner members, prepared to take on this challenge and to carry out the work with such commitment, generosity and good will.

Doing this work well requires compassion, knowledge, judgement and common sense. It also requires a capacity to digest large volumes of written material and to engage in dialogue and debate to reach wise decisions. I would like to acknowledge the contributions of all my colleagues on the national and state and territory boards, particularly those who completed their terms this year including retiring state board chairs, Dr Phil Henschke in South Australia, Dr Laurie Warfe in Victoria and Dr Peter Sexton in Tasmania.

Our partnership with AHPRA is vital to the success of our work and I appreciate the responsiveness and commitment of Executive Officer, Medical Board of Australia, Dr Joanne Katsoris, Martin Fletcher, AHPRA CEO and all the AHPRA staff who work with board members to develop and deliver medical regulation in Australia.

Dr Joanna Flynn AM
Chair, Medical Board of Australia

Overview

The Medical Board of Australia is appointed by the Ministerial Council and is made up of 12 members: eight registered medical practitioners, one from each jurisdiction, and four community members. The Ministerial Council appointed the current Board from August 2012. During 2013/14, there was one practitioner vacancy from Queensland.

The Board, with the support of AHPRA, is responsible for administering the National Law. Specific roles of the Board include to:

- develop registration standards, codes and guidelines
- approve accreditation standards and programs of study which qualify an individual for registration
- register medical practitioners and students and oversee the assessment of international medical graduates
- oversee the management of notifications and make decisions about individual practitioners (this is done by state and territory boards), and

- negotiate the Health Profession Agreement with AHPRA.

The National Law provides that a National Board may establish a committee, known as a state or territory board, in a jurisdiction to enable an effective and timely local response in that jurisdiction. The Medical Board has established boards in every jurisdiction and has delegated many of its powers to those boards. State and territory board members are appointed by the responsible Minister in each jurisdiction. The National Board has also appointed committees to assist the state and territory boards to handle their workloads. While most of the committees are drawn from the state and territory boards, the Board has also appointed some non-board members to these committees.

The Board has established a Registration Committee in every state and territory. It has also established the following committees in all states except New South Wales:

- Immediate Action Committee
- Health Committee, and
- Notifications Committee (during 2013/14, the Notification Committees replaced the Notifications Assessment Committees and the Performance and Professional Standards Committees).

The Board has also established a:

- **Finance Committee** to provide advice to the Medical Board of Australia on its financial position, the financial outlook for future years and the implications for medical practitioner fees. It is made up of National Board members.
- **National Specialist International Medical Graduates (IMG) Committee** to provide the Board with policy advice on the assessment of specialist IMGs. This committee includes representatives from the Board, AHPRA, specialist medical colleges, the Australian Medical Council (AMC), consumer groups, jurisdictional governments, the Commonwealth Government, Health Workforce Australia and recruiters of IMGs.
- **Working Group on good practice guidelines** to develop guidelines for specialist colleges on good practice in the specialist IMG assessment process. The group is chaired by Dr Christine Tippett and includes a representative from Committee of Presidents of Medical Colleges and other individuals who have experience in specialist IMG assessment.
- **Medical Notifications Taskforce** to develop a framework to guide decision making to ensure that the response to notifications about medical practitioners is consistent, appropriate and effective in protecting the public. It is made up of national and state and territory board members and AHPRA staff.

Major outcomes/achievements 2013/14

Preparing to implement changes to the competent authority and specialist pathways

The National Scheme has created opportunities to streamline and simplify the assessment and registration of IMGs. In 2012/13, the Board consulted on a proposal to make changes to the specialist pathway and to the competent authority pathway for IMGs. In 2013/14, the Board decided to proceed with the changes and developed a comprehensive implementation plan.

The main change to the specialist pathway is that internationally qualified specialists will apply directly to the relevant college to have their qualifications, training and experience assessed. Previously applicants had to apply through the Australian Medical Council (AMC). Communication between relevant parties will also be streamlined through the use of a secure portal.

Major changes have been made to the competent authority pathway so that eligible practitioners will be able to apply for provisional registration, rather than limited registration, and most will be eligible for general registration after 12 months' supervised practice.

The Board has worked with the AMC, specialist colleges and other stakeholders to implement the changes. There was work done to change systems, provide training to staff and communicate the changes to stakeholders.

External health programs

During 2013/14, the Board announced that it would fund health programs to deliver a nationally consistent set of services to medical practitioners and students in all states and territories, to be run at arm's length from the Board. The programs will complement the regulatory focus of the Board and AHPRA, which is to manage practitioners with an impairment that may place the public at risk.

Through these programs, medical practitioners and medical students in all states and territories will have access to the same suite of services, which will include advice and referral, education and awareness, general advocacy, and the development of case management services.

Management of notifications

In 2013/14, the Board focused on the effective management of notifications about medical practitioners. It established a Medical Notifications Taskforce (the Taskforce), made up of Board members and staff, to develop a framework to guide decision-making to ensure that the response to notifications about medical practitioners is consistent, appropriate and effective in protecting the public.

The Board received 5,585 notifications in 2013/14, with 85% of those that closed in 2013/14 resulting in no further action. Through the work of the Taskforce, the Board wants to improve timeframes for closing notifications and to focus attention on notifications that indicate that there may be a risk to the public.

Through the leadership of the Taskforce, states and territories have developed and are implementing strategies to improve the management of notifications.

Accountabilities and responsibilities

The National Scheme is complex and there are many parties involved. Within medicine alone, there is a National Board, eight state and territory boards and more than 30 committees. Given the increasing maturity of the National Scheme, the Board worked with state and territory boards to better articulate the respective responsibilities of the different parties.

As well as dealing with registrations and notifications about individual practitioners, state and territory boards engage with their local stakeholders, monitor local performance, alert the National Board and AHPRA about serious concerns, and identify areas for policy development or other attention by the National Board.

The National Board is responsible for developing registration standards and policies. It will also continue to strengthen the governance partnership with the Agency Management Committee and AHPRA to manage risks, engage with national stakeholders, develop an approach to engaging with the community, monitor national performance, and ensure that the Board is on a sound financial footing. The Board will also continue to be responsive to feedback and concerns from state and territory boards.

Intern year

The intern year is the first year of registration after a practitioner graduates from a medical course. The intern year is highly supervised and there is structured training to support interns making the transition from university to practitioner. The structured nature of intern positions also protects the community by ensuring that newly graduated practitioners are supervised. Intern positions are accredited by authorities that are approved to accredit intern training programs in each state and territory. These authorities are commonly known as postgraduate medical councils (PMCs).

The AMC has been contracted to review and accredit PMCs in each state and territory. After deciding whether to accredit each PMC, the AMC provides an accreditation report to the Board. The Board then decides whether to approve the PMC as an intern training accreditation authority.

New standards for the intern year, and standards for the accreditation of PMCs, were introduced in 2013/14. This is a major development as the standards expected are now uniform across the country.

The Board has approved the following documents that were developed by the AMC:

- **Guide for interns**: An overview of intern training and what is expected of interns.
- **Intern training – Intern outcome statements**: A broad outline of the significant outcomes an intern must achieve to successfully complete an approved internship.
- **Intern training – Guidelines for terms**: A guide to the learning experiences an intern should have during medicine, surgery, emergency medical care, and other terms during internship. Includes notes on supervision.
- **Intern training – Assessing and certifying completion**: A guide on how assessment works in intern training, including assessment criteria, forms, what happens with remediation, and how an intern is certified as having successfully completed their internship.

During 2013/14, the Board:

- approved the following as authorities that accredit intern positions:
    - South Australian Medical Education and Training Health Advisory Council to 31 December 2018
    - Postgraduate Medical Education Council of Tasmania to 31 December 2018, and
- granted initial accreditation and approval, until the AMC completes a formal review, to:
    - Health Education and Training Institute (HETI) – NSW
    - Postgraduate Medical Council of Victoria (PMCV)
    - Northern Territory Postgraduate Medical Council (NTPMC)

- Canberra Region Prevocational Management Committee (CRPMC) – ACT
- Postgraduate Medical Council of Queensland (PMCQ)
- Postgraduate Medical Council of Western Australia (PMCWA).

Review of registration standards

The registration standards that were approved at the start of the National Scheme were due for review after three years. During 2013/14, the Board reviewed and consulted on the following registration standards:

- Professional indemnity insurance
- Recency of practice
- Continuing professional development
- Limited registration for postgraduate training or supervised practice
- Limited registration for area of need
- Limited registration in public interest
- Limited registration for teaching or research

In 2014/15, the Board will analyse feedback from stakeholders and will finalise the standards for submission to the Ministerial Council.

The Board also developed guidelines for short-term training in a medical specialty for IMGs who are not qualified for general or specialist registration, and consulted on this.

Accreditation

An important objective of the National Scheme is to facilitate the provision of high-quality education and training of health practitioners. The accreditation function is the primary way of achieving this objective.

The National Law defines the respective roles of the Board and its appointed accreditation authority, the AMC, in the accreditation of medical schools and medical specialist colleges.

The AMC is the appointed accreditation authority for the medical profession and is responsible for developing accreditation standards for the approval of the Board. Accreditation standards are used to assess whether a program of study, and the education provider of the program, gives people who complete the program the knowledge, skills and professional attributes to practise the profession.

Approval of programs of study and providers

Based on the accreditation advice from the AMC, the Board approved the following programs of study and providers during 2012/13:

Medical schools:

- **Australian National University**
  - Bachelor of Medicine/Bachelor of Surgery (MBBS) (four-year graduate-entry course) approved to 31 December 2018
  - Medicinae ac Chirurgiae Doctoranda (four-year graduate-entry) approved to 31 December 2019
- **Deakin University**
  - Bachelor of Medicine/Bachelor of Surgery (MBBS) approved to 31 December 2017
- **Monash University**
  - Bachelor of Medicine/Bachelor of Surgery (four- and five-year courses) approved to 31 December 2017
- **University of Melbourne**
  - Bachelor of Medicine/Bachelor of Surgery/ Bachelor of Medical Sciences (MBBS/BMedSc) (six-year course) and Bachelor of Medicine/ Bachelor of Surgery (four-and-a-half-year course) approved to 31 December 2015
- **University of New South Wales**
  - Bachelor of Medical Studies and Doctor of Medicine (six years) and the Bachelor of Medicine/Bachelor of Surgery (four- and six-year courses) and the Doctor of Medicine (three years) approved to 31 March 2020
- **University of Notre Dame Australia (Sydney)**
  - Bachelor of Medicine/Bachelor of Surgery (MBBS) approved to 31 December 2017
- **University of Western Australia**
  - Bachelor of Medicine/Bachelor of Surgery (six-year course and four-and-a-half-year course) approved to 31 December 2017
  - Doctor of Medicine (four-year course) approved to 31 December 2018.

Specialist colleges:

- Australasian College for Emergency Medicine approved to 31 December 2015
- Australasian College of Dermatologists approved to 31 December 2017
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists approved to 31 December 2019
- Royal Australian College of General Practitioners approved to 31 December 2019.

Registration standards, policies and guidelines developed/published

- Ministerial Council approved a revised list of specialties, fields of specialty practice and related specialist titles on 30 May 2013. The list was effective from 25 July 2013. The list was amended to include the field of specialty practice of paediatric intensive care medicine and the associated title of specialist paediatric intensive care physician within the specialty of intensive care medicine.
- The Board revised *Good medical practice: a code of conduct for doctors in Australia*. The revised version was effective from 17 March 2014.

The Medical Board also developed and published:

- Guidance on clinical observerships
- Guidance on inter-jurisdictional technology based patient consultations
- Information for medical practitioners with limited registration (public interest – occasional practice) who have exhausted the number of renewals permissible under the National Law
- A fact sheet for Australian and New Zealand medical graduates completing internships in New Zealand.

Stakeholder engagement

Publication of a regular e-newsletter

In 2013/14, the Board decided to publish a more frequent and regular e-newsletter. This replaced both the twice-yearly hard copy *Update* and the Communiqué posted on the website after each meeting of the National Board. The e-newsletter brings issues relevant to doctors in Australia to the profession's attention and reports on what the Board has been doing. It also provides links to tribunal decisions about medical practitioners and distributes important alerts.

Revalidation

The Board started a conversation about revalidation in the previous reporting period. During 2013/14, the Board has promoted ongoing discussion and debate by publishing articles in various college publications, attending and contributing to a seminar on revalidation, and attending multiple stakeholder meetings to discuss revalidation.

Fourth Medical Board conference

The Board ran the fourth Medical Board conference with state and territory boards and senior staff from AHPRA. The focus of this year's conference was on the effective management of notifications and on accountabilities within the National Scheme. The conference also provided an opportunity for state and territory board members and staff to contribute to the Board's policy agenda.

Stakeholder meetings

The Board members regularly attend meetings with a range of stakeholders, including:

- Committee of Presidents of Medical Colleges
- Australian Medical Council
- Australian Medical Association
- Individual specialist colleges
- Medical Council of New Zealand
- Professional indemnity insurers
- Health Workforce Australia

Conferences

Board representatives presented at a number of conferences in 2013/14, including:

- Health Professionals Health Conference
- International Physician Assessment Coalition
- General Medical Council (UK) and Federation of State Medical Boards (US) Revalidation Symposium
- 2013 Medical Indemnity Industry Association of Australia (MIIAA) Forum
- Health Workforce Australia 2013 conference
- Medical Deans 2013 conference
- Prevocational Medical Education Forum
- Rural Medicine Australia 2013
- Australian Medical Association and *beyondblue* roundtable on the mental health of doctors and medical students

External committees and meetings

Board representatives attended a range of meetings in 2013/14, including:

- AMC Prevocational Accreditation Committee
- HWA National Medical Training Advisory Network
- Medical Deans – Inherent Requirements Working Group
- Management Committee of the International Association of Medical Regulatory Authorities
- Physician Information Exchange Working Group of the International Association of Medical Regulatory Authorities
- HWA orientation and supervision project

As part of the implementation of the specialist pathway, the Board and the AMC hosted a forum for specialist colleges.

Priorities for the coming year

Revalidation

The Board intends to progress work on revalidation in 2014/15. It will commission social research on the community's expectations about medical practitioners and revalidation. It will also commission research on revalidation, looking at Australian and international literature, and will establish an expert working group to provide options for revalidation that the Board can consider for a pilot.

The Board does not intend to introduce revalidation in 2014/15.

External health programs

The Board will work with major partners, including the AMA, to establish a national governance model for external health programs that will then sub-contract with state-based services. The national organisation will manage the Board's funds for external health programs and will ensure the delivery and monitoring of the Board's model in each jurisdiction.

Registration standards and guidelines

The Board intends to finalise the registration standards that were reviewed in 2013/14 and to submit them to Ministerial Council. The Board will also review the following registration standards that will be due for review:

- Granting general registration to medical practitioners in the standard pathway who hold an AMC certificate
- Specialist registration

In 2012/13, the Board reported on work that it had been doing on cosmetic medicine and surgery. The Board developed draft guidelines and released them for limited preliminary consultation. The Office of Best Practice Regulation has informed the Board that it needs to prepare a consultation regulatory impact statement (RIS). The Board is preparing the consultation RIS and plans to consult publicly on the guidelines during 2014/15.

The Board undertook preliminary consultation on revised supervision guidelines for international medical graduates and will progress to public consultation in 2014/15. It is also planning to require supervisors of IMGs to complete an online module to demonstrate that they understand their supervisory responsibilities.

Board-specific registration and notifications data 2013/14

There were 99,379 registered medical practitioners in Australia on 30 June 2014. The number of registered practitioners has increased by around 3.9% since the previous year. The highest number of registered practitioners are based in NSW (31,269), followed by Victoria (24,137). Thirty-eight per cent of registered practitioners are aged under 40, while 12% are aged over 65.

In 2013/14, there were 5,585 notifications about medical practitioners nationally, of which 3,812 were lodged outside NSW. These notifications relate to 4.9% of the registrant base nationally, based on the number of practitioners involved in these notifications. Victoria is the state with the lowest proportion of practitioners involved in notifications (4.1%), followed closely by Western Australia (4.2%). NSW is close to the national average with a rate of 4.8%, while the remaining states and territories have rates that are higher than the national average.

Notifications in New South Wales are not managed by the Board and AHPRA. While we report on NSW numbers to gain a national perspective, the following information relates to notifications in all other states and territories.

There were 3,812 notifications received in 2013/14. This is an increase of 26% on the previous year, when 3,032 notifications were received. Many of the notifications (37.9%) come direct from the community, from patients and relatives or members of the public. Notifications also come from the community via the health complaints entity (HCE) in their jurisdiction (37.5%) The number coming direct from the community is now proportionately higher than the number coming via HCEs compared with last year (32.6% and 42.8% for community direct and HCE, respectively, in 2012/13).

Of the 3,680 notifications closed in 2013/14:

- 2,653 (72%) were closed after assessment
- 771 cases were closed after an investigation
- 91 were closed after a health or performance assessment, and
- 165 cases were closed after a panel or tribunal hearing, more than double the 81 cases closed at this point in the previous year.

In 85% of the closed cases (compared with 90% in 2012/13), the Board determined that no further action was required or that the notification should be referred in full or part to another body, or that the notification (which had been lodged with an HCE) should be handled by the HCE. In 11 closed cases, the practitioner's registration was cancelled (three) or suspended (6), or the registration was surrendered

by the practitioner (2). The remaining cases resulted in issue of a caution or reprimand (361), conditions imposed on registration or undertakings sought from the practitioner (177), or a fine imposed (4).

Concerns raised about advertising during the year were managed by AHPRA's statutory offences unit and are reported on page 119.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

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

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more, or
- have or may have an impairment, or
- have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

The data in Table M5 show, by state and territory, the cases where immediate action was considered by the Board during the year. Integrated data for all professions are published in Table N10 (page 139) and includes data on outcomes of immediate action cases. More information about immediate action is published on our website under *Notifications*.

Table M1: Registrant numbers at 30 June 2014

Medical Practitioner	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total	% change from prior year
2013/14	1,960	31,269	1,084	19,032	7,554	2,155	24,137	9,889	2,299	99,379	3.86%
2012/13	1,894	30,333	992	18,413	7,403	2,128	23,402	9,426	1,699	95,690	4.41.%
2011/12	1,784	28,972	945	17,682	7,142	2,048	22,365	8,855	1,855	91,648	3.80%
% change from prior year	3.48%	3.09%	9.27%	3.36%	2.04%	1.27%	3.14%	4.91%	35.31%		

*Principal place of practice

Table M2: Registered practitioners by age

Medical Practitioner	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available	Total
2013/14	857	10,624	13,164	13,541	12,359	10,680	10,317	9,162	7,035	5,347	3,262	1,666	1,365		99,379
2012/13	751	10,237	12,524	12,942	11,710	10,477	10,136	8,819	6,807	5,128	3,071	1,387	1,686	15	95,690
2011/12	747	9,287	11,985	12,406	11,187	10,297	9,888	8,534	6,481	4,917	2,864	1,545	942	568	91,648

Table M3: Notifications received by state or territory

Medical Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	166	109	1,361	421	173	1,125	457	3,812	1,773	5,585
2012/13	115	60	1,154	275	108	989	331	3,032	1,677	4,709
2011/12	100	45	866	207	145	743	267	2,373	1,628	4,001

Table M4: Per cent of registrant base with notifications received by state or territory

Medical Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	7.2%	8.3%	6.1%	5.0%	7.2%	4.1%	4.2%	4.9%	4.8%	4.9%
2012/13	4.4%	5.1%	5.3%	3.3%	4.4%	3.6%	3.1%	4.0%	4.7%	4.2%
2011/12	4.9%	4.7%	4.2%	2.7%	6.1%	2.8%	2.7%	3.4%	4.0%	3.5%

Table M5: Immediate action cases by state or territory (excluding NSW)

Medical Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Total
2013/14	7	10	89	20	3	31	38	198

Table M6: Notifications closed by state or territory

Medical Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	2014 Subtotal	NSW	2014 Total	2013 Total	2012 Total
Closed 2013/14	145	63	1,342	339	180	1,111	500	3,680	1835	5,515	4,323	3,379

Table M7: Stage at closure for notifications closed (excluding NSW)

Stage at closure	2013/14
Assessment	2,653
Health or performance assessment	91
Investigation	771
Panel hearing	122
Tribunal hearing	43
Total	3,680

Table M8: Outcome at closure for notifications closed (excluding NSW)

Outcome at closure	2013/14
No further action	2,132
Refer all of the notification to another body	12
Refer part of the notification to another body	1
Health complaints entity to retain	982
Caution	338
Reprimand	23
Accept undertaking	56
Impose conditions	121
Fine registrant	4
Suspend registration	6
Practitioner surrendered registration	2
Cancel registration	3
Total	3,680

Members of the Medical Board of Australia

MBA National Board

- Dr Joanna Flynn AM (Chair)
- Professor Belinda Bennett
- Dr Stephen Bradshaw
- Ms Prudence Ford
- Dr Fiona Joske
- Dr Charles Kilburn
- Mr Paul Laris
- Mr Robert Little
- Dr Rakesh Mohindra
- Professor Peter Procopis AM
- Adjunct Professor Peter Wallace OAM

MBA Australian Capital Territory

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- Dr Tobias Angstmann
- Dr Kerrie Bradbury
- Ms Vicki Brown
- Ms Megan Lauder
- Mr Don Malcolmson
- Dr Timothy McKenzie
- Dr Barbara (Sally) Somi
- Dr Vida Viliunas

MBA New South Wales

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- Dr Stephen Adelstein

- Mr Antony Carpentieri
- Dr Annette Carruthers
- Ms Rosemary Kusuma
- Dr Denis Smith

MBA Northern Territory

- Dr Charles Kilburn (Chair)
- Dr Jennifer Delima
- Ms Judith Dikstein
- Ms Helen Egan
- Dr Paul Helliwell
- Dr Verushka Krigovsky
- Dr Ameeta Patel
- Ms Diane Walsh
- Dr Christine Watson

MBA Queensland

- Associate Professor Susan Young (Chair)
- Dr Mark Waters (Deputy)
- Dr Cameron Bardsley
- Dr Victoria Brazil
- Professor William Coman AM
- Dr Christine Foley
- Ms Christine Gee
- Mr David Kent
- Mr Gregory McGuire
- Associate Professor Eleanor Milligan
- Associate Professor David Morgan OAM
- Dr Susan O'Dwyer
- Dr Josephine Sundin

MBA South Australia

- Professor Anne Tonkin (Chair)
- Dr Philip Henschke (Chair)
- Mr Mark Bodycoat
- Dr Peter Joseph AM
- Mr Paul Laris
- Professor Guy Maddern
- Dr Rakesh Mohindra
- Dr Christine Putland
- Dr Lynne Rainey
- Dr Cathy Reid
- Ms Katherine (Kate) Sullivan
- Professor John Turnidge
- Dr Mary White

MBA Tasmania

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- Dr Brian Bowring AM
- Mr David Brereton
- Ms Christine Fraser
- Dr Fiona Joske
- Ms Leigh Mackey
- Dr Philip Moore
- Professor Peter Mudge
- Dr Andrew Mulcahy
- Dr John O'Sullivan
- Dr Kim Rooney
- Ms Dee Potter

MBA Victoria

- Dr Laurie Warfe (Chair)
- Dr John Carnie PSM
- Ms Kerren Clark
- Mrs Paula Davey
- Dr Peter Dohrmann
- Mr Kevin Ekendahl
- Dr Felicity Hawker AM
- Dr William Kelly
- Associate Professor Abdul Khalid
- Professor Napier Thomson AM
- Dr Miriam Weisz
- Dr Bernadette White

MBA Western Australia

- Professor Con Michael AO (Chair)
- Ms Nicoletta Ciffolilli
- Ms Prudence Ford
- Dr Frank Kubicek
- Dr Michael McComish
- Professor Mark McKenna
- Professor Stephan Millett
- Dr Steven Patchett
- Ms Virginia Rivalland
- Professor Bryant Stokes AM
- Adjunct Professor Peter Wallace OAM

MBA National Specialist IMG Committee

- Dr Joanna Flynn AM (Chair)
- Ms Kym Ayscough
- Mr Stephen Bott
- Dr Peter Dohrmann
- Mr Ian Frank
- Professor Gavin Frost
- Dr Patrick Giddings
- Dr Joanne Katsoris
- Dr Humsha Naidoo
- Ms Monica Novick
- Dr Paddy Phillips
- Professor Ajay Rane OAM
- Dr Denis Smith
- Dr Andrew Singer
- Dr Christine Tippett AM
- Ms Patricia (Patti) Warn
- Dr Richard Willis

MBA Queensland Medical Interim Notifications Group

- Ms Stephanie Gallagher
- Professor Ian Gough
- Associate Professor Eleanor Milligan
- Dr Mark Waters

Non-board committee members:

- Mr John Alati
- Ms Kay Barralet
- Dr Jeannette Best
- Ms Pamela Brown
- Dr Geraldine Chew
- Mr Michael Christodoulou AM
- Dr Jennifer Davidson
- Ms Heather Eckersley
- Dr Carolyn Edmonds
- Dr Janelle Hamilton
- Dr Geoffrey Hirst
- Dr Maria (Tessa) Ho
- Dr Anuja Kulatunga
- Dr Martin Mackertich
- Dr Robyn Napier
- Dr Louise Nash
- Dr Len Notaras AM
- Professor Malcolm Parker
- Ms Lorraine Poulos
- Ms Patricia Rayner
- Dr Roger Rosser
- Professor Allan Spigelman
- Dr Leslie Stephan
- Dr Sam Stevens

During 2013/14, the Board was supported by Executive Officer Dr Joanne Katsoris.

More information about the work of the Board is available at: www.medicalboard.gov.au

Medical Radiation Practice Board of Australia

Message from the Chair

This year marked the second year of national registration of medical radiation practitioners and as a Board we have continued to focus on developing an efficient, effective national scheme of registration and accreditation of medical radiation practitioners which provides for the safety of the public.

Over the next 12 months the National Scheme is being reviewed. This review offers an opportunity to reflect on the significant benefits that the National Scheme has brought to the regulation of health practitioners and to the communities they serve. It is also an opportunity to consider how we might improve, both individually as a National Board and collectively as a National Registration and Accreditation Scheme.

It is appropriate that the efficiency and cost effectiveness of the scheme be scrutinised, particularly as the cost of our operations are funded through registrant fees, and not funded through government. As a regulator, there is an inherent difficulty in placing a value on the protection of the public. However, our goal is not necessarily to show value for money, but a value in the services we provide.

I would like to touch on one of the particular benefits of the National Scheme: the opportunity to work with other National Boards in the development of a number of codes, guidelines and policies has been challenging, but brings together a tremendous wealth of knowledge and expertise on any given issue.

While there are differences in the practice of each profession, it is our common link as regulators of health practitioners that binds us together. So at this time I would like to acknowledge and thank the other 13 National Boards for their commitment to working constructively to find the common ground.

2014 marked the conclusion of Board member appointments on the inaugural Board. I must thank all members of the Medical Radiation Practice Board of Australia and its committees for their contributions, support, dedication and joint sense of purpose. Mrs Liz Benson, Ms Susan Baldwin, Mr Kar Giam and Mr Chris Pilkington finished their appointments to the Board and I thank them for their excellent work and support during their tenure. Ms Rosie Yeo, Ms Robyn Hopcroft, Ms Marcia Fleet, Mr Mark Marcenko and Mr Christopher Hicks were reappointed by Ministers for further terms.

The Board welcomed the appointments of community members Ms Mary Edwards and Professor Stephan Millett. The Board also welcomed Ms Belinda Evans, Mr Roger Weckert and Mr Travis Pearson as practitioner members.

I would like to recognise the efforts of a wide range of people who assist the Board in delivering national regulation for medical radiation practitioners. I congratulate our significant partner in the scheme, the Medical Radiation Practice Accreditation Committee, for the sterling job they have performed in the last 18 months. The input provided by medical radiation practice professional associations, government agencies and many other stakeholders, has been invaluable to our policy and regulatory work. I also acknowledge the critical support provided by the AHPRA as the scheme administrator, and particularly the invaluable and tireless work of the Board support staff. The Board looks forward to working more closely with AHPRA to continue improving registrant and consumer experience.

Neil Hicks
Chair, Medical Radiation Practice Board of Australia

Major outcomes and achievements for 2013/14

Supervised practice

In April 2014, Ministerial Council approved the Board's supervised practice registration standard. This marked the end of a significant period of wide-ranging consultation with stakeholders, and also marked the beginning of the Board taking a direct role in the management of supervised practice.

The supervised practice registration standard and guidelines ensure practitioners meet the requirements of registration and are capable of safe, independent practice. The standard will apply to a wide range of practitioners, including provisional registrants, limited registrants and those practitioners returning to practice.

Meeting with the New Zealand Board

In May 2014, the Board met with the Medical Radiation Technologists Board of New Zealand. This was the first meeting of both Boards and discussions addressed a number of common interests, including investigating the assessment of overseas-qualified practitioners, competency and practice standards, expanded areas of practice and advanced practice. The two Boards agreed that the meeting was a helpful starting point for future discussions and collaboration.

While in New Zealand, the Board also attended the inaugural conference hosted by New Zealand health regulators. The Board heard keynote speaker Harry Cayton, CEO of the Professional Standards Authority (Health Regulators UK), present on how health regulators might be better regulators.

Reduction in registration fees

For the second year in a row, the Board reduced its registration fee. The Board has committed itself to a conservative approach in relation to fee setting. This approach ensures that the Board has sufficient reserves to deal with extraordinary costs, but also enables the Board to provide additional capability that supports good practice and the safety of the public.

The National Law requires that a National Board is constituted by members from each state and territory, and for this reason there are costs related to holding Board meetings. To address this cost, the Board received advice from governance experts to assist us in making the most of our meeting time.

This year's reduction has been possible because of a lower expenditure on regulatory projects and efficiency gains related to board and committee meetings, balanced against an increase in the cost of regulatory operations.

Principles of decision-making

Like many other National Boards, the principles for decision-making provide a clear, constant framework in which all boards make decisions that impact on registered health practitioners, health consumers and the broader public.

These principles establish a risk-based approach to regulation and this is a philosophy that the Board wholeheartedly endorses.

Registration standards and guidelines

The following standards and guidelines were approved in 2013/14:

- Supervised practice registration standard *(new)*
- Supervised practice guidelines
- Provisional registration guidelines

Stakeholder engagement and professional standards

The Board is committed to connecting with stakeholders and in particular practitioners to ensure that they understand their responsibilities as registered health practitioners. In the last year, the Board has visited a number of states and territories to conduct information sessions in both metropolitan, regional and rural areas of Australia. The response from registered practitioners has been overwhelmingly positive and the Board thanks them for taking the time to attend these important events. The Board has had the opportunity to hear the questions and concerns of registered practitioners and has been able to provide, in most cases, information or a commitment to respond.

In addition to meeting with registered practitioners, the Board has met with professional associations, unions, employers and employer associations, education providers, international regulators, other state and territory regulators and governments.

In the coming year, the Board will continue to communicate and engage with stakeholders. In addition to meetings and information sessions, the Board will look to utilise more efficient means of communication, including the enhancement of existing online resources and creating targeted information to assist registered practitioners.

Priorities for the coming year

Development of an examination pathway

The National Law requires a National Board to ensure that there is a rigorous and responsive assessment of overseas-qualified practitioners. The development of an examination pathway provides a rigorous and responsive assessment, not only of overseas-qualified

practitioners, but for a range of other practitioners where the Board seeks assurance that they are able to practise in a competent and ethical manner. The examination also allows flexibility for practitioners applying to be registered and provides the Board with a consistent benchmark upon which decisions can be made.

Working with other regulatory authorities that impact on the medical radiation practitioner workforce

A number of National Boards and registered health practitioners must work within a complex framework of regulatory requirements that involves a number of different regulatory bodies. The Board communicates regularly with other regulatory bodies relevant to medical radiation practitioners and students. In the next phase the Board will begin to explore how it and other regulatory bodies can minimise the regulatory impact on registered practitioners, while maintaining the safety of the public.

Board-specific registration and notifications data 2013/14

On 30 June 2014, there were 14,387 medical radiation practitioners registered in Australia, of which 46% were aged under 35. NSW is the state with the largest number of registered practitioners (4,812), followed by Victoria with 3,592 practitioners. In terms of the division of registration, there were 18 practitioners who held registration in more than one division. The majority of practitioners (11,121) hold registration as a diagnostic radiographer, 2,256 hold registration as a radiation therapist and a further 1,028 are registered to practice as a nuclear medicine technologist.

Nationally, 28 notifications were received about 0.2% of medical radiation practitioners, two more than the 26 notifications received in 2012/13. Fifteen of the 2013/14 notifications were lodged outside NSW and, of these, 13 were about diagnostic radiographers and two were about nuclear medicine technologists. Of the 17 notifications outside NSW that were closed during the year, 11 were closed after assessment, a further five were closed following investigation and one case closed following a health or performance assessment. In most cases (14), the Board determined that no further action was required or the case should be handled by the health complaints entity that had received the notification. The remaining cases resulted in a caution in two cases and conditions imposed in one case.

Concerns raised about advertising during the year were managed by AHPRA's statutory offences unit and are reported on page 119.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

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

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more, or
- have or may have an impairment, or
- have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

Immediate action was taken by the Board in one case in Victoria during the year, relating to a diagnostic radiographer. Integrated data on outcomes of immediate action cases for all professions are published in Table N10 (page 139). More information about immediate action is published on our website under *Notifications*.

Table MR1: Registrant numbers at 30 June 2014

Medical Radiation Practitioner	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total	% change from prior year
2013/14	251	4,812	116	2,832	1,107	284	3,592	1,246	147	14,387	3.47%
2012/13	230	4,575	110	2,806	1,043	272	3,528	1,249	92	13,905	
% change from prior year	9.13%	5.18%	5.45%	0.93%	6.14%	4.41%	1.81%	-0.24%	59.78%		

*Principal place of practice

Table MR2: Registered practitioners by age

Medical Radiation Practitioner	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available	Total
2013/14	1,220	2,990	2,455	1,746	1,560	1,146	1,116	1,130	681	271	63	8	1		14,387
2012/13	1,248	2,843	2,323	1,663	1,478	1,118	1,164	1,097	639	255	67	8	1	1	13,905

Table MR3: Registrant numbers by division and state or territory

Division	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
Diagnostic Radiographer	172	3,688	101	2,237	880	209	2,692	1,009	115	11,103
Diagnostic Radiographer and Nuclear Medicine Technologist		1		10	1	1	1	2		16
Diagnostic Radiographer and Radiation Therapist				1			1			2
Nuclear Medicine Technologist	19	409	4	134	72	19	288	63	4	1,012
Radiation Therapist	60	714	11	450	154	55	610	172	28	2,254
Total	251	4,812	116	2,832	1,107	284	3,592	1,246	147	14,387

*Principal place of practice

Table MR4: Notifications received by state or territory

Medical Radiation Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	1		5	1	1	6	1	15	13	28
2012/13	2		9	1		7	2	21	5	26

Table MR5: Per cent of registrant base with notifications received by state or territory

Medical Radiation Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	0.4%		0.1%	0.1%	0.4%	0.1%	0.1%	0.1%	0.3%	0.2%
2012/13	0.9%		0.3%	0.1%		0.2%	0.2%	0.2%	0.1%	0.2%

Table MR6: Notifications received by division and state or territory (excluding NSW)

Division	ACT	QLD	SA	TAS	VIC	WA	Total
Diagnostic Radiographer	1	3	1	1	6	1	13
Nuclear Medicine Technologist		2					2
Total	1	5	1	1	6	1	15

Table MR7: Immediate action cases by division and state or territory (excluding NSW)

Division	VIC	Total
Diagnostic Radiographer	1	1
Total	1	1

Table MR8: Notifications closed by state or territory

Medical Radiation Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	2		6	2		5	2	17	11	28
2012/13	1		2			7		10	2	12

Table MR9: Notifications closed by division and state or territory (excluding NSW)

Division	ACT	QLD	SA	VIC	WA	Total
Diagnostic Radiographer	1	6	2	5	2	16
Nuclear Medicine Technologist	1					1
Total	2	6	2	5	2	17

Table MR10: Stage at closure for notifications closed by division (excluding NSW)

Division	Assessment	Health or performance assessment	Investigation	Total
Diagnostic Radiographer	10	1	5	16
Nuclear Medicine Technologist	1			1
Total	11	1	5	17

Table MR11: Outcome at closure for notifications closed by division (excluding NSW)

Division	No further action	Health complaints entity to retain	Caution	Impose conditions	Total
Diagnostic Radiographer	12	2	1	1	16
Nuclear Medicine Technologist			1		1
Total	12	2	2	1	17

Members of the Medical Radiation Practice Board of Australia

- Mr Neil Hicks (Chair)
- Ms Susan Baldwin
- Ms Liz Benson
- Ms Mary Edwards (from 1 May 2014)
- Ms Marcia Fleet
- Mr Kar Giam
- Mrs Myrtle Green (until 31 July 2013)
- Mr Christopher Hicks
- Ms Robyn Hopcroft
- Mr Mark Marcenko
- Mr Christopher Pilkington
- Ms Tracy Vitucci
- Ms Rosemary (Rosie) Yeo

During 2013/14, the Board was supported by Executive Officer Mr Adam Reinhard.

More information about the work of the Board is available at: www.medicalradiationpracticeboard.gov.au

Nursing and Midwifery Board of Australia

Message from the Chair

I am delighted to contribute to my first annual report as the newly appointed Chair of the Nursing and Midwifery Board of Australia (National Board or NMBA). It is an honour to have this responsibility.

We have seen a number of changes this year, with Ms Anne Copeland leaving the National Board on 31 August 2013 as health practitioner member and inaugural Chair. I would like to take this opportunity to acknowledge and thank Anne for her dedication and contribution to the National Board in very challenging times.

The year has also seen the appointment of a new National Board member, namely Adjunct Associate Professor Veronica Casey, health practitioner member for Queensland from 6 May 2014. Veronica brings invaluable experience to her role on the National Board with an extensive background in nursing, midwifery and health services leadership and sound regulatory experience.

The National Board also welcomed the appointment of a new Executive Officer, Ms Tanya Vogt. I thank nursing and midwifery staff at AHPRA for their hard work and dedication over the last 12 months. In particular, thank you to Ms Alyson Smith for her work as Executive Officer of the NMBA.

The main achievements and challenges for the National Board during 2013/14 were:

- **Registration renewal**: We saw a growing increase in online renewal uptake. During the last renewal period (by 31 May 2014), 97% of nurses and midwives renewed online. The change over the last four years is remarkable; when we started the renewal process in 2010, the online renewal rate for nursing and midwifery was closer to 54%. Each annual renewal is a process we look to learn from and our work continues in finding opportunities for refinement.
- **Stakeholder engagement**: I would like to reinforce my commitment to strengthening the relationships between the NMBA and our stakeholders. I look forward to working with stakeholders on nursing and midwifery regulation, education and workforce matters. I am pleased to confirm that we have a number of improvement initiatives for 2014/15 that focus on fostering stakeholder relationships, improving and strengthening the National Scheme, and driving operational excellence.
- **Strengthening international ties**: The National Board has further strengthened its international links; attending meetings with the International Council of Nurses and the International Nurse Regulator Collaborative in Geneva. We are also a member organisation of the South Pacific Chief Nurse and Midwifery Officers Alliance (SPCNMOA). We continue our collaborative work that is in place with the Nursing Council of New Zealand and the Midwifery Council of New Zealand.

We know that both an educated nursing and midwifery workforce, and a good work environment, result in high quality care and improved outcomes for the Australian community. The National Board supports protecting the public by making sure that only nurses and midwives who are suitably trained and qualified to practise in a competent and ethical manner are registered. We stay committed to helping nurses and midwives to practise to their full scope and to provide safe healthcare for our community. Assessing the qualifications of internationally qualified nurses and midwives (IQNM) continues to be a challenge for us. The standards we expect of overseas applicants are no more than we expect of our local graduates. Together with AHPRA, we are committed to finding a solution to managing IQNMs.

I would like to acknowledge and thank all of the national and state/territory board members, Nursing and Midwifery Council NSW, the Australian Nursing and Midwifery Accreditation Council (ANMAC) and AHPRA staff for their contribution to the work of the NMBA.

Lastly, I take this opportunity to thank all our stakeholders, including consumers, government, professional associations, industrial organisations, education providers, nurses, midwives and other health profession national boards. Thank you for your important and helpful contribution to our key projects, initiatives and accomplishments during 2013/14.

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

Major outcomes/achievements 2013/14

Following are some of our achievements in 2013/14:

Registration standards, policies and guidelines developed/published

The National Board approved and developed a number of new and revised codes and guidelines, position statements, frequently asked questions (FAQ) and fact sheets to guide nurses and midwives:

Codes and guidelines

- Eligible midwife registration standard (revised 13 August 2014 to reflect change in date).
- Professional indemnity insurance arrangements for enrolled nurses, registered nurses and nurse practitioners: Guidelines to enrolled nurses, registered nurses, nurse practitioners, their employers and education providers about the requirements for professional indemnity insurance (PII) arrangements under the National Law (September 2013).
- Explanatory note on applications for notation as an eligible midwife: Fact sheet explaining what it means to applicants for notation as an eligible midwife, following Ministerial Council approval of an extension to 30 June 2015 of a provision in the Eligible midwife registration standard (September 2013).
- Nurse practitioner standards for practice, and associated FAQ: The minimum applicable standards for practice across diverse practice settings and patients or clients for beginner and experienced nurse practitioners (November 2013).
- Nurse practitioner requirements for portfolio – pathways 1 & 2, updated December 2013.

Fact sheets

- Student registration – revised web content (August 2013):
  - Fact sheet and FAQ for student registration
  - Fact sheet for education providers on student registration
- Internationally qualified nurses and midwives (May 2014):
  - Fact sheet: Internationally qualified nurses and midwives – Criterion 8: registered nurse and midwife – Specific information about one of the eight assessment criteria for nurses and midwives.
  - Fact sheet: Internationally qualified nurses and midwives – Criterion 8: enrolled nurse – Specific information about one of the eight assessment criteria for enrolled nurses.
  - Appealing a National Board decision – Information for internationally qualified nurses and midwives who would like to find out about how to appeal a National Board decision on registration.

FAQ

- FAQ: Internationally qualified nurses and midwives applications.
- Nurse practitioner standards for practice – FAQ: The minimum applicable standards for practice for beginner and experienced nurse practitioners (November 2013).
- Explanatory note and FAQ on title protection (revised): National Law restrictions on the use of protected titles (July 2013).

National Board stakeholder engagement

The National Board has funded a project to look at our current communication approach and find ways to help us engage better with nurses, midwives, students of nursing and midwifery, and the public. We are keen to be transparent and effective in our messaging. Our aim is to increase stakeholder awareness and understanding of the regulation of nurses and midwives.

We participated in a number of stakeholder initiatives in the last year:

- **National Board stakeholder forums** – We held stakeholder forums in Brisbane (July 2013), Sydney (February 2014) and Darwin (May 2014). Participants included nursing and midwifery professional associations, education providers, employers, and nurses and midwives.
- **National Board presence at Australian College of Nursing (ACN) expos** – We participated in ACN Nursing and Health Expos 2013 held in Victoria, Queensland, Western Australia and New South Wales. By hosting exhibitions at each event, we were able to promote the role and functions of the National Board, engage with nurses and students of nursing on topical issues, and reinforce Board-approved standards and guidelines.
- **Australian College of Midwives (ACM) conference** – We had a booth at the ACM conference in October 2013 in Hobart, Tasmania. Our participation gave midwives a chance to engage with the National Board and get answers to registration questions.
- **Midwifery planning day** – As a follow-up to a midwifery stakeholder workshop in Melbourne in September 2013, National Board members held a midwifery planning day in June 2014. The aim of the workshop was to improve and foster understanding of midwifery issues between the National Board, midwives and stakeholders.

- **Eligible midwife and nurse practitioner endorsement standards stakeholder forum** – The National Board held a stakeholder forum in Melbourne in March 2014. The aim of the forum was to receive feedback from stakeholders on the *Nurse practitioner endorsement standard* and *Eligible midwife endorsement standard*.

Continuing our stakeholder engagement, the National Board also released the following publications:

- 11 Communiqués on its website to inform stakeholders of the decisions made at the monthly meeting of the National Board.
- 21 media releases on various matters relating to nurses and midwives.
- Four issues of the quarterly newsletter by email, online and hard copy versions in 2013/14.
- Various NMBA articles on the ACN's NurseClick, the ACM's *Australian Midwifery News* and the Nursing and Midwifery Council of NSW newsletter.

Fee cut for graduates

In October 2013, we announced an application fee reduction for new graduates of nursing and midwifery. The fee cut saves each graduate $140, an important initiative to encourage graduating students into the nursing and midwifery professions. We are pleased that we were able to lower the application fee for graduates while still fulfilling the National Board's obligations as a regulator.

International engagement

As a member of the South Pacific Chief Nurse and Midwifery Officers Alliance (SPCNMOA), the National Board made progress this year by participating in a new regional Regulatory Taskforce. The Regulatory Taskforce provides the opportunity to explore possible work relating to regional regulatory frameworks in the South Pacific region.

In addition to the memorandum of understanding (MoU) that the National Board signed with the Nursing Council of New Zealand in May 2013, we also signed an MoU with the Midwifery Council of New Zealand. The National Board looks forward to more opportunities to engage in collaborative initiatives and projects that will help improve the regulation of nurses and midwives across the Tasman.

The National Board is also part of the International Nurse Regulators Collaborative (INRC), having signed an MoU with nursing and midwifery regulators from other countries, including Canada, Ireland, New Zealand, United States of America, Singapore and United Kingdom. The purpose of the INRC is to cooperate and form closer links between the regulatory organisations, to develop standards, exchange information and knowledge, and develop joint research projects. Representatives of the National Board attended INRC forums hosted in Ottawa, Canada, in November 2013 and in Geneva, Switzerland, in May 2014.

International qualified nurses and midwives (IQNMs)

The National Board implemented a new assessment model for IQNMs on 10 February 2014. This new model guides our assessment of whether international applicants have educational qualifications that are 'substantially equivalent' to an Australian-approved qualification, as required by section 53(b) of the National Law. AHPRA and the National Board recognise the difficulties experienced during the change to the new assessment model, and continue to work to improve the communications, timeliness, systems and processes relating to the implementation of the new assessment model for IQNM applications.

Research report on professional indemnity insurance for privately practising midwives

In December 2013, we released a report and statement on Board-funded research that investigated professional indemnity insurance (PII) for privately practising midwives. The report outlines a number of key findings and discusses in detail descriptions of areas that appear to make the PII market for privately practising midwives unattractive for insurers. We would like to see insurance cover accessible to all midwives practising in any setting. Addressing the gap in cover for privately practising midwives will address the needs of the woman and her infant(s), as well as those of the midwife.

Priorities for the coming year

Projects to improve nursing and midwifery regulation

The National Board has funded a number of projects to address:

- **Nursing regulation, including:**
  - Enrolled nurse standards for practice
  - Registered nurse standards for practice
  - Nurse practitioner standards for practice.
- **Midwifery regulation, including:**
  - Supervision of midwives
  - Safety and quality framework for privately practising midwives
  - Review of the *Midwifery standards for practice*.
- **National health impairment** – a study to guide the future direction of any national health impairment, rehabilitation and/or treatment program for regulated health professionals.

- **NMBA branding and identity** – this aims to improve stakeholder engagement by first exploring external perceptions of the image, role and functions of the NMBA, and of AHPRA. One of the National Board's goals is to be visible as a recognised leader in nursing and midwifery.
- **Internationally qualified nurses and midwives** (IQNM):
  - Outcomes-based assessment of IQNMs
  - Cultural competence of nurses and midwives from other countries
  - Orienting IQNMs to the Australian healthcare context
- **Accreditation standards** – a project with ANMAC to promote the safety of the Australian community by setting accreditation standards for nursing and midwifery education. These include:
  - eligible midwife accreditation standards
  - entry to practice for internationally qualified nurses
  - re-entry to practice for nurses accreditation standards
  - monitoring and complaints management policy
- **Re-entry to practice for nursing and midwifery** – looking at a new re-entry to practice framework, including a provisional registration type, to make sure nurses and midwives are supported to safely practise when seeking to return to the workforce after an absence.
- **Profession-specific registration standards** – as part of its three-year plan to review codes, standards and guidelines for nursing and midwifery, the National Board is reviewing or developing profession-specific registration standards, including:
  - Endorsement as a nurse practitioner registration standard
  - Eligible midwife registration standard
  - Registration standard for endorsement for scheduled medicines for midwives.

The National Board is also participating in an all National Boards' review of the following registration standards:

- English language skills
- Criminal history
- Recency of practice
- Continuing professional development
- Professional indemnity insurance arrangements.

While the NMBA's English language skills registration standard is not due for review until September 2014, the National Board is keen to take advantage of any new evidence that may arise and, where appropriate, consider modifications to the English language skills registration standard.

Board-specific registration and notifications data 2013/14

On 30 June 2014, there were 362,450 enrolled nurses, registered nurses and midwives across Australia. This is an increase of 4.8% since the previous year. Across the same period, the number of midwives has increased by 32.7%, enrolled nurses and registered nurses have increased by 5.7% and the number with both nursing and midwifery registration has decreased by just more than 5.7%. The growth in the number of registrants as either a nurse or a midwife is linked to the decrease in numbers with dual registration. Many registrants who held dual registration when the National Scheme began have, over time, chosen to renew their registration in one of the professions. This is likely to be related to the requirement in the National Scheme for registrants to meet the requirements in the registration standards for recency of practice and continuing professional development relevant to each profession when they renew their registration.

The age profile and geographical distribution differs across the three groups. Under 35-year-old midwives account for 41% of the profession, nurses aged under 35 account for 27 % of all enrolled and registered nurses, but only 11% of those with dual registration as a nurse and a midwife are aged under 35. Victoria has more midwives than any other state or territory, but NSW has the highest number of nurses and registrants with dual nursing and midwifery registration than any other state or territory.

For nursing registrants, 292,788 (81.5%) hold registration as a registered nurse and 61,356 (17.1%) hold registration as an enrolled nurse. The remainder (5,076) hold dual registration.

In 2013/14, 2,010 notifications were lodged across Australia about nurses or midwives; an increase of 26% over the 1,598 lodged in 2012/13. Of the notifications received in 2013/14, 1,414 were lodged outside NSW, with Queensland receiving the highest number of notifications (506), followed by Victoria (385). The rate of notifications per registrant (relative to the registrant base) is 0.3% for midwives and 0.5% for nurses. The notifications lodged during the year about nurses predominantly involved registered nurses (1,085 of 1,307 notifications about nurses involved a registered nurse).

Of the 1,877 notifications closed in 2013/14, 1,321 were closed outside NSW. Of these, 56% were closed after assessment (746) and 65 cases were closed after a panel or tribunal hearing. The remaining cases were closed after an investigation (320) or a health or performance assessment (190 cases).

In 883 of the closed cases (67%), the state or territory board of the NMBA determined that no further action was required or that the case should be referred to another body or retained and managed by the health complaints entity that had originally received the notification. In 18 cases, registration of the practitioner was suspended (6), cancelled (8) and surrendered (4). In one case the practitioner was permanently prohibited from undertaking services relating to midwifery. The remaining cases resulted in a caution (170) or reprimand (22); conditions being imposed (131) or an undertaking accepted (94) and in two cases the nurse was fined.

Concerns raised about advertising during the year were managed by AHPRA's statutory offences unit and are reported on page 119.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

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

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more, or
- have or may have an impairment, or
- have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

The data in Tables NM7 show details of immediate action cases about nurses and midwives by state or territory. Table NM8 provides details of the registration division for cases about nurses. Queensland had the highest number of cases for both nurses and midwives. In cases about nurses, the majority (82%) involved a registered nurse. Integrated data for all professions including data on the outcome of immediate action cases are published at Table N10 (page 139). More information about immediate action is published on our website under *Notifications*.

Table NM1: Registrant numbers at 30 June 2014

Nursing/Midwifery	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total	% change from prior year
Midwife: 2013/14	89	699	55	540	459	11	961	322	94	3,230	32.70%
Midwife: 2012/13	59	447	46	404	384	10	747	274	63	2,434	11.29%
Midwife: 2011/12	39	418	29	321	343	9	747	229	52	2,187	22.55%
% change from prior year	50.8%	56.4%	19.6%	33.7%	19.5%	10.0%	28.6%	17.5%	49.2%		
Nurse: 2013/14	5,089	89,946	3,647	62,226	29,949	7,899	86,647	33,364	8,621	327,388	5.69%
Nurse: 2012/13	4,953	83,741	3,506	59,279	29,060	7,622	82,196	32,475	6,938	309,770	2.49%
Nurse: 2011/12	4,848	81,927	3,276	57,491	28,393	7,570	80,982	31,076	6,682	302,245	4.20%
% change from prior year	2.7%	7.4%	4.0%	5.0%	3.1%	3.6%	5.4%	2.7%	24.3%		
Nurse and Midwife: 2013/14	606	9,795	538	6,363	2,282	667	8,199	3,114	268	31,832	-5.69%
Nurse and Midwife: 2012/13	645	10,713	554	6,681	2,380	688	8,654	3,192	244	33,751	-14.06%
Nurse and Midwife: 2011/12	719	13,491	579	7,321	2,601	723	10,297	3,292	248	39,271	-2.61%
% change from prior year	-6.0%	-8.6%	-2.9%	-4.8%	-4.1%	-3.1%	-5.3%	-2.4%	9.8%		
Total: 2013/14	5,784	100,440	4,240	69,129	32,690	8,577	95,807	36,800	8,983	362,450	4.77%
Total 2012/13	5,657	94,901	4,106	66,364	31,824	8,320	91,597	35,941	7,245	345,955	0.66%
Total 2011/12	5,606	95,836	3,884	65,133	31,337	8,302	92,026	34,597	6,982	343,703	3.47%
% change from prior year	2.2%	5.8%	3.3%	4.2%	2.7%	3.1%	4.6%	2.4%	24.0%		

*Principal place of practice

Table NM2: Registrant numbers by division and state or territory for registrants with nursing registration

Division	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
Enrolled Nurse	711	13,635	413	11,720	7,919	1,423	20,237	5,217	81	61,356
Enrolled Nurse and Registered Nurse	53	1,082	49	1,039	535	46	1,841	417	14	5,076
Registered Nurse	4,931	85,024	3,723	55,830	23,777	7,097	72,768	30,844	8,794	292,788
Total	5,695	99,741	4,185	68,589	32,231	8,566	94,846	36,478	8,889	359,220

*Principal place of practice

Table NM3: Registered practitioners by age

Nursing/ Midwifery	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available	Total
Midwife: 2013/14	272	587	468	437	466	411	246	178	92	52	18	3			3,230
Midwife: 2012/13	239	465	371	356	384	317	157	90	36	15	3	1			2,434
Midwife: 2011/12	208	362	303	319	337	297	161	101	49	40	9	1			2,187
Nurse: 2013/14	14,116	37,098	36,828	34,314	40,593	39,239	42,337	41,308	26,929	11,501	2,544	485	96		327,388
Nurse: 2012/13	13,795	35,416	34,028	34,314	40,287	38,162	42,338	37,090	22,703	9,230	1,920	344	86	57	309,770
Nurse: 2011/12	13,455	32,745	31,537	34,458	40,029	38,209	43,368	35,746	21,814	8,481	1,869	347	58	129	302,245
Nurse and Midwife: 2013/14	308	1,407	1,792	1,828	2,698	3,753	6,098	6,821	4,643	1,926	450	88	20		31,832
Nurse and Midwife: 2012/13	311	1,346	1,705	1,951	2,933	4,218	6,827	7,193	4,790	1,893	477	74	25	8	33,751
Nurse and Midwife: 2011/12	235	1,298	1,623	2,072	3,245	5,087	8,196	8,465	5,884	2,400	600	115	22	29	39,271

Table N4: Notifications received by state or territory

Nursing/Midwifery	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
Midwife 2013/14	8	2	68	15	1	8	5	107	3	110
Midwife: 2012/13	2	2	39	9	1	8	1	62	7	69
Midwife: 2011/12	3		34	2		2	9	50	1	51
Nurse 2013/14	35	55	438	201	67	377	134	1,307	593	1,900
Nurse: 2012/13	27	41	355	164	59	330	107	1,083	445	1,528
Nurse: 2011/12	23	20	296	160	39	326	114	978	423	1,401
Total 2013/14	43	57	506	216	68	385	139	1,414	596	2,010
Total 2012/13	29	43	395	173	60	338	108	1,146	452	1,598
Total 2011/12	26	20	330	162	39	328	123	1,028	424	1,452

Table NM5: Notifications received about nursing registrants by division and state or territory (excluding NSW)

Division	ACT	NT	QLD	SA	TAS	VIC	WA	Total
Enrolled Nurse	7		67	44	10	67	10	205
Enrolled Nurse and Registered Nurse	1		8	9		25	1	44
Registered Nurse	27	55	358	148	56	274	123	1,041
Unknown practitioner [1]			5		1	11		17
Total	35	55	438	201	67	377	134	1,307

1. Practitioners are not always identified in the early stages of a notification.

Table NM6: Per cent of registrant base with notifications received by state or territory

Nursing/midwifery	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
Midwife: 2013/14	1.2%	0.3%	0.8%	0.5%	0.1%	0.1%	0.1%	0.4%	<0.1%	0.3%
Midwife: 2012/13	3.4%	4.3%	9.2%	2.1%	10.0%	0.8%	0.4%	3.0%	1.3%	2.6%
Midwife: 2011/12	0.4%		0.5%	0.1%			0.3%	0.2%		0.1%
Nurse: 2013/14	0.6%	1.1%	0.6%	0.6%	0.8%	0.3%	0.4%	0.5%	0.5%	0.5%
Nurse: 2012/13	0.5%	1.0%	0.5%	0.5%	0.7%	0.4%	0.3%	0.5%	0.5%	0.4%
Nurse: 2011/12	0.4%	0.5%	0.5%	0.5%	0.5%	0.3%	0.3%	0.4%	0.5%	0.4%

Table NM7: Immediate action cases about nurses and midwives by state or territory (excluding NSW)

Nursing/Midwifery	ACT	NT	QLD	SA	TAS	VIC	WA	Total
Midwife	2		9	6			1	18
Nurse	8	9	98	19	11	29	24	198
Total	10	9	107	25	11	29	25	216

Table NM8: Immediate action cases about nurses by division and state or territory (excluding NSW)

Division	ACT	NT	QLD	SA	TAS	VIC	WA	Total
Enrolled Nurse	3		15	8	2	4	3	35
Enrolled Nurse and Registered Nurse	1		2	1				4
Registered Nurse	4	9	81	10	9	25	21	159
Total	8	9	98	19	11	29	24	198

Table NM9: Notifications closed by state or territory

Nursing/Midwifery	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	2014 total	2013 Total	2012 Total
Midwife	2	5	66	8	1	9	10	101	2	103	59	38
Nurse	21	49	393	176	56	379	146	1,220	554	1,774	1,425	1,013
Total	23	54	459	184	57	388	156	1,321	556	1,877	1,484	1,051

Table NM10: Stage at closure for notifications closed (excluding NSW)

Nursing/midwifery	Assessment	Health or performance assessment	Investigation	Panel hearing	Tribunal hearing	Total
Midwife	65	8	22	3	3	101
Nurse	681	182	298	20	39	1,220
Total	746	190	320	23	42	1,321

Table NM11: Outcome at closure for notifications closed (excluding NSW)

Nursing/Midwifery	No further action	Refer all of the notification to another body	Health complaints entity to retain	Caution	Reprimand	Fine registrant	Accept undertaking	Impose conditions	Practitioner surrendered registration	Suspend registration	Cancel registration	Permanently prohibited from undertaking services relating to midwifery	Total
Midwife	68		11	9			6	5			1	1	101
Nurse	706	4	94	161	22	2	88	126	4	6	7		1,220
Total	774	4	105	170	22	2	94	131	4	6	8	1	1,321

Table NM12: Notifications about nursing registrants closed by division and state or territory (excluding NSW)

Division	ACT	NT	QLD	SA	TAS	VIC	WA	Total
Enrolled Nurse	2	2	66	42	7	87	10	216
Enrolled Nurse and Registered Nurse			5	3		14	1	23
Registered Nurse	18	47	315	130	48	268	134	960
Unknown practitioner [1]	1		7	1	1	10	1	21
Total	21	49	393	176	56	379	146	1,220

1. Practitioners are not always identified in notifications closed at an early stage.

Table NM13: Notifications about nursing registrants closed by division and stage at closure (excluding NSW)

Division	Assessment	Health or performance assessment	Investigation	Panel hearing	Tribunal hearing	Total
Enrolled Nurse	110	41	58	3	4	216
Enrolled Nurse and Registered Nurse	16	2	4		1	23
Registered Nurse	536	139	234	17	34	960
Unknown practitioner [1]	19		2			21
Total	681	182	298	20	39	1,220

1. Practitioners are not always identified in notifications closed at an early stage.

Table NM14: Notifications about nursing registrants closed by division and outcome at closure (excluding NSW)

Division	No further action	Refer all of the notification to another body	Health complaints entity to retain	Caution	Reprimand	Fine registrant	Accept undertaking	Impose conditions	Practitioner surrendered registration	Suspend registration	Cancel registration	Total
Enrolled Nurse	129	1	9	28	3		25	19			2	216
Enrolled Nurse and Registered Nurse	17			2			1	2		1		23
Registered Nurse	550	2	75	131	19	2	62	105	4	5	5	960
Unknown practitioner [1]	10	1	10									21
Total	706	4	94	161	22	2	88	126	4	6	7	1,220

1. Practitioners are not always identified in notifications closed at an early stage.

Members of the Nursing and Midwifery Board of Australia

- Ms Anne Copeland (Chair to 31 August 2013)
- Dr Lynette Cusack (Chair from 6 May 2014)
- Ms Angela Brannelly
- Adjunct Professor Veronica Casey (from 4 May 2014)
- Professor Elizabeth (Mary) Chiarella
- Professor Denise Fassett
- Mrs Lynne Geri
- Ms Louise Horgan
- Mr Max Howard
- Ms Mary Kirk
- Dr Christine Murphy
- Ms Margaret Winn
- Ms Allyson Warrington

NMBA Australian Capital Territory

- Ms Emma Baldock (Chair)
- Ms Tina Calisto
- Ms Alison Chandra
- Ms Felicity Dalzell
- Ms Jane Ferry
- Ms Kate Gauthier
- Dr Laurie Grealish
- Ms Eileen Jerga AM
- Ms Natalie Robinson

NMBA New South Wales

- Mr Eric Daniels (Chair)
- Ms Kathryn (Kate) Adams
- Mr Bruce Brown
- Ms Susan Hendy
- Mr Steven Jeffs
- Ms Betty Johnson AO
- Ms Melissa Maimann
- Ms Rebecca Roseby
- Ms Margaret Winn (also National Board member)

NMBA Northern Territory

- Ms Angela Brannelly (Chair) (also National Board member)
- Mr Ross Ashcroft
- Ms Denise Brewster-Webb
- Ms Angela Bull
- Dr Therese Kearns
- Ms Gay Lavery
- Ms Kim Packer (nee Ball)
- Dr Brian Phillips
- Ms Heather Sjoberg

NMBA Queensland

- Professor Patricia Yates (Chair)
- Ms Veronica Casey (also National Board member)
- Mr John Chambers
- Ms Michelle Garner
- Professor Donald Gorman
- Ms Michelle Hill (resigned 6/04/2014)
- Mr Terence Selva
- Ms Leanne Smith

NMBA South Australia

- Associate Professor Linda Starr (Chair)
- Ms Cathy Beaton
- Mr Mark Bodycoat
- Ms Jennifer Byrne
- Dr Sheryl de Lacey
- Ms Sally Hampel
- Ms Eugenia Koussidis
- Ms Melanie Ottaway
- Mr Michael Salt

NMBA Tasmania

- Ms Catherine Schofield (Chair)
- Reverend Douglas Edmonds
- Ms Kim Gabriel (Deputy Chair)
- Mrs Robyn Hopcroft
- Ms Susan Hughes
- Dr Helen Pratt
- Professor Andrew Robinson
- Ms Christine Schokman
- Ms Elizabeth van der Linde-Keep

NMBA Victoria

- Ms Naomi Dobroff (Chair)
- Ms Leslie Cannold
- Ms Kathryn Hough

- Mr Gregory Miller
- Ms Deborah Rogers
- Ms Virginia Rogers
- Ms Leanne Satherley
- Mrs Katrina Swire
- Mr Timothy Wilson (resigned 31/01/2014)

NMBA Western Australia

- Ms Marie-Louise Macdonald (Chair)
- Professor Selma Alliex
- Mr Anthony Dolan
- Ms Lynn Hudson
- Ms Pamela Lewis (appointed 9/09/2013)
- Mr Michael Piu (appointed 9/09/2013)
- Ms Virginia Seymour
- Ms Jennifer Wood

During 2013/14, the National Board was supported by Executive Officer Ms Alyson Smith.

More information about the work of the Board is available at: www.nursingmidwiferyboard.gov.au

Occupational Therapy Board of Australia

Message from the Chair

Since the transition of the profession to the National Registration and Accreditation Scheme on 1 July 2012, the Board has undertaken detailed strategic work and business planning to ensure delivery of the Board's functions under the National Law. The Board acknowledges the contribution of the profession, Occupational Therapy Australia and the Occupational Therapy Council (Australia & New Zealand) Ltd in ensuring the effective and optimal regulation of the profession.

The profession's involvement in the National Scheme over the last two financial years has enabled it to consider more reliable data to build better forecasts for the costs of national regulation. As a result, a fee reduction of $50 for general registration and renewal, with lower fees across the Board's other registration types, came into effect on 1 August 2013. The Board remains committed to continuing to review the registration fees for the profession.

This year the Board continued to develop strong working relationships with stakeholders. Breakfast events around the country have helped to ensure practitioners are well informed of registration requirements and provide opportunities for practitioners and employers to communicate directly with the Board.

In addition to the practitioner breakfast forums, Board members attended the Occupational Therapy Australia national conference held in Adelaide. A breakfast meeting explored the national association's work in defining the scope of practice, and the Board's perspective on the regulatory considerations for any approach.

During the next year, the Board will continue to focus on consolidating its regulatory functions and ensuring it effectively responds to developments in practice and the health workforce.

Dr Mary Russell (occupational therapist)
Chair, Occupational Therapy Board of Australia

Major outcomes/achievements in 2013/14

Committees

The Board has undertaken detailed strategic work and business planning to ensure the delivery of the Board's functions under the National Law. This has included the establishment of committees who exercise delegated functions under the National Law and ensure good governance and accountability of the Board's activities.

The Board's Registration and Notifications Committee (RNC) is an example of such ongoing work. The RNC has held 16 meetings during 2013/14 to assess and decide on complex registration applications and to consider notifications about occupational therapists.

Other committees of the Board include:

- Finance and Governance Committee (FGC)
- Communications Committee
- Registration Standards, Codes and Guidelines Committee
- Immediate Action Committee (IAC)
- Panel members and RNC Advisors

To assist the Board with its activities, the Board has also finalised a list of persons to provide a pool from which members may be selected for panel hearings for either notifications in health and performance, or professional conduct matters.

Active engagement with the profession

Stakeholder breakfast forums have been successfully held in South Australia (July), New South Wales (March) and Victoria (May) to engage with the profession and provide an opportunity to discuss regulation and the integration of registration standards, codes and guidelines into daily practice. The forums are offered to all registered practitioners and those interested in the National Scheme.

In addition, the Board has participated in active engagement with stakeholders including:

- Occupational Therapy Association
- Occupational Therapy Council (Australia & New Zealand) Ltd

- Australia and New Zealand Council on Occupational Therapy Education (ANZCOTE)
- Australian Health Ministers Advisory Council
- Health Workforce Australia
- Occupational Therapy Council of New South Wales
- Health Services Group (oversight for WorkSafe and the TAC)

In the coming year the Board will continue to look at opportunities to maximise its engagement with the profession and with its stakeholders.

Codes and guidelines

Developed in collaboration with the other National Boards, a suite of new codes and guidelines came into effect from 17 March 2014, as well as a new social media policy.

These documents provide important guidance to occupational therapists to ensure that their practice is in accordance with expectations as guided by the National Law.

International regulatory engagement

Members of the National Board held their second co-Board meeting with their New Zealand counterparts, the Occupational Therapy Board of New Zealand (OTBNA) in April 2014, in New Zealand.

Topics of mutual interest discussed included undergraduate education, new graduate practitioners, competencies, supervisor assessment tools, the OTBNZ's online continuing competence framework for recertification, and the process for how convictions are managed.

To harness the goodwill between the parties and to maintain a mutual understanding around shared projects over time, members agreed to develop a Memorandum of Understanding (MoU) between the Boards.

Priorities for the coming year

Policy

A number of significant projects are going to be managed by the Board in the coming financial year, including examining the pathways, challenges and barriers to re-entry into the profession; the development of a new set of professional competencies for occupational therapy practice in Australia; and examining notifications received about members of the profession to ensure that the Board's regulatory decision-making is proportionate to the risks posed by the practice of the profession. As part of progressing these pieces of work, the Board will continue to engage with both the profession and its stakeholders.

Stakeholder engagement

In the coming financial year, the Board will explore opportunities to strengthen its engagement with the profession. It will continue to assess how best to engage with the profession on its understanding of the requirements to comply with the Board's registration standards, which is particularly important given the auditing of occupational therapists which started in late 2013 and will continue throughout 2014.

The Board will be looking to run focus group sessions with members of the profession and webinars to reach wider audiences, and to ensure that the profession is adequately informed of the requirement to comply with the registration standards that have been developed by the Board.

Board-specific registration and notifications data 2013/14

On 30 June 2014, there were 16,223 occupational therapists registered in Australia, of which 50% were aged under 35. NSW is the state with the largest number of registered practitioners (4,592), followed by Victoria with 3,976 practitioners.

Nationally, a total of 43 notifications were received about occupational therapists, down from the 50 notifications received in the previous year. The notifications related to 0.3% of practitioners. Thirty-four of these notifications were lodged outside NSW and most (12) were lodged in Queensland, followed closely by Victoria (11).

There were 41 notifications closed during the year; 32 of these were notifications outside NSW. The majority (22) of the notifications outside NSW were closed after an assessment, and eight cases were closed after an investigation; one case was closed following a health or performance assessment, and the remaining case closed following a tribunal hearing.

In most cases the Board determined that no further action was required (26) or that the case should be retained and managed by the health complaints entity that had originally received the notification (4). For the remaining cases a caution was issued in one case and conditions were imposed in another.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

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

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more, or
- have or may have an impairment, or
- have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

Immediate action was initiated in relation to two practitioners during 2013/14; one in Queensland, one in Victoria. Integrated data for all professions including data on the outcome of immediate action cases are published in Table N10 (page 139). More information about immediate action is published on our website under *Notifications*.

Concerns raised about advertising during the year were managed by AHPRA's statutory offences unit and are reported on page 119.

Table OT1: Registrant numbers at 30 June 2014

Occupational Therapist	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total	% change from prior year
2013/14	261	4,592	137	3,174	1,298	263	3,976	2,397	125	16,223	7.43%
2012/13	229	4,264	134	3,059	1,199	253	3,634	2,248	81	15,101	
Change from prior year	13.97%	7.69%	2.24%	3.76%	8.26%	3.95%	9.41%	6.63%	54.32%		

*Principal place of practice

Table OT2: Registered practitioners by age

Occupational Therapist	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available	Total
2013/14	1,261	3,687	3,242	2,332	1,820	1,362	1,076	846	411	156	26	4			16,223
2012/13	1,217	3,460	2,903	2,183	1,688	1,281	1,036	796	365	142	25	5			15,101

Table OT3: Notifications received by state or territory

Occupational Therapist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	2	2	12	5		11	2	34	9	43
2012/13			12	23	1	5	1	42	8	50

Table OT4: Immediate action cases by state or territory (excluding NSW)

Occupational Therapist	QLD	VIC	Total
2013/14	1	1	2

Table OT5: Per cent of registrant base with notifications received by state or territory

Occupational Therapist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	0.8%	1.5%	0.4%	0.4%		0.3%	0.1%	0.3%	0.2%	0.3%
2012/13			0.3%	1.9%	0.4%	0.1%	0.1%	0.4%	0.2%	0.3%

Table OT6: Notifications closed by state or territory

Occupational Therapist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	2014 Total	2013 Total
	2	1	8	7	1	11	2	32	9	41	35

Table OT7: Stage at closure for notifications closed (excluding NSW)

Stage at closure	
Assessment	22
Health or performance assessment	1
Investigation	8
Panel hearing	
Tribunal hearing	1
Total	32

Table OT8: Outcome at closure for notifications closed (excluding NSW)

Outcome at closure	
No further action	26
Health complaints entity to retain	4
Caution	1
Impose conditions	1
Total	32

Members of the Occupational Therapy Board of Australia

- Dr Mary Russell (Chair)
- Mrs Amanda Bladen
- Ms Julie Brayshaw
- Mr James (Jim) Carmichael (Deputy Chair)
- Mrs Louise Johnson
- Dr Katherine Moore
- Mrs Terina Saunders
- Mrs Louisa Scott
- Mr Andrew Taylor

During 2013/14, the Board was supported by Executive Officer Ms Jacqui Barry until May 2014, and by Ms Vathani Shivanandan for the remainder of the year.

More information about the work of the Board is available at: www.occupationaltherapyboard.gov.au

Optometry Board of Australia

Message from the Chair

Over the last year, the Board has worked with the other National Boards and AHPRA to consolidate and refine the policies and processes in place under the National Scheme. The Board has been engaged in working collaboratively with other National Boards to improve consistency and integrate common policy themes that impact on all regulated health professionals, to assist in the the delivery of safe and quality healthcare for the public.

Managing an ongoing legal case has been a primary focus for the Board and has taken considerable time and attention.

The Board is keen to ensure that optometry practitioners have access to high-quality continuing professional development opportunities. The Board has continued its plan to support the CPD registration standard by carrying out an expression of interest process for an accreditation and auditing administrative entity to manage this. An appointment should be confirmed in the next year.

An audit of compliance with some of our registration standards conducted this year showed that the clear majority of optometrists are complying with the requirements. The audit process informs and assures the Board that suitable optometrists are providing eye healthcare that is contemporary and current.

To remain contemporary in the area of regulation, the Board became the 65th member of the Association of Regulatory Boards of Optometry. This will assist in responding to the many challenges of regulation and in keeping abreast of international developments in the regulation of optometrists.

Effective communication with all our stakeholders continues to be a high priority and the Board continues to publish newsletters and Communiqués at regular intervals.

I would like to thank the Board and all our committee members for their significant and wholehearted support of the Board and the National Scheme. We have an excellent distribution of talent which has enhanced our collaborative decision-making process, with a primary goal of public benefit. The new Executive Officer of the Optometry Board, Sarah Fagan, has seamlessly taken over the management of the Board and its committees, and with Katrina Xanthos, Support Officer, is providing excellent administrative support.

It has been a privilege as Chair to work with the professional AHPRA team led by Martin Fletcher. Their continuing support and contributions have ensured effective, fair and efficient regulation of the profession.

Mr Colin Waldron
Chair, Optometry Board of Australia

Major outcomes/achievements 2013/14

The main areas of focus for the Board in the last year have been:

- process for accreditation of CPD activities
- finalisation of an audit for compliance with registration standards, and
- consulting on registration standards for
  - criminal history
  - recency of practice
  - English language
  - professional indemnity insurance.

The Optometry Board Health Profession Agreement is available for review on the Optometry Board of Australia website: www.optometryboard.gov.au/About/Health-Profession-Agreements.aspx

Registration standards

In 2013/14, the Board published a new registration standard on limited registration for teaching or research.

Priorities for the coming year

- Implementation of the new registration standard for initial registrants that will affect the majority of existing registrants and future applicants.

- Review of registration standards, codes and guidelines to ensure the competence of the optometric workforce.
- Increase public awareness and understanding of our role.
- Continue to develop and evolve professional development in optometry, with a particular focus on CPD accreditation.
- Develop a consistent approach to return-to-practice competence assessment for optometrists.
- Harness synergies with AHPRA that lead to greater efficiencies and effectiveness in regulation.
- Focus on Board succession planning as the term of current members expires in August 2015.

Board-specific registration and notifications data 2013/14

On 30 June 2014, there were 4,788 registered optometrists across Australia, with the largest number of optometrists in NSW (1,632 practitioners), followed by Victoria with 1,224 practitioners. There has been a 3.3% increase in the total number of practitioners compared with the previous 12 months. Almost one third of practitioners (32%) are aged under 35.

In 2013/14, there were 66 notifications about optometrists received across Australia, with NSW receiving more notifications (25) than any other state or territory. Notifications were up by more than 50% from the 42 notifications received in 2012/13. Forty-one of the notifications received in 2013/14 were made outside of NSW, with Queensland and Victoria each receiving 15 notifications. Notifications are made about 1.3% of the registrant base nationally.

Of the 66 notifications closed in 2013/14, 43 were notifications lodged outside NSW. Of these, 30 were closed after assessment, 11 after investigation and two were closed after a health or performance assessment. In 37 cases, the Board determined that no further action was required (22) or that the notification should be handled by the health complaints entity that had received the notification (15). In three cases, the practitioner received a caution, and in another three cases conditions were imposed on the practitioner's registration (1) or undertakings given by the practitioner (2).

Concerns raised about advertising during the year were managed by AHPRA's statutory offences unit and are reported on page 119.

Table OP1: Registrant numbers at 30 June 2014

Optometrist	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total	% change from prior year
2013/14	74	1,632	29	950	246	86	1,224	386	161	4,788	3.30%
2012/13	74	1,589	27	916	240	81	1,199	375	134	4,635	1.47%
2011/12	71	1,553	28	929	234	84	1,163	366	140	4,568	2.84%
% change from prior year	0.00%	2.71%	7.41%	3.71%	2.50%	6.17%	2.09%	2.93%	20.15%		

*Principal place of practice

Table OP2: Registered practitioners by age

Optometrist	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available	Total
2013/14	190	699	653	625	631	583	501	518	238	84	44	16	6		4,788
2012/13	176	648	680	599	623	557	540	478	196	71	44	14	8	1	4,635
2011/12	186	659	655	606	627	532	550	426	184	75	41	13	5	9	4,568

Table OP3: Notifications received by state or territory

Optometrist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	1	1	15	6		15	3	41	25	66
2012/13	2		10	3		15		30	12	42
2011/12	1		6	3	1	14	3	28	26	54

Table OP4: Per cent of registrant base with notifications received by state or territory

Optometrist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	1.4%	3.4%	1.4%	2.4%		1.2%	0.8%	1.2%	1.5%	1.3%
2012/13	2.7%		1.1%	1.3%		1.1%		1.0%	0.8%	0.9%
2011/12	1.4%		0.6%	1.3%	1.2%	1.0%	0.8%	0.9%	1.7%	1.2%

Table OP5: Notifications closed by state or territory

Optometrist	ACT	NT	QLD	SA	TAS	VIC	WA	2014 Subtotal	NSW	2014 Total	2013 Total	2012 Total
2013/14	1	1	13	7		19	2	43	23	66	44	50

Table OP6: Stage at closure for notifications closed (excluding NSW)

Stage at closure	
Assessment	30
Health or performance assessment	2
Investigation	11
Total	43

Table OP7: Outcome at closure for notifications closed (excluding NSW)

Outcome at closure	
No further action	22
Health complaints entity to retain	15
Caution	3
Accept undertaking	2
Impose conditions	1
Total	43

Members of the Optometry Board of Australia

- Mr Colin Waldron (Chair)
- Mr Ian Bluntish
- Mr John Davis
- Ms Jane Duffy OAM
- Mr Derek Fails
- Ms Adrienne Farago
- Mr Garry Fitzpatrick
- Ms Peta Frampton
- Mr Lawson Lobb

Optometry Board national committees

- Mr Mitchell Anjou
- Mrs Nancy Atkinson
- Ms Stephanie Bahler
- Mr Joe Chakman
- Dr Alex Gentle
- Associate Professor Peter Hendicott
- Professor Peter McIntyre
- Adjunct Associate Professor Stephen Marty
- Dr Lisa Nissen
- Associate Professor Mark Roth
- Mr Jared Slater
- Professor Fiona Stapleton
- Mr Ken Thomas
- Dr Ann Webber
- Dr Diane Webster

During 2013/14, the Board was supported by Executive Officers Ms Debra Gillick, Ms Rebecca Lamb and present incumbent Ms Sarah Fagan.

More information about the work of the Board is available at: www.optometryboard.gov.au

Osteopathy Board of Australia

Message from the Chair

I am pleased to report that in 2014 the Osteopathy Board of Australia will complete its fifth year of operation. This last year has seen a number of policy and guideline reviews, and also a change of membership of the Board.

In July 2013, Ministers appointed two new members: Ms Judith Dikstein, community member from NT and Mr Robert McGregor AM, community member from NSW. In October 2013, Dr Amanda Heyes (osteopath), inaugural member of the Board, tendered her resignation as a Board member. Her knowledge of the profession is extensive and has been of great value to the Board. In November 2013, Ministers appointed Dr Pamela Dennis (osteopath) from Tasmania.

The main focus of the Board during the year was to undertake a public consultation for the proposed competent authority pathway and then to finalise the implementation. The implementation was undertaken concurrently with the Australian and New Zealand Osteopathic Council (the Council). The Board, AHPRA and the Council were ready to receive applications from overseas-trained osteopaths in this pathway on 1 January 2014, which was a memorable milestone in the year.

I wish to also acknowledge the Council's specialist contribution to the wider accreditation functions for osteopathy.

The Board is now past the midway point of the current appointment cycle (until 30 August 2015). I wish to acknowledge Board members' contribution to the regulation of osteopathy. As Chair, I have appreciated their continuing professionalism and enthusiasm for the task.

Dr Robert Fendall (osteopath)
Chair, Osteopathy Board of Australia

Major outcomes/achievements 2013/14

Competent authority pathway

The Board introduced the competent authority pathway on 1 January 2014 to facilitate the rigorous and responsive assessment of overseas-trained health practitioners. The competent authority pathway is an additional route to the standard pathway for overseas practitioners to obtain general registration in Australia. The pathway applies to some osteopaths who qualified in the United Kingdom after 2000 and are considered to have the clinical skills and knowledge required to practise in Australia.

Up to 30 June 2014, AHPRA received six applications for provisional registration for overseas-trained osteopaths from that pathway to undertake a period of six months' supervision. The applications have been from osteopaths who received their osteopathy training in the UK, are registered with the General Osteopathic Council and have organised to work under supervision in Queensland, ACT, New South Wales, South Australia and Victoria. The approval is with the Board.

Board meetings

The Board met 12 times in the past year, bringing our total to 58 meetings. Most meetings were held at the AHPRA offices, Melbourne, but meetings were also held in Sydney. This provided an opportunity to meet with the Osteopathy Council of NSW, which manages complaints under the NSW co-regulatory model, to discuss issues of mutual interest in a co-regulatory jurisdiction, including common regulatory functions, outcomes and challenges.

In addition to the monthly Board meetings, the Registration and Notification Committee meets each month and the Finance Committee meets four times a year. The Chair participates in the Forum of National Board Chairs each month.

Planning

A risk assessment workshop and working group meetings were held in late 2013 and early 2014, with the AHPRA Risk and Compliance Manager. The Board also prioritised activities and developed an action plan for 2014/15. The work-plan can be viewed on the Board's website, in Schedule 2 of the Board's Health Profession Agreement. This also outlines the services that AHPRA will provide to the Board throughout the year.

Accreditation

During the year, ANZOC provided advice that informed the Board's work on the proposed competent authority pathway, on which it consulted in the draft *Framework: pathways for registration of overseas-trained osteopaths*. ANZOC started a review of the accreditation standards for osteopathy programs with funding from the Board, which will be completed in 2014/15. ANZOC continued to advise the Board on the accreditation of osteopathic courses in Australia and assesses the qualifications and skills of overseas-trained osteopaths on behalf of the Board.

Consultations

This year the Board conducted a second round public consultation on the *Framework: pathways for registration of overseas-trained osteopaths*. This set out the proposed competent authority pathway and existing standard pathway.

The Board undertook preliminary and public consultations on the revised drafts of:

- Professional indemnity insurance arrangements registration standard
- CPD registration standard
- Recency of practice registration standard
- CPD guidelines

Published documents

- Fact sheet: Using the title 'acupuncturist'
- Fact sheet: CPD
- Framework: Pathways for registration of overseas-trained osteopaths
- Fact sheet: Supervision in the competent authority pathway

Stakeholder engagement work

Stakeholder meetings

Following each meeting of the Board, a Communiqué is published detailing the work of the Board. Four electronic newsletters were sent directly to registered osteopaths to advise of important information and updates.

The Chair and the Executive Officer meet regularly with the accreditation authority, ANZOC, and also met six times with the professional associations, Osteopathy Australia (OA) and the Chiropractic and Osteopathic College of Australasia (COCA), to discuss issues of concern to all bodies relating to the osteopathy profession.

The numbers of students in osteopathy courses in Australia has risen significantly each year, as shown in the student registration data held under the National Law. The Chair presented information about the regulation of the osteopathic profession to final year students at each campus of Victoria University, RMIT University and Southern Cross University. The focus in 2014/15 will be on the first and second year students as well.

The Board was accepted as a partner member of the Osteopathic International Alliance (OIA) in late 2013. In January 2014, the Chair of the Board presented a paper to the annual regulators' forum of the OIA in Austin, Texas, and met with international regulators. The address included information for other countries about the regulation of osteopathy in Australia. The Chair also attended the Health Regulatory Authorities of New Zealand (HRANZ) conference in Wellington, New Zealand in May 2014, and took the opportunity to meet with the Chairs of ANZOC and the OCNZ.

Priorities for the coming year

The Board will continue to build on its risk assessment work and further develop an educative focus on advertising guidelines and the National Law.

We will also continue to work to increase public awareness and understanding of the Board's role and the development of a communications plan.

Work will continue on new projects and the review of current documents with ANZOC, including:

- monitoring and evaluating the competent authority pathway
- approval of the revised accreditation standards
- consideration of a review of the *Capabilities for osteopathic practice*, and
- working closely with the other professions to achieve as great a degree of consistency as possible.

Board-specific registration and notifications data 2013/14

On 30 June 2014, there were 1,865 registered osteopaths in Australia and most (979) cited Victoria as their principal place of practice. Compared with the previous 12 months, the number of registered practitioners has increased by 5.4%. The majority of practitioners (1,139 registrants or 61%) are under 40 years old.

In 2013/14, 11 notifications were received across Australia about osteopaths; an increase from the eight received in 2012/13. Five of the notifications received in 2013/14 were lodged outside NSW. Notifications lodged related to 0.6% of the registrant base.

Fourteen cases were closed in 2013/14; eight of these were notifications made outside NSW. Of these eight, three were closed after assessment, two were closed after investigation and three were closed following a health or performance assessment.

In four of the cases closed in 2013/14, the Board determined that no further action was required (2) or that the notification should be handled by the health complaints entity that had received the notification (2). In four cases, conditions were imposed on the practitioner's registration.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

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

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more, or
- have or may have an impairment, or
- have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

Immediate action was initiated in relation to one Victorian practitioner during 2013/14; integrated data for all professions including data on the outcome of immediate action cases are published in Table N10 (page 139). More information about immediate action is published on our website under *Notifications*.

Concerns raised about advertising during the year were managed by AHPRA's statutory offences unit and are reported on page 119.

Table OS1: Registrant numbers at 30 June 2014

Osteopath	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total	% change from prior year
2013/14	34	529	1	166	34	40	979	56	26	1,865	5.43%
2012/13	31	515	1	155	36	43	915	51	22	1,769	5.55%
2011/12	32	510	2	149	29	38	843	52	21	1,676	5.08%
% change from prior year	9.68%	2.72%	0.00%	7.10%	-5.56%	-6.98%	6.99%	9.80%	18.18%		

*Principal place of practice

Table OS2: Registered practitioners by age

Osteopath	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Total
2013/14	54	338	402	345	230	129	102	105	87	33	25	9	6	1,865
2012/13	48	340	402	304	209	112	105	92	84	38	22	7	6	1,769
2011/12	46	329	384	274	178	113	113	93	73	37	23	9	4	1,676

Table OS3: Notifications received by state or territory

Osteopath	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14				1		4		5	6	11
2012/13						2		2	6	8
2011/12			1	1		4		6	11	17

Table OS4: Per cent of registrant base with notifications received by state or territory

Osteopath	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14				2.9%		0.4%		0.4%	1.1%	0.6%
2012/13						0.2%		0.2%	1.0%	0.4%
2011/12			0.7%	3.4%		0.4%		0.4%	1.4%	0.7%

Table OS5: Notifications closed by state or territory

Osteopath	ACT	NT	QLD	SA	TAS	VIC	WA	2014 Subtotal	NSW	2014 Total	2013 Total	2012 Total
2013/14			1			7		8	6	14	8	10

Table OS6: Immediate action cases by state or territory (excluding NSW)

Osteopath	VIC	Total
2013/14	1	1

Table OS7: Stage at closure for notifications closed (excluding NSW)

Stage at closure	
Assessment	3
Health or performance assessment	3
Investigation	2
Total	8

Table OS8: Outcome at closure for notifications closed (excluding NSW)

Outcome at closure	
No further action	2
Health complaints entity to retain	2
Impose conditions	4
Total	8

Members of the Osteopathy Board of Australia

- Dr Robert Fendall (Chair)
- Dr Pamela Dennis
- Ms Judith Dikstein
- Dr Nikole Grbin
- Dr Amanda Heyes (to 28 October 2013)
- Mr Robert McGregor AM
- Ms Liza Newby
- Dr Natalie Rutsche
- Adjunct Professor Philip Tehan

During 2013/14, the Board was supported by Dr Cathy Woodward, Executive Officer, and Ms Akemi Pham-Vu, Support Officer.

More information about the work of the Board is available at: www.osteopathyboard.gov.au

Pharmacy Board of Australia

Message from the Chair

The Pharmacy Board of Australia has continued to implement its strategic plan following the work-plan that was developed. This work, which was started in the previous year with external consultants, has enabled the Board committees to also develop work-plans, and the Board to undertake regular evaluations of its performance and progress against the plans.

The workload of each of the committees increased during the year as follows:

- The Finance and Governance Committee accepted responsibility for risk assessment in addition to advising the Board on budget preparation, financial management and effective governance.
- The Notifications Committee considered an increased number of notifications, frequently involving complex situations.
- The Policies, Codes and Guidelines Committee had the task of reviewing all of the Board's policies, registration standards, codes and guidelines, in addition to preparing comments for the review of the National Registration and Accreditation Scheme. This has included a large consultation to develop new guidelines on compounding.
- The Registration and Examinations Committee has undertaken a review of examination procedures and the development of an increased question data bank, together with an increased number of pharmacists applying to return to practice.

Through careful management of expenditure and thorough planning, the Board has been able to maintain registration fees at the 2013/14 level for the ensuing period.

I sincerely thank all Board members for the dedication, effective contributions and professional approach to the work of the Board. The committee chairs have each provided leadership and enthusiasm in their roles.

The Board is fortunate to have the valuable support and contributions of pharmacists who serve as examiners and committee members, and I sincerely thank them.

I also acknowledge the contributions and support from the AHPRA executive team and the support staff in the national and jurisdictional offices. In particular I thank Mr Joe Brizzi, Executive Officer, Ms Michelle Pirpinias, Senior Policy Officer and Ms Casey Ip, Support Officer for their highly professional, dedicated service and contributions to ensure the smooth and effective administration of the Board.

Adjunct Associate Professor Stephen Marty
Chair, Pharmacy Board of Australia

Committees

During 2013/14, the Board met 12 times.

The Board has established committees to advise it and to make decisions when the Board has delegated powers under the National Law.

The Board's committees are:

- Finance and Governance Committee (11 meetings)
- Notifications Committee (12 meetings)
- Policies, Codes and Guidelines Committee (10 meetings)
- Registration and Examinations Committee (12 meetings)

As required, an Immediate Action Committee is convened by the Chair to consider matters that, because of a registered pharmacist's conduct, performance or health, may require immediate action, if the pharmacist is considered to pose a serious risk to persons and it is necessary to take immediate action to protect public health or safety.

Notifications regarding 16 pharmacists were considered by Immediate Action Committees.

Areas of focus

Review of registration standards

In accordance with the National Law, the Board conducted wide-ranging consultation on the following registration standards and related guidelines:

- Professional indemnity insurance registration standard
- CPD registration standard
- Recency of practice registration standard
- Supervised practice arrangements registration standard
- Examinations for eligibility for general registration standard
- Guidelines on continuing professional development

Consultation closed on 30 June 2014 and work will continue to analyse the consultation feedback before the Board finalises the registration standards and seeks their approval from the Ministerial Council.

Guidelines on compounding of medicines

The Board's Policies, Codes and Guidelines Committee continued its work on the development of revised *Guidelines on compounding of medicines*. The revised guidelines were published for consultation which concluded on 30 June 2014. The Committee will analyse consultation feedback and make recommendations to the Board regarding finalisation and implementation of the revised guidelines, which is expected to happen by the end of 2014.

Codes and guidelines

The Board, in partnership with other National Boards, conducted and completed the review of the codes and guidelines on mandatory notifications, advertising regulated health services and the code of conduct. Additionally, a social media policy was developed and published. The guidelines and policy are common across all National Boards and apply to all registered health practitioners. The code of conduct for pharmacists is based on a code of conduct shared by most National Boards.

Vaccination by pharmacists

The Board had previously approached the Advanced Pharmacy Practice Framework Steering Committee (APPFSC), a profession-wide forum working collaboratively on a number of projects associated with the *National competency standards framework for pharmacists in Australia 2010*, about a coordinated approach to progress further work on vaccination by pharmacists. The APPFSC agreed and established a Vaccination Working Group (the Working Group) consisting of individuals from a subset of the pharmacy stakeholder organisations represented on the APPFSC. The Working Group completed a competency mapping exercise resulting in a consolidated final set of competencies for administration of vaccines by pharmacists, which include performance criteria to address gaps in the *National competency standards framework for pharmacists in Australia 2010* and identification of training and assessment requirements through inclusion of evidence examples.

The Board recognises that the administration of vaccines is included in the current scope of practice of pharmacists, provided that pharmacists are competent as set out in the competencies for vaccination, are adequately trained, and that vaccination occurs in accordance with authorities conferred through state and territory drugs and poisons legislation. The Board recognises vaccination by pharmacists as an opportunity to facilitate access to services provided by health practitioners in accordance with the public interest, an objective of the National Scheme. It will continue to engage with state and territory governments regarding decisions to grant authorisation to pharmacists to administer vaccines. As part of ongoing developments in vaccination by pharmacists, the Board will consider the need to undertake any of its functions under the National Law, such as assessing the need for, and development of, guidelines for pharmacists providing vaccination services.

To progress opportunities for the development of training programs for pharmacists to administer vaccinations, in accordance with authorities granted through state and territory drugs/medicines and poisons legislation, relevant stakeholders have undertaken consultation on pathways for accreditation of vaccination training programs.

Major outcomes/achievements 2013/14

Audit of pharmacists' compliance with registration standards

The Board continued to audit pharmacists' compliance with the registration standards after previously participating in two pilot audits. The audit of compliance for the period 1 December 2012 to 30 November 2013 involved the random selection of a group of pharmacists for the audit of the following mandatory registration standards:

- criminal history
- recency of practice
- CPD.

The audit was decoupled from the renewal of registration process and pharmacists were advised of their selection for audit between April and June 2014. The audit was conducted by AHPRA on behalf of the Board.

Interstate meetings

In addition to meeting in its usual location at the AHPRA national office in Melbourne, the Board conducted two interstate meetings (New South Wales and Northern Territory). This provided the Board with

an opportunity to meet with local stakeholder groups and pharmacists to discuss issues affecting pharmacy practice and progress of the National Scheme.

Board attendance at major pharmacy conferences

The Board was represented at the Australian Pharmacy Professional Conference and Trade Exhibition 2014. Delegate members of the Board and the Board's Executive Officer attended this conference and liaised with attendees to discuss requirements for pharmacists under the National Scheme and answer questions. The Board will continue to provide representation at a selection of major conferences during the coming year.

Priorities for the coming year

Review of registration standards and guidelines

The Board will continue work on the revision of its registration standards and related guidelines, which started in 2013/14.

The Board also started a review of the following additional guidelines for pharmacists:

- dispensing of medicines
- practice-specific issues
- specialised supply arrangements
- proprietor pharmacists.

This will include wide-ranging consultation with stakeholders, the profession and the public, as required under the National Law. Preliminary and public consultation on revised guidelines will be conducted during 2014/15.

Vaccination

The Board will continue to engage with stakeholders, including the public, pharmacy stakeholders and governments, on the opportunities for pharmacists to administer vaccines to the public.

Prescribing

An additional opportunity to facilitate access to services provided by health practitioners in accordance with the public interest is prescribing by qualified and competent pharmacists. The Board aims to advance work on this initiative through consultation with stakeholders including state and territory governments, given the potential for new authorities to be conferred through changes to jurisdictional drugs and poisons legislation for pharmacists to prescribe scheduled medicines.

The Board has agreed to establish a Pharmacy Prescribing Committee by appointing Board members and subject experts. The committee will investigate opportunities for prescribing by pharmacists within the *Health Workforce Australia health professionals prescribing pathway* and incorporating the *Prescribing competencies framework* developed by the National Prescribing Service, which articulates competencies for prescribing by health professionals.

Board-specific registration and notifications data 2013/14

On 30 June 2014, there were 28,282 registered pharmacists across Australia. This is an increase of 3.4% since the previous year. While NSW and Victoria have the largest numbers of pharmacists (8,769 and 6,985, respectively) the smaller territories of ACT and the Northern Territory have seen the largest proportional increase in registrant numbers (4.9% and 9.3%, respectively). The majority (60.2%) of practitioners are 40 years or younger.

There were 514 notifications received in 2013/14; an increase of 20% over the 429 received in 2012/13. For notifications received in 2013/14, 322 were lodged outside NSW. The rate of notifications per registrant nationally is 1.7%. The Northern Territory has the highest rate at 4.7%, and the ACT has the lowest rate at 0.6%.

There were 464 notifications closed in 2013/14, of which 286 notifications were lodged outside NSW. Over half these notifications (157 notifications or 55%) were closed after assessment, 26 were closed after a panel (14) or tribunal (12) hearing. The remaining 103 cases were closed after an investigation (90) or a health or performance assessment (13).

In 142 of the closed cases (50%), the Board determined that no further action was required (136), or decided that the notification should be handled by the health complaints entity that received it (6). In six cases the practitioner's registration was suspended (3), the practitioner surrendered their registration (2) or the practitioner's registration was cancelled (1). In the remaining cases, a caution (104) or reprimand (6) was issued, conditions imposed (19), or an undertaking accepted from the practitioner (9).

Concerns raised about advertising during the year were managed by AHPRA's statutory offences team and are reported on page 119.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

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

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more, or
- have or may have an impairment, or
- have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

Immediate action was initiated for 19 practitioners during 2013/14; 10 of these practitioners were in Queensland. Integrated immediate action data for all professions are published in Table N10 (page 139). More information about immediate action is published on our website under *Notifications*.

Table PH1: Registrant numbers at 30 June 2014

Pharmacist	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total 2012-13	% change from prior year
2013/14	469	8,769	212	5,536	2,033	679	6,985	3,046	553	28,282	3.45%
2012/13	447	8,460	194	5,361	1,987	656	6,815	2,984	435	27,339	2.98%
2011/12	420	8,274	186	5,187	1,919	628	6,578	2,852	504	26,548	2.33%
% change from prior year	4.92%	3.65%	9.28%	3.26%	2.32%	3.51%	2.49%	2.08%	27.13%		

*Principal place of practice

Table PH2: Registered practitioners by age

Pharmacist	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available	Total
2013/14	1,913	6,252	5,335	3,517	2,505	2,037	1,898	1,768	1,196	898	528	324	111		28,282
2012/13	1,933	6,107	4,973	3,180	2,499	1,927	1,921	1,690	1,212	903	565	278	145	6	27,339
2011/12	2,015	5,901	4,535	2,945	2,425	1,920	1,981	1,646	1,222	905	649	268	82	54	26,548

Table PH3: Notifications received by state or territory

Pharmacist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	4	10	87	26	14	142	39	322	192	514
2012/13	5	5	82	21	9	93	31	246	183	429
2011/12	13	1	57	16	9	88	32	216	171	387

Table PH4: Per cent of registrant base with notifications received by state or territory

Pharmacist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	0.6%	4.7%	1.4%	1.2%	2.1%	1.9%	1.2%	1.5%	2.0%	1.7%
2012/13	1.1%	2.1%	1.4%	1.1%	1.1%	1.3%	1.0%	1.2%	2.0%	1.5%
2011/12	2.9%	0.5%	1.0%	0.8%	1.4%	1.2%	1.1%	1.1%	1.2%	1.1%

Table PH5: Immediate action cases by state or territory (excluding NSW)

Pharmacist	QLD	SA	TAS	VIC	WA	Total
2013/14	10	3	1	3	2	19

Table PH6: Notifications closed by state or territory

Pharmacist	ACT	NT	QLD	SA	TAS	VIC	WA	2014 Subtotal	NSW	2014 Total	2013 Total	2012 Total
Closed 2013/14	6	5	90	16	15	118	36	286	178	464	396	287

Table PH7: Stage at closure for notifications closed (excluding NSW)

Stage at closure	
Assessment	157
Health or performance assessment	13
Investigation	90
Panel hearing	14
Tribunal hearing	12
Total	286

Table PH8: Outcome at closure for notifications closed (excluding NSW)

Outcome at closure	
No further action	136
Health complaints entity to retain	6
Caution	104
Reprimand	6
Accept undertaking	9
Impose conditions	19
Suspend registration	3
Practitioner surrendered registration	2
Cancel registration	1
Total	286

Members of the Pharmacy Board of Australia

- Adjunct Associate Professor Stephen Marty (Chair)
- Mrs Rachel Carr
- Mr Trevor Draysey
- Mr John Finlay
- Mr Ian Huett
- Mr William Kelly
- Mr Gerard McInerney
- Ms Karen O'Keefe
- Ms Bhavini Patel
- Mr Brett Simmonds
- Dr Katherine (Katie) Sloper
- Dr Rodney Wellard

Pharmacy Board National Committees

- Ms Jennifer Bergin
- Mr Kenneth Cox
- Mrs Helen Dowling
- Mr Mark Dunn
- Mr Vaughn Eaton
- Professor Michael Garlepp
- Ms Aspasia (Sia) Hassouros
- Ms Suzanne Hickey
- Mr Peter Kern
- Mr Peter Mayne
- Mrs Julianna Neill
- Mrs Manal Oz
- Ms Karen Samuel
- Mrs Helgi Stone
- Mr Tim Tran

The Board was supported in 2013/14 by Executive Officer Mr Joe Brizzi, Senior Policy Officer, Ms Michelle Pirpinias and Support Officer, Ms Casey Ip.

More information about the work of the Board is available at: www.pharmacyboard.gov.au

Physiotherapy Board of Australia

Message from the Chair

During 2013/14, the membership of the Physiotherapy Board of Australia ('the Board') remained unchanged. I would like to thank each of the Board members for their support over this period. I acknowledge their skill, expertise, commitment and hard work in fulfilling their statutory roles and responsibilities, that is fundamental to delivering the National Registration and Accreditation Scheme for physiotherapists.

The Board also continues to be well supported by AHPRA. On its behalf, I thank the Chief Executive, Martin Fletcher, and the entire AHPRA team for their ongoing partnership with the Board. In particular, I acknowledge the efforts of the Executive Officer, Jill Humphreys, and Support Officer, Lara Ketelaars. Their support and hard work is invaluable.

The Board progressed several important bodies of work in 2013/14 that will significantly influence and shape its activities over the coming year. This includes overseeing and contributing to projects to:

- review the accreditation functions provided by its appointed accreditation authority, the Australian Physiotherapy Council, and
- in partnership with the Physiotherapy Board of New Zealand, to deliver the new entry-level qualifying statements for the profession of physiotherapy in both countries.

The Board also started work on developing its role in fulfilling the objectives of the National Law on health workforce reform. Following Health Ministers' decision to approve the Health Professionals Prescribing Pathway in November 2013, the Board has begun work with its key stakeholders to explore the possibilities for endorsements on registration for prescribing scheduled medicines. Along with the other 13 National Boards, it also approved the National Scheme regulatory principles to guide decision-making in all aspects of its work and that of its delegated committees. Implementing these principles will involve further entrenching a risk-based regulation approach that aims to focus regulatory effort on the areas of greatest potential harm to the public.

The National and Victorian Registration and Notifications Committees of the Board started operations in November 2013 and December 2013, respectively. This change to a centralised committee structure has been one of the most significant areas of work for the Board over the last year. Under the chairmanship of Dr Charles Flynn, both committees have worked tirelessly with outstanding commitment to develop their roles and exercise wise judgment in their consideration of individual matters. On behalf of the Board, I pass on my sincere thanks to the members of both committees for their hard work, skill and expertise.

The Board relies on a number of practitioners at essential times to assess and review physiotherapists, provide expert advice, supervise students and overseas trained physiotherapists, and provide support to colleagues. Such contributions are highly valued by the Board. I also pass on my sincere thanks to everyone who has provided their skill, expertise and time in taking on these critical roles.

Mr Paul Shinkfield
Chair, Physiotherapy Board of Australia

Major outcomes/achievements 2013/14

- The start of a National Registration and Notifications Committee and a Victorian Registration and Notifications Committee of the Board, replacing previous state and territory boards.
- Registrant fees have again been reduced for the next registration period to $159. This reduction is a direct result of the efficiencies developed by the Board under the National Scheme, including the above change to its committee structure to one that matches more closely with the needs of the profession.
- The continuation of the bi-national project to develop shared entry-level qualifying statements for the physiotherapy profession in Australia and New Zealand, which will provide a clear and robust

platform for a bolder vision for the profession in the coming years. This work, on the Australian side, incorporates a review of the existing *Standards for physiotherapy*. Broad stakeholder engagement, seeking cross-profession buy-in, is integrated into the principles of the project. It has been particularly pleasing to strengthen our ties with our New Zealand counterparts through this project and on other issues of mutual interest.

- The first in-depth analysis of data provided via the physiotherapy workforce survey, conducted by Health Workforce Australia in conjunction with data collected by the Board through AHPRA, since the start of the National Scheme. The Board is using this work to assist it in identifying gaps in the workforce and in its consideration of regulatory measures to facilitate workforce reform.
- Approval of the cross-professional regulatory principles to guide decision-making in all aspects of the Board's work.

Stakeholder engagement

The Board's relationships with its major stakeholders have been strengthened over the last year. This has been achieved through regular meetings and close consultation during the revision of registration standards, codes and guidelines. On behalf of the Board, the Chair attended regular meetings and provided presentations to the Australian Physiotherapy Association, the Council of Physiotherapy Deans Australia and New Zealand, the NSW Physiotherapy Council and the Australian Physiotherapy Council. We look forward to continuing to build these important relationships over 2014/15.

On behalf of the Board, the Chair travelled to the World Health Professions Regulation Conference in Geneva in May 2014. Here he also attended a face-to-face meeting as Deputy Chair of the International Network of Physical Therapy Regulation Authorities (INPTRA). The Board is an active member of INPTRA and is contributing to developing its international profile, including a presentation on regulatory issues at the World Confederation for Physical Therapy Conference in Singapore in 2015. The Chair also attended in the Health Regulatory Authorities of New Zealand (HRANZ) Conference in Wellington, New Zealand and a meeting of the Physiotherapy Board of New Zealand.

Apart from providing invaluable opportunities to consolidate and develop relationships, connecting with these international regulators provides important insights into issues across the global health regulation environment. This includes fostering a deeper understanding of the similarities and differences in regulatory models and opportunities to consolidate approaches on major issues, including the international mobility of physiotherapists.

The Board published three registrant newsletters in 2013/14 and continues to publish a Communiqué on the Board website immediately after each monthly Board meeting.

Priorities for the coming year

The main priorities for the Board in the coming year are:

Continued review of standards, codes and guidelines

The Board is continuing a review of its existing registration standards, codes and guidelines that were first implemented at the start of the National Scheme in July 2010. As part of the process, the Board will ensure wide-ranging consultation with its stakeholders. Consultation will be coordinated with the other 2010 professions under the National Scheme in order to maximise the opportunities for input from important stakeholders. The Board works closely with other professions in the scheme to achieve the greatest consistency possible, and to ensure fairness, transparency and effectiveness of its requirements under the National Law.

Accreditation functions

The Board will consolidate agreed work priorities with the Australian Physiotherapy Council to ensure robust, best-practice, transparent and accountable accreditation processes are part of the business-as-usual approach to this important aspect of the Board's work.

Workforce reform

The Board will be progressing work started in 2013/14 on exploring the potential for endorsements for prescribing scheduled medicines, as well as other initiatives to facilitate the development of the physiotherapy workforce to meet the needs of the Australian health system.

Board-specific registration and notifications data 2013/14

On 30 June 2014, there were 26,123 registered physiotherapists across Australia. This is an increase of 5.75% over the previous year. NSW has the largest number of registered physiotherapists (7,578), followed by Victoria with 6,412 registrants. There were 11,774 registrants (45.1%) aged under 35.

There were 134 notifications received in 2013/14 about 0.5% of the registrant base. This is an increase of 61% over the 83 notifications received in 2012/13. Of the 134 notifications received in 2013/14, 102 notifications were lodged outside NSW. More notifications were lodged in Queensland (39) than in any other state.

Of the 104 notifications closed in 2013/14, 73 notifications were lodged outside NSW. Of these,

49 were closed after assessment, three were closed after a panel hearing (2) or a tribunal hearing (1), and the remaining 21 notifications were closed after an investigation (16) or a health or performance assessment (5).

In 56 of the closed cases managed outside NSW, the Board determined that no further action was required (47 cases), or that the notification would be most appropriately handled by the health complaints entity that had received the notification (9). In eight cases the practitioner was issued a caution (7) or a reprimand (1), and in the remaining nine cases, conditions were imposed (3) or an undertaking accepted from the practitioner (6).

Concerns raised about advertising during the year were managed by AHPRA's statutory offences unit and are reported on page 119.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

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

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more, or
- have or may have an impairment, or
- have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

Immediate action was taken by the Board in three cases in Queensland during the year. Integrated data for all professions including outcomes of immediate actions taken are published in Table N10 (page 139). More information about immediate action is published on our website under *Notifications*.

Table PHY1: Registrant numbers at 30 June 2014

Physiotherapist	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total	% change from prior year
2013/14	489	7,578	173	4,823	2,175	426	6,412	3,207	840	26,123	5.75%
2012/13	467	7,191	156	4,594	2,017	399	6,166	3,052	661	24,703	5.11%
2011/12	441	6,888	145	4,379	1,928	394	5,904	2,798	624	23,501	4.99%
% change from prior year	4.71%	5.38%	10.90%	4.98%	7.83%	6.77%	3.99%	5.08%	27.08%		

*Principal place of practice

Table PHY2: Registered practitioners by age

Physiotherapist	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available	Total
2013/14	1,740	5,479	4,555	3,445	2,829	2,332	2,096	1,930	972	479	184	58	24		26,123
2012/13	1,636	5,092	4,282	3,214	2,745	2,234	2,094	1,822	891	459	164	39	24	7	24,703
2011/12	1,644	4,741	4,041	3,007	2,638	2,215	2,103	1,639	818	425	155	48	11	16	23,501

Table PHY3: Notifications received by state or territory

Physiotherapist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	1	10	39	14	2	28	8	102	32	134
2012/13		2	16	10	1	15	9	53	30	83
2011/12	4	4	15	13		20	5	61	27	88

Table PHY4: Per cent of registrant base with notifications received by state or territory

Physiotherapist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	0.2%	2.9%	0.6%	0.6%	0.5%	0.4%	0.2%	0.5%	0.4%	0.5%
2012/13		1.3%	0.3%	0.5%	0.3%	0.2%	0.3%	0.3%	0.4%	0.3%
2011/12	0.9%	2.8%	0.3%	0.6%		0.3%	0.2%	0.4%	0.3%	0.3%

Table PHY5: Immediate action cases by state or territory (excluding NSW)

Physiotherapist	QLD	Total
2013/14	3	3

Table PHY6: Notifications closed by state or territory

Physiotherapist	ACT	NT	QLD	SA	TAS	VIC	WA	2014 Subtotal	NSW	2014 Total	2013 Total	2012 Total
2013/14	1		28	15		22	7	73	31	104	80	79

Table PHY7: Stage at closure for notifications closed (excluding NSW)

Stage at closure	
Assessment	49
Health or performance assessment	5
Investigation	16
Panel hearing	2
Tribunal hearing	1
Total	73

Table PHY8: Outcome at closure for notifications closed (excluding NSW)

Outcome at closure	
No further action	47
Health complaints entity to retain	9
Caution	7
Reprimand	1
Accept undertaking	6
Impose conditions	3
Total	73

Members of the Physiotherapy Board of Australia

- Mr Paul Shinkfield (Chair)
- Ms Alison Bell
- Mr Tim Benson
- Ms Anne Deans
- Dr Charles Flynn
- Ms Kim Gibson
- Mrs Lynette Green
- Mrs Kathryn Grudzinskas
- Mr Peter Kerr AM
- Mrs Elizabeth Kosmala OAM
- Ms Karen Murphy
- Ms Philippa Tessmann

National Registration and Notifications Committee

- Dr Charles Flynn (Chair)
- Ms Alison Bell
- Ms Josephine Bills
- Mr David Cross
- Ms Cherie Hearn
- Mr Peter Kerr AM
- Ms Fiona McKinnon
- Ms Ann Nelson
- Mr Michael Piu

Victorian Registration and Notifications Committee

- Dr Charles Flynn (Chair)
- Dr Leslie Cannold
- Ms Maureen Capp
- Mr Mark Hindson
- Ms Fiona McKinnon

During 2013/14, the Board was supported by Executive Officer Ms Jill Humphreys.

More information about the work of the Board is available at: www.physiotherapyboard.gov.au

Podiatry Board of Australia

Message from the Chair

The Podiatry Board of Australia has experienced a very busy 12 months, with much of the time dedicated to reviewing and refining standards, guidelines, policies and processes. The Board's focus always remains on public safety, ensuring that all registered podiatrists and podiatric surgeons practise in a safe, competent and ethical manner.

It is now four years since the start of the National Scheme and the Board, in partnership with AHPRA, has continued to work on strategic priorities such as national consistency and the provision of appropriate guidance to the podiatry profession to enable the delivery of high-quality health regulation in Australia. The National Boards have endorsed regulatory principles that will guide them when making decisions and underpin the work of the National Boards and AHPRA in regulating Australia's health practitioners, in the public interest.

I would like to thank Mr Martin Fletcher, AHPRA CEO, and all of the AHPRA staff for their ongoing commitment in supporting and providing guidance to the Board. I would also like to thank our accreditation authority, the Australian and New Zealand Podiatry Accreditation Council (ANZPAC), who have made a significant contribution to the work of the Board through their independent and professional assessment and accreditation of podiatry courses, which has ensured that podiatry graduates have the necessary skills and competencies to practise safely in Australia.

I would also like to thank my fellow members of the Podiatry Board of Australia for their ongoing hard work and contribution and joint sense of purpose that has enabled the Board to effectively deliver its regulatory functions. Over the last year the Board has participated in forums with practitioners in different states and territories, as well as regularly meeting with our main professional stakeholders. These meetings help to keep the Board 'in touch' with the profession, inform the Board of emerging issues and enable us to respond appropriately where necessary.

Our newsletter, which is published twice a year, helps the Board to inform the profession about topics of relevance to the profession and regulation. Due to the very positive response to the newsletter, the Board plans to publish three newsletters in the coming year.

Another milestone for the Board this year was the start of the first audit against the core registration standards and we look forward to the outcome of this process.

Ms Catherine Loughry
Chair, Podiatry Board of Australia

Major outcomes/achievements 2013/14

Review of standards and guidelines

The Board continued the substantial body of work it started in the previous year on the review of its standards and guidelines that have been in place since the start of the National Scheme in July 2010.

The Board released the following proposed revised standards and guidelines for the podiatry profession for public consultation in May 2014:

- CPD registration standard and guidelines
- Recency of practice registration standard and guidelines
- Professional indemnity insurance (PII) arrangements registration standard
- Guidelines for infection control

The Board also continued its work on the review of the:

- endorsement for scheduled medicines registration standard and guidelines and has utilised the expertise of its Scheduled Medicines Advisory Committee to inform the review, and
- guidelines for podiatrists working with podiatric assistants in podiatry practice.

One of the benefits of the National Scheme is the opportunity it provides for National Boards to work together on issues that are common to the

professions regulated under the National Scheme, with a view to harmonisation of requirements across professions where this is appropriate. The Podiatry Board worked with other National Boards on the review of largely common codes of conduct; registration standards for English language skills; criminal history registration standards; advertising guidelines; guidelines for mandatory notifications; and a new social medical policy.

The revised code of conduct, guidelines for advertising regulated health services, guidelines for mandatory notifications and the new social media policy were approved by National Boards and came into effect on 17 March 2014.

Commencement of the Board's first audit of practitioners

The Board started its first practitioner audit in February 2014. Practitioner audits are an important part of the way that the Board can protect the public by checking compliance with the Board's mandatory registration standards through a random sample of practitioners. The audit helps to make sure that practitioners are meeting the required standards and provide important assurance to the Board and the community. Practitioners selected for audit were requested to provide evidence that they meet the requirements of the standards being audited. The Board looks forward to receiving a report on the outcome of the audit.

Review of the entry level accreditation standards and competency standards for podiatry

Accreditation standards are used to assess whether a podiatry program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes to practise the podiatry profession.

The current accreditation standards for entry level podiatry programs of study transitioned on 1 July 2010 under the National Law as approved accreditation standards for the podiatry profession in Australia. The accreditation standards were due for review in 2014 and the Board has engaged its accreditation authority, the Australian and New Zealand Podiatry Accreditation Council (ANZPAC), to review the accreditation standards, together with the competency standards for podiatry, which are also due for review.

This important piece of work will ensure that the accreditation and competency standards for podiatrists continue to represent contemporary best practice, and benchmark well against other health profession standards both nationally and internationally. ANZPAC will undertake wide-ranging consultation as part of the review. It is anticipated that the review will be completed by March 2015.

Board effectiveness workshop and planning

As part of its ongoing strategic planning process, the Board participated in a Board effectiveness workshop in July 2013, in which members reflected on processes, behaviours and relationships to identify the main areas where the Board could improve and streamline its operations.

The Board considered recommendations from the workshop and incorporated outcomes into its work-plan for 2014/15.

Stakeholder engagement, professional standards

The Board continued to engage with registrants and stakeholders. As part of the Board's engagement strategy it hosted forums for podiatry practitioners in Canberra (October 2013) and in Melbourne (March 2014); held Board meetings in Canberra (October 2013) and Hobart (May 2014) and met with major stakeholders in these jurisdictions including state associations; continued to meet at least quarterly with the Australasian Podiatry Council and ANZPAC and annually with the Podiatrists Board of New Zealand; presented at association events and conferences; and distributed newsletters to all registrants in November 2013 and June 2014.

Priorities for the coming year

Finalise standards and guidelines

One of the main priorities for the Board in the coming year will be to complete the review of the registration standards and guidelines that have been in place since July 2010, in line with good regulatory practice. The Board will work with other National Boards to achieve consistency across standards and guidelines where possible and will ensure that there is wide-ranging consultation on the proposed revised standards and guidelines. The revised standards and guidelines will help to protect the public through setting appropriate professional standards and providing guidance to registered podiatrists and podiatric surgeons to ensure that they maintain high levels of professional competence and practise safely.

Survey of registrants

An important component of the Board's strategic plan and its supporting work-plan is its commitment to evidence-based decision-making. The Board has identified a number of potential projects for further consideration, including identifying areas where new standards, guidelines or policies may be required, and identifying and pursuing options for more effective communication with registered practitioners.

The Board has decided to conduct a survey of registrants to inform the Board's planning, particularly when considering the development of future policy

relating to the Board's functions, the preparation and distribution of guidance materials for the profession, and the development of other information resources.

Continue to engage with stakeholders

The Board will continue to engage with the profession and other stakeholders to proactively support the Board's strategic plan and work-plan for 2014/15. The Board will hold meetings in capital cities across Australia and meet with local stakeholders and AHPRA staff to coincide with these meetings.

The Board will continue to present at association conferences and other events in the coming year.

Board-specific registration and notifications data 2013/14

On 30 June 2014, there were 4,129 registered podiatrists across Australia. This is an increase of 6.6% over the previous year. Victoria has the largest number of registered podiatrists (1,318), followed by NSW with 1,076 registrants. There were 1,855 registrants (44.9%) aged under 35.

There were 54 notifications received in 2013/14 about 1.2% of the registrant base; this is an increase from the 44 notifications lodged in 2012/13. Of the 54 notifications, 41 notifications were lodged outside NSW.

Of the 58 notifications closed in 2013/14, 45 notifications were managed outside NSW. Of these notifications, 25 were closed after assessment, two were closed after a panel (1) or tribunal (1) hearing and the remaining 18 notifications were closed after an investigation (12) or a health or performance assessment (6).

In 31 of the closed cases managed outside NSW, the Board determined that no further action was required (23), or that the notification would be most appropriately handled by the health complaints entity that had received the notification (8). Eight cases resulted in a caution (7) or a reprimand (1), and the remaining cases imposed conditions on the practitioner's registration (3) or accepted an undertaking given by the practitioner (3).

Concerns raised about advertising during the year were managed by AHPRA's statutory offences team and are reported on page 119.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

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

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more, or
- have or may have an impairment, or
- have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

Immediate action was initiated by the Board in three cases during the year; two cases in Queensland and one in Tasmania. Integrated data for all professions including outcomes of immediate action cases are published in Table N10 (page 139). More information about immediate action is published on our website under *Notifications*.

Table POD1: Registrant numbers at 30 June 2014

Podiatrist	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total	% change from prior year
2013/14	52	1,076	17	698	394	98	1,318	427	49	4,129	6.61%
2012/13	47	1,001	14	655	381	93	1,247	413	22	3,873	4.96%
2011/12	47	946	17	631	370	90	1,195	375	19	3,690	6.62%
% change from prior year	10.64%	7.49%	21.43%	6.56%	3.41%	5.38%	5.69%	3.39%	122.73%		

*Principal place of practice

Table POD2: Registered practitioners by age

Podiatrist	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available	Total
2013/14	285	875	695	551	566	418	354	205	103	44	18	8	7		4,129
2012/13	276	826	631	554	517	400	324	180	89	42	16	4	8	6	3,873
2011/12	325	744	585	545	486	370	299	164	78	45	16	6	9	18	3,690

Table POD3: Notifications received by state or territory

Podiatrist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14			12	7	3	12	7	41	13	54
2012/13		1	13		1	10	7	32	12	44
2011/12		1	6	4	1	10	3	25	18	43

Table POD4: Per cent of registrant base with notifications received by state or territory

Podiatrist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14			1.3%	1.8%	3.1%	0.9%	1.6%	1.2%	1.0%	1.2%
2012/13		7.1%	1.8%		1.1%	0.8%	1.2%	1.0%	1.1%	1.0%
2011/12		5.9%	0.8%	1.1%	1.1%	0.8%	0.8%	0.9%	2.4%	1.3%

Table POD5: Notifications closed by state or territory

Podiatrist	ACT	NT	QLD	SA	TAS	VIC	WA	2014 Subtotal	NSW	2014 Total	2013 Total	2012 Total
			11	6	2	14	12	45	13	58	40	36

Table POD6: Immediate action cases by state or territory (excluding NSW)

Podiatrist	QLD	TAS	Total
2013/14	2	1	3

Table POD7: Stage at closure for notifications closed (excluding NSW)

Stage at closure	
Assessment	25
Health or performance assessment	6
Investigation	12
Panel hearing	1
Tribunal hearing	1
Total	45

Table POD8: Outcome at closure for notifications closed (excluding NSW)

Outcome at closure	
No further action	23
Health complaints entity to retain	8
Caution	7
Reprimand	1
Accept undertaking	3
Impose conditions	3
Total	45

Members of the Podiatry Board of Australia

- Ms Catherine Loughry (Chair)
- Mr Ebenezer Banful
- Dr Paul Bennett
- Mr Mark Bodycoat
- Associate Professor Laurie Foley
- Mr Mark Gilheany
- Mrs Anne-Marie Hunter
- Associate Professor Paul Tinley
- Ms Annabelle Williams

During 2013/14, the Board was supported by Executive Officer Jenny Collis.

More information about the work of the Board is available at: www.podiatryboard.gov.au

Psychology Board of Australia

Message from the Chair

In the fourth year of the National Scheme, the Psychology Board of Australia has undertaken an extensive review of its national and regional decision-making and accreditation arrangements to ensure they fulfil the responsibilities to protect the public and guide the profession. The outcome of this process is a set of reforms to enhance strong local state and territory presence and close engagement with individual registrants informed by national standards, codes and guidelines.

Accreditation reforms have ensured stronger governance, through balancing input from major stakeholders, with a focus on public protection and workforce development. The drafting of new flexible guidelines for intern training ensures public access to psychologists who are safe and competent in both metropolitan and rural areas.

Psychological practice is by its nature high risk, since treatment often occurs without others present and involves working with vulnerable people with serious disorders with potential for harm. The increase in complaints against psychologists shows that the National Scheme is now more visible to the public and, in response, the Board has implemented a range of protective responses to ensure public confidence in psychologists. While deregistration is the strongest response, a number of practitioners have chosen to surrender their registration, while others have had conditions on their registration imposed by the Board to ensure deficits in practice can be addressed.

The Board in particular gives thanks to AHPRA for its strong partnership, and to stakeholders for their engagement and contribution at forums, meetings and in writing to ensuring the regulation of psychologists remains fair and reasonable.

Professor Brin Grenyer
Chair, Psychology Board of Australia

Major outcomes/ achievements 2013/14

New guidelines for the 5+1 internship program released

The Board released its new guidelines for the 5+1 internship program, along with a suite of user-friendly reporting and recording forms to support the new 5+1 guidelines. The Board consulted widely with the profession and the community on the development of these guidelines. Feedback from provisional psychologists, supervisors, employers, professional associations, consumers and other stakeholders has been invaluable and is now being used to inform work on the new guidelines for 4+2 internship programs.

New Board-approved supervisor training programs

In 2013, the Board invited applications from suitably qualified and experienced individuals and organisations to deliver supervisor training programs across Australia. Multiple training providers have been approved by the Board to facilitate the delivery of supervisor training nationally – in both urban and regional areas in every state and territory. These programs have approval for five years (until 31 December 2018). Board-approved training programs provide both initial supervisor training (full training) for psychologists wishing to become a Board-approved supervisor for the first time (new supervisors), and master class training for Board-approved supervisors who wish to renew their Board-approved supervisor status every five years.

National Psychology Examination

The Board approved new guidelines for the National Psychology Examination. The guidelines specify the examination eligibility requirements, examination rules and specific exam policies. The Board previously released public consultation papers on the development of the examination in April 2011 and April 2013. Feedback received from these consultations was taken into account when approving the final guidelines. An online exam portal was launched, enabling applicants to register for the exam, complete the practice exam and access the suite of resources developed to assist applicants in preparing for the exam. A timetable of exam sittings was also published on the portal, with three sittings since July 2013.

First all-Board meeting – National and Regional Boards Retreat

The Board hosted its first all-board meeting – the National and Regional Boards Retreat – on 26 and 27 March 2014 in Sydney. All national and regional board members participated, along with members of the Psychology Council of NSW and senior AHPRA staff. The retreat provided an opportunity to reflect on the Board's role, approach to regulation, key relationships with regional and national partners, and the broader context of psychology and the community. The retreat also presented an opportunity to meet and discuss the challenges of the coming year.

Regional review

Recently the Board completed a comprehensive review of the regional governance structure. The review obtained a range of information about the functioning of regional boards, with particular emphasis on the effectiveness of the governance model, consistency in decision-making, adequacy of the policies, processes, and resources to support delegated functions, and the management of serious conduct matters. In considering this information, the Board decided to retain and strengthen the regional board model as it represents the right balance between a strong national presence and local, regional responsiveness.

Assignment of accreditation function for the psychology profession

The Board has worked towards establishing new governance arrangements for the Australian Psychology Accreditation Council (APAC), based on the 'in-principle' agreement *Future of accreditation*, reached in November 2013. These arrangements have now been finalised and agreed by APAC's three new members: the Australian Psychological Society, the Heads of Departments and Schools of Psychology Association (HODSPA) and a nominee of the Psychology Board of Australia. The Board's member nominee is an individual appointment, and Ms Kaye Frankcom has agreed to take on this important role for the next three years.

As a result, in May 2014 the Board approved the continuation of the current arrangement of exercising accreditation functions through APAC for a period of four years until 30 June 2018.

Registration standards, policies and guidelines developed/published

- New guidelines for the National Psychology Examination
- Updated interim guidelines for 4+2 internship programs
- Continued to approve the APS *Code of ethics* as the overarching code of ethics, conduct and practice for registered psychologists in Australia
- New guidelines for the 5+1 internship program
- Policy on refusing or revoking Board-approved supervisor status
- Policy on the revocation of Board-approved supervisor training provider status

Stakeholder engagement, professional standards

This year, the Board held productive dialogue with interested and engaged individuals and organisations, which has enabled the Board to adopt a position that is as fair and reasonable as possible in fulfilling its major roles: the protection of the public and guidance of the profession.

During this period, the national and regional boards participated in public, professional and educational forums in every state and territory. In addition, the National Board presented at a national conference in Cairns (October 2013), and hosted its own public forums in Adelaide (November 2013) and Melbourne (May 2014), with over 600 in attendance.

The Board distributed its newsletter, *Connections,* to all 31,000 registrants in July and November 2013, and April 2014.

Priorities for the coming year

Review of the guidelines for the 4+2 internship program together with the provisional registration standard

The current review started in early 2014 following publication of the new *Guidelines for the 5+1 internship program* on 13 December 2013, which has allowed feedback from the 5+1 consultation to be taken into account in developing a revised draft *Provisional registration standard* and 4+2 guidelines. The development of the draft revised standard and guidelines, and preliminary consultation, have now been completed. The Board plans to finalise this review in the coming year.

Psychology improvement project

The psychology improvement project initiative is the recommended outcome of the regional review. The vision of the project centres around the Board and AHPRA working in partnership to provide enhancements in the following areas: improving regional board governance and terms of reference; building capacity and capability in decision making; developing an integrated approach to policies and processes; improving the consistency and quality of AHPRA support of the regional boards; improving communications; and clarifying accountabilities to the National Board for the management of serious conduct matters.

Registrar program project

This project will review the area of practice endorsements registration standard, which includes the nine area of practice endorsements and requirements to be eligible for an endorsement. The review will also include the guidelines on psychology area of practice endorsements, which outline the requirements for obtaining and maintaining area of practice endorsement.

Board-specific registration and notifications data 2013/14

On 30 June 2014, there were 31,717 registered psychologists across Australia. This is an increase of 3.8% over the previous year. NSW has the largest number of registered psychologists (10,575), followed by Victoria with 8,603 registrants. There were 9,084 (28.6%) of practitioners aged under 35.

There were 487 notifications lodged against registered psychologists in 2013/14, including 319 outside in NSW. This is just under the 320 lodged outside NSW in 2012/13. Notifications were about 1.4% of the registrant base; this rate is lowest in Western Australia at 0.8%, and highest in the ACT and the Northern Territory at 2.2%.

There were 484 notifications closed in 2013/14, including 162 complaints in NSW and 322 outside NSW. Of these 322 notifications: 211 (65.5%) were concluded after assessment; 43 were concluded following a panel (36) or tribunal (7) hearing; and the remaining 68 were concluded after an investigation (54) or a health or performance assessment (14). For 237 cases, the Board determined that no further action was required (222), that the notifications should be referred in full or part to another body (1) or that the notification would be most appropriately handled by the health complaints entity that originally received it (14). Thirty-one cases resulted in a caution (29) or reprimand (2), and in 49 cases the practitioner gave an undertaking by in relation to improving their conduct (8) or conditions were imposed on the practitioner's registration (41). In two cases the practitioners' registration was suspended and in a further two cases, the practitioner surrendered their registration; in the final case the practitioner was fined.

Concerns raised about advertising during the year were managed by AHPRA's statutory offences unit and are reported on page 119.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

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

Immediate action was initiated by the Board in five cases during the year; four in Queensland and one in the ACT. Integrated data for all professions including outcomes of immediate actions are published in Table N10 (page 139). More information about immediate action is published on our website under *Notifications*.

Table PSY1: Registrant numbers at 30 June 2014

Psychologist	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total	% change from prior year
2013/14	832	10,575	230	5,626	1,573	527	8,603	3,340	411	31,717	3.78%
2012/13	793	10,289	219	5,444	1,525	519	8,220	3,250	302	30,561	3.09%
2011/12	794	10,066	216	5,220	1,466	524	8,009	3,082	268	29,645	1.73%
% change from prior year	4.92%	2.78%	5.02%	3.34%	3.15%	1.54%	4.66%	2.77%	36.09%		

*Principal place of practice

Table PSY2: Registered practitioners by age

Psychologist	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available	Total
2013/14	672	3,668	4,744	4,344	4,221	3,154	3,010	2,864	2,572	1,671	576	158	63		31,717
2012/13	650	3,727	4,559	4,222	3,931	2,952	3,038	2,790	2,495	1,502	498	123	73	1	30,561
2011/12	651	3,797	4,327	4,196	3,627	2,866	3,023	2,777	2,459	1,337	400	121	41	23	29,645

Table PSY3: Notifications received by state or territory

Psychologist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	21	5	112	29	11	114	27	319	168	487
2012/13	31	6	104	23	9	114	33	320	151	471
2011/12	11	6	62	26	8	96	28	237	130	367

Table PSY4: Per cent of registrant base with notifications received by state or territory

Psychologist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	2.2%	2.2%	1.8%	1.8%	1.7%	1.2%	0.8%	1.4%	1.3%	1.4%
2012/13	1.5%	2.7%	1.4%	1.4%	1.7%	1.2%	0.9%	1.3%	1.3%	1.3%
2011/12	1.3%	2.8%	1.1%	1.6%	1.3%	1.0%	0.9%	1.1%	1.0%	1.0%

Table PSY5: Notifications closed by state or territory

Psychologist	ACT	NT	QLD	SA	TAS	VIC	WA	2014 Subtotal	NSW	2014 Total	2013 Total	2012 Total
2013/14	33	4	107	31	12	106	29	322	162	484	407	303

Table PSY6: Immediate action cases by state or territory (excluding NSW)

Psychologist	ACT	QLD	Total
2013/14	1	4	5

Table PSY8: Outcome at closure for notifications closed (excluding NSW)

Outcome at closure	
No further action	222
Refer all of the notification to another body	1
Health complaints entity to retain	14
Caution	29
Reprimand	2
Accept undertaking	8
Impose conditions	41
Fine registrant	1
Suspend registration	2
Practitioner surrendered registration	2
Total	322

Table PSY7: Stage at closure for notifications closed (excluding NSW)

Stage at closure	
Assessment	211
Health or performance assessment	14
Investigation	54
Panel hearing	36
Tribunal hearing	7
Total	322

Members of the Psychology Board of Australia

- Professor Brin Grenyer (Chair)
- Professor Alfred Allan
- Ms Mary Brennan
- Mrs Kathryn Crawley
- Mr Geoff Gallas
- Emeritus Professor Gina Geffen AM
- Dr Shirley Grace
- Ms Fiona McLeod
- Ms Joanne Muller
- Mr Christopher O'Brien
- Professor Jennifer Scott (from 12 November 2013)
- Mr Radomir Stratil
- Dr Trang Thomas (leave of absence until October 2013)

Australian Capital Territory/Tasmania/Victoria Regional Board

- Mr Robin Brown
- Dr Melissa Casey (from 9 December 2013)
- Ms Anne Horner
- Mr Simon Kinsella
- Associate Professor Terrence Laidler (from 9 December 2013)
- Dr Patricia Mehegan
- Ms Clare Shann
- Dr Cristian Torres
- Dr Kathryn Von Treuer

Western Australia/Northern Territory/South Australia Regional Board

- Ms Alison Bell
- Ms Judith Dikstein
- Dr Shirley Grace
- Associate Professor David Leach
- Dr Neil McLean
- Ms Claire Simmons
- Mr Theodore Sharp
- Mrs Janet Stephenson
- Dr Jennifer Thornton

Queensland Regional Board

- Mr Kingsley Bedwell
- Mrs Jeanette Jifkins
- Professor Kevin Ronan
- Associate Professor Robert Schweitzer
- Mr Barry Sheehan
- Dr Haydn Til

New South Wales Regional Board

- Ms Trisha Cashmere
- Ms Margo Gill
- Mr Timothy Hewitt
- Mr Robert Horton
- Associate Professor Michael Kiernan
- Ms Wendy McCartney
- Dr Ann Wignall
- Ms Soo See Yeo

During 2013/14, the Board was supported by Executive Officer Ms Alessandra Peck.

More information about the work of the Board is available at: www.psychologyboard.gov.au

PART 3:
Performance reporting

Details of the registration and notifications process, and national data for 2013/14, plus year-on-year comparisons. Also data on monitoring compliance, information on accreditation work in 2013/14, and how AHPRA has supported the National Boards.

Contents

Registration

Overview

A core role of the National Boards and AHPRA is to protect the public and facilitate access to health services. One of the ways we do this is by making sure that only those practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

More information on the standards set by the National Boards is included on the website of each National Board.

The bulk of registration activity is focused on managing new applications for registration and annual renewals of registration. AHPRA registration teams also deal with applications from practitioners seeking limited and provisional registration, and issue registration certificates and certificates of registration status.

Assessing and making decisions about eligibility for registration is not just an administrative process. To undertake its statutory role responsibly, AHPRA makes sure its processes support a thorough assessment of applications for registration, in a timely way. The time it takes to assess and process applications for registration varies according to the type of registration requested and the requirements of the application. Routine applications take less time to manage and assess than more complex registration applications.

Average time taken to finalise complete applications for registration*

General registration
12 days

Limited registration
27 days
(these are the most complex applications)

Non-practising registration
7 days

Provisional registration
12 days

Specialist registration
11 days

* In calendar days

KPIs have been set for the timeliness of managing registration applications, which will be reported in our next annual report.

Common application and profession specific forms have been developed and are published on the AHPRA and National Board websites. AHPRA manages more than 370 forms including those relating to regulation and workforce surveys. We are changing our software platform so we can significantly increase the effectiveness and consistency of these forms. This includes making them easier to use from a range of devices (desktop, smartphone or tablet) and meeting accessibility requirements.

National registers

AHPRA maintains a national online register that provides public, accurate, up-to-date information about the registration status of all registered practitioners. The national register, which can be searched by name or registration number, is a real-time source of registration information for the community, health practitioners and employers. It is a critically important feature of the National Scheme to support informed consumer choice.

See page 109 for data on registrations and renewals for 2013/14.

Student register

There are currently more than 128,000 students studying to be health practitioners in Australia. AHPRA maintains a register of currently enrolled students as an unpublished part of the national register. Details are collected from 123 education providers. There are fewer education providers when compared with 2012/13 (145) because during 2013/14 a number of providers ceased offering approved courses, while other providers consolidated the courses they offered.

Registration and the National Scheme

Registration standards define the requirements that practitioners need to meet to be registered, on top of the qualifications needed to gain entry to each profession. We have established robust processes and systems that allow National Boards to consider every application carefully and assess it against the requirements for registration. The processes and other guiding material support Boards to make informed and transparent decisions and AHPRA to make sure these decisions are reflected on the national register.

AHPRA continues to build expertise and improve understanding of specialised areas of practice to ensure there is sufficient rigour in assessing more complex applications. To support this, we have centralised assessment for some professions and application types, such as podiatry endorsements for scheduled medicines and internationally qualified dental specialists.

CASE STUDY: Checks and balances before granting registration

An international medical graduate – who had not been registered or practised in Australia – applied to the Medical Board of Australia for provisional registration. He had previously applied and withdrawn his application, and AHPRA had retained his application on file. The new application included an updated curriculum vitae (CV), but the detail of his experiences as a medical practitioner overseas was not consistent in both CVs he had provided at different times to the Board. The more recent CV indicated two more years' experience as a registrar in emergency at an overseas hospital than the original CV. The applicant was asked to provide evidence to support his claim about his work history. The reference check conducted by AHPRA did not support the practitioner's claim on his CV.

The Board asked AHPRA to source international movement records from the Department of Immigration and Citizenship (DIAC). The records showed that the applicant – who by this time was living in Australia – had only been out of Australia for approximately 13 weeks during the two years his CV indicated that he had been a registrar in an emergency department overseas.

The Board has the legal power to refuse to register someone who provides false or misleading information. The Board proposed to refuse the practitioner's application for registration and invited the applicant to make a submission. After considering a written submission, the Board decided there was not adequate evidence that the applicant was suitable for registration as a medical practitioner and refused his application.

Registration types

Under the National Law, there are consistent types of registration between professions across states and territories:

- **General registration** means a practitioner is either Australian-qualified, or has met the requirements of the relevant accreditation authority for training that is recognised as equivalent to accredited training in Australia. Practitioners with general registration usually do not need to be supervised.
- **Specialist registration** means a practitioner has undergone additional training in a particular field of practice and has met the requirements of the relevant board, accreditation authority and/or specialist college to be recognised as specialising in that particular field. Specialist registration applies to the medical, dental and podiatry professions.
- **Provisional registration** is granted to new practitioners of a profession, such as medical interns. Provisional registrants are supervised and must meet a number of requirements, including regular reports on their progress from their supervisors before progressing to general registration. For some professions, provisional registration is also granted in circumstances when overseas-qualified registrants are being assessed under supervision, or for practitioners returning to the profession after a break in practice.
- **Student registration** was launched nationally in Australia in April 2011. There are currently more than 120,000 students studying to be health practitioners in Australia (see Table R3). A register of currently enrolled students is maintained by AHPRA as part of the national register, with details collected from education providers. This register is not publicly available.
- **Limited registration** covers a number of sub-types of registration, including practising in an area of need, teaching and research, and in the public interest. It applies requirements to registration, such as allowing a practitioner to practise only at a specific location and/ or in a particular field of a profession. Practitioners with limited registration must be supervised by practitioners with general registration. Many overseas-trained practitioners apply for limited registration so they may practise while undergoing further training to achieve full registration in Australia. There are specific registration application processes that apply to overseas-qualified health practitioners.
- **Non-practising registration** covers practitioners who have retired from practice, are not practising temporarily (for example, if they are on parental leave), or who are not practising in Australia but may be practising overseas.

More information about our registration processes is available at www.ahpra.gov.au/registration.

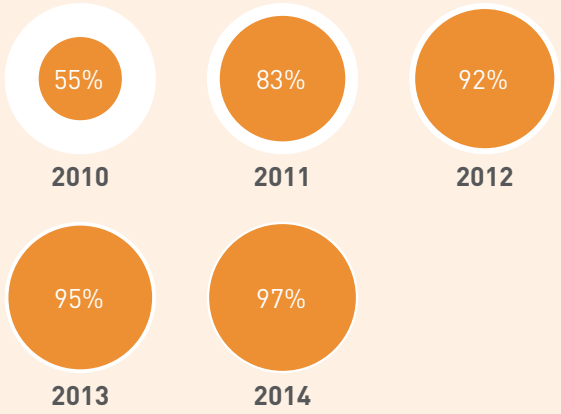
Renewals

Health practitioners in Australia must renew their registration annually. Each time they renew, they must make declarations to confirm they meet the registration standards of their National Board.

The annual registration renewal of most practitioners is coordinated into three main dates:

1. nurses and midwives are due to renew by 31 May each year
2. most of the medical profession is due to renew by 30 September each year
3. all other professions in the National Scheme are due to renew by 30 November each year.

Rates of online renewals for nurses and midwives 2010 to 2014



In 2013/14, AHPRA finalised more than 566,000 health practitioner renewal of registration applications – the largest number to date in the National Scheme.

A small team manages the national process that supports the smooth, annual renewal of registration for Australia's registered health practitioners. This involves the annual distribution of around 1,500,000 emails, 300,000 letters, 550,000 certificates of registration and the automated processing of close to 490,000 online renewals and payments. Staff in AHPRA's local offices manage the assessment of renewal applications, which cannot be renewed online, or when the practitioner declares they may not meet the relevant standards.

Online renewals have increased progressively since 2010 across all professions, dramatically in some professions. Our rates of online renewals now set international benchmarks and have grown on average across professions from 54.17% in 2010 to 96.7% in 2014.

See Table A9 in Appendix 9 for a full breakdown of online renewals.

AHPRA's systems are efficient and trusted by health practitioners.

More than 97% of all regulated health practitioners have now provided their email address to AHPRA. Direct email contact with practitioners about annual renewal of their registration has decreased the distribution of hard copy renewal applications. For example, during the May 2014 renewal period, only 11,403 nurses and midwives were posted a form. This reduced by 349,000 the number of printed forms sent during the three-month renewal period compared with 2010.

Workforce survey

When renewing their registration, practitioners are asked to complete a workforce survey to assist workforce planning. Survey responses and de-identified practitioner data for all 14 professions were released to Health Workforce Australia (HWA) and the Australian Institute of Health and Welfare (AIHW) for further analysis and publication to jurisdictions and in their publications.

A new survey application was funded by HWA and developed by AHPRA to improve the timeliness and accuracy of this survey data. The new survey

Number of registrants

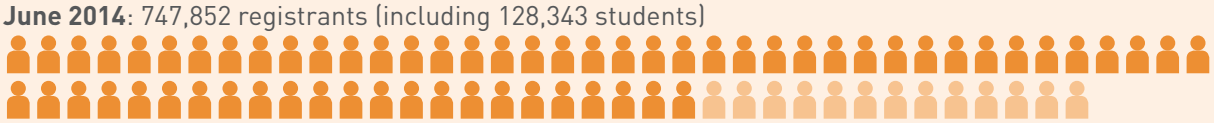
June 2010: 480,000 registrants

June 2011: 629,049 registrants (including 98,934 students)

June 2012: 659,820 registrants (including 111,292 students)

June 2013: 713,592 registrants (including 121,122 students)

June 2014: 747,852 registrants (including 128,343 students)



application was first used for the nursing and midwifery registration cycles commencing April 2013. This led to almost 94% of all nurses and midwives who renewed their registration online in May completing the workforce survey, which also met data quality targets. The same platform has now been implemented for the annual renewal of all other health professions.

Registering new graduates

Since 2010, we have progressively improved online services to support the registration of new graduates. We have worked with education providers to streamline and improve our services. This makes the process easier for graduates to navigate and more timely for employers keen to recruit new graduates to meet workforce demand.

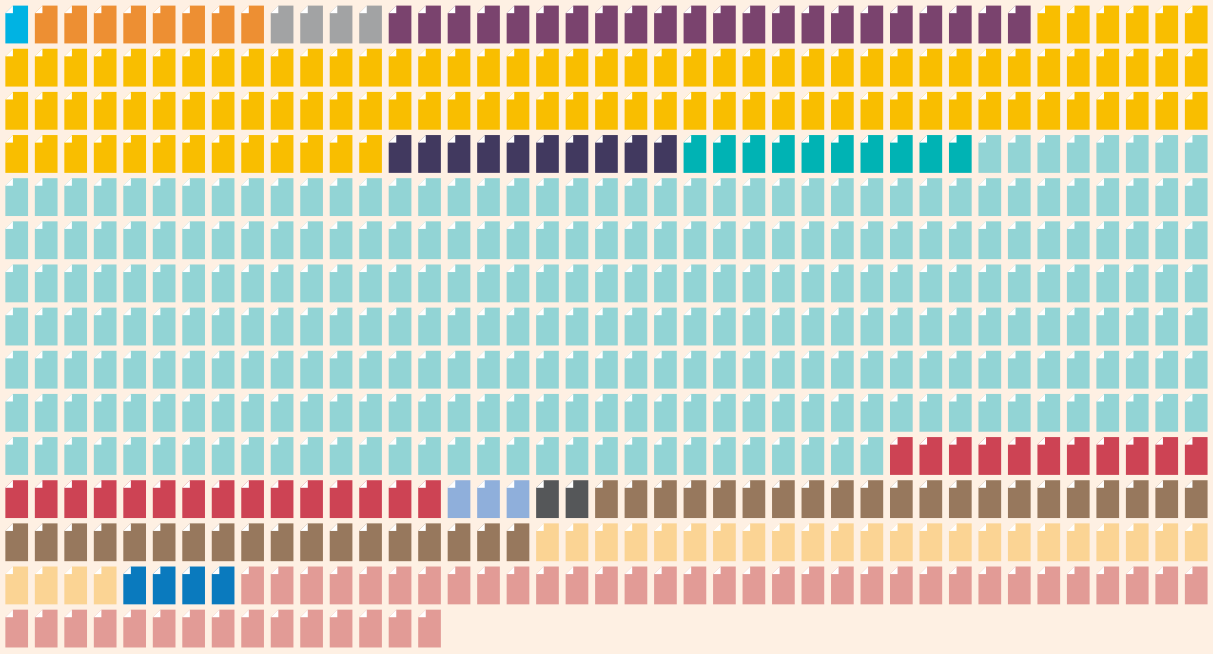
How many applications for registration were received?

In 2013/14, AHPRA received 58,789 applications for registration across all professions. This is less than the 63,113 applications received in 2012/13, and 79,355 received in 2011/12. While this may indicate a continuing trend, application numbers between 2011 and 2013 were influenced by the four professions that joined the scheme on 1 July 2012 (Aboriginal and Torres Strait Islander health practice, Chinese medicine, medical radiation practice and occupational therapy). In these years, practitioners in states and territories in which these professions were not previously registered applied for registration, leading to higher rates of initial applications.

In 2013/14, application numbers decreased across all professions other than optometry, osteopathy and podiatry, in which there was an increase in application numbers.

Applications received

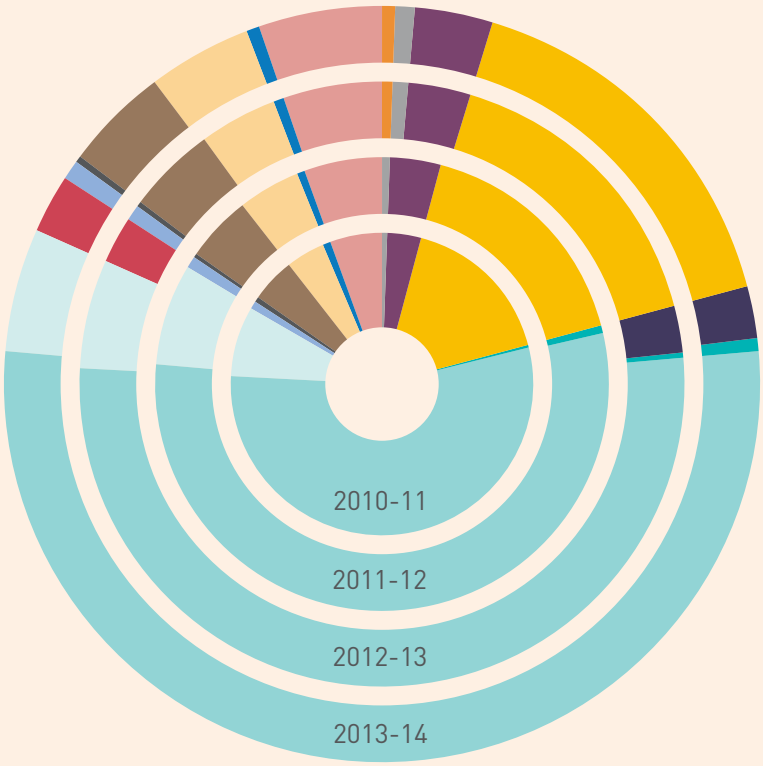
Total 2013/14 58,789 applications



- **Aboriginal and Torres Strait Islander health practitioner** 85 applications
- **Chinese medicine practitioner** 696 applications
- **Chiropractor** 370 applications
- **Dental practitioner** 1,907 applications
- **Medical practitioner** 15,425 applications
- **Medical radiation practitioner** 1,700 applications
- **Midwife** 1,704 applications
- **Nurse** 24,147 applications
- **Occupational therapist** 2,204 applications
- **Optometrist** 262 applications
- **Osteopath** 211 applications
- **Pharmacist** 3,313 applications
- **Physiotherapist** 2,332 applications
- **Podiatrist** 380 applications
- **Psychologist** 4,053 applications

The highest number of applications received continues to be from nursing and midwifery applicants, with 44% or 25,851 applications. This is followed by medicine with 26.2% or 15,425 applications, and psychology with 6.9% or 4,053 applications. NSW was most frequently nominated as the intended principal place of practice by applicants, with 16,519 applicants (28.1%). See Table A8 in Appendix 9 for a breakdown of applications for registration received by type and state/territory.

Registered practitioners – 4-year trend[1]



Notes

1. Data are based on registered practitioners as at 30 June 2014
2. National regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy, commenced on 1 July 2012
3. Practitioners who hold dual registration as both a nurse and a midwife

Profession	Total 2013-14	Total 2012-13	Total 2011-12	Total 2010-11
Aboriginal and Torres Strait Islander health practitioner[2]	343	300		
Chinese medicine practitioner[2]	4,271	4,070		
Chiropractor	4,845	4,657	4,462	4,350
Dental practitioner	20,707	19,912	19,087	18,319
Medical practitioner	99,379	95,690	91,648	88,293
Medical radiation practitioner[2]	14,387	13,905		
Midwife	3,230	2,434	2,187	1,789
Nurse	327,388	309,770	302,245	290,072
Nurse and midwife[3]	31,832	33,751	39,271	40,324
Occupational therapist[2]	16,223	15,101		
Optometrist	4,788	4,635	4,568	4,442
Osteopath	1,865	1,769	1,676	1,595
Pharmacist	28,282	27,339	26,548	25,944
Physiotherapist	26,123	24,703	23,501	22,384
Podiatrist	4,129	3,873	3,690	3,461
Psychologist	31,717	30,561	29,645	29,142
Total	**619,509**	**592,470**	**548,528**	**530,115**

Registration data 2013/14

There were 619,509 health practitioners in 14 professions registered to practise in Australia on 30 June 2014.

Holding registration means that the relevant National Board has assessed that the practitioner is safe and competent to practise in the profession. It may not mean the practitioner is actively working in that profession at the time. Registration is separate from employment.

What are the main trends in the number of registered health practitioners?

All professions experienced a growth in registration numbers since June 2013. Nursing and midwifery, the profession with the most practitioners (with 327,388 nurses, 3,230 midwives and 31,832 practitioners registered as both nurses and midwives), experienced an overall increase of 4.8% from June 2013. The number of registered nurses and registered midwives increased but, as in 2012/13, there was a drop in the number of practitioners with dual registration as both a nurse and midwife. Again in 2013/14, it would appear that a number of practitioners have chosen to continue with only one registration, although the rate of decrease in numbers with joint registration has slowed. This may reflect the impact of the registration standards introduced under the National Law relating to recency of practice and CPD, which apply separately to registration as a nurse and a midwife.

The number of medical practitioners, the second largest group (with 99,379 practitioners registered), increased by 3.86%. The number of psychologists increased by 3.78% to 31,717 practitioners; pharmacists increased by 3.45% to 28,282 practitioners; physiotherapists increased by 5.75% to 26,123 practitioners; and dentists, dental specialists, dental therapists, dental hygienists, oral health therapists and dental prosthetists, who make up dental practitioners, increased by 3.99% to 20,707.

For the four new professions that joined the scheme on 1 July 2012, two professions continue to see above average growth in the number of registrants: Aboriginal and Torres Strait Islander health practitioners increased by 14.33% to 343, and occupational therapists increased by 7.43% to 16,223. There are 4,271 registered Chinese medicine practitioners, an increase of 4.94%; and medical radiation practitioners increased by 3.47% to 14,387.

For the remaining professions: optometry increased by 3.3% to 4,788 practitioners; chiropractic increased by 4.04% to 4,845 practitioners; podiatry increased by 6.61% to 4,129 practitioners; and osteopathy increased by 5.43% to 1,865 practitioners.

Increase (percentage) in number of practitioners per profession 2012/13 to 2013/14

Aboriginal and Torres Strait Islander health practitioners	14.33%
Chinese medicine practitioners	4.94%
Chiropractors	4.04%
Dental practitioners	3.99%
Medical practitioners	3.86%
Medical radiation practitioners	3.47%
Nurses and midwives	4.8%
Occupational therapists	7.43%
Optometrists	3.3%
Osteopaths	5.43%
Pharmacists	3.45%
Physiotherapists	5.75%
Podiatrists	6.61%
Psychologists	3.78%

NSW has the largest number of registered practitioners, with 181,025 practitioners across the 14 professions. This is followed by Victoria (160,282 practitioners) and Queensland (117,622 practitioners). NSW continues to have the largest number of practitioners in each individual profession, except for midwives, osteopaths and podiatrists, for which Victoria has the largest numbers of registered practitioners, and Aboriginal and Torres Strait Islander health practitioners, for which the NT has the largest number of registered practitioners.

See *Table R1: Registered practitioners by profession by principal place of practice* and *Table R2: Registered practitioners by state, three-year trend.*

Most practitioners in Australia hold general registration, although there are more medical practitioners with general and specialist registration (48,118 practitioners) than with general registration only (32,389 practitioners) or specialist registration only (7,767 practitioners).

There are more dental practitioners with general registration (18,320 practitioners) than with general and specialist registration (1,586 practitioners) or specialist registration only (27 practitioners).

There are 4,347 medical practitioners with limited registration – typically international medical graduates working in areas of need or undertaking supervised training as they progress to general registration. The number of medical practitioners with

limited registration indicates a continuing decrease (down 15.61%). Dental practitioners with limited registration, while considerably smaller in number (324 practitioners) shows a similar level of decrease (15.63%). NSW continues to have the largest number of medical practitioners with limited registration (1,279 practitioners) and dental practitioners with limited registration (124 practitioners).

Table R1: Registered practitioners by profession by principal place of practice[1]

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP [3]	Total 2013/14	Total 2012/13[2]	Total 2011/12	% Change 2012/13-2013/14
Aboriginal and Torres Strait Islander Health Practitioner [2]	2	36	226	37	12	1	8	21		343	300		14.33%
Chinese Medicine Practitioner [2]	64	1,737	14	810	164	34	1,194	214	40	4,271	4,070		4.94%
Chiropractor	65	1,619	24	753	364	53	1,283	564	120	4,845	4,657	4,462	4.04%
Dental Practitioner	386	6,361	147	4,056	1,708	349	4,768	2,422	510	20,707	19,912	19,087	3.99%
Medical Practitioner	1,960	31,269	1,084	19,032	7,554	2,155	24,137	9,889	2,299	99,379	95,690	91,648	3.86%
Medical Radiation Practitioner [2]	251	4,812	116	2,832	1,107	284	3,592	1,246	147	14,387	13,905		3.47%
Midwife	89	699	55	540	459	11	961	322	94	3,230	2,434	2,187	32.70%
Nurse	5,089	89,946	3,647	62,226	29,949	7,899	86,647	33,364	8,621	327,388	309,770	302,245	5.69%
Nurse and Midwife [4]	606	9,795	538	6,363	2,282	667	8,199	3,114	268	31,832	33,751	39,271	-5.69%
Occupational Therapist [2]	261	4,592	137	3,174	1,298	263	3,976	2,397	125	16,223	15,101		7.43%
Optometrist	74	1,632	29	950	246	86	1,224	386	161	4,788	4,635	4,568	3.30%
Osteopath	34	529	1	166	34	40	979	56	26	1,865	1,769	1,676	5.43%
Pharmacist	469	8,769	212	5,536	2,033	679	6,985	3,046	553	28,282	27,339	26,548	3.45%
Physiotherapist	489	7,578	173	4,823	2,175	426	6,412	3,207	840	26,123	24,703	23,501	5.75%
Podiatrist	52	1,076	17	698	394	98	1,318	427	49	4,129	3,873	3,690	6.61%
Psychologist	832	10,575	230	5,626	1,573	527	8,603	3,340	411	31,717	30,561	29,645	3.78%
Total 2013/14	10,723	181,025	6,650	117,622	51,352	13,572	160,286	64,015	14,264	619,509			4.56%
Total 2012/13 [2]	10,365	172,556	6,354	113,197	49,857	13,176	153,774	62,057	11,134		592,470		
Total 2011/12	9,601	160,545	5,581	103,730	46,397	12,489	143,643	55,729	10,813			548,528	

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 practitioners, medical radiation and occupational therapy practitioners, started on 1 July 2012.
3. No principal place of practice (PPP) will include practitioners with an overseas address.
4. Practitioners who hold dual registration as both a nurse and a midwife.

Table R2: Registered practitioners by state, three-year trend[1]

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total
Total 2013/14	10,723	181,025	6,650	117,622	51,352	13,572	160,286	64,015	14,264	619,509
Total 2012/13[2]	10,365	172,556	6,354	113,197	49,857	13,176	153,774	62,057	11,134	592,470
Total 2011/12	9,601	160,545	5,581	103,730	46,397	12,489	143,643	55,729	10,813	548,528

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 practitioners, medical radiation and occupational therapy practitioners, started on 1 July 2012.

There are 399 medical practitioners with limited registration (public interest – occasional practice), a type of registration only available as a one-off transition to the National Scheme. It only applied to practitioners who, on 30 June 2010 (or 18 October 2010 for practitioners in WA), held a type of registration that allowed them to refer and/or prescribe, but not receive a fee for providing that service. The National Law does not allow the National Board to grant this type of registration to new applicants and limited these practitioners to three renewals of registration in the National Scheme. Most of these practitioners have now renewed three times in the National Scheme. These practitioners were all contacted individually during the year and given the option of applying for general or non-practising registration or allowing their registration to lapse. The remaining 399 registrants with this registration type will be offered this choice during 2014/15.

Nursing and midwifery has the largest number of practitioners with non-practising registration (4,747), followed by medicine (2,477) and psychology (1,390). See Table A1 in Appendix 9 for a full breakdown of registered practitioners by profession, principal place of practice and registration type.

How many students are registered?

Under the National Law, the National Boards for each of the 14 professions have the power to register students. Student registration started on 31 March 2011 for chiropractic, dental, medical, nursing, midwifery, optometry, osteopathy, pharmacy, physiotherapy and podiatry professions. On 1 July 2012, Chinese medicine, medical radiation practice, occupational therapy and Aboriginal and Torres Strait Islander health practice professions joined the National Scheme for which student registration also applies. The Psychology Board of Australia does not register students. Psychology students need to apply for provisional registration. See *Table R3: Student registration numbers.*

The register of students is not publicly available and the role of the National Boards in relation to students is limited to student health impairment matters or when there is a criminal charge or conviction of a serious nature, either of which may adversely affect public safety. National Boards have no role to play in the academic progress or conduct of students. This continues to be a core responsibility of education providers.

A clinical training education provider could be a university, registered training organisation, hospital, health facility, private practice or retail outlet (e.g. retail pharmacy). We rely on clinical training providers to notify us of students undertaking clinical training with them. Due to the nature of the clinical training provisions in the National Law, it is likely that numbers will fluctuate each year.

There were 128,343 students registered across Australia on 30 June 2014. This figure is based on data received annually from education providers about enrolled students in approved programs of study, or those undertaking clinical training. The largest numbers of students are studying nursing (64,850 students), followed by medicine (20,562) and physiotherapy (8,639). Most students (120,459) were undertaking approved programs of study (a course approved by a National Board which leads to general or provisional registration).

Student numbers are derived from student data updates supplied by education providers in March and August each year. As such, numbers are cumulative and reflect the number of students who still had an active registration on 30 June 2014, based on the expected completion date supplied by the education provider. Therefore, in some instances, these numbers may not align with student numbers collected by other entities whose data fluctuates based on student participation. AHPRA continues to work with education providers to ensure that the data they provide for student registration are accurate and complete.

How old are registered practitioners?

The largest group of registered practitioners across the 10 professions is aged 30 to 34 years (78,693 practitioners), followed by practitioners aged 25 to 29 years (77,524 practitioners). As would be expected, practitioners are spread relatively evenly across the age groups between 35 and 59 years of age, with slight peaks in the 40-44 and 50-54 age groups. After the age of 60 there is a marked decrease in the number of practitioners. The age group 25 to 35 years represents 25.2% of the total number of registered practitioners. The smallest group of registered practitioners across the professions is aged 80-plus years (1,799 practitioners), representing 0.3% of the total number of registered practitioners.

Table R3: Student registration numbers[1]

Profession	Approved program of study[2] students by expected completion date	Clinical training[3] students by expected completion date	Total 2013/14
Aboriginal and Torres Strait Islander Health Practitioner	78	-	78
Chinese Medicine Practitioner	1,549	2	1,551
Chiropractor	1,105	414	1,519
Dental Practitioner	4,087	-	4,087
Medical Practitioner	19,301	1,261	20,562
Medical Radiation Practitioner	3,021	799	3,820
Midwife	3,879	11	3,890
Nurse	64,175	675	64,850
Occupational Therapist	5,311	1,347	6,658
Optometrist	1,407	322	1,729
Osteopath	1,093	322	1,415
Pharmacist	7,512	237	7,749
Physiotherapist	6,313	2,326	8,639
Podiatrist	1,628	168	1,796
Total	120,459	7,884	128,343

Notes:

1. These figures are based on current active students who appear on the student register with an expected completion date indicating that study is still occurring. This information is reliant on data provided by education providers. AHPRA continues to work with the education providers to improve the exchange of information and accurately identify the status of students to ensure that information is accurate, particularly in relation to completion/cessation of students who remain on the register and categorisation of registration as clinical training or approved program of study.
2. Approved programs of study refer to those students enrolled in a course that has been approved by a National Board and leads to general registration.
3. Clinical training has been defined as any form of clinical experience (also known as clinical placements, rotations, etc.) in a health profession that does not form part of an approved program of study AND the person does not hold registration in the health profession in which the clinical training is being undertaken. This obligation is imposed by Section 91 of the National Law. This might apply, for example:
   a. when an overseas student arranges a clinical placement as part of the course requirements set out by the education provider in their home country
   b. when an education provider is running a course that is accredited by an accreditation authority but has not yet been approved by a National Board
   c. when an education provider is running a course that has not yet been accredited by an accreditation authority or approved by a National Board.
4. A clinical training education provider could be a university, registered training organisation, hospital, health facility, private practice or retail outlet (e.g. retail pharmacy). Due to the nature of the clinical training provisions in the National Law, it is likely that numbers will fluctuate each year.

The medical profession has the largest proportion of practitioners aged 80-plus years (1.4% of medical practitioners), followed by pharmacy (0.5% of pharmacy practitioners). Medical radiation has the largest proportion of practitioners aged under 25 years (8.5% of medical radiation practitioners), followed closely by midwifery (8.4% of midwives). On a per-profession basis, the largest age groups are:

- Aboriginal and Torres Strait Islander health practitioners: 40 to 44 years (18.7%)
- Chinese medicine practitioners: 50 to 54 years (14.3%)
- chiropractors: 25 to 29 years (16.1%)
- dental practitioners: 30 to 34 years (15.3%)
- medical practitioners: 35 to 39 years (13.6%)
- medical radiation practitioners: 25 to 29 years (20.8%)
- nurses and midwives: 50 to 54 years (13.4%)
- occupational therapists: 25 to 29 years (22.7%)
- optometrists: 25 to 29 years (14.6%)
- osteopaths: 30 to 34 years (21.6%)
- pharmacists: 25 to 29 years (22.1%)
- physiotherapists: 25 to 29 years (21%)
- podiatrists: 25 to 29 years (21.2%)
- psychologists: 30 to 34 years (15%).

In previous annual reports, the age of a number of practitioners was unknown, as the previous state and territory boards did not necessarily record this data. In 2013/14, all data gaps have been eliminated and this report incorporates age information relating to every registrant.

See Tables A3, A4 and A5 in Appendix 9 for full details of registered practitioners by profession and age range.

What is the gender of registered practitioners?

There are more females than males practising psychology, nursing and midwifery, podiatry, physiotherapy, pharmacy, occupational therapy, medical radiation and Aboriginal and Torres Strait Islander health practice. In Chinese medicine and osteopathy, there are also more females than males but the numbers are finely balanced: 53.4% of Chinese medicine practitioners are female and 52.9% of osteopaths. In optometry the number of male and female practitioners is also finely balanced, but for the first time there were more female than male practitioners in 2013/14 (50.2% are female).

There are more males than females practising medicine and chiropractic. Those practising in the dental profession are also predominantly male, but again the gender balance is more closely balanced (52% of dental practitioners are male).

In many cases, previous state and territory boards did not record data on gender. These gaps have now been fully addressed during 2013/14, resulting in the gender of all practitioners being recorded.

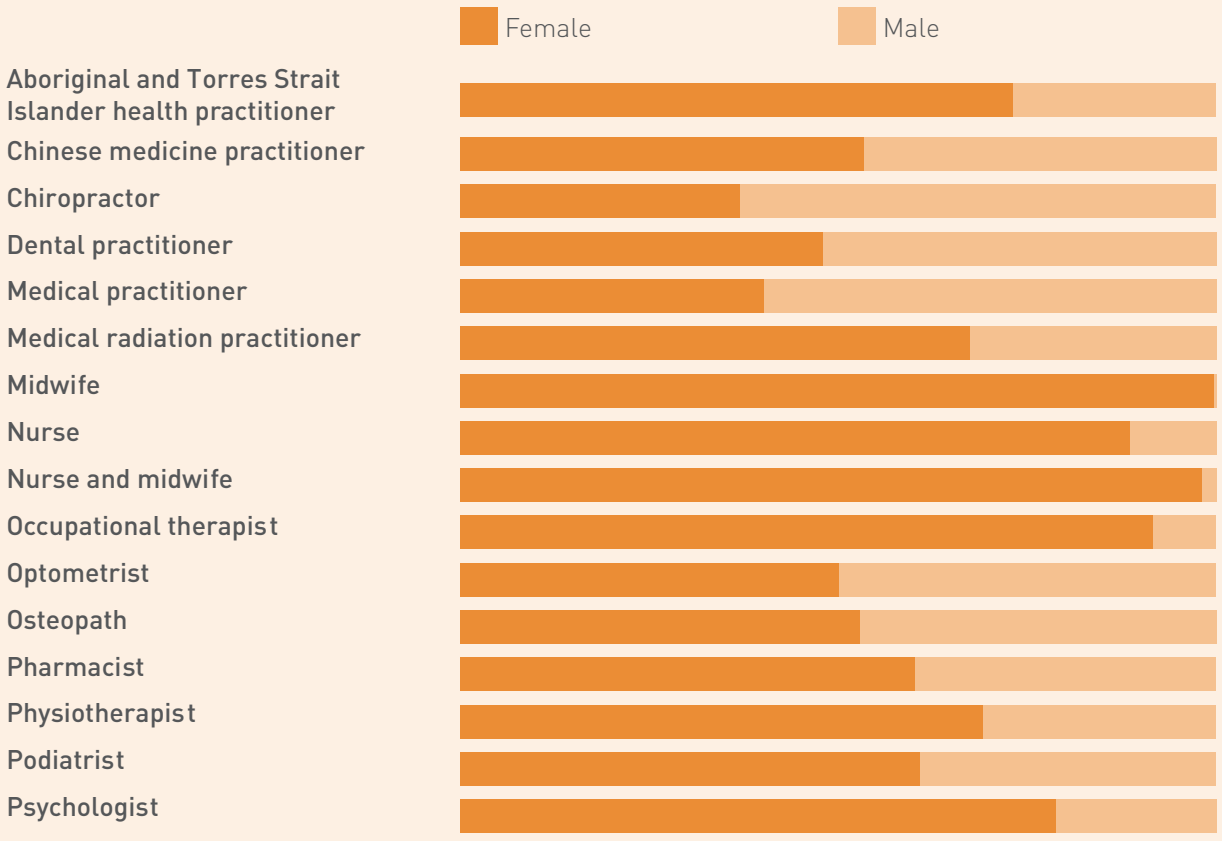
As a proportion of the total number of practitioners registered in a profession, males have the highest representation in chiropractic, with 62.9% of chiropractors recorded as male (see figure below). Females have the highest representation in midwifery, with 99.7% of midwives-only recorded as female. See Table A6 in Appendix 9 for full details of registered practitioners by profession, principal place of practice and gender.

How many practitioners have specialist registration?

The National Scheme provides for specialist registration, including approved lists of specialties and protected specialist titles for medical specialists, dental specialists and podiatric surgeons. There were 62,865 specialists registered across three professions (dental practice, medical practice and podiatry) in Australia at 30 June 2014. Of these, 1,667 practitioners were dental specialists; 61,171 were medical specialists; and 27 were podiatric surgeons.

NSW was the principal place of practice nominated by the largest groups of dental and medical specialists (nominated by 504 practitioners with a dental specialty and 19,244 with a medical specialty). WA was the principal place of practice nominated by the largest group of podiatric surgeons (13 practitioners). The largest group of practitioners with a dental specialty was registered to practise orthodontics

Registered practitioners by profession and gender as a proportion of total profession registrations



(597 practitioners), with the largest group of these nominating NSW as the principal place of practice (186 practitioners). The smallest group of practitioners with a dental specialty was registered to practise dento-maxillofacial radiology (11 practitioners).

The largest group of practitioners with a medical specialty was registered to practise in the specialty of general practice (23,624 practitioners), with the largest group of these nominating NSW as the principal place of practice (7,442 practitioners).

The smallest groups of practitioners with a medical specialty were registered to practise sports and exercise medicine (115 practitioners), and sexual health medicine (115 practitioners).

See Table A7 in Appendix 9 for a full breakdown of health practitioners with specialties.

How many practitioners have an endorsement on their registration?

Endorsement of a practitioner's registration is a mechanism under the National Law through which particular groups of practitioners who have an additional qualification or advanced practice recognised by the relevant National Board can be identified through the national register. An endorsement on registration indicates that a practitioner has expertise in an advanced area of practice, in addition to the level of training required for general registration in the profession.

Nine of the 14 professions (excluding Aboriginal and Torres Strait Islander health practice, Chinese medicine, medical radiation, pharmacy and occupational therapy) have endorsements on registration.

Table R4: Registered practitioners by profession, principal place of practice and endorsement or notation

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP [1]	Total 2013/14	Total 2012/13	Total 2011/12
Chiropractor							33			33	38	38
Acupuncture							33			33	38	38
Dental Practitioner	4	44	2	18	2	2	6	8		86	89	90
Conscious Sedation	4	44	2	18	2	2	6	8		86	89	90
Medical Practitioner	1	72	1	51	18	11	232	26		412	352	245
Acupuncture	1	72	1	51	18	11	232	26		412	352	245
Nurse [2]	41	286	24	1,040	97	30	255	190	12	1,975	1,203	1,521
Midwife Practitioner												1
Nurse Practitioner	38	255	14	293	91	25	186	177	8	1,087	763	736
Scheduled Medicines	3	31	10	747	6	5	69	13	4	888	440	784
Midwife [2]	4	74	2	128	30	9	68	49		364	177	122
Eligible Midwives [3]	2	47	2	92	19	7	48	30		247	174	121
Midwife Practitioner		1								1		
Scheduled Medicines	2	26		36	11	2	20	19		116	3	1
Optometrist	21	387	13	320	119	58	687	128	20	1,753	1,499	1,278
Scheduled Medicines	21	387	13	320	119	58	687	128	20	1,753	1,499	1,278
Osteopath							2			2	3	3
Acupuncture							2			2	3	3
Physiotherapist							9			9	9	9
Acupuncture							9			9	9	9
Podiatrist	1	4		2	7		23	27		64	51	47
Scheduled Medicines	1	4		2	7		23	27		64	51	47
Psychologist [4]	215	2,835	39	1,300	626	186	2,775	1,168	77	9,221	8,225	7,163
Area of Practice	215	2,835	39	1,300	626	186	2,775	1,168	77	9,221	8,225	7,163
Total	287	3,702	81	2,859	899	296	4,090	1,596	109	13,919	11,646	10,516

Notes:

1. No principal place of practice (PPP) will include practitioners with an overseas address.
2. 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.
3. Holds notation of Eligible Midwife.
4. See *Table R5: Nature of area of practice endorsements held by psychologists* for details.

There are 1,753 optometrists, 888 nurses, 64 podiatrists and 116 midwives with an endorsement for scheduled medicines. There are 412 medical practitioners, 33 chiropractors, nine physiotherapists and two osteopaths with an endorsement for acupuncture. There are 247 eligible midwives in Australia, with Queensland recording the highest number of eligible midwives (92). Having a notation made on the register of midwives as an eligible midwife indicates the applicant is qualified to provide pregnancy, labour, birth and postnatal care to women and their infants, including the capacity to provide associated services and order diagnostic investigations appropriate to the eligible midwife's scope of practice. An eligible midwife may also prescribe scheduled medicines in accordance with relevant state and territory legislation once an endorsement for scheduled medicines under section 94 of the National Law has been attained. In 2013/14, there were 116 midwives with this endorsement for scheduled medicines, compared with only three in 2012/13. See *Table R4: Registered practitioners by profession, principal place of practice and endorsement or notation*.

Psychology has the largest number of practitioners with an endorsement on registration (9,221 practitioners); specifically an area of practice endorsement. The approved areas of practice for endorsement of registration for psychologists are detailed in *Table R5: Nature of area of practice endorsements held by psychologists*.

Table R5: Nature of area of practice endorsements held by psychologists

	No. endorsements		
Area of practice subtype	Total 2013/14	Total 2012/13	Total 2011/12
Clinical Neuropsychology	565	521	462
Clinical Psychology	6,716	5,965	5,151
Community Psychology	56	51	48
Counselling Psychology	941	864	803
Educational and Developmental Psychology	599	516	457
Forensic Psychology	528	463	395
Health Psychology	312	272	223
Organisational Psychology	463	408	359
Sport and Exercise Psychology	94	82	69
Total [1]	10,274	9,142	7,967

Notes:

1. A number of psychologists hold one or more area of practice endorsements.

Registration division

Chinese medicine, medical radiation, nursing and midwifery, and dental practice each have divisions of practitioners, representing practitioners with different training and scope of practice contained within these professional groups.

Chinese medicine is made up of practitioners in the areas of acupuncture, Chinese herbal dispenser and Chinese herbal medicine; medical radiation comprises diagnostic radiographers, nuclear medicine technologists and radiation therapists; nursing and midwifery is made up of nurses (enrolled nurses and registered nurses) and midwives; dental practice comprises dental hygienists, dental therapists, oral health therapists, dental prosthetists, dentists (and dental specialists). Practitioners in all professions can hold registration in more than one division of that profession.

See Table A2 in Appendix 9 for full details of registered practitioners in these professions by division.

Criminal record checks

Under the National Law, applicants for initial registration must undergo criminal record checks. National Boards may also require criminal record checks at other times. Applicants seeking registration must disclose any criminal history information when they apply for registration, and practitioners renewing their registration are required to disclose if there has been a change to their criminal history status within the preceding 12 months. While a failure to disclose a criminal history by a registered health practitioner does not constitute an offence under the National Law, such a failure may constitute behaviour for which a National Board may take health, conduct or performance action.

The criminal record check is undertaken by an independent agency which provides a criminal history report. AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. The criminal history reports are used as one part of assessing an applicant's suitability to hold registration.

Results of criminal history checks

In 2013/14, AHPRA requested 61,000 criminal record checks of practitioners, 947 more than in 2012/13; an increase of 1.6%. The number of criminal record checks of practitioners had decreased in 2012/13, after the boost in the previous year (2011/12) when four new professions joined the National Scheme. This included a large number of practitioners new to national regulation.

In 2013/14, of the 61,000 criminal record checks conducted, 3,597 (6%) results indicated that the applicant had a criminal history. This proportion has varied only marginally across the last three years, as recorded in *Table R6: National comparison of criminal history checks 2011/12, 2012/13 and 2013/14.*

Table R6: National comparison of criminal history checks 2011/12, 2012/13 and 2013/14

Financial year	Number of criminal history checks conducted	Number of 'disclosable court outcomes' (DCOs)	% of DCO resulting from criminal history checks submitted
2013/14	61,000	3,597	6%
2012/13	60,053	3,284	5%
2011/12	68,627	4,067	6%

CASE STUDY: Criminal history and registration

A pharmacist declared a criminal history when she applied to renew her registration with the Pharmacy Board of Australia. Her criminal record related to the production and possession of cannabis. The independent criminal history report sourced on receiving her declaration aligned with her advice to the Board.

AHPRA contacted the pharmacist and asked her to provide a copy of the transcripts of court proceedings and magistrate's sentencing remarks. We also asked her to provide evidence that she had taken steps to move away from her past, accepted responsibility for her actions and had attended counselling to support her rehabilitation.

The pharmacist provided information to support her renewal application and made a submission to the Board. She said she had grown a cannabis plant for personal use in a stressful period in her life. She explained she had not sought counselling as she felt she said she already had insight about her lack of judgement and had changed her behaviour.

The Board considered the evidence she provided and her submission, and proposed to renew her registration with conditions. The pharmacist accepted the conditions, which required her to participate in a Board-approved education program addressing ethical decision-making, the link between personal actions and professional conduct, and public confidence in the pharmacy profession. The pharmacist was required to show evidence that she had satisfactorily completed the education within six months of obtaining Board approval for the course.

Results by jurisdiction

The National Law (sections 79 and 135) requires all criminal history to be released, regardless of where or when it originated. However, what constitutes 'criminal history' is determined by the definition in each relevant state or territory. For example, Tasmanian police include traffic offences in their definition of 'criminal history' and will release offences such as speeding and seatbelt use. Queensland police, on the other hand, do not include traffic offences in their definition of 'criminal history'.

The 3,597 results indicating the applicant had a criminal history were released to AHPRA as 'disclosable court outcomes' (DCOs). Tables R7 and R8 provide details of the number of criminal history checks conducted and the incidence of DCOs by state and profession respectively.

While NSW recorded the highest number of DCOs arising from criminal record checks, Tasmania recorded the highest proportion of DCOs returned (17% compared with an average of 6% across jurisdictions). This is a consequence of the different definitions of criminal history in each state and territory police jurisdiction. This proportional result for Tasmania is also consistent with the results from the previous year. In Victoria, only 527 (3%) of the 15,677 criminal record checks submitted returned a DCO. The Victorian jurisdiction operates under a comparatively narrower definition of 'criminal history', coupled with a relatively stringent information release policy. As a result, fewer types of information are considered to be 'criminal history' and are not released.

Table R7: Criminal history checks by state

State/territory	Number of criminal history checks conducted	Number of DCOs	% of DCOs resulting from criminal history checks submitted 2013/14	% of DCOs resulting from criminal history checks submitted 2012/13
NT	812	103	13%	12%
ACT	910	48	5%	5%
TAS	1,094	185	17%	14%
SA	5,481	465	8%	9%
WA	7,383	627	8%	9%
QLD	11,829	721	6%	6%
VIC	15,677	527	3%	2%
NSW	17,814	921	5%	6%
Total	61,000	3,597	6%	5%

Table R8: Criminal history checks by profession

Profession	Number of criminal history checks conducted	Number of DCOs	% of DCOs resulting from criminal history checks submitted 2013/14	% of DCOs resulting from criminal history checks submitted 2012/13
Aboriginal and Torres Strait Islander Health Practitioner	191	98	51%	49%
Chinese Medicine Practitioner	811	70	9%	15%
Chiropractor	752	51	7%	9%
Dental Practitioner	2,213	85	4%	4%
Medical Practitioner	12,705	390	3%	3%
Medical Radiation Practitioner	1,990	81	4%	0%
Nurse and Midwife	27,256	20,78	8%	7%
Optometrist	2,938	109	4%	5%
Osteopath	614	21	3%	6%
Occupational Therapist	561	28	5%	4%
Pharmacist	3,415	131	4%	4%
Physiotherapist	2,573	127	5%	3%
Podiatrist	736	44	6%	2%
Psychologist	4,245	284	7%	5%
Total	61,000	3,597	6%	5%

Results by profession

Most criminal history checks were conducted in the nursing and midwifery and medical professions. This is consistent with the large registrant base and large number of applications in these professions. While nursing and midwifery and medical returned the highest numbers of DCOs, the Aboriginal and Torres Strait Islander health profession returned the highest proportion of DCOs (51%).

National Boards do not consider criminal history information that is not relevant to registration as a health practitioner. Each National Board refers to their published criminal history registration standard that details what the Board expects in relation to criminal history information and how this links to registration.

Criminal history that triggered Board action

Tables R9 and R10 provide a breakdown of these cases by profession and state.

Table R10: Cases in 2013/14 where a criminal history check contributed to a decision to refuse registration, by profession and state

Profession	NSW	NT	QLD	WA	Total 2013/14	Total 2012/13
Aboriginal and Torres Strait Islander Health Practitioner		1			1	1
Chinese Medicine Practitioner						1
Medical Practitioner	1				1	
Nurse	1				1	
Total 2013/14	2	1			3	
Total 2012/13			1	1		2

Table R9: Cases in 2013/14 where a criminal history check resulted in or contributed to imposition of conditions or undertakings, by profession and state

Profession	NSW	NT	QLD	SA	TAS	VIC	WA	Total 2013/14	Total 2012/13
Aboriginal and Torres Strait Islander Health Practitioner		1						1	
Chinese Medicine Practitioner									1
Chiropractor							1	1	1
Dental Practitioner			1					1	1
Medical Practitioner	4	1		3	3			11	8
Midwife							1	1	
Nurse	2	4	16		3	13	10	48	13
Pharmacist	2		2	1		1	2	8	3
Physiotherapist	1			1				2	
Podiatrist			1					1	
Psychologist	1			1				2	
Total 2013/14	10	6	20	6	6	14	14	76	
Total 2012/13	9	2	5	1		1	9		27

Criminal history that triggered board action

National Boards took action in **79** cases as a result of the criminal history identified by the check. This represents an increase from the **29** cases when action was taken in 2012/13.

Cases in which action was taken in 2013/14

3 applications for registration were refused with the criminal history one of the considerations in the refusal

In **76** cases National Boards imposed conditions on the practitioner's registration or accepted undertakings to limit practice in some way:

In **28** cases criminal history was a direct factor for National Boards imposing conditions on registration

In **48** cases criminal history was a contributing factor for National Boards imposing conditions registration

Audit

All registered practitioners are required to comply with a range of registration standards that have been developed by the Board that registers them. The registration standards are published on the National Board websites under *Registration standards*.

Each time a practitioner applies to renew their registration they must make a declaration that they have met the registration standards for their profession.

Practitioner audits are an important part of the way that National Boards and AHPRA can better protect the public by regularly checking these declarations for a random sample of practitioners. Audits help to make sure that practitioners are meeting the standards and provide important assurance to the community and the Boards.

AHPRA has worked with National Boards to develop and implement an auditing framework to assure compliance with the registration standards through a practitioner audit project. The standards that may be audited are as follows:

- Continuing professional development (CPD)
- Recency of practice
- Professional indemnity insurance arrangements
- Criminal history.

AHPRA and the National Boards conducted pilot audits with a number of professions in 2012 and 2013 that helped determine the size, frequency and type of audits required. The pilots enabled the establishment of the ongoing audit methodology for all professions, including determining suitable sample sizes for each profession and ensuring the sample is representative of all practitioners registered within a profession across Australia in terms of age, sex and location of practice.

CASE STUDY: Audit – making sure practitioners meet Board standards

A practitioner who was registered as both a nurse and midwife was randomly selected for audit, just before she renewed her registration in 2014. As part of the audit, she was asked to provide evidence to support her declaration that she had met her Board's registration standards the previous year.

According to the evidence she provided, the practitioner did not meet the Board's recency of practice registration standard for midwifery, as she had not practised as a midwife since 1996. She had also not completed any CPD for her midwifery registration. However, she had declared that she had met both these registration standards when she applied to renew her registration in 2013. She did provide evidence that she met the registration standards in relation to nursing.

AHPRA referred the audit result to the Nursing and Midwifery Board of Australia, which considered her application for registration for the 2014 year. Because she did not have evidence of either recent practice or Replace continuing professional development with CPD, the Board proposed to refuse the practitioner's midwifery registration. The standard required her to have practised as a midwife for the equivalent of three months full time in the last five years. The Board gave her information about the pathways to retrain as a midwife if she wanted to continue this part of her registration, and told her what she had to do to meet the CPD registration standard.

The Board invited her to make a written submission about her midwifery application, which the nurse did not do. The Board registered her as a nurse, but refused to grant her midwifery registration.

The pilot audits were conducted with statistically significant sample sizes. The results revealed compliance rates of between 84% and 93% for the professions that participated in the pilot audits. Further, the statistical analysis undertaken on the pilot data supported the hypothesis that the audit samples were representative of the wider practitioner population for the professions. As such, compliance rates identified in the pilots is expected to be representative of 'whole' professions.

The results of the pilot audits, detailing the methodology, parameters and findings have been published. For the pilot audits, the key statistical results are:

Audit

Pharmacy

Estimated **92.2%** of all pharmacists currently registered would be compliant with the four registration standards

Chiropractic

Estimated **87.3%** of all chiropractors currently registered would be compliant with the four registration standards

Optometry

Estimated **90.5%** of all optometrists currently registered would be compliant with the four registration standards

Nursing and midwifery

Estimated **84.5%** of all nurses and midwives currently registered would meet both the recency of practice and continuing professional development registration standards

During 2013/14, we made the transition to a business-as-usual audit function, using the established auditing compliance framework and:

- established a permanent audit team in a single location
- developed an audit campaign that is refreshed annually, based on the standards to be audited for the 14 National Boards, ensuring national consistency
- made changes to systems to support the audit function and ensure integration with registration, notification and compliance functions, and
- improved practitioners' experience of audit by making the information we provide clearer, making it easier for practitioners to understand exactly what documentation we are asking them to provide and streamlining our audit processes.

By the end of the year, all professions had completed or nearly completed their first audit cycle. AHPRA has developed tailored, National Board-approved policies to guide AHPRA staff involved in auditing practitioners. Information to guide practitioners is published on the AHPRA and National Board websites and provided directly to practitioners being audited.

As part of continuous improvement, the results of each audit will be reviewed and modifications made to the audit framework and methodology as appropriate, ensuring robust systems and processes are maintained and applied consistently.

Statutory offences

A statutory offence refers to complaints about advertising, title and practice protections. These are covered under Part 7 of the National Law.

AHPRA manages statutory offences by:

- overseeing the management of offences under part 7 of the National Law; assessing all complaints; deciding which are potential offences under Part 7; and managing them to resolution or prosecution (see flowchart on page 120) .
- providing written advice to National Boards about Part 7 offences – explaining why they are suitable or unsuitable for prosecution.

The flowchart on page 120 outlines how we manage complaints about offences – advertising, title and practice protections.

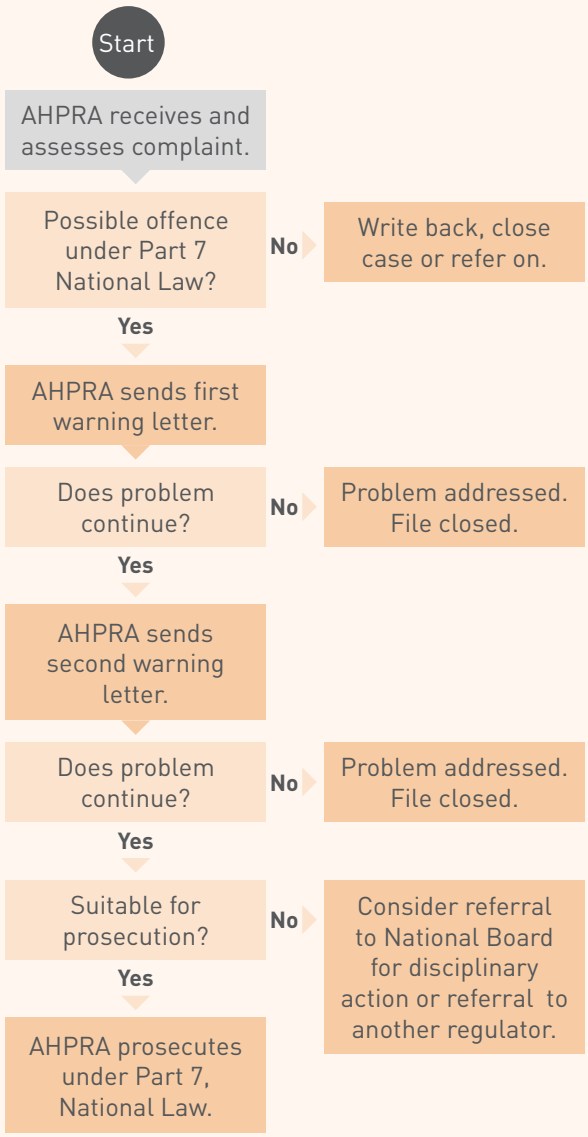
A central statutory offences unit coordinates our work in this area, working with state and territory offices and National Boards.

Advertising

The National Law (section 133) sets out the requirements about advertising regulated health services. Advertising guidelines set by each National Board guide the interpretation of the National Law and are published on each Board website. A breach of the advertising requirements in the National Law is an offence and carries a maximum fine of $10,000 for a body corporate or $5,000 for an individual per offence.

A breach of the advertising requirements in the National Law by a registered health practitioner may also constitute unprofessional conduct and/or

How we manage Part 7 offences



professional misconduct and can be dealt with by the National Boards through the disciplinary mechanisms available under the National Law. This can lead to restrictions on the practitioner's registration and ability to practise.

The National Boards rely on the public and members of the professions to bring their concerns to our attention, as advertising, particularly web-based advertising, continues to increase and can be difficult to monitor. Anyone with concerns about advertising by health practitioners, or the advertising of a regulated health service that appears to contravene the National Law or be inconsistent with the relevant advertising guidelines, should contact AHPRA.

The National Boards have *Guidelines for advertising regulated health services*, published on their individual websites, accessible through www.ahpra.gov.au.

Data on complaints about advertising are published in Tables R13 and R14.

Updated advertising guidelines

During the year, the National Boards revised their advertising guidelines to make the advertising requirements of the National Law clearer. The revised guidelines triggered a lot of discussion, particularly about the overlap between the law in relation to testimonials and the use of social media.

The National Boards revised the guidelines to make them clearer, especially in relation to social media. More on the advertising guidelines consultation and review is outlined on page 26 about our work across professions.

Other offences

AHPRA also manages complaints about title and practice protections. These are governed by Part 7 of the National Law, and are different from the issues we manage as notifications. Part 7 of the National Law restricts the use of certain health practitioner titles, prohibits a person from claiming to be registered as a health practitioner when they are not and restricts certain dental, optical appliance and spinal manipulation activities to particular registered practitioners.

An offence complaint may be about a registered health practitioner, an individual who is not registered or an organisation.

During the year, AHPRA started four prosecutions under the Part 7 of the National Law, all of which related to title protections and /or practice protections.

In 2013/14, AHPRA successfully prosecuted one individual for breaches of sections 113 and 116 of the National Law, for using the title 'psychologist' and claiming to be a registered psychologist when she had not been registered for a number of years. The Magistrates Court of Western Australia ordered her to pay fines totalling $20,000.

AHPRA is currently running five prosecutions across a number of professions, including dental, psychology, chiropractic, osteopathy and nursing and midwifery.

During 2013/14, AHPRA received a total of 846 offence complaints. Of the 489 cases closed during the year, 472 (96%) were resolved when the individual or organisation complied with AHPRA's demand to comply with the National Law, and required no further action. This has been a cost-effective strategy to manage offences, meet our responsibilities under the National Law and protect the public.

Details about our management of offences related to title and practice protection are published in Tables R15 and R16.

During 2013/14, AHPRA received a total of 547 advertising related complaints. Of the 296 cases closed during the

year, 290 (98%) were resolved when the individual or organisation complied with AHPRA's demand to amend or remove the advertising, and required no further action. AHPRA referred six practitioners to the relevant National Board for disciplinary action.

During 2013/14, AHPRA received a total of 289 offence complaints in relation to title and practice protections. Of the 157 cases closed during the year, 152 (97%) were resolved when the individual or organisation complied with AHPRA's demand to comply with the National Law and required no further action. AHPRA referred five practitioners to the relevant National Board for disciplinary action. Tables R11 and R12 contain details of all statutory offences, not just those related to advertising, title and practice protection.

Table R11: Statutory offences received in 2013/14[1]

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Aboriginal and Torres Strait Islander Health Practitioner	1	22	15	7	2		4	2	53
Chiropractor	2	70		30	22		58	27	209
Dental Practitioner	6	92		54	7	5	58	33	255
Medical Practitioner		17	1	30	10	1	42	15	116
Medical Radiation Practitioner			1		1		1		3
Midwife		2			1		1		4
Nurse		3	3	11	7		20	2	46
Occupational Therapist		2	1	2			1	2	8
Optometrist		1		4	2		1		8
Osteopath		2		1			2	1	6
Pharmacist	1	2	1	2			5	2	13
Physiotherapist		7	4	8	3		8	26	56
Podiatrist		2		3	1		3	4	13
Psychologist	9	6	2	12	6		16	4	55
Unknown							1		1
Total	19	228	28	164	62	6	221	118	846

Notes:
1. This table includes all offences from sections 113-136 of the National Law, not only offences about advertising, title and practice protection.

Table R12: Statutory offences closed in 2013/14[1]

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Chinese Medicine Practitioner	1	2		2	1		2	4	12
Chiropractor	1	59		20	19		4	17	120
Dental Practitioner	1	39		47	3		9	12	111
Medical Practitioner		15		32	18		13	10	88
Medical Radiation Practitioner					1			1	2
Midwife		2		1	3	1	1		8
Nurse		10		10	7	1	4	2	34
Occupational Therapist		2		2				2	6
Optometrist				1					1
Pharmacist	2	3		4	1		3	3	16
Physiotherapist		2	1	5	5		2	10	25
Podiatrist					4				4
Psychologist	7	3	1	2	2	1	4	8	28
Unknown		1		25			8		34
Total	12	138	2	151	64	3	50	69	489

Notes:
1. This table includes all offences from sections 113-136 of the National Law, not only offences about advertising, title and practice protection.

Table R13: Advertising offences received in 2013/14

Profession	ACT	NSW	QLD	SA	TAS	VIC	WA	Total
Chinese Medicine Practitioner	1	14	1	2		1	2	21
Chiropractor	2	69	25	19		53	18	186
Dental Practitioner	6	85	43	5	5	53	25	222
Medical Practitioner		5	12	4		22	5	48
Medical Radiation Practitioner						1		1
Midwife						1		1
Nurse			4	1		2		7
Occupational Therapist							1	1
Optometrist			1			1		2
Osteopath		1	1			1	1	4
Pharmacist		1	1			5	1	8
Physiotherapist		4	3	2		6	13	28
Podiatrist		2	3	1		1	4	11
Psychologist	1	1	2	1		1		6
Unknown						1		1
Total	10	182	96	35	5	149	70	547

Table R14: Advertising offences closed in 2013/14

Profession	ACT	NSW	QLD	SA	VIC	WA	Total
Chinese Medicine Practitioner	1	1	1	1		2	6
Chiropractor	1	57	16	17	3	10	104
Dental Practitioner	1	37	39	2	8	10	97
Medical Practitioner		6	10	14	4	7	41
Midwife					1		1
Nurse			5	1	1	1	8
Occupational Therapist						2	2
Pharmacist		1	2		3	2	8
Physiotherapist			2	3	1	4	10
Podiatrist				4			4
Psychologist	1			1		1	3
Unknown			8		4		12
Total	4	102	83	43	25	39	296

Table R15: Title and practice protection offences received in 2013/14

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Chinese Medicine Practitioner		8	14	6			3		31
Chiropractor		1		5	2		5	9	22
Dental Practitioner		7		11	2		5	8	33
Medical Practitioner		12	1	17	3	1	20	10	64
Medical Radiation Practitioner			1		1				2
Midwife		2			1				3
Nurse		3	3	5	4		18	2	35
Occupational Therapist		2	1	2			1	1	7
Optometrist		1		3	2				6
Osteopath		1					1		2
Pharmacist	1	1	1	1				1	5
Physiotherapist		3	4	5	1		2	13	28
Podiatrist							2		2
Psychologist	8	5	2	10	5		15	4	49
Total	9	46	27	65	21	1	72	48	289

Table R16: Title and practice protection offences closed in 2013/14

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Chinese Medicine Practitioner		1					2	2	5
Chiropractor				4	2		1	6	13
Dental Practitioner		1		8	1			2	12
Medical Practitioner		9		11	3		6	3	32
Medical Radiation Practitioner					1			1	2
Midwife		2			3	1			6
Nurse		9		2	3	1	1	1	17
Occupational Therapist		1		2					3
Optometrist				1					1
Pharmacist	2	2		1					5
Physiotherapist		2	1	3	2		1	6	15
Psychologist	6	3	1	2	1	1	4	7	25
Unknown		1		16			4		21
Total	8	31	2	50	16	3	19	28	157

Notes:

1. The above offence information does not take into account offence matters that have been managed under part 8 (notifications).
2. An issue category or profession is not always identified in offence complaints.

Notifications

Background

In the National Scheme, a complaint about a registered health practitioner is called a 'notification'. They are called notifications because we are 'notified' about concerns or complaints, which AHPRA manages on behalf of the National Boards.

Managing risk and keeping the public safe is our core focus when making decisions about notifications. When we look at notifications, we consider:

- Has the practitioner failed to meet the standards set by the Board?
- Is there a risk that needs to be managed?
- What action (if any) is needed to manage that risk?
- What needs to happen to make sure that the practitioner is aware of what has gone wrong and learns from this, so the same problem doesn't happen again?

The powers of the National Boards and AHPRA are set down in the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory.

On page 129 we provide detailed data about the notifications received during 2013/14.

Anyone can make a complaint about a registered health practitioner's health, performance or conduct. A concern about a registered health practitioner can be lodged by calling 1300 419 495; by filling in the notifications form and submitting it by post; or in person at an AHPRA office.

There is a different process in NSW. In NSW the Health Care Complaints Commission (HCCC) is the body that receives complaints. Go to www.hccc.nsw.gov.au for more information. Queensland will be different from 1 July 2014 with the introduction of the Queensland Health Ombudsman.

Local decisions – national framework

National Boards have adopted a range of decision-making structures to ensure state and territory-specific issues are effectively addressed. See Appendix 1 for National Board and committee structures.

In different ways, this ensures profession-specific expertise is accessible and informs the handling of all notifications and complex registration applications. In general, medicine, nursing and midwifery, and dental have state and territory boards or committees that make all decisions about individual registered practitioners, locally. Psychology has regional boards in place to achieve this. Physiotherapy this year moved to a national committee structure, except in Victoria where a local committee has been retained pending a current review of its efficiency and effectiveness.

More broadly, all National Boards must have one member from large participating jurisdictions (NSW, Qld, SA, Vic and WA) to provide insight into local issues that are brought to the attention of a National Board.

Through these and other mechanisms (including local delegations), supported by local AHPRA offices in every state and territory, regulation in the National Scheme is delivered locally, supported by a national policy, standards and systems.

Notifications about practitioners are managed in the states and territories with a team of assessment,

CASE STUDY: Protecting the public – cancelled registration

The employer of an enrolled nurse made a notification to the Nursing and Midwifery Board of Australia. The nurse had been charged with aggravated deception, and faced allegations that she took and used an elderly patient's credit card for personal purchases without consent. The Board referred the matter for investigation.

The AHPRA investigation quickly uncovered that the practitioner had previously been charged and convicted for related offences in 2008 – before the National Scheme - after amassing more than $11,000 in fraudulently acquired funds. The practitioner did not notify the former board of either the charges or convictions – even though the registration renewal form asked for this information. The nurse had also made false declarations about her criminal history three times when she renewed her registration in the National Scheme.

The Board's Immediate Action Committee considered the available evidence and proposed to suspend the nurse's registration. The nurse was invited to make a submission but did not respond to the Board. The Board suspended her registration while the investigation continued.

The state's independent Health Practitioner Tribunal held a public hearing, after the criminal matter had been resolved. The nurse had earlier admitted to the fraud. The Tribunal reprimanded the practitioner, cancelled her registration, disqualified her from applying for registration or providing the service of nursing for three and a half years.

To alert other employers in the aged care sector and help protect other vulnerable Australians, AHPRA and the Board have referred the matter to the health and community services complaints commissioner, which has the power to issue a prohibition notice about unregistered healthcare workers.

investigation and compliance staff which support the state and territory boards and committees in their decision-making. There are strong and active links between AHPRA state and territory offices, to support AHPRA's commitment to consistency, capability and service. Economies of scale enable all AHPRA's state and territory offices to coordinate their efforts, better manage workflow across offices and meet peak demands.

We have done much to improve the timeliness of our management of notifications in the last 12 months. Significant additional resources have been added for assessing and investigating notifications. We have robust processes in place to swiftly identify and manage serious risk to the public. We have built consistent national systems and introduced a range of performance measures so we can better manage, improve and report on our work. We have adopted a set of regulatory principles to guide our work and the decision-making across the National Scheme, to make sure that regulation is proportionate and effective.

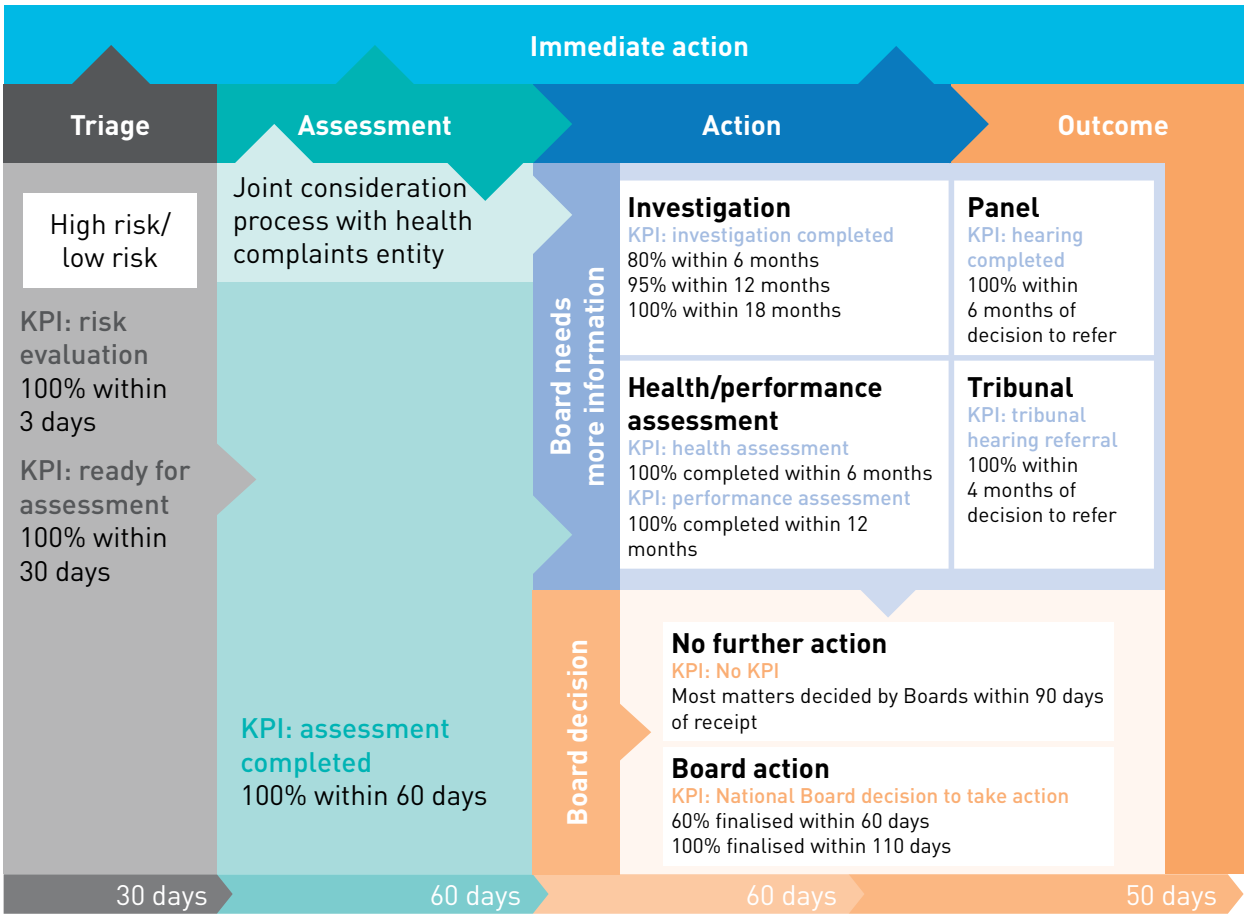
Notifications management: key performance indicators

We are committed to transparency and accountability through better performance reporting. During the year, key performance indicators (KPIs) were developed jointly by National Boards and AHPRA and implemented to better measure and therefore manage notifications.

KPIs have been implemented to measure each stage of the notifications process. The KPIs apply to all notifications lodged with AHPRA since 1 July 2013, in jurisdictions other than NSW. Performance reporting is in the form of a traffic light system which is reported to National Boards on a quarterly basis. AHPRA reviews any matter that falls outside the KPIs to identify the issue and enable any corrective action to be taken. We have set these KPIs carefully, taking into account our current performance and reasonable expectations of what we should achieve. They will be reviewed annually.

What we do and what we measure

- **Risk evaluation:**
  - within three days of receipt of notification
  - if risk to public safety, immediate action can happen within hours and must happen within five days
  - immediate action can happen at any stage if immediate risks to public safety.
- **Board decision to take no further regulatory action:**
  - 80% of notifications do not meet risk threshold for action under the National Law
  - these are dealt with in 90 days.
- **Swift Board action on registration:**
  - after assessment, National Boards can limit registration with conditions or undertaking



- 60% of these matters must be decided within 60 days and the remaining 40% within 110 days
- fair for practitioners – who have a say before Board decision.

- **Investigation:**
  - conducted only when more information needed
  - 80% to be completed within six months
  - scope for immediate action at any time if there is a risk to public safety.

Timeliness: our performance against KPIs

These KPIs enable AHPRA to measure the timeliness of each stage of the notifications process. The KPIs establish both performance measurement and performance improvement targets.

Performance against KPIs for matters lodged in 2013/14 indicates:

- Initial risk evaluation: Target 100% within three (calendar) days. Result to date 90%, with the median age of initial risk evaluation taking less than one day.
- Assessment to completion: Target 100% within 60 days. Result to date 87%, with the median age of an assessment taking 45 days.
- Investigation to completion: Target 80% within six months. Result to date 59%, with a 20% cut in the number of investigations open more than 12 months.
- Establishment of panel hearing: Target 100% within five months. Result to date 65%, with a 34% drop in the number waiting more than five months.
- Panel hearing completion: Target 100% within six months. Result to date 73% with a reduction in median age of panel matters from 30 to 24 weeks.

Quarterly reports on KPIs are reviewed by National Boards. We use the results to analyse and address underlying issues and identify what action we need to take, working with Boards, to improve performance. We know from this work that we have an issue with the time investigations take and will be continuing to address this as a priority in 2014/15.

We will be publishing more detailed performance data during 2014/15.

Who can make a notification?

Anyone, or any organisation, can make a notification to AHPRA, which receives it on behalf of a National Board. The person who has raised the concerns is called 'the notifier'.

Typically, notifications are made by patients or their families, other health practitioners, employers or representatives of statutory bodies. Most notifications are made voluntarily by individuals with concerns about a registered health practitioner's health, conduct or performance.

The National Law provides protection from civil, criminal and administrative liability for people who make a notification in good faith.

Registered health practitioners, employers and education providers have mandatory reporting obligations imposed by the National Law.

Compensation or billing issues are managed by a health complaints entity. More information about what health complaints entities can do is published on our website. More information about what we can and can't do is published on our website.

Grounds for voluntary notification

Most notifications are made voluntarily. That is, an individual or organisation makes a notification because they want to raise a concern. They are not required to do so by the National Law.

People raise a range of concerns about registered health practitioners with AHPRA and the National Boards. AHPRA and the National Boards can only do something about concerns if they meet the legal grounds to be called a notification.

Mandatory notifications

All registered health practitioners have a professional and ethical obligation to protect and promote public health and safe healthcare. Under the National Law, health practitioners, employers and education providers also have some mandatory reporting responsibilities.

The National Law requires practitioners to advise AHPRA or a National Board of 'notifiable conduct' by another practitioner or, in the case of a student who is undertaking clinical training, an impairment that may place the public at substantial risk of harm.

The threshold to require mandatory reporting is high. Registered health practitioners and employers have a legal obligation to make a mandatory notification if they have formed a reasonable belief that a health practitioner has behaved in a way that constitutes notifiable conduct in relation to the practice of their profession.

'Reasonable belief' is a term commonly used in legislation, including in criminal, consumer and administrative law. While it is not defined in the National Law, in general, a reasonable belief is a belief based on reasonable grounds.

Notifiable conduct by registered health practitioners is defined as:

- practising while intoxicated by alcohol or drugs
- sexual misconduct in the practice of the profession
- placing the public at risk of substantial harm because of an impairment (health issue)

- placing the public at risk because of a significant departure from accepted professional standards.

Education providers have an obligation to make a mandatory notification if they have formed a reasonable belief that a student undertaking clinical training has an impairment that may place the public at substantial risk of harm.

In WA there is no legal requirement for treating practitioners to make mandatory notifications about patients (or clients) who are practitioners or students in one of the regulated health professions. However, all registered practitioners have a professional obligation to comply with professional and ethical standards set down by their National Board.

There are specific exceptions to the requirements for all practitioners in Australia that relate to the circumstances in which the 'reasonable belief' is formed, for example in the medico-legal context.

National Boards have published common guidelines on mandatory notifications, which are published on each National Board's website.

National Boards have the power under the National Law to take action on the registration of a practitioner who does not comply with this mandatory reporting requirement. Ministers have the power to name employers that do not meet their mandatory reporting responsibilities.

Notifications process

Who does what?

Notifications are dealt with by National Boards. Different National Boards have established different structures for dealing with notifications, or have delegated some of their decision-making to their committees and AHPRA officers in state and territory offices. See Appendix 1.

AHPRA sends notices and other correspondence on behalf of the Boards and their committees to practitioners, notifiers or others involved in a notification. AHPRA and the National Boards also publish individual information sheets about each step in the notifications process, and send these to practitioners and notifiers at the relevant stage. These information sheets are published on the Board website.

Different arrangements are in place in NSW, which means we don't manage complaints about health practitioners in NSW. In Queensland, from July 2014 all complaints will go first to the Health Ombudsman to consider whether they should be referred to the National Boards.

Stages of the process

AHPRA and the National Boards treat all notifications seriously. They are managed according to legal requirements, including confidentiality, privacy and principles of procedural fairness.

There is a nationally consistent process for managing notifications, which can include the following stages:

- lodgement
- assessment
- immediate action
- investigation
- health assessment or performance assessment
- panel hearings
- tribunal hearings.

Not every notification goes through all the possible stages. For example, a number of notifications are closed after assessment. In complex cases, a notification can be involved in more than one stage at the same time and can take a number of possible pathways. One of the features of the National Law is its flexibility, so the notifications process can be tailored to the issues involved.

The notifications flowchart on page 128 provides more information about each stage of the notifications process.

Working with health complaints entities

AHPRA and the National Boards work closely with the health complaints entities, or commissioners, in each state and territory. There are different arrangements in NSW and, from 1 July 2014, in Queensland for dealing with notifications

The role of the National Boards and AHPRA is to protect the public, including by managing notifications about health practitioners, and when necessary restricting their registration and their practice in some way.

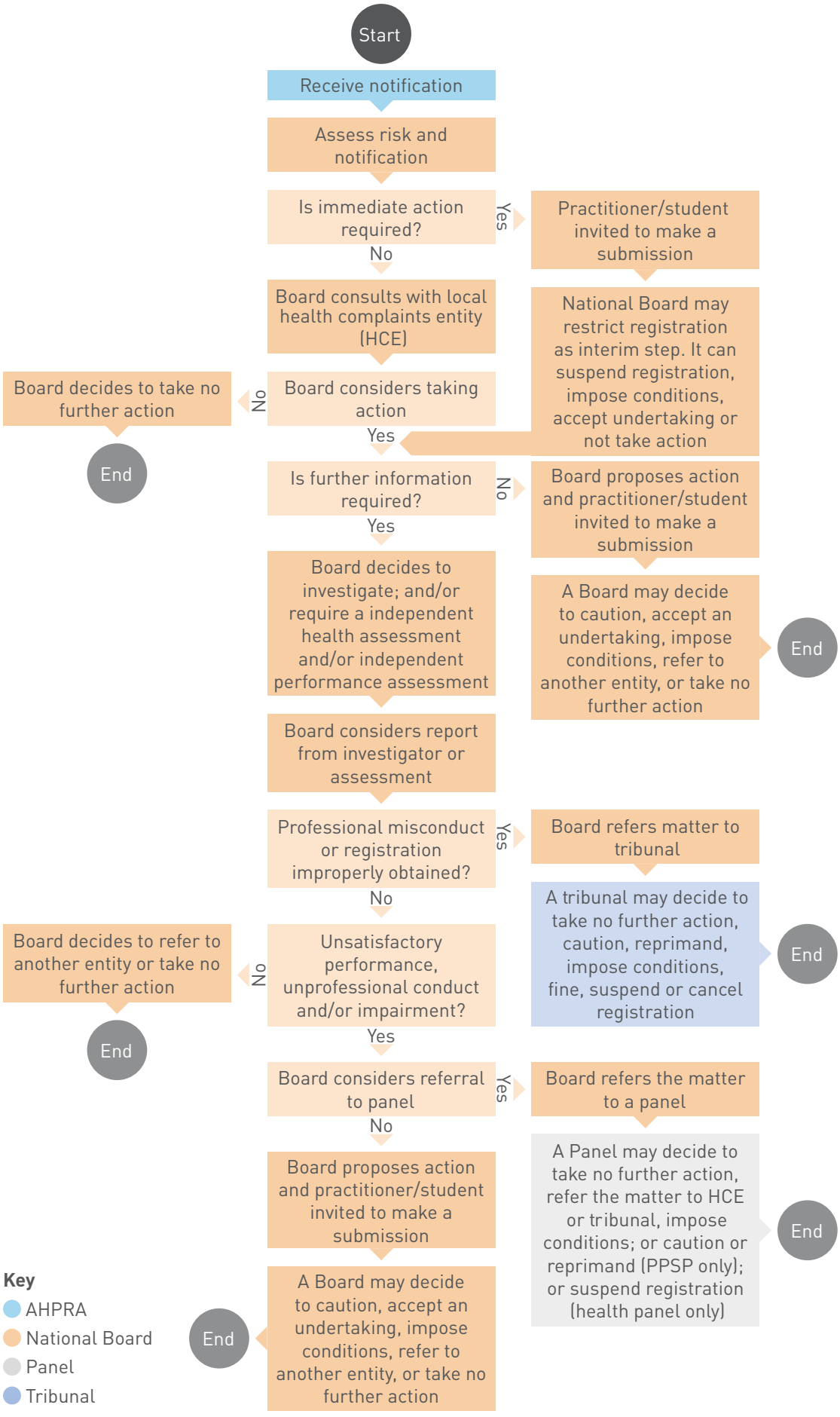
The role of health complaints entities (HCEs) is to resolve complaints or concerns, including through conciliation or mediation.

AHPRA and the National Boards have no power to resolve complaints. Our focus is on managing risk to the public.

Table N1: Working with health complaints entities

HCEs deal with concerns about	National Boards and AHPRA deal with concerns about health practitioners'
health systems	conduct
health service providers (such as hospitals or community health centres)	health
fees and charges	performance
compensation	advertising

Notifications flowchart



Each organisation has a role set down in the law and a different set of responsibilities. Notifications and complaints about registered health practitioners are jointly considered by AHPRA and the relevant HCE to determine which is the best body to deal with the matter. If a concern is raised with an HCE and it is referred to AHPRA for the National Boards to deal with, this is because the issues raised relate to the conduct, health or performance of an individual registered health practitioner.

More about how we work with HCEs is published on our website under *Notifications*.

Background to notifications data

During the fourth year of the National Scheme, AHPRA and the National Boards have continued to manage notifications made since the start of the National Scheme, as well as the diminishing number of 'legacy' notifications made to state and territory boards before 1 July 2010.These were transferred as ongoing cases into the National Scheme.

NSW is a co-regulatory jurisdiction. Notifications in NSW are handled by the Health Care Complaints Commission (HCCC) and the NSW health professional councils supported by the Health Professional Councils Authority (HPCA). Data on notifications have been provided by the HPCA, wherever comparable data are available, to enable AHPRA to present a high-level, Australia-wide picture of 2013/14 notifications. Separate information about notifications in NSW is also published by the HPCA and the HCCC. Some detailed analysis of notifications data managed by AHPRA and the National Boards in this annual report does not include analysis of NSW cases. Each table indicates whether or not NSW data are included. AHPRA and the HPCA continue to work jointly to align data and definitions for future national reporting purposes.

The HPCA in NSW has provided extensive data about notifications about NSW practitioners, enabling a national snapshot to be presented. Although notifications about practitioners in NSW are managed separately, the standards set by the National Boards also apply in NSW, so the expectations of practitioners are consistent across Australia.

As in previous years, the report continues to include comparative data, where available, for prior years to enable trend analysis. With the incorporation of four new professions into the National Scheme from 1 July 2012, there is now two years' worth of national data available for Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners, medical radiation practitioners and occupational therapists.

AHPRA continues an extensive program of work to ensure that common definitions and datasets are applied across AHPRA's work on notifications and to support comparability of data across time. This has resulted in some tightening of the reporting data each year, and means there is not always direct comparability between years. Any significant change between years is noted in the tables.

Notifications received 2013/14

The data published in this annual report detail the notifications received in the National Scheme from 1 July 2013 to 30 June 2014. The notifications relate to the conduct, performance or health of more than 619,000 practitioners registered under the National Scheme.

How many notifications were received?

There was a 16% increase in notifications lodged between 1 July 2013 and 30 June 2014, with 10,047 notifications received compared with 8,648 in 2012/13.

This increase is variable across states, territories and professions, and there are decreases in some areas. The highest percentage increase was in notifications about nurses and midwives (up 26%) and the greatest increase in numbers was in notifications about medical practitioners (up to 5,585 from 4,709).

There was a decrease in the number of notifications received about some professions (Chinese medicine practitioners, dental practitioners and occupational therapists). There was an increase in notifications in all states and territories, but the size of the increase varied. Some of the increase in the number of notifications received may be attributable to changes in recording practices to ensure that all states and territories record notifications received by HCEs and jointly assessed with AHPRA.

What proportion of registrants is subject to a notification?

Notifications received relate to 1.4% of the 619,509 health practitioners registered under the National Scheme as at 30 June 2014. *Table N2: Notifications received in 2013/14 by profession and state or territory* details these. At a national level this has not varied significantly over the last three years.

See *Table N3: Percentage of registrant base with notifications received in 2013/14 by profession and state or territory.*

Medical and dental practitioners remain the practitioners with the highest proportion of notifications in 2013/14 relative to the number of registrants. The rate of 4.9% for medical practitioners is slightly up from the 4.2% rate in 2012/13, whereas the rate of 4.0% for dental practitioners has fallen from 4.4% in 2012/13. For all other professions, notifications about practitioners represent less than 2% of total registrants.

In states and territories, the rate of notifications about practitioners ranges from 1.1% of the registrant base in WA to 2.7% in the NT.

Table N2: Notifications received in 2013/14 by profession and state or territory[1]

Profession	ACT	NT	QLD	SA	TAS	VIC	WA	2014 Subtotal [3, 4]	NSW	2014 Total	2013 Total [5]	2012 Total
Aboriginal and Torres Strait Islander Health Practitioner [5]		6						6		6	4	
Chinese Medicine Practitioner [5]	3		10	1		3	1	18	8	26	30	
Chiropractor	1	1	8	18	3	34	14	79	32	111	72	115
Dental Practitioner	24	14	207	45	23	218	51	582	369	951	1,052	992
Medical Practitioner	166	109	1,361	421	173	1,125	457	3,812	1,773	5,585	4,709	4,001
Medical Radiation Practitioner [5]	1		5	1	1	6	1	15	13	28	26	
Midwife	8	2	68	15	1	8	5	107	3	110	69	51
Nurse	35	55	438	201	67	377	134	1,307	593	1,900	1,528	1,401
Nurse and Midwife											1	
Occupational Therapist [5]	2	2	12	5		11	2	34	9	43	50	
Optometrist	1	1	15	6		15	3	41	25	66	42	54
Osteopath				1		4		5	6	11	8	17
Pharmacist	4	10	87	26	14	142	39	322	192	514	429	387
Physiotherapist	1	10	39	14	2	28	8	102	32	134	83	88
Podiatrist			12	7	3	12	7	41	13	54	44	43
Psychologist	21	5	112	29	11	114	27	319	168	487	471	367
Not identified [2]		1	1	3		15	1	21		21	30	78
2014 Total	267	216	2,375	793	298	2,112	750	6,811	3,236	10,047		
2013 Total [4]	201	137	2,042	616	200	1,844	567	5,607	3,041		8,648	
2012 Total [6]	176	86	1,548	497	219	1,571	519	4,616	2,987			7,594

Notes:

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

Which professions were notifications made about?

More than half of the notifications (5,585 or 56%) received nationally were received about medical practitioners, who represent 16% of registered health practitioners. Notifications about medical practitioners have increased by 19% since the previous year. Notifications about nurses and midwives account for 20% of the total notifications made during the year, with 2,010 notifications about nurses and midwives, who represent 59% of registered practitioners. Notifications about nurses and midwives increased by 26% compared with the previous year.

Notifications about dental practitioners accounted for 9% (951 notifications) in 2013/14, compared with 12% in 2012/13. Dental practitioners represent 3% of registered practitioners. Dental practitioners include dentists, dental therapists, dental hygienists, dental prosthetists and oral health therapists. Dental is the only profession of the five larger professions that experienced a decrease in the number of notifications lodged in 2013/14.

The smallest number of notifications received in 2013/14 were about the two professions with fewest registrants. Aboriginal and Torres Strait Islander health practitioners with 343 registered practitioners received six notifications; osteopaths with 1,865 registered practitioners received 11 notifications. The increase in notifications received was greatest in four of the smaller professions, with Aboriginal and Torres Strait Islander health practitioners, chiropractors, optometrists and physiotherapists experiencing a

Table N3: Percentage of registrant base with notifications received in 2013/14 by profession and state or territory[1]

Profession	ACT	NT	QLD	SA	TAS	VIC	WA	2014 Subtotal [4]	NSW	2014 Total	2013 Total	2012 Total 4
Aboriginal and Torres Strait Islander Health Practitioner [4]		2.7%						2.0%		1.7%	1.3%	
Chinese Medicine Practitioner [4]	4.7%		1.0%	0.6%		0.3%	0.5%	0.6%	0.5%	0.6%	0.7%	
Chiropractor	1.5%	4.2%	1.1%	3.0%	3.8%	2.7%	2.3%	2.2%	1.7%	2.0%	1.4%	2.0%
Dental Practitioner	5.4%	8.8%	4.3%	2.4%	6.0%	4.1%	1.9%	3.6%	5.0%	4.0%	4.4%	4.1%
Medical Practitioner	7.2%	8.3%	6.1%	5.0%	7.2%	4.1%	4.2%	4.9%	4.8%	4.9%	4.2%	3.5%
Medical Radiation Practitioner [4]	0.4%		0.1%	0.1%	0.4%	0.1%	0.1%	0.1%	0.3%	0.2%	0.2%	
Midwife	1.2%	0.3%	0.8%	0.5%	0.1%	0.1%	0.1%	0.4%	0.1%	0.3%	2.6%	0.1%
Nurse	0.6%	1.1%	0.6%	0.6%	0.8%	0.3%	0.4%	0.5%	0.5%	0.5%	0.4%	0.4%
Occupational Therapist [4]	0.8%	1.5%	0.4%	0.4%		0.3%	0.1%	0.3%	0.2%	0.3%	0.3%	
Optometrist	1.4%	3.4%	1.4%	2.4%		1.2%	0.8%	1.2%	1.5%	1.3%	0.9%	1.2%
Osteopath				2.9%		0.4%		0.4%	1.1%	0.6%	0.4%	0.7%
Pharmacist	0.6%	4.7%	1.4%	1.2%	2.1%	1.9%	1.2%	1.5%	2.0%	1.7%	1.5%	1.1%
Physiotherapist	0.2%	2.9%	0.6%	0.6%	0.5%	0.4%	0.2%	0.5%	0.4%	0.5%	0.3%	0.3%
Podiatrist			1.3%	1.8%	3.1%	0.9%	1.6%	1.2%	1.0%	1.2%	1.0%	1.3%
Psychologist	2.2%	2.2%	1.8%	1.8%	1.7%	1.2%	0.8%	1.4%	1.3%	1.4%	1.3%	1.0%
2014 Total	2.2%	2.7%	1.7%	1.4%	2.0%	1.2%	1.1%	1.4%	1.5%	1.4%		
2013 Total	1.4%	1.8%	1.5%	1.1%	1.4%	1.0%	0.8%	1.2%	1.5%		1.3%	
2012 Total	1.7%	1.4%	1.4%	1.0%	1.6%	1.0%	0.9%	1.1%	1.5%			1.2%

Notes:

1. 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.
2. The registrant base used for midwives includes registrants with midwifery or with nursing and midwifery registration.
3. The registrant base for nurses includes registrants with nursing registration or with nursing and midwifery registration.
4. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine practitioners, medical radiation and occupational therapy practitioners, started on 1 July 2012.

relative increase of 50% or more in notifications received in 2013/14 compared with the previous year.

In 2013/14, NSW was the state that recorded the highest number of notifications (3,236 or 32%), and is the state which the highest percentage of practitioners cited as their principal place of practice (29%). The NT, ACT and Tasmania each recorded less than 300 notifications. Queensland, with 19% of the registrant base, recorded 24% (2,375) of the notifications. This is more than the 2,112 notifications recorded in Victoria with 26% of the registrant base.

What were the main reasons for notifications?

In 2013/14, AHPRA received 6,811 notifications about the conduct, health or performance of practitioners across professions and states and territories, excluding NSW.

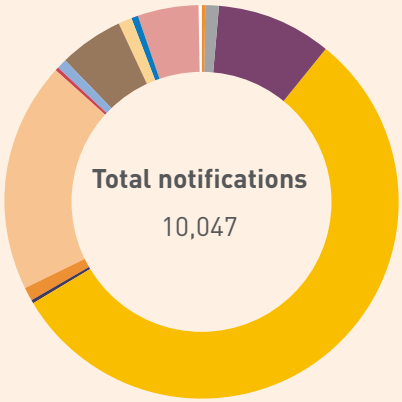
Notifications are classified into the following 21 categories:

- behaviour
- billing*
- boundary violation
- clinical care
- communication
- confidentiality
- conflict of interest
- discrimination
- documentation
- health impairment
- infection/hygiene

* Concerns about billing, fees and charges are handled by a health complaints entity.

- informed consent
- medico-legal
- National Law breach (such as breach of a registration standard, endorsement, condition or undertaking)
- National Law offence (such as an advertising breach)
- offence
- offence by student
- pharmacy/medication
- research/training/ assessment
- response to adverse event
- teamwork/supervision.

Which professions were notifications made about?



Aboriginal and Torres Strait Islander health practitioner	6
Chinese medicine practitioner	26
Chiropractor	111
Dental practitioner	951
Medical practitioner	5,585
Medical radiation practitioner	28
Midwife	110
Nurse	1,900
Occupational therapist	43
Optometrist	66
Osteopath	11
Pharmacist	514
Physiotherapist	134
Podiatrist	54
Psychologist	487
Not identified	21
Total	**10,047**

Some notifications raise concerns about more than one issue and are classified based on the primary concern raised.

Table A10: Notifications received in 2013/14 by profession and issue category in Appendix 9 provides details of what notifications were about, by profession. The 6,811 notifications lodged with AHPRA during 2013/14 span all issue categories across all professions.

Notifications received by AHPRA were most commonly about clinical care (2,694 notifications). Other areas of concern include health impairment of the practitioner (590 notifications) and pharmacy/medication (581 notifications). Communication (605 notifications) remains an area of concern with a large increase from the 295 received in 2012/13.

Who made notifications?

Anyone can make a notification to AHPRA, which receives it on behalf of the National Boards. While registered health practitioners, employers and education providers have mandatory reporting obligations required by the National Law, the majority of reports are voluntary. The National Law provides protection from legal liability for persons who make a notification in good faith. Privacy obligations under the National Law prevent the identification of notifiers who report concerns about health practitioners' conduct, health or performance.

A total of 1,995 notifications (29%) across all professions were received through HCEs in each state or territory, reflecting the joint consideration of notifications between the National Boards and HCEs in the National Scheme. This is an increase in overall number, but a decrease in the proportion from the previous year when 1,857 notifications (33%) were received from HCEs. The 7% increase in overall number referred from HCEs is less than the 16% increase in total notifications. The HCEs may not be the primary source of the concern, but referred to AHPRA matters raised with them by the public. There were 2,329 notifications (34%) directly from the community (patients, relatives or the public). In 679 notifications (10%), the source of the notification was another practitioner or the treating practitioner and 653 notifications (10%) came from an employer or hospital. Data about the source of notifications are provided in *Table A11: Notifications received in 2013/14 by profession and notification source* (in Appendix 9) and includes information about the source of notifications received in NSW.

Protecting the public – what happened in 2014

Outcomes: What happened when notifications were closed?

Table N4: Notifications closed in 2013/14 by profession and state or territory details by jurisdiction and profession the number of notifications under the National Law that were closed. Matters managed in NSW that were closed in 2013/14 are included in this table.

There was a 30% increase in the number of notifications managed by AHPRA that were closed during the year, with 6,556 notifications closed in 2013/14. Matters closed during the year include notifications received in the current financial year and more complex cases received in previous years. After four years of operation under the National Scheme, many of the more complex cases lodged since the start of the scheme have been finalised by tribunals during the year (see tribunals data on page 142).

The 30% increase in the number of National Law cases closed during the year was greater than the 21% increase in notifications received, indicating an increased clearance of cases and increased efficiency in notifications management.

Most of the cases closed (3,680 notifications or 56%) were about medical practitioners. This is consistent with the 56% of notifications received about medical practitioners.

When were cases closed?

Table N5: National Law notifications closed in 2013/14 by profession and stage at closure (including NSW) shows when during the notifications process the matter was closed.

What were the outcomes of closed matters?

There are different outcomes for different notifications, depending in part on what stage of the process the matter was closed. Most notifications do not lead to a restriction on a practitioner's registration. However, the fact that a notification has been made in many cases indicates that not everything has gone well for the notifier in the consultation. In most cases, the Boards inform practitioners that notifications have been made about them so they can learn from the experience and, when necessary, can alter the way they practise so that other patients do not face the same issues in the future.

Table N4: Notifications closed in 2013/14 by profession and state or territory (including NSW)

Profession	ACT	NT	QLD	SA	TAS	VIC	WA	2014 Subtotal	NSW	2014 Total	2013 Total [1]	2012 Total
Aboriginal and Torres Strait Islander Health Practitioner [1]		5						5		5	3	
Chinese Medicine Practitioner [1]			9	1		3	2	15	13	28	14	
Chiropractor			9	10	2	27	10	58	31	89	71	88
Dental Practitioner	12	13	243	55	23	250	40	636	379	1,015	1,075	865
Medical Practitioner	145	63	1,342	339	180	1,111	500	3,680	1,835	5,515	4,323	3,379
Medical Radiation Practitioner [1]	2		6	2		5	2	17	11	28	12	
Midwife	2	5	66	8	1	9	10	101	2	103	59	38
Nurse	21	49	393	176	56	379	146	1,220	554	1,774	1,425	1,013
Occupational Therapist [1]	2	1	8	7	1	11	2	32	9	41	35	
Optometrist	1	1	13	7		19	2	43	23	66	44	50
Osteopath			1			7		8	6	14	8	10
Pharmacist	6	5	90	16	15	118	36	286	178	464	396	287
Physiotherapist	1		28	15		22	7	73	31	104	80	79
Podiatrist			11	6	2	14	12	45	13	58	40	36
Psychologist	33	4	107	31	12	106	29	322	162	484	407	303
Not Stated [2]		2	1	3		9		15		15	21	61
2014 Total	225	148	2,327	676	292	2,090	798	6,556	3,247	9,803		
2013 Total [1]	185	124	1,957	549	187	1,552	487	5,041	2,972		8,014	
2012 Total	166	89	1,148	471	180	1,191	330	3,575	2,634			6,209

Notes:

1. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine practitioners, medical radiation and occupational therapy practitioners, started on 1 July 2012.
2. Practitioner profession may not have been identified in notifications closed at an early stage.

Table N5: National Law notifications closed in 2013/14 by profession and stage at closure (including NSW)

Profession	Assessment		Investigation		Health or performance assessment		Panel hearing		Tribunal hearing		Subtotal 2014		Total 2014
	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	
Aboriginal and Torres Strait Islander Health Practitioner [1]	3		1		1						5		5
Chinese Medicine Practitioner [1]	12	10	2		1	1		2			15	13	28
Chiropractor	31	23	19	5		3	7		1		58	31	89
Dental Practitioner	419	322	158	8	28	13	23	34	8	2	636	379	1,015
Medical Practitioner	2,653	1,197	771	149	91	361	122	110	43	18	3,680	1,835	5,515
Medical Radiation Practitioner [1]	11	8	5		1	1		2			17	11	28
Midwife	65		22		8	2	3		3		101	2	103
Nurse	681	203	298	30	182	189	20	117	39	15	1,220	554	1,774
Occupational Therapist [1]	22	8	8		1	1			1		32	9	41
Optometrist	30	21	11		2	2					43	23	66
Osteopath	3	4	2		3	1		1			8	6	14
Pharmacist	157	133	90	5	13	23	14	11	12	6	286	178	464
Physiotherapist	49	20	16	6	5	4	2	1	1		73	31	104
Podiatrist	25	9	12		6	4	1		1		45	13	58
Psychologist	211	138	54	2	14	11	36	9	7	2	322	162	484
Not Identified	15										15		15
Total 2014	4,387	2,096	1,469	205	356	616	228	287	116	43	6,556	3,247	9,803
Total 2013 [1]	3,720	2,258	903	113	197	431	166	132	55	39	5,041	2,973	8,014
Total 2012	2,389	1,978	922	147	150	345	92	137	22	27	3,575	2,634	6,209

Notes:

1. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine practitioners, medical radiation and occupational therapy practitioners, started on 1 July 2012.

When finalising a matter, a Board has a number of options, including:

- referring all or part of the notification to another body; this usually involves matters over which the Board does not have jurisdiction under the National Law
- no further action; a Board can decide to take no further action at any time during the assessment or investigation of a notification, but only after careful consideration of the issues raised. This can result where a Board identifies that a practitioner has already addressed the performance or conduct issues and no regulatory force need to be applied by the Board.
- accepting an undertaking, when a practitioner agrees to specific limitations or restrictions on practice; undertakings are recorded on the national register in accordance with the National Law and the practitioner is subject to monitoring to ensure compliance
- issuing a caution to the practitioner to practise in a particular way
- issuing a reprimand to the practitioner; a reprimand is a chastisement for conduct – a formal rebuke
- imposing conditions limiting the practice of the practitioner; the conditions are recorded under the practitioner's name on the national register in accordance with the National Law and the practitioner is subject to monitoring to ensure compliance, or
- suspending registration though immediate action; a power which a Board may use at any time under the National Law if it has evidence there is a serious risk to the health and safety of the public. A Board's decision to take immediate action, to impose conditions or suspend a practitioner's registration is a serious interim action to protect the health or safety of the public. Only a tribunal has the power to apply a long-term suspension or cancellation of a practitioner's registration.

Table N6 provides details by profession of the outcome for notifications closed in 2013/14. Data for NSW are provided in Table N7.

Table N6: National Law notifications closed in 2013/14 by outcome (excluding NSW)[1]

Profession	No further action	Refer all or part of the notification to another body	HCE to retain [3]	Accept undertaking	Caution or reprimand	Fine registrant	Impose conditions	Accept surrender of registration	Suspend registration	Cancel registration	Prohibited from undertaking services relating to midwifery	Not permitted to reapply for registration for 12 months	Total 2014
Aboriginal and Torres Strait Islander Health Practitioner [2]	3						2						5
Chinese Medicine Practitioner [2]	10		3	1			1						15
Chiropractor	39		2		3		12		1			1	58
Dental Practitioner	292	3	180	39	79		42	1					636
Medical Practitioner	2,132	13	982	56	361	4	121	2	6	3			3,680
Medical Radiation Practitioner [2]	12		2		2		1						17
Midwife	68		11	6	9		5			1	1		101
Nurse	706	4	94	88	183	2	126	4	6	7			1,220
Occupational Therapist [2]	26		4		1		1						32
Optometrist	22		15	2	3		1						43
Osteopath	2		2				4						8
Pharmacist	136		6	9	110		19	2	3	1			286
Physiotherapist	47		9	6	8		3						73
Podiatrist	23		8	3	8		3						45
Psychologist	222	1	14	8	31	1	41	2	2				322
Not Identified	4		10										15
2014 Total	3,744	22	1,342	218	798	7	382	11	18	12	1	1	6,556
2013 Total [2]	3,026	43	1,019	174	522	7	228	14	5	3			5,041
2012 Total	2,868	159		124	245		159	6	11	3			3,575

Notes:

1. A matter may result in more than one outcome. Only the most serious outcome from each closed notification has been noted.
2. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine practitioners, medical radiation and occupational therapy practitioners, commenced on 1 July 2012.
3. Since the 2012 annual report, system and process changes have enabled better recording of these cases which were previously recorded as No further action, Refer all or part of the notification to another body, or, in some states, were not previously recorded.

In most cases (3,744 cases or 57%) managed by AHPRA, the National Board determined that no further action was required by the Board. This is the same proportion as in the previous year. A Board decision to take no further action is only made after careful consideration of the concerns raised. Under the National Law, a Board can decide to take no further action in relation to a notification if:

- it is not practicable for the Board to investigate or deal with the notification, given the amount of time that has elapsed since the matter that is the subject of the notification occurred, or
- the person to whom the notification relates has not been, or is no longer, registered and it is not in the public interest to investigate or deal with the notification, or
- the subject matter of the notification has already been dealt with adequately by the Board, or
- the subject matter of the notification is being dealt with, or has already been dealt with, adequately by another entity or,
- the Board believes the notification is frivolous, vexatious, misconceived or lacking in substance.

Under the National Law, the registration of 30 practitioners was suspended (18) or cancelled (12) in 2013/14 as a result of action by a panel or tribunal, or as a result of a health assessment. National Boards accepted the surrender of registration from a further 11 practitioners. Suspensions as a result of immediate action taken by a National Board are summarised later in this section.

Table N7: NSW jurisdiction notifications closed in 2013/14 by outcome [1,2]

Profession	No further action [3]	No jurisdiction	Discontinued	Withdrawn	Make a new complaint	Refer all or part of the notification to another body	Caution	Reprimand	Orders - No Conditions	Finding - No Orders	Counselling /Interview	Resolution/Conciliation by HCCC	Fine	Refund/Payment/ Withhold Fee/ Retreat	Conditions by Consent	Order - Impose conditions; would be conditions if registered	Accept surrender	Accept reg type change to Non-practising	Suspend	Cancelled Registration/Disqualified from Registering	Total 2014
Aboriginal and Torres Strait Islander Health Practitioner																					
Chinese Medicine Practitioner	7		2			2		1								1					13
Chiropractor	9		11	1		5					5										31
Dental Practitioner	88	1	222	16		7	2	1	3	3	18	9		1		3				6	380
Medical Practitioner	376	19	1,039	55	60	33		17		1	27	105	3		3	65	11	2	12	18	1,846
Medical Radiation Practitioner	1		7												3						11
Midwife															2						2
Nurse	101	5	188	6		27		2			100	4			86	11	9	1	4	12	556
Occupational Therapist	2		5	1		1															9
Optometrist	4		16								1	2									23
Osteopath	1		2			1		1			1					1					7
Pharmacist	105		39	5		2		3			21					7					182
Physiotherapist	8	1	12	4		1					4				1						31
Podiatrist			9						1		3										13
Psychologist	44	5	68	6		5	1				25	1			2	3	2				162
Total 2014	746	31	1,620	94	60	84	3	25	4	4	205	121	3	1	97	91	22	3	16	36	3,266
Total 2013	698	14	1,399	78	60	100	3	15	9	12	200	205	2	16	46	59	39	3	6	26	2,990

Notes:

1. NSW legislation provides for a range of different outcomes for notifications in NSW. Some of these map to outcomes available under the National Law; others are specific to the NSW jurisdiction.
2. Each notification may have more than one outcome, all outcomes have been included.
3. Includes Resolved before assessment, Apology, Advice, Council Letter, Comments by HCCC, Deceased, Discontinued, Interview, No Jurisdiction, Reg status change - did not proceed

The registration of a further two practitioners was cancelled as a result of 'legacy' notifications that transitioned into the National Scheme from previous state and territory boards, managed under previous legislation. Details about most restrictions placed on a practitioner's registration, including suspensions, conditions, undertakings and reprimands, are published on the register of practitioners. The only restrictions not usually published relate to restrictions on a practitioner's registration related to their health.

Outcomes: What happened at each stage of the notifications process?

For the first time in 2013/14, we are publishing data on the outcomes of key stages in the notifications process. These data show our work during the year to keep the public safe, including what happens to enquiries lodged in the scheme, and how many of these convert to notifications; and what is the outcome of assessments and investigations.

These data form an important snapshot of the day-to-day work of regulation and will be refined further in future years. We expect these data to become progressively more meaningful over time, and will provide important early evidence of emerging trends. This will also inform work on standards and policies by National Boards, and enable the National Scheme to identify and manage emerging evidence of risk to the public.

Lodgement

Anyone can lodge concerns about a registered health practitioner with AHPRA, which receives them on behalf of a National Board. People lodge all sorts of concerns about registered health practitioners. However, not all initial concerns lodged meet the legal requirement for a notification.

AHPRA makes a preliminary assessment of each matter lodged to establish that it:

- relates to a registered practitioner, and
- relates to a matter that is a ground for notification.

If these criteria are met, it is considered a notification under the National Law and it is assessed by a National Board.

If the concerns lodged do not contain enough information to establish them as a notification, AHPRA will seek this information and, consistent with the National Law, provide reasonable assistance to the notifier in this process.

If this cannot be done within 30 days and the concerns lodged still do not meet the requirements for a notification, AHPRA will recommend that the National Board closes the matter.

If the concerns identify a practitioner, they will be recorded on the practitioner's file but not considered a notification. We write to the practitioner to let them know that we have received concerns about them and what they are about, but advise that we will not be progressing the matter.

Lodgement outcomes: what happened to enquiries received in 2013/14?

During the year, we received 8,044 enquiries in the National Scheme. Of these, 6,621 (82%) were determined to be notifications under the National Law and were progressed to assessment. A further 1,196 enquiries (15%) did not meet the requirements for a notification and were closed at the lodgement stage.

The status of 227 enquiries was yet to be determined on 30 June, either because AHPRA was waiting for more information from the notifier or because the enquiry was received at the end of the reporting year and a National Board had not yet considered it.

Table N8: Outcome of enquiries received 2013/14 (excluding NSW)

Outcome	
Moved to notification [1]	6,621
Closed at lodgement	1,196
Yet to be determined	227
Total enquiries received	8,044

1. This figure does not include enquiries received in the previous reporting year which were moved to notifications in 2013/14

Assessment

AHPRA conducts an assessment to see if the concerns raised can be quickly and easily addressed and, if not, to make sure they are dealt with in the most effective way possible. Sometimes when we need it, we will ask the notifier for more information.

AHPRA then refers the notification to a National Board for consideration. Under the National Law, this happens within 60 days of the concerns lodged being established as a notification.

A National Board can consider a single notification or a group of notifications about a practitioner that suggest a pattern of conduct. A National Board can also consider notifications initially made to a health complaints entity (HCE), because AHPRA and HCEs in each state and territory work together.

When making a decision after assessing a notification, a National Board has to decide if it raises issues of professional misconduct, unprofessional conduct, unsatisfactory professional performance or impairment of a registered practitioner.

The decisions a Board can make fall into three broad categories:

- enough information is available to decide no further action by the Board is necessary to protect the public
- enough information is available to decide to take action now, or
- not enough information is available, seek more information.

Assessment outcomes: what happened after assessment in 2013/14?

Outcomes from closure at this stage of the process can include undertakings, cautions and conditions on registration, as well as no further action. Matters closed at this stage with no further action usually do not reach the threshold under the National Law for potential unsatisfactory professional conduct.

During the year, we assessed 6,809 notifications. In 4,387 cases, the notification was closed after assessment, because the relevant National Board:

- took disciplinary action as a result (485 cases or 11%), or
- decided that no further Board action was needed to keep the public safe (2, 550 or 58%), or
- decided the matter should be retained by the health complaints entity that originally received the notification or handled by another body (1,352 or 31% of closed cases).

Of the 2,422 notifications that the Board considered warranted further action or further consideration, National Boards referred most (2,055 or 85%) to investigation. A small number (43 notifications or 2%) were referred directly to a disciplinary hearing by a panel or a tribunal. Most of these cases were in Queensland.

The remaining notifications (324 or 13%) were sent for health or performance assessment, because the Board considered that the practitioner may have a health impairment or that the way the practitioner practises the profession is, or may be, unsatisfactory.

Table N9: Outcomes of assessments finalised in 2013/14 (excluding NSW)

Outcome of decisions to take the notification further	
Investigation	2,055
Health or performance assessment	324
Panel hearing	27
Tribunal hearing	16
Subtotal	2,422
Outcome of notifications closed following assessment	
No further action	2,550
HCE to retain	1,342
Refer all of the notification to another body	10
Caution	366
Accept undertaking	58
Impose conditions	58
Practitioner surrender of registration	3
Subtotal	4,387
Total assessments finalised	6,809

More detail on closed cases is on page 133. Of all the notifications closed by National Boards in 2013/14, most (4,387 notifications or 67%) were closed after assessment. This is a decrease from 2012/13 when 3,720 (74%) of cases were closed at assessment. There is likely to be a range of reasons for this, including that the mix of cases closed this year includes some of the more complex cases received since the start of the National Scheme that have taken some time to resolve. This is also seen in the increase (discussed later) in cases closed by panels and tribunals. AHPRA will continue to monitor the proportion of cases closed at assessment, as this can be a lead indicator of complexity and timeliness.

Immediate action

Most commonly, Boards take immediate action soon after receiving and assessing the risk to the public of the issues raised. However, a Board has the power to take immediate action at any time if it believes this is necessary to protect the public. Taking immediate action is a serious step that a Board can take only when it believes it may need to limit a practitioner's registration in some way to keep the public safe, as an interim step while it gets more information. Immediate action means:

- suspension or imposition of a condition on the registration of a practitioner or student, or
- suspending or imposing a condition on the registration of a practitioner or student, or
- accepting an undertaking from the practitioner or student, or
- accepting the surrender of the registration of the practitioner or student.

More detail on immediate action is in a fact sheet which can be downloaded from: www.ahpra.gov.au/Notifications/Fact-sheets/Immediate-action.aspx

The practitioner is always advised that the National Board is considering taking immediate action and given the opportunity to make submissions to the Board. The timelines for this process vary based on the degree of risk to the community, but the practitioner is always afforded natural justice. In the most serious cases, the National Boards can take immediate action within hours.

Immediate action means:

- suspending, or imposing a condition on, the registration of the practitioner or student, or
- accepting an undertaking from the practitioner or student, or
- accepting the surrender of the registration of the practitioner or student.

Immediate action outcomes: interim actions National Boards took to keep the public safe in 2013/14

In 2013/14, National Boards initiated immediate action about 474 notifications received. This is an increase from the 266 matters in 2012/13. The increase largely relates to medical practitioners (increasing from 103 matters in 2012/13 to 198 in 2103/14) and nursing and midwifery practitioners (increasing from 112 matters in 2012/13 to 216 in 2013/14).

When restricting a practitioner's registration, the National Law requires the National Boards to take necessary steps to protect the public. In 358 (76%) of the cases when National Boards took immediate action, the practitioner's registration was restricted in some way as a result, usually pending the outcome of an investigation.

In 280 cases, conditions were imposed in 187 (39%) of cases (36% in 2012/13); undertakings accepted in 93 cases (20% compared with 22% in 2012/13); the registration of 75 practitioners was suspended and three practitioners surrendered their registration (16% of cases compared with 27% in 2012/13).

In 110 cases, the Board decided after considering the matter and the practitioner's submission that it was not necessary to limit the practitioner's registration in some way as an interim step to keep the public safe. Many of these matters were referred to investigation.

In six cases, that started late in the reporting year, the outcome had not been determined by the end of the reporting period.

Table N10: Immediate action cases details the action taken by the National Boards after considering immediate action. Data for NSW are also provided.

Table N10: Immediate action cases (including NSW)[1]

	Action taken																	
	No action taken		Suspend registration		Accept surrender of registration		Impose conditions		Accept undertaking		Decision pending [3]		Total 2014		Total 2013 [2]		Total 2012	
Profession	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW [4]	AHPRA	NSW
Aboriginal and Torres Strait Islander Health Practitioner [2]																		
Chinese Medicine Practitioner [2]			1				1	1					2	1				
Chiropractor	2						1		3				6		2	2	1	1
Dental Practitioner	4	2	1	6			7	4	6				18	12	14	10	14	3
Medical Practitioner	61	5	25	17	1		77	26	33		1		198	48	103	44	78	46
Medical Radiation Practitioner [2]	1												1		1			
Midwife			3				13	1	2				18	1	4	2	6	1
Nurse	37	9	42	7	1		83	71	31		4		198	87	108	58	120	49
Occupational Therapist [2]							1	1	1				2	1				
Optometrist																		
Osteopath	1												1					
Pharmacist	2	13	1	1				14	16			2	19	30	18	16	15	8
Physiotherapist		1	1	2			1	2			1		3	5	1		5	
Podiatrist							3						3		1		2	1
Psychologist	2		1	2	1			2	1				5	4	14	8	10	2
Total 2014	110	30	75	35	3		187	122	93		6	2	474	189				
Total 2013	38	23	72	29	2	4	96	84	58						266	140		
Total 2012	50	12	52	15	2	9	62	75	80		5						251	111

Notes:

1. Cases where immediate action has been initiated under Part 8, Division 7 of the National Law.
2. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine practitioners, medical radiation and occupational therapy practitioners, started on 1 July 2012.
3. In these cases where immediate action was initiated towards the close of the reporting year, an outcome decision has not been finalised.
4. Initial actions only; excludes reviews of immediate action decisions.

Table N11: Outcome from immediate action cases[1]

Outcome	
Not take immediate action	110
Accept undertaking	93
Impose conditions	187
Accept surrender of registration	3
Suspend registration	75
Not yet determined	6
Total	474

1. Immediate action cases initiated in relation to notifications received in 2013/14

Investigation

A National Board may decide to investigate a registered practitioner or student if it believes that:

- the practitioner or student has, or may have, an impairment, and/or
- the way the practitioner practises is, or may be, unsatisfactory, and/or
- the practitioner's conduct is, or may be, unsatisfactory.

A National Board assesses the risk to the public when considering whether or not to investigate. Not every notification lodged is investigated and not every investigation arises from a notification. A National Board has the power to initiate an investigation (called an 'own motion' investigation in the National Law). It might do this when it becomes concerned about a practitioner through information that is in the public domain, or when information about a practitioner is revealed in an investigation about another practitioner.

A Board may also conduct an investigation to ensure that a practitioner or student is complying with conditions imposed on their registration or an undertaking given by the practitioner or student to the Board.

At the end of an investigation, a Board has a range of options, including whether to take no further regulatory action, or to refer a matter to a panel or tribunal hearing. Outcomes from closure at this stage of the process can include undertakings, cautions and conditions on registration, as well as no further action.

Investigation outcomes: what happened after investigations in 2013/14?

Of the 1,942 investigations finalised in 2013/14, 1,469 (76%) were closed after investigation. In 468 (24%) cases, disciplinary action was taken as a result of the investigation or the practitioner surrendered their registration (1). In the remaining 1,001 cases, the Board determined that no further action was required to keep the public safe (989 or 51%) or that the notification should be referred to another body (12 or 1%).

Of the 473 notifications that continued beyond investigation, most (432 or 91%) went to a disciplinary hearing (panel hearing 242, tribunal hearing 190). In a further 41 cases, a health or performance assessment was ordered after the investigation because the Board considered that the practitioner may have a health impairment or that the way the practitioner practised the profession is, or may be, unsatisfactory.

In many other notifications, a health or performance assessment may have been undertaken concurrent with the investigation and the outcomes taken into account in the Board's decision at the end of the investigation.

Table N12: Outcomes of investigations finalised in 2013/14 (excluding NSW)

Outcome of decisions to take the notification further	
Health assessment	17
Performance assessment	24
Panel hearing	242
Tribunal hearing	190
Subtotal	473
Outcome of notifications closed following investigation	
No further action	989
Refer all or part of the notification to another body	12
Caution	304
Accept undertaking	67
Impose conditions	96
Practitioner surrenders registration	1
Subtotal	1,469
Total investigations finalised	1,942

The 1,469 notifications in 2013/14 closed by a National Board at the end of an investigation represent 22% of all cases closed. This is an increase from the 18% of cases closed at this stage in 2012/13. More information on our investigations process is published on our website under *Notifications*. More detail about other closed notifications is published on page 133.

Health and performance assessments

Health

A National Board may require a practitioner or student to undergo a health assessment if it believes that the practitioner or student has, or may have, an impairment that may put the public at risk because it affects their ability to practise safely.

The health assessment is conducted by an experienced and appropriately qualified, independent medical practitioner or psychologist who is not a

member of the National Board. The Board pays for the assessment and the assessor writes a report for the Board.

The practitioner or student who was assessed is given a copy of the report unless it contains information that may be prejudicial to their health or wellbeing. In this case, the report is given to a medical practitioner or psychologist nominated by the practitioner. The medical practitioner or psychologist will then decide when it is appropriate to discuss the report with the practitioner.

After the practitioner who was assessed receives the report, a person nominated by the Board must discuss the report with them. If there are any adverse findings, this provides an opportunity to discuss ways of dealing with the findings. The practitioner can choose to have someone with them at this time.

As a result of a health assessment a National Board can decide to:

- take no further action
- investigate the practitioner
- refer the practitioner to a health panel
- require the practitioner to undergo a performance assessment
- impose conditions on, or accept an undertaking from, the practitioner
- refer the practitioner to another entity, or
- refer the practitioner to a tribunal.

Many health assessments are conducted as part of an investigation, and the result of the health assessment informs the Board's decision after the investigation. The outcomes of investigations in 2013/14 are published on page 140. We do not report separately on the outcomes of health assessments this year but may consider doing so in future years.

Performance

A National Board may require a practitioner to undergo a performance assessment if it believes that the way they practise the profession is, or may be, unsatisfactory. Performance assessments are conducted by one or more independent practitioners who are not Board members and who have the expertise to assess someone in a particular field of practice. The Board pays for the assessment and the assessor writes a report. The practitioner who was assessed is given a copy of the report unless it contains information that may prejudice their health or wellbeing. In this case, the report is given to a medical practitioner or psychologist nominated by the practitioner. The medical practitioner or psychologist will then decide when it is appropriate to discuss the report with the practitioner.

After the practitioner who was assessed receives the report, a person nominated by the Board must discuss the report with them. The practitioner can choose to have someone with them at this time. If there are any adverse findings, this provides an opportunity to discuss ways of dealing with the findings. It also gives the practitioner a chance to discuss any proposals for upskilling, education, mentoring or supervision proposed by the assessor.

As a result of a performance assessment a National Board can decide to:

- take no further action
- investigate the practitioner
- refer the matter to a performance and professional standards panel
- impose conditions on/accept an undertaking from the practitioner
- caution the practitioner
- require the practitioner to undergo a health assessment
- refer the matter to a tribunal, or
- refer the matter to another entity.

Many performance assessments are conducted as part of an investigation, and the result of the performance assessment informs the Board's decision after the investigation. The outcomes of investigations in 2013/14 are published on page 140.

In 2013/14, National Boards closed 356 notifications (5%) after a health or performance assessment. We do not report separately on the outcomes of performance assessments this year but may consider doing so in future years.

Panel hearings

Under the National Law, allegations about the most serious unprofessional conduct, health or performance can be referred for hearing. Allegations of the most serious unprofessional conduct – or professional misconduct – are referred to tribunals. See page 142.

A National Board can refer a matter for hearing by two types of panel, depending on the type of notification. There are health panels (for health matters) and performance and professional standards panels (for conduct and performance issues). The two types of panel have different membership requirements and slightly different outcomes available. A student can only be referred to a health panel; a student cannot be referred to a performance and professional standards panel.

Allegations of the most serious unprofessional conduct are often the most complex and take the most time to investigate.

Panel hearing outcomes: what happened after panel hearings in 2013/14?

There were 228 panel hearings finalised in 2013/14. In more than three quarters of these notifications (76%), the hearing outcome resulted in disciplinary action against the practitioner. In 84 cases, restrictions were placed on practice through either conditions imposed (82) or undertakings given by the practitioner (2). In 83 cases, the panel cautioned (57) or reprimanded (26) the practitioner. In two cases the practitioner surrendered their registration and in four cases involving a health panel, the practitioner's registration was suspended.

This is a large increase in the number of panels finalised compared with 2012/13, when 166 were closed. This reflects that it takes longer to investigate the more complex matters that are referred to panels. Complex matters received early in the scheme are now being heard by panels and closed after hearing.

Table N13: Outcomes from panel hearings finalised in 2013/14

Outcome	
No further action	55
Caution	57
Reprimand	26
Accept undertaking	2
Impose conditions	82
Practitioner surrenders registration	2
Suspend registration	4
Total	228

Tribunal hearings

A National Board can refer a matter to a tribunal for hearing. This happens when the allegations involve serious unprofessional conduct (professional misconduct), and a National Board believes the suspension or cancellation of the practitioner's registration may be warranted. A practitioner involved in a panel hearing – or the panel in some circumstances – can also ask that a matter be referred from a panel to a tribunal hearing.

There are tribunals in each state and territory (listed on page 144), and the Board must refer a matter to the tribunal in the state or territory where the behaviour occurred. If the behaviour occurs in more than one state or territory, the responsible tribunal is the one where the practitioner's principal place of practice is located.

Tribunals are independent of the National Boards and AHPRA. When a National Board has referred a matter to a tribunal, the tribunal is responsible for determining the timeframe of hearings, conducting the hearing and delivering the tribunal's final decision.

CASE STUDY: When no further Board action is needed to keep the public safe

A medical practitioner made a mandatory notification about another medical practitioner, concerned that he may have been signing off pre-employment medical examinations as the 'reviewing doctor' when the patients had instead been reviewed by a nurse.

The Board referred the matter for investigation. As part of the investigation, AHPRA spoke to a number of large employers and professional organisations. It became clear that it was accepted and understood practice in the occupational health industry – by both examiners and people requesting assessments – that medical screening assessments are conducted jointly by a nurse and medical practitioner. Some organisations require a doctor to physically see or assess the worker. Others require a doctor to review the information and data collated by another health practitioner. This arrangement is made between the health provider (as the employee) and the organisation arranging the assessment.

The medical practitioner under investigation had the opportunity to respond to the allegations made about his practice. He told the investigator that he had reviewed and refined his professional practice and now clearly differentiated in his documentation when he had personally examined the patient, and when he had assessed patient records.

The Board found no evidence that the practitioner had made false claims about conducting medical examinations or pre-employment assessments, if he had not done so. The Board decided it did not need to take further action to keep the public safe, and noted that the practitioner had already taken steps to address the issues raised.

To meet its responsibilities for publication under the National Law, AHPRA provides links to the Austlii website, where tribunal decisions are published. Tribunals have discretion about the publication of decisions when these relate to consent orders, when a matter has been resolved directly by the parties without a hearing.

By law, tribunal proceedings are open to the public. In exceptional circumstances, the tribunal may suppress identifying information about the practitioner.

AHPRA and the National Boards have published a fact sheet about tribunals at: www.ahpra.gov.au/notifications

Table N14: Outcomes of cases closed at tribunals by profession[1] (excluding NSW)

Profession	No further action	Caution	Reprimand	Fine registrant	Accept undertaking	Impose conditions	Practitioner to surrender registration	Suspend registration	Not permitted to re-apply for registration for 12 months	Cancel registration	Permanently prohibited from undertaking services relating to midwifery	Total
Chiropractor									1			1
Dental Practitioner		1	3		3	1						8
Medical Practitioner	7		10	4		14		5		3		43
Midwife						1				1	1	3
Nurse	5		18	2		3	1	3		7		39
Occupational Therapist						1						1
Pharmacist	1		2		3	3		2		1		12
Physiotherapist			1									1
Podiatrist			1									1
Psychologist	1			1		2	1	2				7
Total	14	1	35	7	6	25	2	12	1	12	1	116

Notes:
1. A matter may result in more than one outcome. Only the most serious outcome from each closed tribunal matter has been noted.

Table N15: Outcomes of cases closed at tribunals by jurisdiction[1] (excluding NSW)

Jurisdiction	No further action	Caution	Reprimand	Fine registrant	Accept undertaking	Impose conditions	Practitioner to surrender registration	Suspend registration	No permitted to re-apply for registration for 12 months	Cancel registration	Permanently prohibited from undertaking services relating to midwifery	Total
ACT	1		2				1	2				6
NT						1						1
QLD	10	1	6		3	12		5	1	1		39
SA			1			2				1	1	5
TAS	1		1			1		1				4
VIC	1		9		3	2	1			2		18
WA	1		16	7		7		4		8		43
Total	14	1	35	7	6	25	2	12	1	12	1	116

Notes:
1. A matter may result in more than one outcome. Only the most serious outcome from each closed tribunal matter has been noted.

Table N16: Tribunals in each state and territory

State/Territory	Tribunal
New South Wales	Individual tribunals for each profession, for example, the Chiropractors Tribunal of NSW or Optometry Tribunal of NSW (NSW Civil and Administrative Tribunal from 1 January 2014)
Australian Capital Territory	Civil and Administrative Tribunal
Northern Territory	Health Professional Review Tribunal
Queensland	Civil and Administrative Tribunal
South Australia	Health Practitioners Tribunal
Tasmania	Health Practitioners Tribunal
Victoria	Civil and Administrative Tribunal
Western Australia	State Administrative Tribunal

Tribunal outcomes: protecting the public in 2013/14:

In 2013/14, 116 matters were closed after a tribunal hearing, more than double the number of tribunal hearings closed in 2012/13 when 55 cases were closed by tribunals and in 2011/12, when 22 cases were closed by tribunals. (see Tables N14 and N15).

This reflects that it takes longer to investigate the more complex matters that are referred to tribunals. It also signals the maturing of the National Scheme, as the complex matters received early in the scheme are now being heard and decided by tribunals.

The majority of these cases related to medical practitioners (43) or nurses and midwives (42). More than two thirds of these matters (82 matters or 71%) were in Queensland (39) and WA (43). Victoria accounted for a further 18 matters, the ACT six, South Australia four, Tasmania four and in the NT one matter was finalised during the year.

Of the matters decided by tribunals in the year, 88% resulted in disciplinary action. The tribunal:

- cancelled the practitioner's registration (12 matters)
- suspended the practitioner's registration (12 matters)
- ordered the surrender of registration by the practitioner (2)
- barred the practitioner from re-applying for registration for 12 months (1)
- permanently prohibited the practitioner from undertaking midwifery services (1)
- imposed conditions on practice (25)
- accepted undertakings given by the practitioner (6).
- cautioned (1), reprimanded (35) or fined (7) the practitioner in a further 43 cases.

In 14 cases there was no further actions taken as a result of the tribunal finding.

Mandatory notifications

Number of mandatory notifications

There were 1,145 mandatory notifications (of the total 10,047 notifications received) in 2013/14, including in NSW. In addition, 27 mandatory notifications were received about registered students. Outside NSW, AHPRA received 903 mandatory notifications (see Table N17). The number of mandatory notifications received by AHPRA increased by about 15% compared with 2013/14, when 782 notifications were received. This increase is not consistent across states and territories or professions. Nationally, including NSW, more than half of mandatory notifications were about nurses or midwives (54%); a further 31% were about medical practitioners. Notifications about pharmacists represent 5% of the notifications received with a further 4% relating to psychologists. The other mandatory notifications were spread across seven professions that each accounted for fewer than 2% of notifications. No mandatory notifications were received in 2013/14 about Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners, or osteopaths.

Data on mandatory notifications received in NSW are incorporated in the reporting tables for this year when these data are available.

Compared with last year, there was a decrease in the number of mandatory reports received in all states other than Queensland and Tasmania. With 376 mandatory notifications, Queensland saw an increase of 63% and in 2013/14 accounted for 42% of the mandatory notifications received under the National Law. This strong trend varies from the directions in most other states and territories. It suggests that there are factors specific to Queensland that have affected the rate of mandatory reporting in that state in this reporting year.

Tasmania has the highest rate of mandatory notifications per 10,000 practitioners, with a rate of 33.9; Tasmania has overtaken South Australia which has in past years, consistently had the highest rate. The ACT has the lowest rate at 9.3 per 10,000 practitioners, followed closely by Victoria with a rate of 10.2 per 10,000 practitioners (see Table N18).

Table N17: Mandatory notifications received by profession and jurisdiction (including NSW)

Profession	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total 2014	Total 2013 [1]	Total 2012
Chinese Medicine Practitioner [1]											2	
Chiropractor				1		1	3	5	2	7	3	4
Dental Practitioner		1	10	3	3	4	2	23	3	26	20	11
Medical Practitioner	5	2	134	51	17	39	27	275	76	351	299	221
Medical Radiation Practitioner [1]			2			2		4	4	8	7	
Midwife	1	1	19	8		1	3	33	1	34	29	21
Nurse	4	4	157	98	24	122	44	453	137	590	540	421
Occupational Therapist [1]			3	2		1		6	3	9	4	
Optometrist			1	1				2		2		2
Osteopath											1	2
Pharmacist	1		20	8	5	8	6	48	7	55	38	31
Physiotherapist			6	2	1	2		11	3	14	7	14
Podiatrist			2		1	1		4		4		4
Psychologist			22	6		8	3	39	6	45	63	44
Total 2014	11	8	376	180	51	189	88	903	242	1145		
Total 2013 [1]	20	10	230	185	42	200	95	782	231		1013	
Total 2012	24	13	245	122	18	111	56	589	186			775

Notes:

1. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine practitioners, medical radiation and occupational therapy practitioners, started on 1 July 2012.

Table N18: Registrants involved in notifications by jurisdiction (including NSW)

	2013/14		2012/13 [1]		2011/12	
State	No. Practitioners [2]	Rate / 10,000 practitioners [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
New South Wales	220	12.2	222	12.9	170	10.6
Victoria	163	10.2	189	12.3	108	7.5
South Australia	148	28.8	180	36.1	115	24.8
Western Australia	80	12.5	88	14.2	56	10
Tasmania	46	33.9	37	28.1	18	14.4
Australian Capital Territory	10	9.3	18	17.4	23	24
Northern Territory	8	12	9	14.2	13	23.3
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 practitioners, 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. Pracitioners 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.

The medical profession has the highest mandatory notification rate at 27.2 per 10,000 practitioners nationally. This has been the case for the last three reporting years. In 2013/14, the pharmacy profession has the next highest rate at 17.0 notifications per 10,000 practitioners, followed by nurses and midwives with a rate of 15.2.

The rate of mandatory notifications has been calculated based on the number of practitioners involved in the notifications. In 2013/14, in the National Scheme, there were 756 practitioners involved in the 903 notifications received, and nationally (including NSW) there were 976 practitioners involved in the 1,145 notifications received.

Table N19: Registrants involved in mandatory notifications by profession (including NSW)

State	2013/14		2012/13[1]		2011/12	
	No. Practitioners	Rate / 10,000 practitioners	No. Practitioners	Rate / 10,000 practitioners	No. Practitioners	Rate / 10,000 practitioners
Nurse/Midwife[2]	552	15.2	543	15.7	421	12.2
Medical Practitioner	270	27.2	277	28.9	204	22.3
Pharmacist	48	17.0	35	12.8	30	11.3
Psychologist	42	13.2	56	18.3	42	14.2
Dental Practitioner	22	10.6	16	8.0	11	5.8
Physiotherapist	13	5.0	7	2.8	12	5.1
Occupational Therapist[3]	9	5.5	4	2.6		
Medical Radiation Practitioner[3]	8	5.6	7	5.0		
Chiropractor	6	12.4	3	6.4	4	9
Podiatrist	4	9.7			4	10.8
Optometrist	2	4.2			2	4.4
Chinese Medicine Practitioner			2	4.9		
Osteopath			1	5.7	2	11.9
Total 2013/14	976	15.8	951	16.1	732.0	13.3

Notes:

1. Figures present the number of practitioners involved in the mandatory reports received.
2. Data on notifications for registered nurses and midwives have been combined and compared with the total registrant base across nursing and midwifery.
3. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine practitioners, medical radiation and occupational therapy practitioners, started on 1 July 2012.

Reasons for mandatory notifications and source of report

The sources of mandatory notifications about registered practitioners were relatively evenly divided between employers (49%) and practitioners (51%).

The grounds (reason) for mandatory notifications were broadly consistent with the previous year (see Table N20. Sixty four per cent of mandatory notifications raised concerns that a practitioner was placing the public at risk of harm due to practice that constituted a significant departure from accepted professional standards. Notifications based on concerns that a practitioner had an impairment that was placing the public at risk increased slightly (to 26%) as a proportion of the total, compared with 21% in 2012/13. Notifications alleging that a practitioner had practised under the influence of alcohol or drugs represented 6% of reports in 2013/14, with notifications related to sexual misconduct in connection with practice making up 4% of the notifications received.

Table N21 provides details of the grounds for mandatory notifications received in each profession. The pattern is relatively consistent across professions.

Table N22 provides detail of grounds in NSW.

Immediate action arising from mandatory notifications (including NSW data)

Immediate action was initiated in 228 of the 903 mandatory notification cases (25%) by National Boards. This is higher than in previous years, when immediate action was initiated in only 17% of cases. It is also a higher rate of immediate action than in general notifications, when immediate action was initiated in 7% of cases (474 cases in the 6,811 notifications received). As a result of taking immediate action, National Boards accepted an undertaking (49 cases), imposed conditions (85 cases) and suspended a practitioner's registration (45 cases). In one case, the Board accepted surrender of the practitioner's registration. In 19% of the cases (44 cases), the Board decided not to proceed with immediate action, but may have continued to investigate the matter. In four cases, when immediate action was initiated late in the reporting year, the outcome was not yet resolved and a decision was pending.

Outcome from assessment in mandatory reporting cases

All mandatory notifications are assessed. The outcome of this assessment was completed within the reporting year in 823 of the 903 mandatory notifications. Of these, just under half (405 out of 823) were referred for investigation or investigation and health or performance assessment. A further 140 matters (17%) were referred to health or performance assessment. Nearly one third (269) of the cases were resolved at assessment, resulting in a caution, imposition of conditions or acceptance of an undertaking in 83 cases; and surrender of registration in two cases. In 184 matters (22%), National Boards took no further action or the matter was referred for

investigation by another body such as an HCE. Matters involving grounds relating to sexual misconduct or alcohol and drugs were less likely to be resolved at the assessment stage, with less than 20% of these cases closed at this stage. In contrast, more than 30% of matters involving impairment or departure from accepted professional standards closed at the assessment stage.

In many cases, immediate action is undertaken at the same time as assessment. The case may close after assessment or may continue to another stage such as investigation or health/ performance assessment. If immediate action is taken, any limit on a practitioner's registration remains in place while the matter is finalised.

Tables N27 to N31 provide details of the outcome of assessment for each profession. For the medical, nursing and midwifery, pharmacy and psychology professions, a detailed breakdown is provided of the outcome of assessment based on the grounds for the notification.

Table N20: Grounds for notifications: comparison with notifications received in prior financial year (including NSW)[1]

	2013/14				2012/13				2011/12			
Grounds for mandatory notifications	National Scheme	%	NSW	%	National Scheme	%	NSW	%	National Scheme	%	NSW	%
Standards	569	64	110	45	501	65	146	64	315	62	98	48
Impairment	232	26	113	47	165	21	73	32	140	27	77	37
Alcohol or drugs	51	6	1	7	59	8			33	6	7	3
Sexual misconduct	38	4	18	7	45	6	9	1	24	5	24	12
Total	890	100	242	100	770	100	228	100	512	100	206	100

Notes:
1. Grounds have not been recorded for all notifications.

Table N21: Grounds for notification by profession (excluding NSW)

Profession	Standards	Impairment	Alcohol or drugs	Sexual misconduct	Not classified	Total
Chiropractor	2		1	2		5
Dental Practitioner	14	6		2	1	23
Medical Practitioner	191	51	10	17	6	275
Medical Radiation Practitioner	4					4
Midwife	21	10	2			33
Nurse	266	134	35	14	4	453
Occupational Therapist	4	1	1			6
Optometrist	1	1				2
Pharmacist	29	17	1	1		48
Physiotherapist	8	2			1	11
Podiatrist	3	1				4
Psychologist	26	9	1	2	1	39
Total 2013/14	569	232	51	38	13	903
Total 2012/13	501	165	59	45	12	782
Total 2011/12	315	140	33	24	77	589

Table N22: Grounds for notification by profession – NSW

Profession	Standards	Impairment	Practised while intoxicated	Sexual misconduct	Not classified	Total
Chinese Medicine Practitioner	2					2
Dental Practitioner		3				3
Medical Practitioner	30	35		11		76
Medical Radiation Practitioner	1	2		1		4
Nurse and Midwife	69	64		5		138
Occupational Therapist	2			1		3
Pharmacist	6	1				7
Physiotherapist		2	1			3
Psychologist		6				6
Total 2013/14	110	113	1	18		242
Total 2012/13	146	73		9	3	231

Table N23: Immediate action arising from mandatory notifications (including NSW)

	2013/14				2012/13				2011/12			
Immediate action taken	National Scheme	%	NSW	%	National Scheme	%	NSW	%	National Scheme	%	NSW	%
No	675	75	172	71	652	83	191	83	489	83	154	83
Yes	228	25	71	29	130	17	40	17	100	17	32	17

Table N24: Outcomes from immediate action initiatives (excluding NSW)

Profession	Suspend registration	Accept surrender of registration	Impose conditions	Accept undertaking	Not take immediate action	Total 2013/14	Decision pending 2013/14	Total 2012/13	Total 2011/12
Chiropractor				1	1	2			
Dental Practitioner	1			1	2	4		2	2
Medical Practitioner	14	1	28	14	18	75		36	22
Medical Radiation Practitioner					1	1		1	
Midwife	2		8			10		3	4
Nurse	27		47	22	21	117	4	72	59
Occupational Therapist			1	1		2			
Pharmacist	1			10		11		9	6
Physiotherapist									1
Podiatrist			1			1			2
Psychologist					1	1		7	4
Total 2013/14	45	1	85	49	44	224	4		
Total 2012/13	44	2	37	34	13			130	
Total 2011/12	31		26	27	16				100

Table N25: Outcomes from immediate action initiatives in the NSW jurisdiction

Profession	Suspend registration	Impose conditions	Not take immediate action	Total 2014	Decision pending
Chiropractor					
Dental Practitioner	1		1	2	
Medical Practitioner	2	5		7	
Medical Radiation Practitioner					
Midwife		1		1	
Nurse	5	43	7	55	
Occupational Therapist		1		1	
Pharmacist			2	2	
Physiotherapist			1	1	
Podiatrist					
Psychologist					1
Total 2014	8	50	11	69	1
Total 2013	10	23	7	40	

Table N26: Outcome of assessment by grounds for the notification (excluding NSW)

	End matter							Refer to further stage									
Grounds for notification	No further action	Refer all of the notification to another body	Caution	Accept undertaking	Impose conditions	Surrender registration	Total closed after assessment	Health or performance assessment	Investigation	Investigation and health/ performance assessment	Panel hearing	Tribunal hearing	Total referred to further stage	Total assessments finalised 2013/14	Total assessments finalised 2012/13	Total assessments finalised 2011/12
Alcohol or drugs	6			2		1	9	16	14	12			42	51	46	28
Impairment	43	1	1	12	8		65	82	39	26	1		148	213	132	115
Sexual misconduct	4		1				5		28		1	2	31	36	42	22
Standards	122		48	1	10	1	182	42	261	25	1	3	332	514	409	214
Not classified	8						8					1	1	9	6	8
Total 2013/14	183	1	50	15	18	2	269	140	342	63	3	6	554	823		
Total 2012/13	135	2	27	27	20	1	212	79	344				423		635	
Total 2011/12	75		7	11	6	1	100	92	194			1	287			387

Table N27: Outcome of assessment by profession (excluding NSW)

	End matter							Refer to further stage									
Profession	No further action	Refer all of the notification to another body	Caution	Accept undertaking	Impose conditions	Surrender of registration	Total closed after assessment	Health or performance assessment	Investigation	Investigation and health/ performance assessment	Panel hearing	Tribunal hearing	Total referred to further stage	Total assessments finalised 2013/14	Total assessments finalised 2012/13	Total assessments finalised 2011/12
Chinese Medicine Practitioner															1	
Chiropractor									3	1			4	4	3	2
Dental Practitioner	3		1		1		5	1	13	1			15	20	14	3
Medical Practitioner	65		11	2	5	1	84	23	118	17	3	5	166	250	166	103
Medical Radiation Practitioner	1						1		3				3	4	3	
Midwife	6				1		7	9	13	2			24	31	22	10
Nurse	84	1	35	13	10	1	144	88	154	35		1	278	422	338	227
Occupational Therapist								3	2				5	5	3	
Optometrist	2						2							2		
Pharmacist	6		2				8	10	17	6			33	41	31	14
Physiotherapist	1				1		2	1	6	1			8	10	4	9
Podiatrist	1						1	1	1				2	3		3
Psychologist	14		1				15	4	12				16	31	50	16
Total 2013/14	183	1	50	15	18	2	269	140	342	63	3	6	554	823		
Total 2012/13	135	2	27	27	20	1	212	79	344				423		635	
Total 2011/12	75		7	11	6	1	100	92	194			1	287			387

Table N28: Outcome of assessment for medical practitioners by grounds for the notification (excluding NSW)

	End matter							Refer to further stage								
Grounds for notification	No further action	Refer all of the notification to another body	Caution	Accept undertaking	Impose conditions	Surrender of registration	Total closed after assessment	Health or performance assessment	Investigation	Investigation and health/ performance assessment	Panel hearing	Tribunal hearing	Total referred to further stage	Total assessments finalised 2013/14	Total assessments finalised 2012/13	Total assessments finalised 2011/12
Standards	51		11		2		64	6	94	5	1	3	109	173	107	57
Impairment	8			1	3		12	14	9	9	1		33	45	30	30
Sexual misconduct	1						1		13		1	2	16	17	16	8
Alcohol or drugs				1		1	2	3	2	3			8	10	13	7
Not classified	5						5							5		1
Total 2013/14	65		11	2	5	1	84	23	118	17	3	5	166	250		
Total 2012/13	44	1	6	4	6		61	16	6				22		166	
Total 2011/12	22		1	2	3		28	18	56			1	75			103

Table N29: Outcome of assessment for nursing and midwifery practitioners by grounds for the notification (excluding NSW)

	End matter							Refer to further stage								
Grounds for notification	No further action	Refer all of the notification to another body	Caution	Accept undertaking	Impose conditions	Surrender registration	Total closed after assessment	Health or performance assessment	Investigation	Investigation and health/ performance assessment	Tribunal hearing	Total referred to further stage	Total assessments finalised 2013/14	Total assessments finalised 2012/13	Total assessments finalised 2011/12
Standards	56		33	1	7	1	98	31	122	17		170	268	226	132
Impairment	25	1	1	11	4		42	55	25	12		92	134	86	72
Sexual misconduct	2		1				3		9			9	12	14	6
Alcohol or drugs	6			1			7	11	11	8		30	37	32	20
Not classified	1						1				1	1	2	2	7
Total 2013/14	90	1	35	13	11	1	151	97	167	37	1	302	453		
Total 2012/13	65		19	21	14	1	120	52	188			240		360	
Total 2011/12	45		6	7	3	1	62	65	110			175			237

Table N30: Outcome of assessment for pharmacy practitioners by grounds for the notification (excluding NSW)

	End matter					Refer to further stage						
Grounds for notification	No further action	Refer all of the notification to another body	Caution	Accept undertaking	Total closed after assessment	Health or performance assessment	Investigation	Investigation and health/performance assessment	Total referred to further stage	Total assessments finalised 2013/14	Total assessments finalised 2012/13	Total assessments finalised 2011/12
Standards	3		2		5	2	14	2	18	23	19	9
Impairment	3				3	8	1	4	13	16	10	5
Sexual misconduct							1		1	1		
Alcohol or drugs							1		1	1	1	
Not classified											1	
Total 2013/14	6		2		8	10	17	6	33	41		
Total 2012/13	5	1	1		7	4	20		24		31	
Total 2011/12	2			2	4	2	8		10			14

Table N31: Outcome of assessment for psychology practitioners by grounds for the notification (excluding NSW)

	End matter			Refer to further stage						
Grounds for notification	No further action	Caution	Total closed after assessment	Investigation	Health or performance assessment	Total referred to further stage	Total assessments finalised 2013/14	Total assessments finalised 2012/13	Total assessments finalised 2011/12
Standards	8	1	9	9	1	10	19	37	7
Impairment	5		5	1	2	3	8	1	5
Sexual misconduct				2		2	2	11	4
Alcohol or drugs					1	1	1		
Not classified	1		1				1	1	
Total 2013/14	14	1	15	12	4	16	31		
Total 2012/13	15		15	32	3	35		50	
Total 2011/12	2		2	11	3	14			16

Table N32: Stage when closed – all professions

	National Scheme 2013/14		National Scheme 2013/13		National Scheme 2013/12		NSW 2013/14		NSW 2013/13	
Stage at closure	Number	%	Number	%	Number	%	Number	%	Number	%
Assessment	329	41	318	56	117	38	87	36	68	38
Health or performance assessment	149	18	87	15	50	16	124	51	58	32
Investigation	254	32	135	24	127	41	20	8	39	22
Panel or tribunal hearing	73	9	25	5	17	5	10	4	15	8
Total 2013/14	805	100					241	100		
Total 2012/13			565	100					180	100
Total 2011/12					311	100				

Table N33: Outcomes of closed cases – all professions

Outcome of closed cases	2013/14				2012/13				2011/12			
	National Scheme	%	NSW	%	National Scheme	%	NSW	%	National Scheme	%	NSW	%
No further action	431	54	102	42	313	55	63	35	183	59	64	66
Referred to another body	2	<1	27	11	4	<1	8	4	5	2	7	8
Fine registrant	1	<1			2	<1						
Caution or reprimand	160	20			84	15			29	9	1	1
Accepted undertaking	77	10			75	13			36	12		
Conditions imposed	120	15	14	6	82	15	12	7	46	15	14	14
Conditions by consent[1]			41	17			23	13				
Surrender of registration	4	<1	3	1	2	<1	14	8	3	1	3	3
Suspension of registration	6	<1	5	2	2	<1	2	1	8	3		
Cancellation of registration	4	<1	4	2	1	<1	3	2	1	<1		
Counselling [1]			37	15			41	23			8	8
Finding but no orders [1]							3	2				
Resolution process [1]			1				1	<1				
Withdrawn [1]			1				6	3				
Changed to non-practising [1]			1				3	2				
Other/no jurisdiction [1]			5	2			1	<1				
Total 2013/14	805	100	241	99								
Total 2012/13					565	100	180	100				
Total 2011/12									311	100	97	100

Notes:
1. Outcomes available under NSW legislation only.

Mandatory report cases closed in 2013/14

National Boards closed a total of 805 mandatory notification cases in 2013/14, an increase of more than 42% from the 565 cases closed in 2012/13.

Most cases (41%) were closed after the assessment was completed. The remaining cases were closed after an investigation (32%) or a health or performance assessment (18%). A small number (9%) were closed after a panel or tribunal hearing (see Table N32).

In 54% of the mandatory notification cases closed in 2013/14, the relevant Board determined that no further action was required; similar to 55% in the previous year. In two cases, the issues raised by the mandatory notification were referred to another body for resolution. The most common outcomes were imposition of conditions (120 cases), acceptance of an undertaking (77 cases), and a caution or reprimand (160 cases). In 14 of the most serious cases, the practitioner's registration was suspended (6), surrendered (4) or cancelled (4). In one case the registrant was fined.

Table N34 provides details of the outcomes of closed cases under the National Scheme for each profession. Data for the NSW jurisdiction are provided at Table N35.

Mandatory reports about students

There were 17 mandatory notifications about registered students last year, compared with nine in the previous year. Most of these students were studying nursing (four students); two notifications were received about students studying medicine and one notification was received about a student in each of medical radiation, occupational therapy and psychology. Eighteen reports were also received in NSW (see Table N37).

The mandatory notifications about students received in this reporting year related to an impairment that could place the public at substantial risk of harm.

Table N34: Outcome of cases closed by profession (excluding NSW)

Profession	No further action	Refer all or part of the notification to another body	Fine registrant	Caution or reprimand	Accept undertaking	Impose conditions	Accept surrender of registration	Suspend registration	Cancel registration	Total 2013/14	Total 2012/13	Total 2011/12
Chiropractor				1		1				2	2	2
Dental Practitioner	5			6	2	2				15	8	1
Medical Practitioner	142			37	17	32	1	2		231	130	94
Medical Radiation Practitioner	3									3	2	
Midwife	24			5	3	1				33	22	9
Nurse	209	1	1	93	51	71	2	3	3	434	342	174
Occupational Therapist	1									1	4	
Optometrist	2					1				3		
Pharmacist	17			9	3	3	1	1	1	35	25	12
Physiotherapist	2									2	7	7
Podiatrist				1		1				2	1	3
Psychologist	26	1		8	1	8				44	22	9
Total 2013/14	431	2	1	160	77	120	4	6	4	805		
Total 2012/13	313	4	2	84	75	82	2	2	1		565	
Total 2011/12	183	5		29	36	46	3	8	1			311

Table N35: Outcome of cases closed by profession - NSW jurisdiction

Profession	Withdrawn	Changed to non-practising	Other/no jurisdiction	No further action	Refer all or part of the notification to another body	Finding but no orders	Counselling	Resolution process	Impose conditions	Conditions by consent	Accept surrender of registration	Suspend	Cancel/disqualify	Total 2013/14	Total 2012/13
Chinese Medicine Practitioner															1
Chiropractor				1										1	
Dental Practitioner				3	1									4	3
Medical Practitioner		1	3	40	15		5	1	8			3	1	77	49
Medical Radiation Practitioner										1				1	2
Nurse			2	48	9		32		3	38	3	2	3	140	103
Occupational Therapist				1	1									2	1
Pharmacist				6										6	5
Physiotherapist				1	1					1				3	3
Psychologist	1			2					3	1				7	13
Total 2013/14	1	1	5	102	27		37	1	14	41	3	5	4	241	
Total 2012/13	6	3	1	63	8	3	41	1	12	23	14	2	3		180

Table N36: Outcomes of mandatory notifications against students by stage at closure (excluding NSW)

Stage at closure	No further action	Impose conditions	Total
Assessment	6		6
Health or performance assessment	2	3	5
Total	8	3	11

Table N37: Mandatory notifications received about students in 2013/14 (including NSW)

Profession	QLD	SA	TAS	VIC	WA	Subtotal National Scheme	NSW	Total 2013/14
Medical Practitioner			1		1	2	6	8
Medical Radiation Practitioner				1		1		1
Nurse	1	1	1	1		4	11	15
Occupational Therapist		1				1		1
Physiotherapist							1	1
Psychologist	1					1		1
Total 2013/14	2	2	2	2	1	9	18	27
Total 2012/13	8	4		4	1	17	4	21

Closed cases relating to mandatory reports about students

In 2013/14, 11 mandatory notification cases involving students were closed; six of these cases were closed after assessment, and five cases closed after a health or performance assessment. One case resulted in a caution, in three cases a condition was imposed on the student and in the remaining cases, the Board determined that no further action was required.

National Law: Open matters

Every notification received is carefully reviewed and managed individually. Complex matters take longer to progress through the relevant process. There were 5,237 notifications under the National Law that remained open at 30 June 2014, including 1,310 in NSW. Some of these open cases were received towards the end of the reporting year, and others are complex matters which require more time to manage. Details of these notifications by profession and jurisdiction are provided in Table N38.

As expected, there is an increase in the number of open cases under the National Law at the end of the reporting year representing a 5% increase on the previous year. This is significantly less than the increase in the number of notifications received annually (which increased by 21% over the previous year). This has been achieved through increased resources and an intense focus on notifications management by AHPRA and National Boards during the year.

Table N38: Open notifications at 30 June 2014 under the National Law by profession and state and territory

Profession	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal 2014	NSW	Total 2014	Total 2013[1]	Total 2012
Aboriginal and Torres Strait Islander Health Practitioner [1]		3						3		3	2	
Chinese Medicine Practitioner [1]	3		5	2		2	1	13	2	15	16	
Chiropractor	1	1	15	31	1	20	15	84	13	97	76	96
Dental Practitioner	24	15	72	27	7	124	35	304	137	441	516	534
Medical Practitioner	117	66	575	244	93	552	280	1,927	704	2,631	2,608	2,171
Medical Radiation Practitioner [1]	1		4		1	3	1	10	5	15	17	
Midwife	10		38	15	1	15	5	84	3	87	57	51
Nurse	41	33	270	138	42	254	91	869	249	1,118	1,030	1,013
Occupational Therapist [1]		1	7	6		2	1	17	3	20	15	
Optometrist	1		6	1		3	1	12	6	18	20	20
Osteopath				1		3		4	9	13	16	17
Pharmacist	4	6	81	25	12	106	33	267	98	365	301	275
Physiotherapist		10	17	10	2	19	4	62	11	73	47	47
Podiatrist			9	3	2	4	1	19	9	28	32	25
Psychologist	12	3	67	22	8	85	55	252	61	313	310	247
Not Identified											36	18
Total 2014	214	138	1,166	525	169	1,192	523	3,927	1,310	5,237		
Total 2013 [1]	156	67	1,207	403	141	1,209	541	3,724	1,375		5,099	
Total 2012	139	45	1,097	365	104	1,018	521	3,289	1,232			4,521

Notes:

1. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine practitioners, medical radiation and occupational therapy practitioners, started on 1 July 2012.

Data are also included on the current stage of the cases that remain open and on the length of time that cases have been at their current stage (see Tables N39 and N40). More than half (53%) of the AHPRA cases remaining open at 30 June 2014, were in investigation. A further 311 cases (8%) were in health or performance assessment, while 13% of cases were in a disciplinary hearing (217 cases at panel and 303 cases at tribunal). There were 1,018 cases in assessment, representing 26% of all open cases.

Most cases (63%) have been at their current stage for less than six months. The 121 cases (3%) that have been at their current stage for more than two years involve other complexities or are on hold pending the outcome of court actions or other processes. AHPRA and National Boards have implemented a policy for placing matters on hold and all these cases have been reviewed against the policy. The length of time a matter is at any stage is a priority for the National Boards and AHPRA. This has been a focus of internal monitoring, management and reporting in 2013/14.

Legacy notifications: Matters that transferred into the National Scheme

The introduction of the National Scheme in 2010/11 required the National Boards and AHPRA to continue to manage notifications lodged under previous state and territory legislation, as well as new notifications received under the National Law since 1 July 2010. Notifications received by AHPRA from 1 July 2010 are dealt with under the National Law; notifications received by state and territory boards before 30 June 2010 that transferred into the National Scheme are managed under the legislation in place in each jurisdiction, except in South Australia where the law requires all continuing matters to be dealt with under the National Law, except those which were the subject of formal proceedings before a board or tribunal.

All legacy matters are being progressively resolved by AHPRA and the National Boards. At 30 June 2014, 91 legacy cases remained open (including 11 in NSW), compared with 242 at the end of 2012/13. Of the 80 legacy cases being dealt with by AHPRA that remained open at the end of 2013/14, 70 cases were at panel hearing or tribunal hearing. Details of the cases open at the end of the reporting year by profession and jurisdiction are provided in Table N41.

Table N39: Notifications open at 30 June 2014 by stage (including NSW)

	Assessment		Investigation		Health or performance assessment		Panel hearing		Tribunal hearing		Court/appeal [1]		Total 2013/14
Profession	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	NSW	National Scheme	NSW
Aboriginal and Torres Strait Islander Health Practitioner			2		1							3	
Chinese Medicine Practitioner	4	2	5		1		2		1			13	2
Chiropractor	10	7	48	6	2		3		21			84	13
Dental Practitioner	88	106	161	20	14	4	14	6	27	1		304	137
Medical Practitioner	491	332	1,075	139	93	167	118	42	150	24		1,927	704
Medical Radiation Practitioner	2	4	8					1				10	5
Midwife	14	2	47	1	17		4		2			84	3
Nurse	213	117	416	39	146	46	43	35	51	12		869	249
Occupational Therapist	4	2	9		4	1						17	3
Optometrist	5	6	6		1							12	6
Osteopath		1	3	2					1	6		4	9
Pharmacist	67	57	153	13	14	17	19	7	14	4		267	98
Physiotherapist	20	9	32	1	3	1			7			62	11
Podiatrist	7	2	6		4	1	2			6		19	9
Psychologist	93	37	107	10	11	7	12	1	29	6		252	61
Total 2013/14	1,018	684	2,078	231	311	244	217	92	303	59		3,927	1,310
Total 2012/13	1,209	*647*	1,836	272	310	327	161	*82*	208	47	1	3,742	1,375

Notes:
1. Applies in NSW only.

Table N40: Open notifications under the National Law by profession and length of time at each stage (excluding NSW)

Current stage of open notification	< 3 Months	3 - 6 Months	6 - 9 Months	9 - 12 Months	12 - 24 Months	> 24 Months	Total
Assessment	894	93	4	12	8	7	1,018
Health or performance assessment	98	124	36	13	28	12	311
Investigation	415	573	377	277	359	77	2,078
Panel hearing	63	93	34	11	15	1	217
Tribunal hearing	33	93	33	29	91	24	303
Total 2013/14	1,503	976	484	342	501	121	3,927
Total 2012/13	1,664	759	454	338	453	56	3,724

Cancelled registration

Details of the 115 practitioners whose registration has been cancelled since the introduction of the National Scheme are published on the AHPRA website on the cancelled health practitioners register. The website this year also includes a list of seven practitioners who are not registered and are not able to practise because, after an investigation, they have given an undertaking to not practise or because their registration has been prohibited.

The cancelled health practitioner register now includes details of the decision of a court or tribunal which led to the cancellation. Our website also publishes a link to a library, hosted by Austlii, of publicly available decisions made about registered health practitioners by panels and tribunals.

Students

A total of 49 notifications (including 28 in NSW) relating to students were received in 2013/14 (Table N42). The majority of these notifications (26) related to nursing students. There were 28 notifications received in NSW, followed by seven in Queensland and six in Victoria. Data about mandatory notifications about students are published on page 153.

Appeals against decisions made under the National Law

Tribunals hear appeals against decisions made under the National Law. The legislation specifies the range of decisions by a National Board that can be appealed. This includes:

- decisions to refuse an application for registration or endorsement of registration, or to refuse renewal

Table N41: Notifications under previous legislation open at 30 June 2014 by profession and state and territory

Profession	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal 2014 [1]	NSW	Total 2014	Total 2013	Total 2012
Chinese Medicine						5		5		5		
Chiropractor				2				2		2	2	7
Dental Practitioner			3					3		3	8	25
Medical Practitioner		1	22	3	1	8	7	42	7	49	167	324
Medical Radiation Practitioner			2					2		2		
Midwife												2
Nurse			3	1		1	2	7	2	9	22	84
Osteopath									1	1	1	1
Pharmacist			6					6	1	7	16	30
Physiotherapist			2					2		2	3	6
Psychologist			8		2		1	11		11	23	37
Not Identified												1
Total 2014		1	46	6	3	14	10	80	11	91		
Total 2013		5	97		4	37	34	177	65		242	
Total 2012	5	32	162		10	76	72	357	160			517

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.

Table N42: Student notifications received in 2013/14

Profession	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal National Scheme	NSW	Total 2013/14
Medical Practitioner					1	2	1	4	12	16
Medical Radiation Practitioner						1		1		1
Midwife		1	1					2		2
Nurse	1	1	5	1	1	2		11	15	26
Occupational Therapist				1				1		1
Physiotherapist									1	1
Psychologist			1			1		2		2
Total 2013/14	1	2	7	2	2	6	1	21	28	49

of registration or renewal of an endorsement of registration

- decisions to 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 the registrant, and
- decisions to suspend registration or to reprimand a registrant.

In 2013/14, there were 111 appeals lodged about decisions made under the National Law (see Tables N43, N44 and N45). Fifty-seven of the appeals related to decisions on registration applications: decisions to refuse to register a person (47); decision to refuse to renew a registration (3); or decisions to refuse to endorse a person's registration (7). Forty-five appeals related to decisions about conditions placed on registration, including a decision to impose or change a condition on a person's registration or endorsement (40) or a decision to refuse to change or remove a condition placed on a person's registration or endorsement (5). A further eight appeals related to decisions to suspend a person's registration and one appeal related to a reprimand of a practitioner by a National Board.

The majority of these appeals related to medical practitioners (47) or nursing and midwifery practitioners (38). More than half of these appeals were lodged in the jurisdictions of Queensland (34) and NSW (30).

Tables N46 to N48 provide details of matters closed in 2013/14. Of the 139 appeals that were finalised during the year, 81% resulted in no change to the original decision. Ninety-five matters were finalised because the application was withdrawn. The remaining 44 matters resulted in confirmation of the original decision (17 matters), substitution of the original decision for a new decision (15 matters) and amendment of the original decision (12 matters).

Of the matters withdrawn (by the person who lodged the appeal), the majority (71%) related to decisions to refuse to register (54), to renew registration (7) or to refuse to endorse a registration (6). A further 25 matters withdrawn related to decisions to impose or change a condition on registration or endorsement of registration (21) or a decision to refuse to change or remove a condition imposed (4). The remaining three matters that were withdrawn related to decisions to suspend registration.

Table N43: Appeals lodged in 2013/14 by profession and jurisdiction

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Chinese Medicine Practitioner				1	1			1	3
Chiropractor				1	2				3
Dental Practitioner	1	1						1	3
Medical Practitioner	2	10		27	3	2	1	2	47
Medical Radiation Practitioner		2					1		3
Midwife					1				1
Nurse	1	14	3	4	6		7	2	37
Occupational Therapist		1							1
Optometrist					1				1
Osteopath		1							1
Psychologist	1	1	1	1	1		4	2	11
Total	5	30	4	34	15	2	13	8	111

Table N44: Nature of decisions appealed for appeals lodged in 2013/14 by profession

Decision appealed	Chinese Medicine Practitioner	Chiropractor	Dental Practitioner	Medical Practitioner	Medical Radiation Practitioner	Midwife	Nurse	Occupational Therapist	Optometrist	Osteopath	Psychologist	Total
Decision to impose conditions on a person's registration under section 178							1				1	2
Decision to impose or change a condition on a person's registration or the endorsement of the person's registration	1	2	1	21	1		6	1	1		4	38
Decision to refuse to change or remove a condition imposed on the person's registration or the endorsement of the person's registration		1		3			1					5
Decision to refuse to endorse a person's registration			2			1	1				3	7
Decision to refuse to register a person	2			12	2		27			1	3	47
Decision to refuse to renew a person's registration				2			1					3
Decision to reprimand a person				1								1
Decision to suspend the person's registration				8								8
Total	3	3	3	47	3	1	37	1	1	1	11	111

Table N45: Nature of decision appealed for appeals lodged in 2013/14 by jurisdiction

Decision appealed	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Decision to impose conditions on a person's registration under section 178							2		2
Decision to impose or change a condition on a person's registration or the endorsement of the person's registration	4	3	1	20	4	1	2	3	38
Decision to refuse to change ore remove a condition imposed on the person's registration or the endorsement of the person's registration	1	1			1		1	1	5
Decision to refuse to endorse a person's registration		2	1		1			3	7
Decision to refuse to register a person		23	2	6	7		8	1	47
Decision to refuse to renew a person's registration		1		2					3
Decision to reprimand a person				1					1
Decision to suspend the person's registration				5	2	1			8
Total	5	30	4	34	15	2	13	8	111

Table N46: Appeals finalised/closed in 2013/14 by profession and jurisdiction

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Chinese Medicine Practitioner		4		11				2	17
Chiropractor				1	1				2
Dental Practitioner	1				1		1	5	8
Medical Practitioner		7	2	31	3	2	1	2	48
Medical Radiation Practitioner		1							1
Nurse		23	2	9	2		6	7	49
Occupational Therapist		1							1
Optometrist					1				1
Psychologist		4		1	2	1	3	1	12
Total	1	40	4	53	10	3	11	17	139

Table N47: Appeals finalised in 2013/14 where the application was withdrawn, by profession and jurisdiction

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Chinese Medicine Practitioner		4		8				2	14
Chiropractor				1					1
Dental Practitioner	1						1	5	7
Medical Practitioner		6	2	11	1	2		2	24
Medical Radiation Practitioner		1							1
Nurse		21	1	7	1		6	6	42
Occupational Therapist		1							1
Optometrist					1				1
Psychologist		3						1	4
Total	1	36	3	27	3	2	7	16	95

Table N48: Nature of decisions appealed in cases where the application was withdrawn

Nature of decision appealed	Chinese Medicine Practitioner	Chiropractor	Dental Practitioner	Medical Practitioner	Medical Radiation Practitioner	Nurse	Occupational Therapist	Optometrist	Psychologist	Total
Decision to impose or change a condition on a person's registration or the endorsement of the person's registration	1	1	2	10	1	4	1	1		21
Decision to refuse to change ore remove a condition imposed on the person's registration or the endorsement of the person's registration				3		1				4
Decision to refuse to endorse a person's registration	1		3			1			1	6
Decision to refuse to register a person	12		1	9		29			3	54
Decision to refuse to renew a person's registration				2		5				7
Decision to suspend the person's registration			1			2				3
Total	14	1	7	24	1	42	1	1	4	95

Table N49: Outcome of appeals finalised in 2013/14 where consent orders were filed or a contested hearing conducted by profession

Profession	Original decision amended	Original decision confirmed	Original decision substituted for a new decision	Total
Chinese Medicine Practitioner	2	1		3
Chiropractor	1			1
Dental Practitioner	1			1
Medical Practitioner	6	8	10	24
Nurse		5	2	7
Psychologist	2	3	3	8
Total	12	17	15	44

Table N50: Nature of decisions appealed where the appeal was finalised through consent orders or a contested hearing

Nature of decision appealed	Original decision amended	Original decision confirmed	Original decision substituted for a new decision	Total
Decision to impose conditions on a person's registration under section 178	1		1	2
Decision to impose or change a condition on a person's registration or the endorsement of the person's registration	8	2	5	15
Decision to refuse to endorse a person's registration		2		2
Decision to refuse to register a person	2	9	4	15
Decision to refuse to renew a person's registration		2		2
Decision to reprimand a person	1			1
Decision to suspend the person's registration		2	5	7
Total	12	17	15	44

Monitoring compliance with restrictions on registration

Monitoring and compliance describes the process of monitoring health practitioners or students, and gathering information that helps Boards to assess the practitioner/student's compliance with any restrictions on their registration. It can include monitoring practitioners with provisional or limited registration as they progress towards other unrestricted types of registration.

By identifying any non-compliance and acting swiftly and appropriately, National Boards get the information they need to decide if there is a risk to public safety they need to address.

CASE STUDY: Supporting practitioner rehabilitation and patient safety

To protect the public, the Medical Board of Australia had imposed conditions on the registration of a doctor whose health was impaired. The conditions required the doctor to regularly see his treating psychiatrist and a psychologist. After a period of treatment, the practitioner asked the Board to remove the conditions, as he believed he had regained his health and no longer posed any risk to the public. The practitioner had been fully compliant with the conditions on his registration for 12 months. The reports from his treating psychiatrist and treating psychologist indicated that his health was good and he was functioning well at work and in his social life. The treating psychiatrist believed that the practitioner was fit to practise medicine and was seeing him only twice a year. The treating psychologist believed the practitioner no longer required monitoring or support, but noted that he had chosen to continue psychological support on an as-needs basis.

The Board decided, on the evidence from both treating practitioners, that the doctor had insight into his condition and had fully complied with the conditions. The Board removed the conditions imposed on his registration as his rehabilitation was continuing and there was no risk to the public from his ill health.

All registration systems place a burden – in cost and compliance – on practitioners, to keep the public safe. That is why the cost of effective regulation must be balanced by the benefits to the public. The National Law requires both AHPRA and the National Boards to place the public interest first, by ensuring that only suitably qualified and competent practitioners are granted and retain their registration.

AHPRA has continued work on developing new processes, strengthening the systems that underpin them and providing extensive staff training to improve monitoring and compliance nationwide during 2013/14.

In August 2013, AHPRA strengthened the nationally consistent procedures to monitor practitioner compliance with restrictions on registration, supported by system support and staff training. We also conducted an exhaustive 'data integrity' process to make sure our data were accurate and reliable, to enable analysis and reporting by profession and state.

We recognise compliance and monitoring is an ongoing priority. From 1 July 2014, there will be a single point of accountability for compliance in the National Scheme with the appointment of a National Director, Compliance, who will report to the Executive Director, Regulatory Operations.

Table MC1: Active monitoring cases at 30 June 2014 by profession and state (excluding NSW)

Profession	ACT	NT	QLD	SA	TAS	VIC	WA	Total
Aboriginal and Torres Strait Islander Health Practitioner		16					1	17
Chinese Medicine Practitioner		1	3	112		7	1	124
Chiropractor			9	6		13	6	34
Dental Practitioner	7	2	41	17	5	66	12	150
Medical Practitioner	39	33	396	157	42	177	143	987
Medical Radiation Practitioner	3		52	14	5	25	7	106
Midwife	1	3	19	2	1	6	3	35
Nurse	41	32	268	147	52	234	134	908
Occupational Therapist			46	2	3	13	23	87
Optometrist	1	1		1		4	1	8
Osteopath			1			8	1	10
Pharmacist	3		55	15	5	53	14	145
Physiotherapist	3	2	10	12	4	31	4	66
Podiatrist			5	3	1	10		19
Psychologist	15	5	32	6	5	48	20	131
Total	113	95	937	494	123	695	370	2,827

Table MC2: Active monitoring cases at 30 June 2014 by profession and stream (excluding NSW)

Profession	Conduct	Health	Performance	Suitability / eligibility	Total
Aboriginal and Torres Strait Islander Health Practitioner	1	2	1	13	17
Chinese Medicine Practitioner	7	1	3	113	124
Chiropractor	14	5	7	8	34
Dental Practitioner	56	31	43	20	150
Medical Practitioner	162	260	237	328	987
Medical Radiation Practitioner	1	5		100	106
Midwife	4	17	5	9	35
Nurse	144	442	129	193	908
Occupational Therapist		10	4	73	87
Optometrist	1	1	2	4	8
Osteopath	2		2	6	10
Pharmacist	34	28	24	59	145
Physiotherapist	8	12	9	37	66
Podiatrist	2	4	7	6	19
Psychologist	39	14	28	50	131
Total	475	832	501	1,019	2,827

Table MC3: Active monitoring cases at 30 June 2014 by stream and state (excluding NSW)

Jurisdiction	Conduct	Health	Performance	Suitability / eligibility	Total
ACT	3	51	21	38	113
NT	12	30	19	34	95
QLD	117	318	156	346	937
SA	62	152	45	235	494
TAS	11	38	31	43	123
VIC	213	172	88	222	695
WA	57	71	141	101	370
Total	475	832	501	1,019	2,827

Accreditation

The National Boards and AHPRA work with education providers to ensure graduating students are suitably qualified and skilled to apply to register as a health practitioner. The bulk of this accreditation work is undertaken by accreditation authorities, which may be an external accreditation entity or a committee established by the relevant National Board.

Accreditation authorities develop and recommend accreditation standards to National Boards for approval, and they assess and accredit programs of study and education providers against the approved accreditation standards. Accreditation authorities are often responsible for assessment of overseas-qualified practitioners and may be responsible for assessing overseas accrediting and assessing authorities.

Accreditation and the National Scheme

Accreditation is a crucial quality assurance and risk management mechanism for the National Scheme. It is the most important way to ensure that registered health practitioners have the qualifications, knowledge, skills and professional attributes to competently and ethically practise their professions in Australia.

Over the four years of the National Scheme, AHPRA and the National Boards have worked with the external accreditation entities to identify opportunities for improvement, aspects of accreditation that require change and areas within accreditation that lend themselves to cross-professional approaches.

Major achievements around accreditation since the start of the National Scheme include establishing:

- the Quality Framework for the Accreditation Function (Quality Framework) as the primary measure of quality accreditation functions under the National Law
- mechanisms that have facilitated cross-profession approaches
- a framework for accreditation authorities and National Boards on communicating accreditation and program approval decisions and requests for changes to accreditation standards, and
- a joint working group between National Boards, accreditation authorities and AHPRA to advise on how to address shared accreditation issues.

Moving accreditation into a statutory framework has increased the transparency of accreditation functions for the professions regulated under the National Law through:

- increasing publicly available information about the accreditation functions

- introducing more consistent reporting requirements, and
- developing reference documents which describe and expand on some of the obligations of all accreditation authorities within the statutory framework of the National Scheme.

Accreditation Liaison Group

The National Boards, accreditation authorities and AHPRA have established an Accreditation Liaison Group (ALG) to facilitate effective delivery of accreditation within the National Scheme. The ALG is an important mechanism through which to consider shared issues in accreditation across National Boards, accreditation authorities and AHPRA. It is an advisory group which has developed a number of reference documents to promote consistency and good practice in accreditation, while taking into account the variation across professions.

Communication

Accreditation authorities provide six-monthly reports to their National Boards on developments relevant to the domains of the Quality Framework.

The National Law requires communication between accreditation authorities and their National Boards when certain decisions are made or required. The ALG has developed a framework for communication between accreditation authorities and National Boards about accreditation and program approval decisions and changes to accreditation standards.

Procedures for the development of accreditation standards

AHPRA's *Procedures for the development of accreditation standards* are an important governance mechanism. They were developed with input from the Health Professions Councils' Accreditation Forum and others. They inform National Boards, accreditation authorities and AHPRA about the matters that:

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

Joint meetings

Joint annual meetings are held between representatives of all National Boards, accreditation authorities and AHPRA. These provide a formal mechanism to discuss common accreditation issues. They aim to facilitate shared understanding of accreditation under the National Law to address the objectives and guiding principles of the National Scheme. For example, previous joint meetings have focused on routine reporting requirements, reporting on accredited programs of study and the potential for cross-profession approaches in accreditation.

Publicly available information

A list of accreditation authorities and which functions they exercise under the National Law is on the AHPRA website: www.ahpra.gov.au/Education/Accreditation-Authorities.aspx

The National Law provides that each accreditation authority must publish how it exercises the accreditation function. Each accreditation authority publishes information about its functions online.

National Boards publish the accreditation standards they approve on their websites.

National Boards, accreditation authorities and AHPRA have also developed a reference document *Accreditation under the National Law*, which is published on the AHPRA website: www.ahpra.gov.au/Publications/Accreditation-publications.aspx

Reviews of accreditation arrangements

In 2012, there was a mandated review of the accreditation arrangements for the first 10 professions to be regulated under the National Law. In this review process, each accreditation authority prepared a detailed submission explaining their roles and functions, and providing evidence of their performance against the domains of the Quality Framework.

The review processes highlighted how much has been achieved in implementing the accreditation component of the National Scheme. As a result of these reviews, each National Board has decided that its accreditation authority will continue to exercise accreditation functions, most commonly for a five-year period. In extending the agreements between AHPRA on behalf of each National Board, National Boards and AHPRA highlighted the following opportunities for consideration during the period of the agreement:

- to increase cross-profession collaboration and innovation and address the guiding principle of the National Law that the scheme is to operate in a transparent, accountable, efficient, effective and fair way. For example, by examining opportunities for joint projects with other accreditation entities.
- for each accreditation authority to facilitate and support inter-professional learning in its work, and
- for each accreditation authority to encourage use of alternative learning environments, including simulation, where appropriate.

AHPRA: supporting the National Boards

Overview

AHPRA works with the National Boards to deliver five core regulatory functions:

- **Professional standards** – Providing policy advice to the National Boards.
- **Registration** – Making sure only health practitioners with the skills and qualifications to provide safe care to the Australian community are registered to practise.
- **Notifications** – Managing concerns raised about the health, performance and conduct of individual practitioners.
- **Compliance** – Monitoring and auditing that ensures practitioners are complying with Board requirements.
- **Accreditation** – Working with accreditation authorities and committees to ensure graduating students are suitably qualified and skilled to apply to register as a health practitioner.

We also have a number of enabling functions, without which the National Scheme would not be possible: executive management, board governance and secretariat, business services, financial management, people, technology management, information management and reporting, legal services and communications. These functions continue to provide a focus for AHPRA's operations, including improved measurement and accountability.

While AHPRA remains committed to improving all of our core regulatory activities, in 2013/14 a number of our improvement initiatives focused on notifications:

- **Reporting and measurement**. We have made significant improvements to our measuring and reporting capabilities, including implementing a more robust reporting framework so that National Boards, the Agency Management Committee and AHPRA managers have a better understanding and a clearer view of what is happening in notifications management across AHPRA. This is helping us satisfy ourselves and the public that we are regulating effectively and efficiently by managing quality, timeliness and volume in all areas of our work.
- **Stronger and more consistent processes and systems**. We have implemented systems and processes designed to achieve greater consistency in the way we manage notifications across our national network, as we progressively extend our focus from notifications to compliance management and other core regulatory functions.
- **Consistency in decision-making**. We have continued our work to support National Boards as decision-makers to make informed, effective and consistent decisions in the context of the National Law, including decisions about notifications.

Customer service

AHPRA manages enquiries from the community and health practitioners through its national Customer Service Team (CST). Most enquiries are made by telephone or online.

In October 2013, AHPRA centralised the management of the CST to improve service, efficiency and consistency in this important service. The service now operates from four sites using a single 1300 number.

Each working day we can receive up to 1,700 phone calls and 225 web enquiries. Our busiest times are between March and May, during the nursing and midwifery renewal period, when calls peak at 4,000 per day and average 2,100 calls daily.

The most common enquiries answered by the CST are about:

- applications for registration
- renewal of registration
- registration standards
- online services
- contact information, and
- making a notification.

Other reasons for calls include feedback, employer online services and AHPRA's practitioner information exchange service (see page 169 for information about how we share our data).

AHPRA's target is to answer 70% of phone calls within 90 seconds. In the year we exceeded this, reaching 79%, while receiving 2% more calls and using fewer staff. We improved this performance with better management, training and coaching of our staff.

During the 2013/14 financial year, we asked 165,000 callers to rate their level of satisfaction with the way we handled their enquiries – 95% of people who responded rated the interaction with us as satisfied/very satisfied; an increase of 8% on the previous year.

Legal services

AHPRA's national legal services is responsible for providing national leadership, quality legal advice and policy direction to ensure that AHPRA delivers effective and efficient legal services throughout its network of legal staff across Australia.

As well as providing day-to-day legal advice as it is needed, AHPRA's legal services oversees the development and execution of overarching strategy, policies, guidance and operational procedures to ensure high-quality and cost-effective legal services are provided to regulatory decision-makers. The team also manages legal risk and supports the nationally consistent application of the National Law.

The team provides legal advice about the regulation of health practitioners to senior stakeholders within AHPRA, and to the National Boards and their committees. It also helps to identify and implement innovative legal solutions to improve performance.

Initiatives during 2013/14 include:

- Expanding our resources of legal advice.
- Updating legal policies and procedures to reflect the new organisation structure and priorities.
- Ensuring operational reporting is up-to-date and comprehensive.
- Developing the statutory offences unit strategy and process.
- Developing policies and procedures to support panel proceedings held under part 8 of the National Law and oversight of the recruitment and training of panel members.
- Supporting the national relationship with the National Health Practitioner Ombudsman and Privacy Commissioner.
- Building relationships with major legal partners in co-regulatory arrangements, tribunal heads and other related health regulators.
- Representing AHPRA at a number of external forums.

People

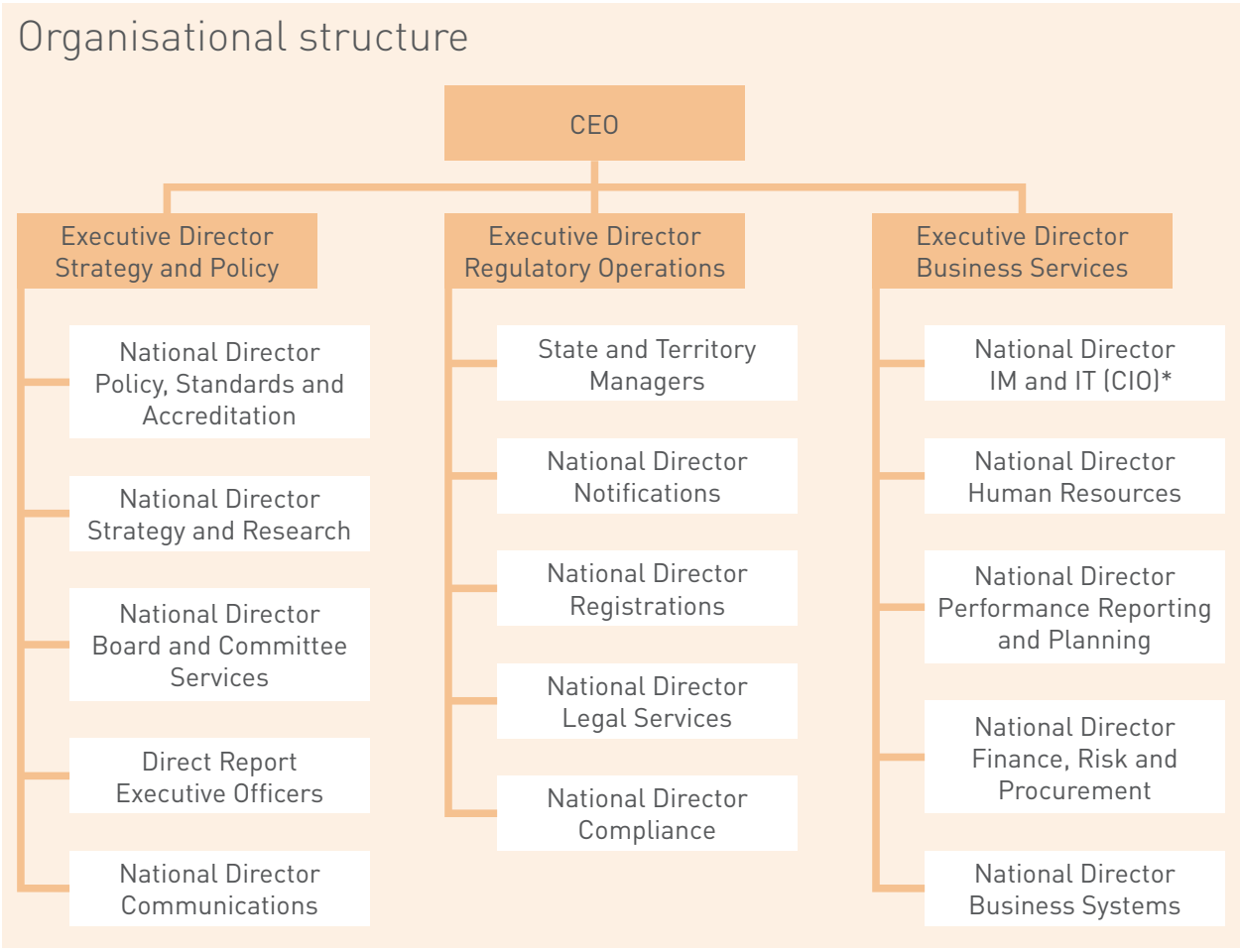
Organisational restructure

During 2014, we restructured AHPRA to improve the way we operate. The new structure brings single, national executive accountability for our core regulatory functions, simplifies governance and removes duplication of responsibilities. It also strengthens the close partnerships between National Boards and AHPRA in the National Scheme.

AHPRA is now organised into three new directorates:

- Strategy and Policy, led by Chris Robertson, which brings together our extensive program of work with the National Boards and external stakeholders on strategy, policy, accreditation, research and data access, projects, communications and board services.

AHPRA organisational structure July 2014



*Information Management and Information Technology (Chief Information Officer)

- Business Services, to be led by Sarndrah Horsfall (who will join AHPRA in September 2014), which brings together our finance, HR, corporate and information services into an integrated directorate.
- Regulatory Operations, led by Kym Ayscough, for the first time brings together all of our regulatory functions across Australia (registration, notification, compliance and legal) along with our network of state and territory managers) into a single directorate.

The restructure reflects the recommendations of an independent organisation review, commissioned from KPMG in late 2013. The changes aim to address barriers to performance and provide AHPRA and the National Boards with the best foundations for our future work. As a result, APHRA is now organised to:

- best meet the public safety and workplace reform commitments of the National Scheme
- make our processes and systems simpler and more effective where possible, and
- increase efficiencies so we can concentrate our resources on our core regulatory activities.

Human resources

Supporting the restructure of AHPRA has been a major focus for our human resources team. Change management initiatives required include the review of position descriptions, managing organisational charts and completing new senior employment agreements.

The human resources team is closely involved with the next stage of the restructure, including culture-building initiatives. These will support the development of a more external focus and building more accountability for high performance

Other areas of focus in 2013/14 were the significant revision and update of all human resources policies and procedures. Policies have been reviewed to ensure compliance with legislation and the various industrial instruments that govern the employment of AHPRA staff. A range of these policies, such as flexible working arrangements, have been developed to address gaps in policy coverage or to reflect the changing working requirements within the organisation.

A tender for a new human resources information management system has been completed and contractual arrangements are being finalised. Implementation is scheduled for the last quarter of 2014/15. This new system will provide a national platform for people management with online recruitment, e-learning capability, electronic performance management and other functionality essential to modern talent-management practices.

A performance management and review process started in 2013 for states and territories in which enterprise agreements were in place. Participating staff were invited to complete a short survey about their experience of the performance management system. The results identified a number of areas for improvement and a series of staff focus groups discussed options to refine the process. The 2014 round has finished and anecdotal evidence suggests that the improved system has assisted both staff and their managers.

Individual performance plans contain details of staff learning and development requirements and these were manually collated after the first round of performance review and planning meetings. This information will help to refine the training framework. An improved Learning and Development Framework for AHPRA will help meet demand from AHPRA's supervisors and managers for management and leadership programs.

Number of staff employed by AHPRA

Table AHP1 shows the total staff employed by AHPRA, including their allocation across our core regulatory and enabling functions. A number of our national services are provided from our network of state or territory offices, so data about staff numbers by location are of limited value.

Table AHP1: Number of staff employed by AHPRA

	Employee FTE*
Core regulatory functions	As at 30 June 2014**
Registration	268.2
Compliance	33.2
Notifications	189.5
Professional standards	31.8
Accreditation	4.2
Enabling functions	
Senior management	12.8
Board governance and secretariat	45.5
Business services***	58.6
Finance	31.4
Human resources	10.9
Technology management	53.2
National legal services	3.6
Information management and reporting	21.8
Communication, web and forms	17.4
Total	782.0

1. * Full-time equivalent
2. ** In addition AHPRA uses contractors in a range of roles to meet short-term or technical demand. Most are in technology and business services roles.
3. *** Business services encompasses planning (strategic and business), corporate risk management and policy, project management office, process design and change management.

Statutory appointments

AHPRA supported the Board member recruitment process undertaken by governments with more than 40 national board appointments and 100 state and territory appointments made over 2013/14.

The statutory appointments team also supports the work of the National Boards in the recruitment and administration of committee and panel members.

Introducing a customised database in 2013/14 has supported improvements in administering the work needed to support the 1,250 board, committee and panel members who help bring the National Scheme to life.

During the year we refreshed the List of Approved Persons for appointment to panels, including recruiting new members, establishing a cross-profession pool of community members who are approved to sit on panel hearing across professions.

Enterprise Agreements

The 2013 decision by Fair Work Australia that AHPRA is a national system employer has allowed for the continuation of our efforts to achieve a common industrial framework in 2016.

NSW and South Australia staff overwhelmingly voted in favour of the AHPRA Enterprise Agreement in November 2013, as did staff in Tasmania in early June 2014. All agreements were operative from 1 July 2013 and expire on 30 June 2016.

Negotiations are nearing completion for a combined agreement in Victoria, the ACT, the NT and WA. We are working towards establishing a common agreement in 2016.

Enterprise bargaining in Queensland has started. However, a demarcation dispute between two unions that involved proceedings in the Fair Work Commission delayed progress for several months. A recent decision by the Commission supported the AHPRA position and reinforced our status as a national system employer.

Remuneration Committee

In 2013/14, the Remuneration Committee of the Agency Management Committee met in October 2013. The Committee provides advice and direction in relation to the remuneration policy and performance management framework for AHPRA senior managers. The committee is chaired by the Chair of the Agency Management Committee.

Issues considered included executive and senior manager remuneration policy; the annual review of remuneration for executives and senior managers; renewal of executive contracts; executive mobility; review of committee terms of reference, and CEO performance and remuneration review.

An out-of-session meeting was convened on Tuesday 28 January 2014 and approved a revised form of the AHPRA Executive Employment Agreements.

Technology management

National Boards and AHPRA rely heavily on information technology to enable key business functions and importantly, to manage and protect the information we hold.

We have continued to improve the consistency of regulatory processes and the technology systems that support AHPRA. Highlights during this year include:

- delivering the functionality for practitioner audit and reporting on it
- improved registration workflows and dashboards to increase the efficiency of registration staff
- improved KPI reporting to ensure accurate tracking of regulatory outcomes
- improved fee calculation and automation to increase accuracy
- automation of a number of new application types, and
- improvements in validating data to enable improved decision-making.

Another highlight was our Chief Information Officer (CIO), Graeme Dunn, winning the prestigious iAward for the Victorian CIO of the year 2014. Graeme has led the development and implementation of our information communication technology functions to reliably support and enable all of the work across AHPRA.

Improvements have also been undertaken on AHPRA's corporate systems during 2013/14, with the following highlights:

- upgrade to AHPRA's General Ledger system
- introduction of a financial data mart to AHPRA's data warehouse platform
- improved financial reporting and forecasting capability
- introduction of an automated purchase order system, and
- roll-out of AHPRA's electronic document management system TRIM to non-regulatory functions.

We have continued to implement AHPRA's IT strategy, which in 2013/14 focused on risk mitigation, regulatory compliance and system integration. The following initiatives have been implemented during 2013/14:

- Next Generation infrastructure – which sees AHPRA consolidate its telecommunications and production-based infrastructure to an external provider, reducing risk and cost.

- Continued focus on information security including the annual information security risk assessment and action plan.
- AHPRA's Enterprise Information Management level of maturity continues to progress in 2013/14, with highlights including the development and approval of an AHPRA data strategy which set out to categorise, classify and provide governance for AHPRA's data. This is to be followed up by an initiative in 2014/15 that drives an AHPRA-wide awareness of information management.
- Continued data quality work across registration/renewal datasets, including real-time dashboards, with noticeable improvements made in this area. A similar approach is proposed in 2014/15 across notifications datasets.

Getting value from our data

An important part of the National Scheme is that is allows accurate and complete workforce data to be produced, shared and analysed.

Our workforce data – gained through high take-up of workforce surveys linked to registration renewal – are enviable. The data gathered in the National Scheme provide significant value in achieving more strategic reform, and are being used increasingly to inform Board policy and decision-making. This makes regulation and standard-setting proactive and tailored to emerging issues.

Almost all the work in the National Scheme facilitates access to services provided by health practitioners in the public interest. Detailed profession-specific registration data – including broad trends in registration, showing increasing numbers of health practitioners and students – are published quarterly on each National Board website.

Further information on how we provide access to our data is on page 174.

Data exchange services

AHPRA's information exchange platform regularly passes de-identified practitioner data to a number of legislated and other subscribers. In terms of e-health, AHPRA acts as the trusted source of practitioner information and actively shares data with Commonwealth entities in support of their operations, within appropriate legal limits.

These organisations include:

- The Department of Human Services (Medicare) for the Practitioner Directory Service.
- The Health Identifier Service which in turn provides this data to the personally controlled electronic health record (PCeHR) service.
- The National e-Health Transition Authority, which provides technical oversight and funding for the information technology development to secure a joined-up e-health network to benefit all Australians.

The data exchange platform uses web services to provide a secure and robust data exchange method. This information exchange is quick and flexible and supported by a data quality plan and reporting metrics.

The Practitioner Information Exchange (PIE) service was released in December 2013, and is publishing standardised data from the national registers to statutory bodies, employers and allied health services providers. The value of this service is significant, demonstrated by the integration of the PIE pilot program's data exchange with Epworth Health Service's clinical systems. This work won the Royal Australasian College of Medical Administrators' Margaret Tobin medal for the best advance in healthcare for 2013.

Work also started on using data exchange by increasing its use of data standards and by linking to or using information held by others, for example academic or regulatory bodies.

AHPRA's information exchange platform continued to mature with a web service interface implemented during the year between AHPRA and Health Practitioner Identification Services (HI Services). Interfaces were also provided to other health industry services such as NSW Health Professional Councils Authority and Queensland Health Ombudsman (OHO). Other customers now also use AHPRA's PIE platform for automated, secure data exchange.

Other data-sharing and research activity

AHPRA has been providing regulatory data to Health Workforce Australia and the Australian Institute of Health and Welfare under a Memorandum of Understanding. This enables workforce planning and forecasting to support the future of all Australians in a climate of supporting an ageing population with an ageing workforce.

National Boards and AHPRA are receiving an increasing number of requests for data to be used by a range of organisations. A policy that includes a comprehensive guide for individuals, agencies, institutions and researchers on the type of requests that may be considered is available on the AHPRA website. These requests are subject to a strict public interest test. The requests during 2013/14 are summarised in Appendix 5. It is an encouraging sign that so many organisations are interested in securing these data and AHPRA recognises its value to a range of organisations, in the public interest.

AHPRA is currently working collaboratively with leading researchers to help reduce harm to the public and facilitate safe workforce reform by increasing the use of data and research to inform policy and regulatory decision-making. Some notable examples are:

- an Australian Research Council Linkage Project in partnership with the University of Sydney on a comparative study of the complaints and notification system under the national system and in NSW, since September 2011
- a three-year partnership with the University of Melbourne to harness the potential of health practitioner notifications to inform understanding and improve the quality of health care services, and
- a collaborative project with the University of Melbourne to undertake a 'hot-spotting' analysis by studying complaints against medical practitioners over a 10-year period, and then determining the general risk factors for complaints.

Web management

The websites of AHPRA and the National Boards provide comprehensive information, news and updates on registration standards, as well as professional practice standards, codes, guidelines and position statements that guide registered practitioners. Our 15 websites are our core communications tool and we encourage health practitioners and the community to use the sites as a central resource. Board newsletters – as well as AHPRA's direct communications with practitioners – channel stakeholders to them for new and up-to-date information about health practitioner regulation. The websites provide access to our online services for practitioners and employers and are used heavily every day by mainstream and health publications, government and other stakeholders, education providers and insurers, and organisations.

The websites received more than 8.4 million visits in 2013/14 and more than 48.6 million page views.

Our work on data exchange helped Epworth Healthcare in Victoria to win the Royal Australasian College of Medical Administrators' prestigious Margaret Tobin Challenge Award for the best advance in healthcare for 2013.

PART 4:
Management and accountability

Contents

Administrative complaints

Anyone can make a complaint about AHPRA, the Agency Management Committee or a National Board. A complaints form is available on the AHPRA website, along with the AHPRA *Complaint handling policy and procedure*.

If anyone believes that they have been treated unfairly in our administrative processes or in our handling of freedom of information (FOI) processes, a complaint can also be lodged with the independent National Health Practitioner and Privacy Ombudsman (NHPO), who will receive complaints and help people who believe they have been treated unfairly by the bodies within the National Scheme.

The NHPO will usually only deal with complaints that have already been lodged with AHPRA, and when AHPRA has been given a reasonable opportunity to resolve the complaint. AHPRA is committed to resolving complaints and to learning from what has happened and, where appropriate, making demonstrable improvements to services.

Complaints are considered at a senior level in AHPRA, in recognition of their importance. There is a designated complaints officer in each AHPRA office.

A database records all complaints received by AHPRA and all complaints directed to AHPRA from the Ombudsman.

Complaint trends are reported quarterly to the Agency Management Committee, the National Executive and the National Boards in regard to monitoring complaints, actions taken and any lessons.

Enhancements are planned for complaint data capture to more accurately reflect the subject matter of complaints related to registration and notification issues.

In the year ending 30 June 2014, AHPRA received a total of 698 complaints – almost the same number as in 2013 (when we received 694 complaints). Of these, in 2014, 549 were received directly by AHPRA and 149 formal complaints were received from the NHPO. In addition to the formal complaints referred, AHPRA consulted extensively with the office of the NHPO during the year.

Issues raised in complaints included:

- time to assess and process a new registration application
- time to process a renewal application
- time to process an overseas registration application
- lack of communication about registration
- due process of investigations not followed, and
- issues about failure to renew registration.

More information is provided in Tables AC1 to AC5.

Table AC2: Details of Board complaint matters

Board complaint matters	Number
Complaints related to policy – international English language testing system	6
Complaints related to policy – registration or other fees too high	3
Complaints related to category of registration	2
Request for extension to a transitional arrangements – individual bridging plan	
Complaints against professional associations	
Complaints regarding Psychology Board of Australia – CPD	
Complaints regarding registration of international medical graduates	1
Other	1
Total	15

Table AC1: Nature of complaint by profession (year to date)

Nature of complaint categorised by profession	Medical	Chiropractic	Nursing/Midwifery	Pharmacy	Psychology	Dental	Optometry	Physiotherapy	Osteopathy	Podiatry	Chinese Medicine	Medical Radiation	Aboriginal and Torres Strait Islander Health Practice	Occupational Therapy	Total
Board complaint	6		5		1	1		2							15
Registration complaint	58	2	155	12	39	12		4	2	5	2	13		18	322
Notification complaint	211	5	27	3	20	26	1	6		2				1	302
Other complaint	33		11	5	5	2		1	1		1				59
Total	308	7	198	20	65	41	1	13	3	7	3	13		19	698

Table AC3: Details of registration complaint matters

Registration complaint matters	Number
Time to process a new registration	105
Time to process a renewal	43
Time to process an overseas application	57
Delay caused by incomplete documents	28
Time to respond to a registrant complaint about delays	1
Incorrect contact information	5
Online registration system disallows third party paying fees	
Lack of communication regarding registration	39
Issues regarding failure to renew registration application	12
Education provider refusing to acknowledge PDEC-76 forms	
Complaints regarding provisional registration	5
Complaints regarding certification documents for overseas applicants	8
Other	19
Total	322

Table AC5: Details of other complaint matters

Other complaint matters	Number
Accuracy of practitioner data	16
Unresponsive to phone or email contact	15
Complaint about breach of privacy	10
Complaint about an FOI decision	4
Contact centre information provision	10
Other	4
Total	59

Table AC4: Details of notification complaint matters

Notification complaint matters	Number
Due process of an investigation was not followed	194
Lack of communication regarding a notification matter	51
Delay in investigating a notification	42
Other	15
Total	302

Freedom of information

Section 215 of the National Law provides that the Commonwealth *Freedom of Information Act 1982* (FOI Act) applies to the National Law.

In the year to 30 June 2014, AHPRA received 227 FOI applications including 38 applications carried over from the previous reporting period.

During the 2013/14 reporting period, 222 applications were finalised, as detailed below.

Table FOI1: Finalised FOI applications 2013/14

Granted in full	48
Granted in part	125
Access refused	42
Access request was transferred in whole to another agency	1
Access request was transferred in part to another agency	
Access request withdrawn	6
Total	222

As well, during the year there were 27 applications for internal review and three for tribunal/court review.

Application fees of $3,660; review fees of $600; and processing charges of $3,179 covering the cost of FOI requests and related responsibilities were collected in 2013/14. In total, 38,078 pages were assessed in responding to FOI applications.

During the year, management of FOI applications was centralised within two locations to ensure a consistent approach.

Compliance with state and territory laws

AHPRA is subject to a wide range of Commonwealth, state and territory legislation and subordinate rules such as regulations, as well as obligations under the general law. AHPRA is committed to constantly reviewing and improving its procedures and activities to comply with these laws and to promote a culture of compliance.

AHPRA has compiled a legislative compliance framework policy and guidelines, designed to assist staff to comply with legislation and to instil the principles set out in Australian Standard 3806-2006: Compliance Programs.

AHPRA's policies and processes (such as the way we handle registration of practitioners) are constantly monitored, reviewed and (where necessary) amended to ensure compliance with applicable legislation. For example, AHPRA recently updated its privacy policy and the privacy collection statements contained on its main forms, so that these would comply with recent amendments to the *Privacy Act 1988 (Cth)*. AHPRA also routinely reviews and seeks to improve information security arrangements, and privacy training and updates have been used to engage AHPRA staff in protecting the information entrusted to AHPRA. AHPRA has engaged an independent external adviser to audit our privacy compliance.

AHPRA's contracting practices are frequently reviewed to make sure the contractors providing services to AHPRA and the National Boards comply with relevant obligations, including confidentiality, privacy, employment law and proper record-keeping. An online contract register has been established, designed to assist with monitoring contractor performance.

AHPRA has compiled a register of all legislation that applies to our operations. We are working with an external provider to compile and configure an online legislative compliance register that will allocate responsibility for complying with these various laws to particular AHPRA officers, and require those officers to regularly report on compliance to a central point. This service is also designed to receive updates on changes to the law and to incorporate those into the compliance register. It is expected that, as the register is put into effect, further ways AHPRA can improve legal compliance will be identified and put into effect.

Requests for telecommunications data

AHPRA is an enforcement agency within the meaning of the *Telecommunications Interception and Access Act 1979 (Cth)*. This means that, in specific circumstances, AHPRA can access existing information or documents about telecommunications data to enforce the National Law.

During 2013/14, there were 23 requests made for access to telecommunications data.

Authorisation was given for these requests, which were for access to existing information or documents for the enforcement of a law imposing a pecuniary penalty.

Data access and research

AHPRA collects comprehensive national data across all areas of its responsibility and the National Boards. While these data have registration, workforce planning, demographic, commercial and research value, the National Law, as in force in each state and territory, and the *Privacy Act 1988 (Cth)* impose strict limits on their use.

In 2013/14, AHPRA received 103 requests for access to registered health practitioner data and information – almost identical to last year's 102 requests.

The two most common data access requests this year were for quantitative statistics (39 requests) and copies/extracts of the publicly available national register of health practitioners (29 requests). In comparison with last year, there has been a 70% increase in requests for quantitative statistics and an identical number of requests for a copy or extract of the national register.

The most significant decrease (by 86%) was in the number of requests to distribute information to practitioners through AHPRA's secure mailing house.

The reduction in requests to use AHPRA's mailing house can be attributed to the implementation of strengthened data and research governance arrangements achieved through the National Scheme's new *Data access and research policy.* The policy was approved on 30 August last year, after a six-week public consultation process. This policy has successfully assisted researchers and other interested parties to better understand the framework within which requests for data and research will be considered.

Release of data or access to AHPRA's secure mailing house is subject to strict privacy and confidentiality provisions and must meet strong public interest tests. Consequently, 18% of requests received were not approved and 27% were referred to sources of publicly available data such as AHPRA's website, the Australian Institute of Health and Welfare or Health Workforce Australia. These requests are summarised in a table in Appendix 5.

Risk management

AHPRA partners with the National Boards to actively manage material risk by ensuring that its risk management practices are an integral component of governance.

The risk management program is overseen by the Audit and Risk Committee on behalf of the Agency Management Committee.

Through the enterprise risk management framework, risk management is delivered in a consistent and systematic way throughout the organisation. It is integrated with strategic and business planning processes to support the National Scheme strategic objectives. See Appendix 4.

Assurance is provided by a professional services firm which undertakes an internal audit program aligned with the priorities identified through the risk management process.

Financial management

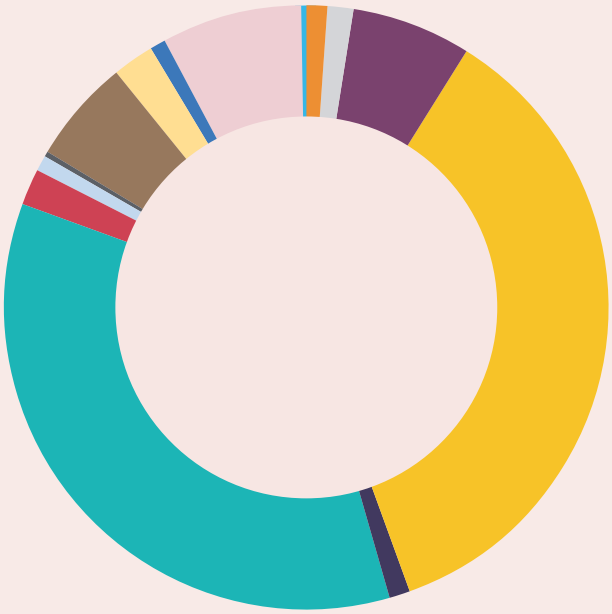
The finance function ensures that our financial systems and records are well managed, accurate and compliant with legislation, as well as providing financial reporting and guidance to the organisation and the National Boards.

As a principle, there is no cross-subsidisation between professions in the National Scheme. The percentage allocation of AHPRA's indirect costs between National Boards is shown below. The financial statements are published from page 179.

Appendix 8 shows a breakdown of meetings held by national, state and territory boards/committees. These data reflect meetings of National Boards and committees, as well as meetings of local boards and committees to make decisions about individual registered practitioners.

A summary of income and expenditure for each National Board is published in Health Profession Agreements (and on page 201 of the report). The remuneration for the Agency Management Committee is included on page 203.

Board % of AHPRA costs 2013/14



Aboriginal and Torres Strait Islander Health Practice	0.19%
Chinese Medicine	1.06%
Chiropractic	1.42%
Dental	6.22%
Medical	35.60%
Medical Radiation Practice	1.25%
Nursing and Midwifery	34.88%
Occupational Therapy	2.06%
Optometry	0.68%
Osteopathy	0.40%
Pharmacy	5.43%
Physiotherapy	2.43%
Podiatry	0.64%
Psychology	7.74%

PART 5:
Financial statements

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Australian Health Practitioner Regulation Agency

Who we are

The Australian Health Practitioner Regulation Agency (AHPRA) is the organisation responsible for supporting the National Health Practitioner Boards in the administration of the National Registration and Accreditation Scheme across Australia.

AHPRA's operations are governed by the *Health Practitioner Regulation National Law Act 2009*, as in force in each state and territory. The National Law came into effect on 1 July 2010 except in Western Australia where it came into effect on 18 October 2010. This law means that 14 health professions are now regulated by nationally consistent legislation under the National Registration and Accreditation Scheme.

AHPRA supports the 14 National Health Practitioner Boards that are responsible for regulating health practitioners. The primary role of the Boards is to protect the public and set standards and policies that all registered health practitioners must meet. Each National Board has entered into Health Profession Agreements with AHPRA which set out the fee payable by health practitioners, the annual budget of the National Board and the services provided by AHPRA.

The Agency Management Committee oversees the work of AHPRA. The Chair for the period from 1 July 2013 to 3 March 2014 was Mr Peter Allen, and for the period from 15 April 2014 is Mr Michael Gorton AM.

The Chief Executive Officer is Mr Martin Fletcher, who is supported by senior managers across Australia. Our staff are based in eight state and territory AHPRA offices, as well as our national office in Melbourne.

What we do

The National Registration and Accreditation Scheme Strategy 2011-2014 sets out AHPRA's vision, mission and strategic priorities. This statement has been developed jointly by the National Boards and AHPRA.

AHPRA:

- supports the National Boards in their primary role of protecting the public
- publishes national registers of practitioners so important information about the registration of individual health practitioners is available to the public
- manages the registration and renewal processes for health practitioners and students around Australia
- has offices in each state and territory where the public can make a complaint about a registered health practitioner or student
- on behalf of the Boards, manages investigations into the professional conduct, performance or health of registered health practitioners, except in NSW where this is undertaken by the Health Professional Councils Authority and the Health Care Complaints Commission
- works with the Health Complaints Commissions in each state and territory to make sure the appropriate organisation deals with community concerns about individual, registered health practitioners
- supports the Boards in the development of registration standards, and codes and guidelines
- provides advice to the Australian Health Workforce Ministerial Council about the administration of the National Registration and Accreditation Scheme.

National Boards

The 14 National Boards are:

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

Each Board is supported by AHPRA within the framework of a Health Profession Agreement.

State, territory and regional boards

The National Law provides for a National Board to establish state, territory and regional boards to exercise its functions in the jurisdiction in a way that provides an effective and timely local response to health practitioners and other persons in the jurisdiction. Some National Boards have state or territory boards in each jurisdiction; some have state boards and multi-jurisdictional regional boards; and others do not have state or territory boards, but have national committees.

These boards and committees make individual registration and notification decisions, based on national policies and standards set by the relevant Board. The National Board delegates the necessary powers to the state, territory and regional boards and committees.

Agency Management Committee

The Agency Management Committee is appointed by the Australian Health Workforce Ministerial Council in accordance with the *Health Practitioner Regulation National Law Act 2009* as in force in each state and territory.

The Committee comprises eight people, including:

- a Chair who is not a registered health practitioner and has not been a health practitioner in the last five years
- at least two people with expertise in health and/or education and training
- at least two people with business or administrative expertise who are not current or previously registered health practitioners.

The Agency Management Committee meets up to 11 times per year. Committee meetings are held in two parts. Part one of the meeting is open to the public to attend as observers.

The Agency Management Committee has established three committees.

- The Audit and Risk Committee is responsible for ensuring an effective audit and risk assessment function for AHPRA. The committee also oversees the AHPRA Investment Policy. The committee is independently chaired by Mr Geoff Linton.
- The Remuneration Committee determines the remuneration policy and performance management framework for AHPRA senior managers. The committee is chaired by Mr Michael Gorton AM (Chair, Agency Management Committee).
- The Performance Committee makes recommendations to Agency Management Committee to strengthen the performance culture across the National Scheme; has oversight and scrutiny of operational performance measures and data and provides assurance that any organisational performance-related issues, including the consistency of data and statistics, are being well managed. The committee is chaired by Mr Ian Smith PSM.

Mr Peter Allen, Chair

Peter Allen was Chair of the Agency Management Committee from March 2009 to March 2014.

Mr Allen is Deputy Dean of the Australia and New Zealand School of Government (ANZSOG). He joined ANZSOG after more than 20 years in the Victorian Public Service during which time he held positions including Under Secretary in the Department of Human Services; Victoria's Chief Drug Strategy Officer; Secretary of the Department of Tourism, Sport and the Commonwealth Games; Secretary of the Department of Education; Director of Schools; and Deputy Secretary, Community Services. Between 2009 and 2012 he was Victoria's Public Sector Standards Commissioner.

Between 2001 and 2003, Mr Allen was a Vice-Chancellor's Fellow at the University of Melbourne, and prior to joining the public service, he was Director of Social Policy and Research at The Brotherhood of St Laurence.

Mr Allen holds a Bachelor of Arts and a Diploma in Journalism and was awarded a Centenary Medal in 2001.

Mr Michael Gorton AM, Chair

Mr Michael Gorton was appointed to the Agency Management Committee in March 2009 as a member with business and administration expertise. He was appointed as Chair in April 2014.

Mr Gorton is a commercial lawyer with considerable experience providing legal advice on medical registration, training, education and administrative practice. As a principal of Russell Kennedy Solicitors, he has significant experience in business management and administration.

He is a Board member of Melbourne Health (Royal Melbourne Hospital) and a Director of the Australian College of Emergency Medicine.

He is a former Chair of the Victorian Equal Opportunity and Human Rights Commission.

Professor Merrilyn Walton

Professor Walton was first appointed to the Agency Management Committee in March 2009 as a member with business and administrative expertise. She has been reappointed for a further term in this role to April 2017.

Professor Walton is Professor of Medical Education (Patient Safety), Sydney School of Public Health.

She is a leading patient safety academic who works nationally and internationally in the field.

Between 2009 and 2013 she was lead writer and editor for the World Health Organisation patient safety curricula guides for multi professionals and medical schools.

Professor Walton is currently assisting hospitals and communities in Vietnam, Timor-Leste, Indonesia and Bougainville to build capacity in data collection, patient safety and improve access to health care. She is the author of two books and co-authored her latest, *Safety and Ethics in Health Care*, with Professors Runciman and Merry.

Ms Karen Crawshaw PSM

Karen Crawshaw was appointed to the Agency Management Committee in September 2012 as a member with expertise in health business and administration.

Ms Crawshaw holds Bachelor degrees in arts and law, and holds an unrestricted practising certificate from the Law Society of NSW. Ms Crawshaw held various government legal positions, eventually becoming NSW Health's Director Legal and General Counsel in 1991. In 2007, Ms Crawshaw was appointed as a Deputy Secretary and has responsibility for the Governance, Workforce and Corporate Division of the NSW Ministry of Health. Her areas of responsibility include workforce policy and strategy, industrial relations, business reform, asset management and procurement policy, strategic communications, ministerial support, corporate governance systems and frameworks, and legal and regulatory services.

Ms Crawshaw was awarded the Public Service Medal in 2012 for her significant contributions to the public sector.

Professor Constantine (Con) Michael AO

Con Michael was appointed to the Agency Management Committee in March 2009 as a member with expertise in health, education and training. He was reappointed in September 2012 for a period of three years.

Professor Michael is the Principal Adviser of Medical Workforce for the Western Australia Health Department, and Emeritus Professor of Obstetrics and Gynaecology at the University of Western Australia.

He is the current Chair of the Western Australian Board of the Medical Board of Australia, a Director of the Australian Medical Council, a member of various state and national medical committees, and Chair of the Reproductive Technology Council of Western Australia.

He is a Director and Governor of the University of Notre Dame Australia and Chair of its Advisory Board of the School of Medicine Fremantle.

Professor Michael holds a Bachelor of Medicine and Bachelor of Surgery (UWA), Doctor of Medicine (UWA) and Diploma of Diagnostic Ultrasound.

He is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (a past President) and Fellow of the Royal College of Obstetricians and Gynaecologists, London (a previous Sims Black Professor).

Among his numerous awards, Professor Michael was named an Officer of the Order of Australia (AO) in 2001 for service to medicine, particularly in the field of obstetrics and gynaecology, as a contributor to the administration of the profession nationally and internationally, and medical education.

Professor Genevieve Gray

Genevieve Gray was appointed to the Agency Management Committee in March 2009 as a member with expertise in health or education and training. Her appointment with the committee concluded on 3 March 2014.

Professor Gray is Professor of Nursing at the Queensland University of Technology (QUT), Professor Emeritus University of Alberta. In recent years she has been a Nurse Scholar for the World Health Organization, Geneva, and worked in Canada as a Professor of Nursing, Dean and Director, WHO Collaborating Centre in Nursing and Mental Health for the University of Alberta and the World Health Organization. She is currently Director of QUT's Vietnam Nursing Capacity Building Program.

Professor Gray was previously Inaugural Chair of the International Academic Nursing Alliance, a member of the Multidisciplinary Board of the International Council of Women's Health Issues and member of the Deans Council, General Faculties Committee and Health Sciences Council of the University of Alberta.

Professor Gray has a General Nursing Certificate, Midwifery Certificate, diplomas in Nursing Education and Advanced Nursing Studies, a Master of Science (Nursing), a Distinguished Life Fellowship from the Royal College of Nursing Australia and Honorary Professorship from Hanoi Medical University, Vietnam

Mr Ian Smith PSM

Ian Smith was appointed to the Agency Management Committee in September 2012 as a member with expertise in health, business and administration. He has been appointed for a period of three years.

Mr Smith is an experienced senior health official with strong track record in delivering the full range of integrated health care services – acute care in hospitals, acute psychiatric mental health, community mental health, public health, community and allied health and aged care.

During the last 17 years he has held various senior executive leadership roles in the Pilbara, Kimberley, South West and the Great Southern Regions of Western Australia.

From January 2011 to July 2013, he was the Chief Executive Officer of the WA Country Health Service which is responsible for delivering the state government funded public health services throughout rural and remote Western Australia.

In August 2013 Mr Smith was appointed as Chief Executive of the South Metropolitan Health Services in Western Australia with responsibility for the

reconfiguration of the eight existing hospitals in preparation for the opening of Fiona Stanley Hospital in 2014.

In April 2014, Mr Smith decided to semi-retire and relocate to Albany in rural Western Australia.

Ms Jenny Taing

Jenny Taing was appointed to the Agency Management Committee in April 2014 as member with expertise in business and administration. She has been appointed for a period of three years.

Ms Taing is a senior lawyer with the Australian Securities and Investments Commission specialising in financial services, managed funds and superannuation law. She also serves as a board director of the Royal Victorian Eye & Ear Hospital and is an advisory board member at the University of Melbourne, with the Centre for Advancing Journalism.

Ms Taing has also previously served as a Commissioner at the Victorian Multicultural Commission. She was recognised in 2013 by CPA Australia as one of 40 young business leaders for her work in corporate governance and received the University of Melbourne Faculty of Arts Alumni Rising Star Award for 2014.

Ms Taing holds a Bachelor of Arts/Bachelor of Laws (Honours) from the University of Melbourne and is a graduate member of the Australian Institute of Company Directors.

Mr David Taylor

David Taylor was appointed to the Agency Management Committee in April 2014 as a member with expertise in business and administration. He has been appointed for a period of three years.

Mr Taylor has extensive experience in the banking and marketing sectors, having held senior management positions in the financial services industry. Since retiring as Divisional Head, Business Banking at Bankwest Bank, Mr Taylor has served on the boards of a number of public, private and government enterprises across a range of industries, including health services, information technology, financial services, agribusiness and vocational education. Mr Taylor was former Chair of the Forest Products Commission and the Perth Market Authority. He is currently a board member of Agrifood Skills Australia Ltd and chairs their Finance and Risk Committee. Mr Taylor holds a Bachelor's degree in economics and is a Graduate Member and Fellow of the Australian Institute of Company Directors.

Ms Barbara Yeoh

Barbara Yeoh was appointed to the Agency Management Committee in April 2014 as a member with expertise in health, education and training. She was appointed for three years.

Ms Yeoh is the current Chair of Monash Health, Director of the Victoria State Emergency Service Authority and Deputy Chair of the CASA Board Audit Committee.

She previously served on the Board of Austin Health and Eastern Health in Victoria. She has over 25 years' experience as a director across a range of public and private sector agencies, including in the health, education, finance, insurance, transport, technology and infrastructure sectors.

Ms Yeoh has previously served as a Council Member and Deputy Chancellor at Latrobe University. She has maintained her interest in education through her position as a Principal Associate of Phillips KPA, specialist advisers to the education sector. Ms Yeoh has also held a range of senior management appointments in the Victorian public sector.

Overview of results for 2013-14

The consolidated result for AHPRA and National Boards was surplus $15.97m for the 2013-14 financial year. The year-on-year results are shown in the table below.

Consolidated net results

	$'000
2009-10	(4,518)
2010-11	(6,418)
2011-12	7,203
2012-13	26,908
2013-14	15,972

The accumulated surplus is now $39.147m since commencement. The result is the consolidation of the 14 National Boards within the National Scheme. The net year-on-year result for each Board is shown in the table below.

	ATSIHPBA	CMBA	ChiroBA	DBA	MBA	MRPBA	NMBA	OTBA	OptomBA	OsteoBA	PharmBA	PhysioBA	PodBA	PsyBA	Other	Total
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
2009-10	0	0	(50)	(277)	(1,762)	0	(1,671)	0	(38)	(11)	(225)	(120)	(22)	(342)	0	(4,518)
2010-11	0	0	(160)	(583)	(5,305)	0	(716)	0	(160)	(107)	966	399	34	(786)	0	(6,418)
2011-12	0	0	173	960	1,732	0	(1,367)	0	272	115	622	1,148	290	320	2,938	7,203
2012-13	368	(177)	(311)	921	5,343	1,265	12,913	2,089	301	248	1,634	1,086	421	807	0	26,908
2013-14	101	387	(240)	93	4,405	2,089	6,280	1,282	26	(55)	351	1,008	319	(74)	0	15,972

Three boards recorded a deficit for the year, with both the Psychology Board of Australia and the Osteopathy Board of Australia results positive to budget and the Chiropractic Board of Australia close to budget.

The Medical Board of Australia and the Nursing and Midwifery Board of Australia net results made up approximately two-thirds of the net surplus. However, these two boards are the two largest boards in the National Scheme from a financial perspective.

The overall results were strong and positive to budget.

Equity

Equity across the scheme is now $83.04m, an increase of $15.97m from 30 June 2013. The addition relates to the increase in accumulated surplus as there were no additions to contributed capital during 2013-14. The last contribution to contributed capital was in 2012-13 relating to the 2012 National Scheme professions.

AHPRA worked closely with each of the National Boards during 2013-14 to assess appropriate equity levels for each of the National Boards. These levels have a strong relationship to financial risk inherent within each National Board and will be reviewed each year.

It is expected that the National Boards both as a group and individually will have reasonable and sufficient equity to cover commitments, although there can be no cross-subsidisation between National Boards.

Income

Total income was $167.86m in 2013-14, an increase of $2.02m from 2012-13. The increase was due to a net increase in the number of registrants throughout the year along with some boards increasing fees by up to the Consumer Price Index (noting that some boards also reduced fees during the year).

Expenditure

Total expenditure was $151.89m in 2013-14, an increase of $12.96m from 2012-13. The increase was due to the increased scope of activities, including practitioner audit, accreditation programs for the additional 2012 National Scheme professions and enhancements to a number of existing programs.

Balance sheet

Net assets increased by $15.97m to $83.04m at 30 June 2014. Investments increased by $20m which was closely aligned with the net result recorded.

The employee entitlements provision increased again in 2013-14 but by less than in the previous year. This was expected as AHPRA is still less than 10 years old and the provision has a strong alignment to the average years of service particularly as it relates to long service leave.

The year ahead

Overall the National Scheme is expected to break even in 2014-15, with no overall increase in equity by 30 June 2015. In 2013-14 there has been a mix of financial strategies developed across each of the 14 National Boards aligned with their approaches to equity. In some instances this includes a reduction in fees for 2014-15. No registration fee for any Board will increase above the Consumer Proce Index during 2014-15.

It is expected that the National Scheme and each National Board will continue to be financially solvent throughout 2014-15. Longer-term the financial security of the Aboriginal and Torres Strait Islander Health Practice Board of Australia is a priority. This is due to this being a new profession. Until the number of practitioners within the profession increases to a financially self-sustaining level, ongoing external financial assistance is likely to be required.

Declaration by Chair, Agency Management Committee, Chief Executive Officer and Chief Financial Officer

We certify that the attached financial statements for the Australian Health Practitioner Regulation Agency have been prepared in accordance with Schedule 3, Part 3 of the *Health Practitioner Regulation National Law Act 2009* as in force in each state and territory (the National Law), Australian Accounting Standards, Australian Accounting Interpretations and other mandatory professional reporting requirements.

We further state that in our opinion, the information set out in the Comprehensive Income Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement and notes to and forming part of the financial statements, presents fairly the financial transactions for the year ended 30 June 2014 and the financial position of the Australian Health Practitioner Regulation Agency as at 30 June 2014.

We are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on this day.

Michael Gorton
Chair, Agency Management Committee
29 August 2014

Martin Fletcher
Chief Executive Officer
29 August 2014

Anthony DeJong
National Director, Finance and Procurement (Chief Financial Officer)
29 August 2014

Comprehensive income statement for the year ended 30 June 2014

	Notes	2014	2013
		$'000	$'000
Continuing operations			
Income from transactions			
Registrant fee income	2a, 13	156,436	152,865
Interest	13	6,827	6,646
Other income	2b, 13	4,596	6,329
Total income from transactions		**167,859**	**165,840**
Expenses from transactions			
Board sitting fees and direct board costs		10,419	9,962
Legal and notification costs	13	13,892	13,582
Accreditation		7,853	6,988
Staffing costs		88,465	79,092
Travel and accommodation		2,097	1,466
Systems and communications		6,242	5,658
Property expenses		8,995	7,823
Strategic and project consultant costs		1,768	3,286
Depreciation and amortisation	8, 9, 3b	2,752	2,068
Administration expenses	3a	9,404	9,007
Total expenses from transactions		**151,887**	**138,932**
Net result for the year		**15,972**	**26,908**

This statement should be read in conjunction with the accompanying notes.

Balance sheet
as at 30 June 2014

	Notes	2014	2013
		$'000	$'000
Current assets			
Cash and cash equivalents	4a	1,366	1,890
Investments	4b	131,000	81,000
Pre-payments		1,751	2,031
Receivables	5	1,690	1,557
Accrued income	6	3,455	2,958
Total current assets		**139,262**	**89,436**
Non-current assets			
Long-term investments	4b	35,000	65,000
Property, plant and equipment	8	6,884	7,151
Intangible assets	9	3,824	2,183
Total non-current assets		**45,708**	**74,334**
Total assets		**184,970**	**163,770**
Current liabilities			
Payables and accruals	10	13,834	12,272
Income in advance	11	77,268	75,387
Employee benefits	12	8,839	7,607
Total current liabilities		**99,941**	**95,266**
Non-current liabilities			
Employee benefits	12	1,986	1,433
Total non-current liabilities		**1,986**	**1,433**
Total liabilities		**101,927**	**96,699**
Net assets		**83,043**	**67,071**
Contributed capital	13	**43,895**	**43,895**
Accumulated surplus	13	**39,148**	**23,176**
Total equity		**83,043**	**67,071**
Commitments	16		
Contingent assets and liabilities	17		

This statement should be read in conjunction with the accompanying notes.

Statement of changes in equity for the year ended 30 June 2014

	Note	Contributed capital	Accumulated surplus / (deficit)	Total
		$'000	$'000	$'000
Balance at 1 July 2012		**39,472**	**(3,732)**	**35,740**
Contribution by legacy health boards		4,423	0	4,423
Comprehensive result for the year		0	26,908	26,908
Balance at 30 June 2013		**43,895**	**23,176**	**67,071**
Comprehensive result for the year		0	15,972	15,972
Balance at 30 June 2014	**13**	**43,895**	**39,148**	**83,043**

This statement should be read in conjunction with the accompanying notes.

Cash flow statement
for the year ended 30 June 2014

	Notes	2014	2013
		$'000	$'000
Cash flows from operating activities			
Payments to suppliers, employees and others		(151,575)	(142,436)
Receipts relating to registrant fees		158,317	156,932
GST received from ATO		6,067	6,025
Other receipts		4,463	7,404
Interest received		6,330	5,998
Net cash flows received from operating activities	18	**23,602**	**33,923**
Cash flows from investing activities			
Payments for property, plant and equipment		(4,126)	(2,682)
Receipts from the disposal of assets		0	16
Acquisition of investments		(20,000)	(34,000)
Net cash flows used in investing activities		**(24,126)**	**(36,666)**
Cash flows from financing activities			
Remaining contribution from health boards		0	2,920
Net cash flows received from financing activities		**0**	**2,920**
Net (decrease)/increase in cash held		**(524)**	**177**
Cash at the beginning of the year		1,890	1,713
Cash at end of the year	4a	**1,366**	**1,890**

All amounts are inclusive of GST.

This statement should be read in conjunction with the accompanying notes.

Note 1: Summary of significant accounting policies

a) Statement of compliance

These financial statements are a general purpose financial report which have been prepared in accordance with the applicable Australian Accounting Standards and Interpretations (AASs) and other mandatory requirements. AASs include Australian equivalents to International Financial Reporting Standards.

The Financial Statements have also been prepared in accordance with the relevant requirements under the *Health Practitioner Regulation National Law Act 2009*.

b) Basis of accounting preparation and measurement

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2014.

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The financial statements have been prepared using the accrual basis of accounting. Under the accrual basis, items are recognised as assets, liabilities, equity, income or expenses when they satisfy the definitions and recognition criteria for those items, that is they are recognised in the reporting period to which they relate.

The financial report is prepared in accordance with the historical cost convention.

In the application of AASs, management is required to make judgements, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making judgements. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision. Judgements and assumptions made by management in the application of AASs that have significant effects on the financial statements and estimates relate to:

i. employee benefit provisions based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates.

These financial statements were authorised by the Agency Management Committee on the 29th day of August 2014

c) Reporting entity

The Australian Health Practitioner Regulation Agency (AHPRA) is given the authority to operate by way of the *Health Practitioner Regulation National Law Act 2009*.

AHPRA's principal address is 111 Bourke Street, Melbourne 3000.

The financial statements include all the controlled activities of AHPRA. A description of the nature of the organisation's operations and its principal activities is included in the Report of Operations.

AHPRA is the organisation responsible for the administration of the National Registration and Accreditation Scheme across Australia.

AHPRA's operations are governed by the *Health Practitioner Regulation National Law Act 2009* as in force in each state and territory, which came into effect on 1 July 2010 and on 18 October 2010 in Western Australia. This law means that registered health professions are regulated by nationally consistent legislation.

AHPRA supports the National Health Practitioner Boards that are responsible for regulating their health professions. The primary role of the National Boards is to protect the public and set standards and policies that all registered health practitioners must meet.

The Agency Management Committee oversees the work of AHPRA. The Chair was Mr Peter Allen and Mr Michael Gorton from 28 April 2014. The Chief Executive Officer is Mr Martin Fletcher.

AHPRA supports the National Health Practitioner Boards in the administration of the National Registration and Accreditation Scheme.

d) Corporate structure

AHPRA is a statutory body governed by the *Health Practitioner Regulation National Law Act 2009* as in force in each state and territory (the National Law).

e) Income from transactions

Income is recognised to the extent that it is probable that the economic benefits will flow to AHPRA and that it can be reliably measured.

- **Registrant fees**

  Registrations are payable periodically in advance. Only those registration fees that are attributable to the current financial year are recognised as income. Registration fees that relate to future periods are shown in the balance sheet as Income in Advance under the heading of Current Liabilities.

  Where a registrant pays an application fee, the fee is recognised in the financial year in which it is received.

- **Interest**

  Interest income is accrued on a time basis by reference to the outstanding principal of a financial asset and at the effective interest rate applicable.

- **Other income**

  Other income includes income that is not registrant fees or interest. Key income items of other income include certificates of registration status requested by registrants, legal fee recoveries, government grants received and fees related to the Pharmacy Board of Australia's examinations.

- **Sale of non-current assets**

  The net gain or loss of non-current asset sales are included as revenue or expenses at the date control passes to the buyer, usually when an unconditional contract of sale is signed.

The net gain or loss on disposal is calculated as the difference between the carrying amount of the asset at the time of the disposal and the net proceeds on disposal.

Assets which satisfy the criteria in AASB 5 *Non-current Assets Held for Sale and Discontinued Operations* as assets held for sale are transferred to current assets and separately disclosed as non-current assets held for sale on the face of the balance sheet. These assets are measured at the lower of carrying amount and fair value less costs to sell. These assets cease to be depreciated from the date which they satisfy the held for sale criteria.

f) Administered income

AHPRA does not gain control over cash collected on behalf of the Health Professional Councils Authority (HPCA) in NSW. Consequently no income is recognised in AHPRA's financial statements. AHPRA collects these amounts when health practitioners whose principal place of practice is NSW register or renew their registration. These amounts are then paid to HPCA in NSW every month to support the co-regulatory model in that state. This amount is disclosed in the schedule of Administered Items (see Note 7).

g) Expenses from transactions

- **Board sitting fees and direct board costs**

  Board sitting fees and direct board costs include all national, state and regional board expenditure relating to meetings held by the boards and their committees and travel associated with the meetings.

- **Legal costs**

  Legal costs include external costs relating to managing the notification (complaint) process. These costs include legal fees paid to external firms and costs of civil tribunals. They do not include the costs associated with AHPRA staff in the assessment and investigation of notifications or the cost of legal staff employed by AHPRA.

- **Accreditation**

  Accreditation relates to payments to external accreditation bodies to exercise accreditation functions under the national law. It also includes staff costs and committee sitting fees when this function is carried out by Board committees.

- **AHPRA allocated costs**

  AHPRA incurs the following expenses and then proportionally allocates 100% of the expenditure to the National Boards, based on an agreed formula. The percentages are based on an analysis of historical and financial data to estimate the proportion of AHPRA costs required to regulate each profession. Costs include salaries, systems and communication, property and administration costs. AHPRA supports the work of the National Boards by employing all staff and providing systems and infrastructure to manage registration and notifications functions, as well as the support services necessary to run a national organisation with eight state and territory offices.

- **Staffing costs**

  Staffing costs relate to AHPRA employee costs including on-costs and contractors.

- **Travel and accommodation**

  Travel and accommodation relates to flights, taxis and hotel costs incurred by AHPRA and National Boards, their committees for travel other than attending scheduled board and committee meetings.

- **Systems and communication**

  Systems and communication costs relate to the cost of supporting the technology systems of AHPRA.

- **Property expenses**

  Property expenses include rental, outgoings and maintenance of all properties.

- **Strategic and project consultant costs**

  Strategic and project consultant costs relate to one-off project costs incurred in the year for both National Board and AHPRA projects.

- **Administration expenses**

  Administration expenses include any expenses not listed above. The major component of administration expenses are corporate legal, bank charges and merchant fees, postage, freight and couriers, printing and stationery, insurance and recruitment.

h) Cash and cash equivalents

Cash and cash equivalents include cash on hand and cash at bank, deposits held at call, and other short term liquid deposits, which are readily convertible to known amounts of cash with an insignificant risk of changes in value.

i) Investments

Investments include term deposits for which AHPRA has the positive intent and ability to hold to maturity at fixed interest rates.

j) Receivables

The terms of trade are 30 days from invoice date. Receivables are recognised and carried at original invoice amount less any allowance for any uncollectable amounts. Receivables are subject to impairment testing. A provision for doubtful receivable is recognised when collection of the full amount is no longer probable. Bad debts are written off when identified.

k) Impairment of financial assets

At the end of each reporting period, AHPRA assesses whether there is objective evidence that a financial asset or group of financial assets is impaired. All financial instrument assets, except those measured at fair value through profit and loss, are subject to annual review for impairment.

l) Plant and equipment and depreciation

Plant and equipment procured in 2013-14 are measured at cost less accumulated depreciation

and impairment. These assets are depreciated and amortised at rates based on their expected useful lives, using the straight-line method, which is reviewed annually.

The depreciation rates used for major assets in each class are as follows:

	2014	2013
Furniture and fittings	13%	13%
Computer equipment	20% to 40%	20% to 40%
Intangibles	10% to 40%	10% to 40%
Office equipment	15%	15%

Leasehold improvements are amortised over the term of the lease.

Work in progress (WIP) is not depreciated until it reaches service delivery capacity.

m) Intangible assets and amortisation

When the recognition criteria in AASB138 Intangible assets are met, internally generated intangible assets are recognised and measured at cost less accumulated depreciation/amortisation and impairment.

Expenditure on research activities is recognised as an expense in the period in which it is incurred.

An internally generated intangible asset arising from development (or from the development phase of an internal project) is recognised if, and only if, all of the following are demonstrated:

i. the technical feasibility of completing the intangible asset so that it will be available for use or sale
ii. an intention to complete the intangible asset and use it
iii. the ability to use the intangible asset
iv. the intangible asset will generate probable future economic benefits
v. the availability of adequate technical, financial and other resources to complete the development and to use the intangible asset, and
vi. the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Intangible asset are amortised at rate of 10% to 40%.

n) Pre-payments

Prepaid expenditure is recognised when the payments in advance of receipt of goods or services or that of expenditure made in one accounting period covering a term extending beyond that period. It is then recognised as expenditure to the period in which the service relates.

o) Impairment of non-financial assets

All non-financial assets are assessed annually for indications of impairment. If there is an indication of impairment, the assets concerned are tested as to whether their carrying value exceeds their possible recoverable amount. The difference is written-off as an expense except to the extent that the write-down can be debited to an asset revaluation surplus amount applicable to that same class of asset.

p) Payables and accruals

Payables are initially recognised at fair value, subsequently carried at amortised cost and represent liabilities for goods and services provided to AHPRA prior to the end of the financial year that are unpaid, and arise when AHPRA is obliged to make future payments in respect of the purchase of goods and services. Terms of settlement are generally 30 days from the date of invoice.

q) Employee benefits

i. Annual leave

Liabilities for wages and salaries, including non-monetary benefits and annual leave are recognised in the provision for employee benefits as current liabilities.

When the annual leave is expected to wholly settle within 12 months of the reporting date, it is measured at their nominal value. Those liabilities not expected to be wholly settled within 12 months of the reporting date are measured at the present value of the amounts expected to be paid when the liabilities are settled using remuneration rates expected to apply at the time of settlement.

ii. Long service leave

The long service leave entitlement under existing arrangements is recognised from an employee's commencement date and becomes payable according to the employment arrangements in place. The valuation of long service leave for employees who have met the conditions of service to take long service leave is recognised as a current liability whilst the valuation for those employees still to meet the conditions of service is measured as a non-current liability.

Part of the liability is measured at nominal value when it is expected to wholly settle within 12 months of the reporting date. When liabilities are not expected to wholly settle within 12 months of the reporting date, it is measured at present value of expected future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using interest rates on national government guaranteed securities with terms to maturity that match, as closely as possible, the estimated future cash outflows.

iii. Termination benefits

Termination benefits are payable when employment is terminated before the normal retirement date or when an employee accepts voluntary redundancy in exchange for these benefits. AHPRA recognises termination benefits when it demonstrably committed to either terminating the employment of

current employees according to a detailed formal plan without possibility of withdrawal or providing termination benefits as a result of an offer made to encourage voluntary redundancy. Benefits falling due more than 12 months after the end of the reporting period are discounted to present value.

r) Superannuation

The amount charged to the Comprehensive Income Statement in respect of superannuation represents AHPRA contributions for members of both defined benefit and defined contribution superannuation plans that are paid or payable during the reporting period.

s) Employee benefits on-costs

Employee benefits on-costs, including payroll tax, workcover insurance premiums and superannuation entitlements are recognised and included in employee benefit liabilities and costs when the employee benefits to which they relate are recognised as liabilities.

t) Goods and service tax (GST)

All application, registration and late fees are exempt from Goods and Services Tax (GST) legislation. Revenues, expenses and assets are recognised net of GST except where the amount of GST incurred is not recoverable, in which case it is recognised as part of the cost of acquisition of an asset or part of an item of expense or revenue. GST receivable from and payable to the Australian Taxation Office is included in the balance sheet. The GST component of a receipt or payment is recognised on a gross basis in the cash flow statement in accordance with Accounting Standard AASB 107.

u) Income tax

Tax effect accounting has not been applied as AHPRA is exempt from income tax under section 50-25 of the Income Tax Assessment Act 1997.

v) Leases

Operating lease payments are recognised as an expense in the Comprehensive Income Statement on a straight line basis over the lease term.

w) Commitments

Commitments are disclosed to include those operating and capital commitments arising from non-cancellable contractual or statutory obligations. All amounts shown in the commitments note are inclusive of GST.

x) Contingent assets and contingent liabilities

Contingent assets and contingent liabilities are not recognised in the balance sheet, but are disclosed by way of note and, if quantifiable, are measured at nominal value. Contingent assets and contingent liabilities are presented inclusive of GST receivable or payable respectively.

y) Comparative amounts

Comparative figures have been adjusted to conform to changes in presentation for the current financial year.

Expenses from transactions	2012-13 reported	2012-13 adjusted
Board sitting fees and direct board costs	15,735	9,962
Staffing costs	76,619	79,092
Travel and accommodation	1,805	1,466
Strategic and project consultant costs	1,785	3,286
Administration expenses	6,869	9,007
Total expenses from transactions	**102,813**	**102,813**
Net result for the year	**26,908**	**26,908**

The adjustments were made as the Health Profession Agreement (HPA) between AHPRA and each of the National Boards re-classified expenditure categories for 2013-14. These changes are summarised below;

Board sitting fees and direct board costs: Projects commissioned by the boards, health programs and other administrative expenses directly incurred by boards are removed and re-classified as AHPRA managed costs.

Staffing costs: Also includes cost of employees and contractors employed by AHPRA to work directly on board projects.

Travel and accommodation: Conference and venue hire are excluded.

Strategic and project consultant costs: Strategic and project consultant costs are adjusted to include one-off project costs incurred in the year for both board and AHPRA projects.

Administration expenses: In 2012-13 the adjusted comparative for administration expenses included health programs, conferences and venue hire.

z) Functional and presentation currency

All amounts specified in these statements are presented in Australian dollars.

aa) Rounding of amounts

Amounts in the financial report have been rounded to the nearest thousand dollars unless otherwise stated. Figures in the financial statements may not equate due to rounding.

ab) Changes in accounting policy

Subsequent to the 2012-13 reporting period, the following new and revised standards have been adopted in the current period with their financial impact detailed as below.

i. AASB 13 Fair Value Measurement

AASB 13 establishes a single source of guidance for all fair value measurements. AASB 13 provides guidance on how to measure fair value under Australian Accounting Standards when fair value is required or permitted. AHPRA has considered the specific requirements relating to highest and

best use, valuation premise, and principal (or most advantageous) market. The methods, assumptions, processes and procedures for determining fair value were revisited and adjusted where applicable.

ii. AASB 119 Employee benefits

In 2013-14, AHPRA has applied AASB 119 Employee benefits and the related consequential amendments for the first time. The revised AASB 119 changes the accounting for defined benefit plans and termination benefits, which has no impact on AHPRA.

The revised standard also changes the definition of short term employee benefits. These were previously benefits that were expected to be settled within 12 months after the end of the reporting period in which the employees render the related service, however, short term employee benefits are now defined as benefits expected to be settled wholly within 12 months after the end of the reporting period in which the employees render the related service. As a result, accrued annual leave balances which were previously classified by AHPRA as short term employee benefits no longer meet this definition and are now classified as long term employee benefits. This has resulted in a change of measurement for the annual leave provision from an undiscounted to discounted basis.

ac) Abbreviations

ATSIHPBA	Aboriginal and Torres Strait Islander Health Practice Board of Australia
CMBA	Chinese Medicine Board of Australia
ChiroBA	Chiropractic Board of Australia
DBA	Dental Board of Australia
MBA	Medical Board of Australia
MRPBA	Medical Radiation Practice Board of Australia
NMBA	Nursing and Midwifery Board of Australia
OTBA	Occupational Therapy Board of Australia
OptomBA	Optometry Board of Australia
OsteoBA	Osteopathy Board of Australia
PharmBA	Pharmacy Board of Australia
PhysioBA	Physiotherapy Board of Australia
PodBA	Podiatry Board of Australia
PsyBA	Psychology Board of Australia

ad) New accounting standards and interpretations

Certain new Australian accounting standards and interpretations that are not mandatory for 30 June 2014 reporting period have been published.

As at 30 June 2014, the following standards and interpretations had been issued but were not mandatory for the reporting year ended 30 June 2014. AHPRA has not and does not intend to adopt these standards early.

AASB 108 requires disclosure of the impact on AHPRA's financial statements of these changes. These are set out below.

Standard/ Interpretation	Summary	Applicable for annual reporting periods beginning on	Impact on AHPRA financial statements
AASB 9 *Financial instruments*	This standard simplifies requirements for the classification and measurement of financial assets resulting from Phase 1 of the IASB's project to replace *IAS 39 Financial Instruments: Recognition and Measurement* (*AASB 139 Financial Instruments: Recognition and Measurement*).	1 Jan 2017	The preliminary assessment has identified that the financial impact of available for sale (AFS) assets will now be reported through other comprehensive income (OCI) and no longer recycled to the profit and loss. While the preliminary assessment has not identified any material impact arising from AASB 9, it will continue to be monitored and assessed.

Note 2a: Registration fee income

	2014	2013
	$'000	$'000
Registration fee income recognised during the year	146,035	139,035
Application fee income	10,401	13,830
Total registration fee income	**156,436**	**152,865**

Note 2b: Other income

	2014	2013
	$'000	$'000
Government grant income	586	1,154
Certificate of registration status income	514	416
Pharmacy Board of Australia examinations	760	622
NRAS 2012 transition funding	0	880
Legal fee recovery	1,266	1,625
Other income	1,470	1,632
Total other income	**4,596**	**6,329**

Note 3a: Administration expenses

	2014	2013
	$'000	$'000
Legal – corporate	593	711
Bank charges and merchant fees	830	849
Postage, freight and courier	1,023	1,099
Printing and stationery	1,000	1,271
Insurance	488	461
Recruitment	385	933
Health programs	1,120	1,000
Publications	382	385
Other	3,583	2,298
Total administration expenses	**9,404**	**9,007**

Note 3b: Depreciation and amortisation

	2014	2013
	$'000	$'000
Depreciation		
Leasehold improvements	860	850
Furniture and fittings	79	72
Computer equipment	406	363
Office equipment	29	25
Motor vehicles	0	7
Amortisation		
Computer software	1,378	751
Total depreciation and amortisation	**2,752**	**2,068**

Note 3c: Net gains/(loss) on disposal of non-financial assets

	2014	2013
	$'000	$'000
Proceeds from disposals of non-current assets		
Motor vehicle	0	16
Total proceeds from disposal of non-current assets	**0**	**16**
Less: written down value of non-current assets sold		
Office equipment	0	1
Motor vehicles	0	16
Total written down value of non-current assets sold	**0**	**17**
Net gain/(loss) on disposal of non-current financial assets	**0**	**(1)**

Note 3d: Non-financial assets written off

	2014	2013
	$'000	$'000
Non-current assets written off		
Office equipment	0	16
Furniture and fittings	27	0
Computer equipment	3	0
Total non-current assets written off	**30**	**16**

Note 4a: Cash and cash equivalents

	2014	2013
	$'000	$'000
Cash on hand, at bank and term deposits less than 30 days	1,366	1,890
Total cash and cash equivalents	**1,366**	**1,890**

Note 4b: Investments

	2014	2013
	$'000	$'000
Bank term deposit less than 1 year	131,000	81,000
Bank term deposits greater than 1 year	35,000	65,000
Total investments	**166,000**	**146,000**

Note 5: Receivables

	2014	2013
	$'000	$'000
Trade receivables	1,016	1,027
GST receivable	926	771
Less allowances for doubtful debts	(252)	(241)
Total receivables	**1,690**	**1,557**

	2014	2013
	$'000	$'000
Movement in the allowance for doubtful debts		
Balance at beginning of year	241	34
Increase in allowance recognised in net result	11	207
Balance at end of year	**252**	**241**

Note 6: Accrued income

	2014	2013
	$'000	$'000
Accrued interest on term deposits	3,432	2,800
Other accrued income	23	158
	3,455	**2,958**

Note 7: Administered (non-controlled) items

In addition to the operations which are included in the financial statements (comprehensive income statement, balance sheet, statement of changes on equity and cash flow statement), AHPRA administers/collects fees on behalf of HPCA in NSW. The transactions relating to this activity are reported as administered items (refer to Note 1(f)) as well as this note.

	ATSIHPBA	CMBA	ChiroBA	DBA	MBA	MRPBA	NMBA	OTBA	OptomBA	OsteoBA	PharmBA	PhysioBA	PodBA	PsyBA	Total
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
2010-11	0	0	43	980	5,893	0	6,124	0	141	39	1,304	380	44	399	15,348
2011-12	0	0	185	1,230	7,049	0	6,947	0	162	92	1,475	445	119	1,067	18,771
2012-13	1	482	164	1,279	10,924	512	6,902	410	167	88	1,534	466	125	1,044	24,099
2013-14	1	462	174	2,175	11,552	522	7,368	366	177	151	1,641	495	184	1,101	26,368

Note 8: Property, plant and equipment (PPE)

	Leasehold improvements	Furniture and fittings	Computer equipment	Office equipment	Motor vehicle	WIP	Total PPE
	$'000	$'000	$'000	$'000	$'000	$'000	$'000
At cost							
Balance at 30 June 2012	5,949	529	804	137	30	1,374	8,823
Additions	69	35	261	48	0	2,279	2,692
Disposals	0	(1)	0	(12)	(30)	0	(43)
Transfers	0	0	0	0	0	(1,281)	(1,281)
Balance at 30 June 2013	**6,018**	**563**	**1,065**	**173**	**0**	**2,372**	**10,191**
Additions	80	136	604	47	0	3,290	4,157
Write offs	0	(41)	(5)	(1)	0	0	(47)
Transfers	0	0	0	0	0	(3,019)	(3,019)
Balance at 30 June 2014	**6,098**	**658**	**1,664**	**219**	**0**	**2,643**	**11,282**
Accumulated depreciation							
Balance at 30 June 2012	(1,367)	(100)	(235)	(29)	(7)	0	(1,738)
Depreciation charge during the year	(850)	(72)	(363)	(25)	(7)	0	(1,317)
Disposals	0	0	0	0	14	0	14
Balance at 30 June 2013	**(2,217)**	**(172)**	**(598)**	**(54)**	**0**	**0**	**(3,041)**
Depreciation charge during the year	(860)	(79)	(406)	(29)	0	0	(1,374)
Write offs	0	14	2	1	0	0	17
Balance at 30 June 2014	**(3,077)**	**(237)**	**(1,002)**	**(82)**	**0**	**0**	**(4,398)**
Net book value							
At 30 June 2014	3,021	421	662	137	0	2,643	6,884
At 30 June 2013	3,801	391	467	120	0	2,372	7,151

Note 9: Intangible assets

	Computer software		Total	
	2014	2013	2014	2013
	$'000	$'000	$'000	$'000
At cost				
Opening balance	3,121	1,840	3,121	1,840
Additions	3,019	1,281	3,019	1,281
Closing balance	6,140	3,121	6,140	3,121
Accumulated amortisation				
Opening balance	(938)	(187)	(938)	(187)
Amortisation charge during the year	(1,378)	(751)	(1,378)	(751)
Closing balance	(2,316)	(938)	(2,316)	(938)
Net book value at end of financial year	3,824	2,183	3,824	2,183

Note 10: Payables and accruals

	2014	2013
	$'000	$'000
Trade creditors	4,449	3,631
Accrued expenses	9,385	8,641
Total payables and accruals	**13,834**	**12,272**

Note 11: Income in advance

Note 11a: Amount received in advance from 2012 National Scheme professions

	2014	2013
	$'000	**$'000**
Amounts received in advance – government grants	0	185
Total	**0**	**185**

Note 11b: Pre-paid income

	2014	2013
	$'000	**$'000**
Aboriginal and Torres Strait Islander Health Practice Board of Australia	14	598
Chinese Medicine Board of Australia	802	755
Chiropractic Board of Australia	903	858
Dental Board of Australia	3,533	3,310
Medical Board of Australia	13,593	12,846
Medical Radiation Practice Board of Australia	1,545	1,586
Nursing and Midwifery Board of Australia	44,688	43,481
Occupational Therapy Board of Australia	1,389	1,442
Optometry Board of Australia	658	674
Osteopathy Board of Australia	354	313
Pharmacy Board of Australia	2,949	2,772
Physiotherapy Board of Australia	1,644	1,713
Podiatry Board of Australia	590	500
Psychology Board of Australia	4,606	4,288
Other	0	66
Total	**77,268**	**75,202**
Total income in advance	**77,268**	**75,387**

Note 12: Employee benefits

	2014	2013
	$'000	$'000
Current		
Unconditional annual leave and expected to be settled within 12 months	2,047	3,688
Unconditional annual leave expected to be settled after 12 months	3,642	1,244
Unconditional long service leave and expected to be settled within 12 months	3,150	2,675
Total current employee benefits	**8,839**	**7,607**
Non-current		
Conditional long service leave entitlements expected to be settled after 12 months	1,986	1,433
Total non-current employee benefits	**1,986**	**1,433**

Note 13: Equity

Summary of net results for the year by National Board 2013-14

	ATSIHPBA	CMBA	ChiroBA	DBA	MBA	MRPBA	NMBA	OTBA	OptomBA	OsteoBA	PharmBA	PhysioBA	PodBA	PsyBA	Total
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Income from transactions															
Registration fee income	38	2,091	2,211	8,827	55,744	4,141	52,398	3,837	1,662	894	7,385	4,431	1,399	11,379	156,436
Interest	45	100	83	382	1,896	280	2,324	352	102	72	426	345	87	333	6,827
Other income	593	72	11	209	1,535	205	731	19	5	3	896	28	10	280	4,596
Total income from transactions	677	2,262	2,305	9,419	59,175	4,627	55,452	4,208	1,769	968	8,707	4,804	1,495	11,992	167,859
Expenses from transactions															
Board expenses	198	252	390	710	2,578	576	1,791	396	488	285	677	623	300	1,156	10,419
Staff costs	142	175	4	67	248	486	1,284	6	5	2	138	32	2	201	2,791
Legal costs	0	280	411	894	6,327	17	1,815	28	199	78	532	159	25	1,308	12,073
Notification costs	0	7	8	138	780	4	715	9	8	0	35	26	10	77	1,819
Travel and accommodation	13	10	0	10	1	23	75	0	0	0	0	0	0	44	177
Administration costs	14	6	170	363	3,927	84	4,250	199	296	193	291	301	125	599	10,817
Strategic/project expenses	4	0	19	6	67	1	94	23	9	15	2	4	16	0	261
AHPRA allocation cost	205	1,144	1,544	7,138	40,842	1,347	39,147	2,264	738	450	6,681	2,652	698	8,681	113,531
Total expenses from transactions	576	1,875	2,545	9,326	54,769	2,538	49,172	2,926	1,743	1,023	8,355	3,797	1,176	12,066	151,887
Net result for the year	**101**	**387**	**(240)**	**93**	**4,405**	**2,089**	**6,280**	**1,282**	**26**	**(55)**	**351**	**1,008**	**319**	**(74)**	**15,972**

Each National Board has a Health Profession Agreement with AHPRA. As part of this agreement AHPRA manages several pools of allocated costs on behalf of the National Boards. The largest pool of allocated costs includes:

- staffing costs
- systems and communication
- strategic and project consultant costs
- administration expenses
- AHPRA travel and accommodation
- property expenses, and
- depreciation and amortisation.

The costs for this pool were allocated to each National Board on the percentage allocations shown below.

	ATSIHPBA	CMBA	ChiroBA	DBA	MBA	MRPBA	NMBA	OTBA	OptomBA	OsteoBA	PharmBA	PhysioBA	PodBA	PsyBA
2013-14	0.19%	1.06%	1.42%	6.22%	35.60%	1.25%	34.88%	2.06%	0.68%	0.40%	5.43%	2.43%	0.64%	7.74%

Reserves

	Notes	2014	2013
		$'000	$'000
(A) Contributed capital			
Balance at the beginning of financial year		**43,895**	**39,472**
Capital contributions from former boards		0	4,423
Balance at end of financial year		**43,895**	**43,895**
(B) Accumulated surplus / (deficit)			
Balance at the beginning of financial year		**23,176**	**(3,732)**
Surplus for the year		15,972	26,908
Balance at end of financial year		**39,148**	**23,176**

Note 14: Responsible persons and accountable officer

i. Australian Health Workforce Ministerial Council

The Ministerial Council comprises ministers of the governments of the participating jurisdictions and the Commonwealth with the portfolio responsibility for Health. The following ministers were members of the Australian Health Workforce Ministerial Council during the period 1 July 2013 to 30 June 2014.

Name	Portfolio	Jurisdiction
The Hon Tanya Plibersek MP (1 July 2013 – 18 September 2013)	Minister for Health and Medical Research	Commonwealth
The Hon Peter Dutton MP (18 September 13 – present)	Minister for Health Minister for Sport	Commonwealth
The Hon Jillian Skinner MP	Minister for Health Minister for Medical Research	New South Wales
The Hon David Davis MLC	Minister for Health Minister for Ageing	Victoria
The Hon Lawrence Springborg MP	Minister for Health	Queensland
The Hon Jack Snelling MP	Minister for Health Minister for Mental Health and Substance Abuse Minister for the Arts Minister for Health Industries	South Australia
The Hon Michelle O'Byrne (1 July 2013 – 31 March 2014)	Minister for Health Minister for Children Minister for Sport and Recreation	Tasmania
The Hon Michael Ferguson MHA (31 March 2014 – present)	Minister for Health Minister for Information Technology and Innovation	Tasmania
The Hon Dr Kim Hames MLA	Deputy Premier Minister for Health Minister for Training and Workforce Development	Western Australia
Ms Katy Gallagher MLA	Chief Minister Minister for Health Minister for Regional Development Minister for Higher Education	Australian Capital Territory
The Hon Robyn Jane Lambley MLA	Minister for Health Minister for Alcohol Rehabilitation Minster for Disability Services	Northern Territory

All dates are from 1 July 2013 to 30 June 2014 unless otherwise stated

ii. Agency Management Committee members

	Period
Mr Peter Allen	1/07/13 – 03/03/14
Mr Michael Gorton AM	1/07/13 – 30/06/14
Professor Genevieve Gray	1/07/13 – 03/03/14
Ms Karen Crawshaw PSM	1/07/13 – 30/06/14
Professor Con Michael AO	1/07/13 – 30/06/14
Professor Merrilyn Walton	1/07/13 – 30/06/14
Mr Ian Smith PSM	1/07/13 – 30/06/14
Ms Jenny Taing	11/04/14 – 30/06/14
Mr David Taylor	11/04/14 – 30/06/14
Ms Barbara Yeoh	11/04/14 – 30/06/14

iii. Remuneration of Agency Management Committee

	2014	2013
Income	Number	Number
$0 - $9,999	8	4
$10,000 - $19,999	0	2
$20,000 - $29,999	0	1
$30,000 - $39,999	0	1
$40,000 - $49,999	2	0
Total numbers	**10**	**8**
Total amount	**$110,759**	**$92,143**

Remuneration shown above includes all committee meetings the Agency Management Committee members attended. Amounts relating to responsible ministers are reported in the financial statements of the relevant minister's jurisdiction.

iv. Related party transactions

Mr Michael Gorton is a principal of Russell Kennedy Solicitors which provides legal services on notification matters to AHPRA on normal commercial terms and conditions.

2014	2013
$'000	$'000
363	430

v. Remuneration of Chief Executive Officer and National Directors

The Chief Executive Officer (CEO) is Mr Martin Fletcher who held the position for the period 1 July 2013 to 30 June 2014. The aggregate compensation made to CEO and National Directors is set out below:

	2014	2013
Income	Number	Number
$210,000 - $219,999	0	1
$230,000 - $239,999	1	1
$250,000 - $259,999	0	1
$260,000 - $269,999	2	0
$270,000 - $279,999	0	1
$290,000 - $299,999	1	0
$360,000 - $369,999	0	1
$370,000 - $379,999	1	0
Total numbers	**5**	**5**
Total amount	**$1,430,130**	**$1,342,950**

Note 15: Remuneration of auditor

	2014	2013
	$'000	$'000
Amount payable to VAGO for auditing the statements (excluding GST)	148	144
	148	**144**

Note 16: Commitments

Operating lease commitments

Commitments (including GST) in relation to operating leases are payable as:

	2014	2013
Non-cancellable	$'000	$'000
Not later than 1 year	7,296	7,416
Later than 1 year but not later than 5 years	18,094	22,784
Later than 5 years	0	2,832
Total operating leases	**25,390**	**33,032**

Note 17: Contingent assets and liabilities

Contingent assets

	2014	2013
Contingent assets	$'000	$'000
Legal proceeding and disputes	0	225

No claim for damages was lodged during the year that AHPRA may be possible to recover the amount.

Contingent liabilities

	2014	2013
Contingent liabilities	$'000	$'000
Legal proceeding and disputes	0	0

Claims for damages were lodged during the year. Liability has been disclaimed and the actions have been defended. Insurers are involved in defending these matters. The extent to which an outflow of funds required in excess of insurance is dependent on the case outcomes being more or less favourable than currently expected.

Note 18: Reconciliation of comprehensive result to operating cash flows

	2014	2013
	$'000	$'000
Net result for the year	**15,972**	**26,908**
Adjustments for:		
Depreciation	2,752	2,068
Loss on disposal of assets	0	1
Provision for doubtful debts	11	207
Changes in assets and liabilities		
(Increase) / decrease in receivables	(143)	868
Decrease / (increase) in prepayments	280	(1,316)
(Increase) in accrued income	(497)	(648)
Increase in prepaid income	1,881	4,067
Increase / (decrease) in payables and accruals	1,561	(392)
Increase in employee benefits	1,785	2,162
Net cash flows from operating activities	**23,602**	**33,923**

The changes in assets and liabilities exclude items transferred by the former boards and taken up as equity on transfer.

Note 19 - Financial instruments

a) Financial risk management

AHPRA's principal financial instruments consist of at call variable interest deposits, term deposits and trade receivables and payables. AHPRA has no exposure to exchange rate risk.

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement, and the basis of which income and expenses are recognised, with respect to each class of financial asset, financial liability and equity instrument above are disclosed in Note 1 to the financial statements.

b) Credit risk exposure

Credit risk is the risk that a party will fail to fulfil its obligations to AHPRA resulting in financial loss. The maximum exposure to credit risk, excluding the value of any collateral or other security at balance date to recognised financial assets, is the carrying amount, net of any provisions for impairment of those assets, as disclosed in the balance sheet and notes to the financial statements. AHPRA does not have any material credit risk exposure to any single receivable or group of receivables under financial instruments entered into by the entity.

There are no material amounts of collateral held as security at 30 June 2014.

Credit risk is managed by the entity and reviewed regularly. It arises from exposures to customers as well as through deposits with financial institutions.

The entity monitors the credit risk by actively assessing the rating quality and liquidity of counterparties.

Credit quality of contractual assets that are neither past due nor impaired

	Financial institutions (AA credit rating)	Other	Total
2014	$'000	$'000	$'000
Financial assets			
Cash and cash equivalents	1,366	0	1,366
Investments	166,000	0	166,000
Receivables	0	764	764
Total	**167,366**	**764**	**168,130**

Credit quality of contractual assets that are neither past due nor impaired

	Financial institutions (AA credit rating)	Other	Total
2013	$'000	$'000	$'000
Financial assets			
Cash and cash equivalents	1,890	0	1,890
Investments	146,000	0	146,000
Receivables	0	786	786
Total	**147,890**	**786**	**148,676**

Ageing analysis of financial assets

	Carrying amount	Less than 1 month	1-3 months	3 months - 1 year	More than 1 year
2014	$'000	$'000	$'000	$'000	$'000
Financial assets					
Cash and cash equivalents	1,366	1,366	0	0	0
Investments	166,000	7,000	48,000	76,000	35,000
Receivables	764	218	153	393	0
Total	**168,130**	**8,584**	**48,153**	**76,393**	**35,000**

Ageing analysis of financial assets

	Carrying amount	Less than 1 month	1-3 months	3 months - 1 year	More than 1 year
2013	$'000	$'000	$'000	$'000	$'000
Financial assets					
Cash and cash equivalents	1,890	1,890	0	0	0
Investments	146,000	4,000	2,000	75,000	65,000
Receivables	786	260	280	246	0
Total	**148,676**	**6,150**	**2,280**	**75,246**	**65,000**

c) Liquidity risk exposure

Liquidity risk is the risk that AHPRA will encounter difficulty in meeting obligations associated with financial liabilities. AHPRA manages liquidity risk by monitoring cash flows' forecast and ensuring that adequate liquid funds are available to meet current obligations.

The following tables disclose the maturity analysis of AHPRA's financial liabilities

		Maturity dates		
	Carrying amount	Less than 1 month	1-3 months	3 months - 1 year
2014	$'000	$'000	$'000	$'000
Payables				
Trade creditors	4,449	4,277	160	12
Accrued expenses	9,385	9,385	0	0
Total	**13,834**	**13,662**	**160**	**12**

		Maturity dates		
	Carrying amount	Less than 1 month	1-3 months	3 months - 1 year
2013	$'000	$'000	$'000	$'000
Payables				
Trade creditors	3,631	3,563	68	0
Accrued expenses	8,641	8,641	0	0
Total	**12,272**	**12,204**	**68**	**0**

Trade creditors over 30 days still to be paid relate to amounts which are being held for payment until all conditions for payment are met.

The maximum exposure to liquidity risk is the total carrying amount of the financial liabilities as shown above.

d) Market risk exposure

Currency risk
AHPRA has no exposure to currency risk at 30 June 2014 or at 30 June 2013.

Equity price risk
AHPRA has no exposure to equity price risk at 30 June 2014 or at 30 June 2013.

Interest rate risk
Exposure to interest rate risk is limited to assets bearing variable interest rates. AHPRA has a combination of deposits with floating and fixed interest rates. Exposure to variable interest rate risk is with financial institutions with AA credit rating.

Interest rate exposure of financial instruments

	Weighted average interest rate	Non-interest bearing	Floating interest rate	Fixed interest rate	Total
2014	$'000	$'000	$'000	$'000	$'000
Financial assets					
Cash and cash equivalents	1.71%	6	1,360	0	**1,366**
Investments	4.03%	0	0	166,000	**166,000**
Receivables	0	764	0	0	**764**
Total		**770**	**1,360**	**166,000**	**168,130**
Financial liabilities					
Payables	0	4,449	0	0	**4,449**
Accrued expenses	0	9,385	0	0	**9,385**
Total		**13,834**	**0**	**0**	**13,834**

Interest rate exposure of financial instruments

	Weighted average interest rate	Non-interest bearing	Floating interest rate	Fixed interest rate	Total
2013	$'000	$'000	$'000	$'000	$'000
Financial assets					
Cash and cash equivalents	1.42%	9	1,881	0	**1,890**
Investments	4.37%	0	0	146,000	**146,000**
Receivables	0	786	0	0	**786**
Total		**795**	**1,881**	**146,000**	**148,676**
Financial liabilities					
Payables	0	3,631	0	0	**3,631**
Accrued expenses	0	8,641	0	0	**8,641**
Total		**12,272**	**0**	**0**	**12,272**

Sensitivity analysis

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, AHPRA believes the following movements are 'reasonably possible' over the next 12 months.

- A parallel shift of +1% and -1% in market interest rates (AUD) from year-end rates of 1.71% and 4.03%.

The following table discloses the impact on net operating result and equity for each category of financial instrument held by AHPRA at year end as presented to key management personnel, if changes in the market interest rates occur.

	Carrying amount	At -1.0% Surplus	At -1.0% Equity	At +1.0% Surplus	At +1.0% Equity
2014	$'000	$'000	$'000	$'000	$'000
Financial assets					
Cash and cash equivalents	1,366	(14)	(14)	14	14
Investments	166,000	(628)	(628)	628	628
Receivables	764	0	0	0	0
Financial liabilities					
Payables	4,449	0	0	0	0
Accrued expenses	9,385	0	0	0	0
Total		**(642)**	**(642)**	**642**	**642**

	Carrying amount	At -1.0% Surplus	At -1.0% Equity	At +1.0% Surplus	At +1.0% Equity
2013	$'000	$'000	$'000	$'000	$'000
Financial assets					
Cash and cash equivalents	1,890	(18)	(18)	18	18
Investments	146,000	(335)	(335)	335	335
Receivables	786	0	0	0	0
Financial liabilities					
Payables	3,631	0	0	0	0
Accrued expenses	8,641	0	0	0	0
Total		**(353)**	**(353)**	**353**	**353**

Other market risk

AHPRA has no exposure to other market risk at 30 June 2014 or at 30 June 2013.

e) Fair value

The fair values and net fair values of financial instrument assets and liabilities are determined as follows:

- Level 1 – the fair value of financial instrument with standard terms and conditions and traded in active liquid markets are determined with reference to quoted market prices
- Level 2 – the fair value is determined using inputs other than quoted prices that are observable for the financial asset or liability, either directly or indirectly
- Level 3 – the fair value is determined in accordance with generally accepted pricing models based on discounted cash flow analysis using unobservable market inputs.

AHPRA considers that the carrying amount of financial instrument assets and liabilities recorded in the financial statements to be a fair approximation of their fair values, because of the short-term nature of the financial instruments and the expectation that they will be paid in full.

The following table shows that the fair values of most of the contractual financial assets and liabilities are the same as the carrying amounts.

Comparison between carrying amount and fair value

	Carrying amount 2014	Fair value 2014	Carrying amount 2013	Fair value 2013
	$'000	$'000	$'000	$'000
Contractual financial assets				
Cash and cash equivalents	1,366	1,366	1,890	1,890
Investments	166,000	166,000	146,000	146,000
Receivables	764	764	786	786
Total contractual financial assets	**168,130**	**168,130**	**148,676**	**148,676**
Contractual financial liabilities				
Payables	4,449	4,449	3,631	3,631
Accrued expenses	9,385	9,385	8,641	8,641
Total contractual financial liabilities	**13,834**	**13,834**	**12,272**	**12,272**

Note 20: Events occurring after the balance sheet date

As disclosed in our audit strategy the *Health Ombudsman Act 2013* (Queensland) was passed in August 2013. The Ombudsman will oversee the establishment of a new, transparent and timely system for complaints management and lead a team of specialists in assessment, investigation, proceedings and conciliation. On 1 July 2014, the Office of the Health Ombudsman commenced as Queensland's independent health complaints agency assuming certain functions previously performed by AHPRA.

After 30 June 2014 AHPRA has committed to a new property lease in Adelaide.

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INDEPENDENT AUDITOR'S REPORT

To the Agency Management Committee, Australian Health Practitioner Regulation Agency

The Financial Report

The accompanying financial report for the year ended 30 June 2014 of the Australian Health Practitioner Regulation Agency which comprises the comprehensive income statement, balance sheet, statement of changes in equity, cash flow statement, notes comprising a summary of significant accounting policies and other explanatory information, and the declaration by the chair, agency management committee, chief executive officer and chief financial officer has been audited.

The Agency Management Committee's Responsibility for the Financial Report

The Agency Management Committee of the Australian Health Practitioner Regulation Agency are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, and for such internal control as the Agency Management Committee determine is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit, which has been conducted in accordance with Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The audit procedures selected depend on judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, consideration is given to the internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Agency Management Committee, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independent Auditor's Report (continued)

Independence

The Auditor-General's independence is established by the *Constitution Act 1975*. The Auditor-General is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised. In conducting the audit, the Auditor-General, his staff and delegates complied with all applicable independence requirements of the Australian accounting profession.

Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of the Australian Health Practitioner Regulation Agency as at 30 June 2014 and of its financial performance and its cash flows for the year then ended in accordance with applicable Australian Accounting Standards.

Matters Relating to the Electronic Publication of the Audited Financial Report

This auditor's report relates to the financial report of the Australian Health Practitioner Regulation Agency for the year ended 30 June 2014 included both in the Australian Health Practitioner Regulation Agency's annual report and on the website. The Agency Management Committee of the Australian Health Practitioner Regulation Agency are responsible for the integrity of the Australian Health Practitioner Regulation Agency's website. I have not been engaged to report on the integrity of the Australian Health Practitioner Regulation Agency's website. The auditor's report refers only to the subject matter described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these statements. If users of the financial report are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial report to confirm the information contained in the website version of the financial report.

MELBOURNE
29 August 2014

for John Doyle
Auditor-General

PART 6:
Data appendices

Contents

Administration

Appendix 1: National Boards structure

National Board	National Committees	Regional Boards	State and Territory Boards	State and Territory / Regional Committees
Aboriginal and Torres Strait Islander Health Practice Board of Australia	Registration and Notification Committee	None	None	None
Chinese Medicine Board of Australia	Accreditation Committee Communications Committee Finance Committee Notifications Committee Policies, Standards and Guidelines Advisory Committee Registration Committee			
Chiropractic Board of Australia	Accreditation, Assessment and Education Committee Communications and Relationships Committee Continuing Professional Development Committee Governance, Finance and Administration Committee Immediate Action Committee Registration, Notification and Compliance Committee Standards, Policies, Codes and Guidelines Committee	None	None	None
Dental Board of Australia	Accreditation Committee Administration and Finance Committee Registration and Notification Committee	None	None	Immediate Action Committee (excluding New South Wales) Registration Committee (New South Wales only) Registration and Notification Committee (excluding New South Wales)
Medical Board of Australia*	Finance Committee National Specialist International Medical Graduate Committee	None	All States and Territories	Health Committee (excluding New South Wales) Immediate Action Committee(s) (excluding New South Wales) Notifications Committee (excluding New South Wales) Registration Committee

* The Notifications Assessment Committees and Performance and Professional Standards Committees were in place until 30 July 2013. They were replaced with the Notifications Committees in all states and territories, except NSW (co-regulatory) from 1 August 2013.

National Board	National Committees	Regional Boards	State and Territory Boards	State and Territory / Regional Committees
Medical Radiation Health Practice Board of Australia	Communications Committee Finance, Risk and Governance Committee Immediate Action Committee Notifications Committee Overseas Qualifications Assessment Committee Policy, Research and Standards Committee Professional Capabilities Working Group Registration Committee Supervised Practice Committee Workforce Innovation and Reform Working Group	None	None	None
Nursing and Midwifery Board of Australia	Accreditation Committee Finance and Governance Committee Policy Committee	None	All States and Territories	Immediate Action Committee (excluding New South Wales) Notification Committee (excluding New South Wales) Registration Committee State and Territory Chairs' Committee
Occupational Therapy Board of Australia	Communications Committee Finance and Governance Committee Immediate Action Committee Registration and Notifications Committee Registrations Standards, Codes and Guidelines Committee	None	None	None
Optometry Board of Australia	Continuing Professional Development Accreditation Committee Finance and Risk Committee Policy, Standards and Guidelines Advisory Committee Registration and Notification Committee Scheduled Medicines Advisory Committee	None	None	None
Osteopathy Board of Australia	Finance Committee Registration and Notification Committee	None	None	None

National Board	National Committees	Regional Boards	State and Territory Boards	State and Territory / Regional Committees
Pharmacy Board of Australia	Finance and Governance Committee Immediate Action Committee Notifications Committee Policies, Codes and Guidelines Committee Registration and Examinations Committee	None	None	None
Physiotherapy Board of Australia	Continuous Improvement Committee Registration and Notifications Committee (except Victoria)	None	None	Victorian Registration and Notifications Committee
Podiatry Board of Australia	Finance Committee Immediate Action Committee Registration and Notification Committee Scheduled Medicines Advisory Committee Strategic Planning and Policy Committee	None	None	None
Psychology Board of Australia	Finance and Management Committee National Examination Committee Accreditation Advisory Committee Notifications Audit Committee	Australian Capital Territory, Tasmania and Victoria Northern Territory, South Australia and Western Australia	New South Wales Queensland	Immediate Action Committee (excluding New South Wales) Impaired Practitioner Committee (excluding New South Wales)

Appendix 2: National Board consultations completed

Common National Board consultations completed 2013/14

International criminal history checks **Released:** 1 October 2013 **Closed**: 31 October 2013
English language skills registration standard (except Aboriginal and Torres Strait Islander Health Practice Board) **Released:** 25 October 2013 **Closed**: 23 December 2013
Criminal history registration standard **Released:** 25 October 2013 **Closed**: 23 December 2013

Board-specific consultations completed 2013/14

Board	Consultations completed July 2013 – June 2014
Aboriginal and Torres Strait Islander Health Practice Board	Draft accreditation standards and process **Released**: 30 July 2013 **Closed**: 6 September 2013 Public consultation on draft Supervision guidelines **Released:** 30 May 2014 **Closed:** 16 June 2014
Chinese Medicine Board	Draft accreditation standards for Chinese medicine programs of study **Released:** 30 July 2013 **Closed:** 6 September 2013
Chiropractic Board	• Professional indemnity insurance arrangements registration standard (no guideline) • Continuing professional development registration standard and guidelines for continuing professional development and for the assessment of formal learning activities • Recency of practice registration standard (no guideline) **Released**: 28 April 2014 **Closed**: 30 June 2014 Public consultation on the Guidelines for the further education and training of chiropractors when required by the National Law **Released**: 7 October 2013 **Closed**: 29 November 2013
Dental Board	Scope of practice registration standard **Released:** 8 May 2013 **Closed:** 19 June 2013
Medical Board	• Registration standard: Professional indemnity insurance • Registration standard: Recency of practice • Registration standard: Continuing professional development **Released:** 28 April 2014 **Closed:** 30 June 2014 • Draft revised registration standard: Limited registration for postgraduate training or supervised practice • Draft revised registration standard: Limited registration for area of need • Draft revised registration standard: Limited registration in public interest • Draft revised registration standard: Limited registration for teaching or research • Draft guideline: Short-term training in a medical specialty for international medical graduates who are not qualified for general or specialist registration **Released:** 28 April 2014 **Closed:** 30 June 2014
Medical Radiation Practice Board	Draft accreditation standards and process **Released:** 30 July 2013 **Closed:** 6 September 2013

Nursing and Midwifery Board	Public consultation on a draft revised Safety and quality framework for midwives **Released:** 30 April 2014 **Closed:** 23 June 2014 Proposed Re-entry to practice framework **Released:** 14 October 2013 **Closed:** 9 December 2013 Proposed Registration standard for scheduled medicine endorsement **Released:** 6 September 2013 **Closed:** 4 November 2013
Optometry Board	Public consultation on a review of the English language skills and Criminal history registration standards **Released: 25 October 2013** **Closed: 23 December 2013**
Osteopathy Board	• Professional indemnity insurance arrangements registration standard • Continuing professional development registration standard • Recency of practice registration standard **Released**: 28 April 2014 **Closed**: 30 June 2014 Second round Framework: pathways for registration of overseas-trained osteopaths **Released:** 12 July 2013 **Closed:** 9 August 2013
Physiotherapy Board	• Professional indemnity insurance (PII) arrangements registration standard (no guideline) • Continuing professional development (CPD) registration standard and guideline • Recency of practice registration standard and guideline **Released:** 28 April 2014 **Closed:** 30 June 2014
Psychology Board	• General registration standard • Continuing professional development registration standard • Guidelines for continuing professional development • Recency of practice registration standard • Policy on recency of practice requirements **Released:** 28 April 2014 **Closed:** 30 June 2014 Draft guidelines for the 5+1 internship programs **Released:** 13 May 2013 **Closed:** 8 July 2013

Appendix 3: Registration standards and other proposals recommended for approval by the AHWMC

For the reporting period 1 July 2013 to 30 June 2014, a number of registration standards for the currently regulated professions were submitted for approval by the Australian Health Workforce Ministerial Council (AHWMC) in accordance with the National Law.

Codes and guidelines were also developed and approved by the relevant National Boards.

Prior to approval, there must be public consultations on the proposed registration standards, codes and guidelines.

All National Boards	
Registration standard, code or guideline	**Published**
Guidelines for advertising	13 February 2014
Guidelines for mandatory notifications	13 February 2014
Revised Code of conduct (shared by the Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Dental, Medical Occupational Therapy, Osteopathy, Physiotherapy and Podiatry Boards of Australia, with profession-specific changes for the Chiropractic, Medical Radiation Practice and Pharmacy Boards of Australia)	13 February 2014

Dental Board of Australia (DBA)			
Registration standard, code or guideline	**Approved by**	**Date of approval**	**Published (commenced)**
Dental scope of practice registration standard *(revised)*	AHWMC	11 April 2014	30 June 2014

Medical Radiation Practice Board of Australia (MRPBA)			
Registration standard, code or guideline	**Approved by**	**Date of approval**	**Published (commenced)**
Supervised practice registration standard *(new)*	AHWMC	April 2014	To commence 1 November 2014
Supervised practice guidelines	MRPBA	April 2014	1 June 2014
Provisional registration guidelines	MRPBA	April 2014	1 June 2014

Nursing and Midwifery Board of Australia (NMBA)			
Registration standard, code or guideline	**Approved by**	**Date of approval**	**Published (commenced)**
Eligible midwife registration standard *(revised to reflect change in date)*	AHWMC	26 July 2013	13 August 2014
Nurse practitioner standards for practice	NMBA	25 July 2013	1 January 2014
Professional indemnity insurance arrangements for enrolled nurses, registered nurses and nurse practitioners	NMBA	27 June 2013	28 August 2013

Optometry Board of Australia (OptomBA)			
Registration standard, code or guideline	**Approved by**	**Date of approval**	**Published (commenced)**
Limited registration standard (teaching or research) *(new)*	AHWMC	26 July 2013	2 November 2013

Appendix 4: Report of achievements against the Business Plan 2013/14

Objective	Initiative	2013/14 achievements
Effectively deliver the accreditation function	Implement accreditation roadmap for 2013/14	Delivery of the accreditation function progressed during 2013/14, with the drafting of an accreditation roadmap, and initial consultation within AHPRA through the Policy Working Group. The updated accreditation roadmap is expected to be submitted to the National Executive in the first quarter of 2014 /15.
	Support accreditation committees to effectively deliver accreditation functions	The accreditation committees, with support from the Accreditation Unit, implemented processes to monitor approved programs and report their monitoring decisions to the National Boards. In May 2014, the committees received their first annual declarations from education providers on their approved programs, which were evaluated with assistance from the Accreditation Unit. The accreditation committees continued to receive applications throughout the year. With support from the Accreditation Unit, they implemented processes including the appointment of assessment teams, and the evaluation of applications. As at 30 June 2014, 15 applications for assessment were received. As some education providers deferred submission of their applications, the first program assessments were not completed. This delay resulted in committees being unable to evaluate their standards and processes. The first program assessments will be now be completed in late 2014. The Accreditation Unit, in collaboration with AHPRA Human Resources, has continued to support the committees in the recruitment and training of more than 30 accreditation assessors. Planning has also begun for further cross-profession and profession-specific training in August 2014.
	Develop cross-profession accreditation policy	Cross-profession accreditation policy forms a crucial part of the effective delivery of the accreditation function. The formation of the Accreditation Liaison Group (ALG) and the development of further cross-profession resources to support consistency and good practice across accreditation entities included: • Finalisation of the *Framework for communication* between accreditation authorities and National Boards on accreditation, program approval decisions and changes to accreditation standards, consultation on a template for complaints protocol and discussion of issues affecting accreditation relating to the National Scheme review • Accreditation standards for medical radiation practice, Aboriginal and Torres Strait Islander health practice and Chinese medicine, the three professions exercising accreditation functions through accreditation committees, have been approved and published. The committees also finalised and published their accreditation processes, guidance material and application forms for education providers.
Conduct cross-profession review of regulatory policy, professional standards and workforce reform	Develop a policy roadmap	The draft policy roadmap, which identifies significant cross-board policy projects for the next three to five years, was developed. During 2014/15, the finalised policy roadmap, will provide a framework for supporting the National Boards to develop and implement regulatory standards and policy, and: • meet the objectives and guiding principles of the National Law • address identified harms and reduce risks to the public, and • deliver on the potential of the National Scheme.
	Implement reviews of 2010 registration standards, codes and guidelines	The review of the 2010 common codes and guidelines was completed, and these were published and implemented from March 2014. Reviews of common registration standards, which started in the second quarter, have been completed and will be considered by National Boards in June and July 2014. Revised standards will be submitted to the Ministerial Council later in 2014. Public consultation is also underway on the review of core profession-specific registration standards. Updated advertising guidelines developed during the year were published in May 2014.
	Health workforce reform	The Forum of National Board Chairs agreed to establish a Workforce Reform Committee. Terms of reference for the committee were finalised in June 2014. Action is now underway to establish the Workforce Reform Committee, which will include government representatives.

Objective	Initiative	2013/14 achievements
Increase the use of data for evidence-based regulation and policy	Enhance Health Workforce Surveys in collaboration with Health Workforce Australia and National Boards	This initiative set out to maximise the contribution of data generated by the National Scheme to regulation, policy, planning and research relevant to the objectives outlined in the National Law. Feedback from the Australian Institute of Health and Welfare (AIHW) and Health Workforce Australia (HWA) indicates that the relationships, process and quality of output from AHPRA increased over the course of the year. Areas of collaboration between HWA, AHPRA and the Nursing and Midwifery Board of Australia (NMBA) resulted in the successful implementation of enhancements to the 2014 nursing and midwifery workforce survey in time for registration renewals. Preliminary discussions took place during the year to plan and implement enhancements to the 2014 Medical Workforce Survey. This work will inform evidence-based regulation and policy, and manage the potential risks associated with Commonwealth government changes affecting HWA and AIHW.
	Facilitate appropriate external access to National Scheme data to support statistical reporting, data integration, analysis and research	The *Data access and research policy* was developed, approved and published. The implementation of the associated procedures and decision-making processes by the Data Access and Research Committee (DARC) contributed to the use of the National Scheme's data. This policy governs the external access to data and provides two pathways: a streamlined pathway for requests for quantitative data and extracts of the public register which are governed by the triage subcommittee; and the standard pathway for requests for data to undertake complex research. During the year, 93 external requests were received. Of these, 27 were approved to access publicly available data, and 36 were referred to data held by other agencies, mostly HWA or the AIHW. Standard pathway requests are considered by the DARC at its quarterly meetings. Both the data access requests and the decision-making and approval processes have laid a strong foundation on which to build AHPRA's risk-based regulation program.
	Make better use of available data for statistical analysis	Activities to ensure the better use of available data for statistical analysis have been achieved, and the foundations are now in place for the data analysis phase to support regulatory decision-making by National Boards. The successful outcomes included: • A risk-based regulation workshop to set up an internal working group that will analyse National Scheme data to identify the most significant harms and emerging trends, and the development of a hypothesis to assist in the prevention of significant harms. • A cross-functional working group review by National Board services, state and territory managers, and Business Innovation and Improvement on how immediate action data is captured, and the potential to conduct analyses of the data to further test methodologies and inform an internal 'think tank' discussion. • The participation of National Board representatives in the Malcolm Sparrow master class on risk-based regulation in May 2014. This resulted in the circulation of presentations of the 'Sparrow' approach to a number of National Boards, and a scoping paper that identified areas of harm reduction for further exploration. The establishment of internal relationships and business processes to develop responsive mechanisms for data extraction that identify and analyse harms on behalf of National Boards was also an outcome of the Sparrow approach. This initiative has established the foundation for contemporary evidence-informed approaches to risk-based regulation and has helped to create a shared understanding, common language and intent across the National Scheme. A number of initiatives are planned for implementation over the next three years.
	Build capacity and tools to support evidence-based regulatory approaches within AHPRA and the National Boards	Work to increase capacity and tools to support an evidence-based regulatory approach has progressed. A number of activities have occurred, including staff and board member training in risk-based regulation, preliminary enquiries regarding statistical training and critical appraisal, and the introduction of a collaborative online 'workspace' for staff to build a community of practice in risk-based regulation. Preliminary assessment took place to consider options to access to online databases of journals for staff and board members. This will continue in 2014/15.

Objective	Initiative	2013/14 achievements
Implement a national stakeholder communication and engagement strategy	Engage proactively as part of mapped initiatives. Incorporate AHPRA business plan initiatives which impact on external stakeholders and National Board work-plans	The implementation of the national stakeholder communication and engagement strategy comprised many engagement activities, including: • a review of the resources required to produce Board newsletters and recommendations on how to improve efficiencies while still meeting communication objectives • the conversion of the Medical Board newsletter from quarterly hard copies to monthly email newsletters, resulting from the review • the creation and distribution of more than 60 newsletters for AHPRA and the National Boards which had high 'click through and open' rates • researching the effectiveness of the weekly CEO email, from which improvements were made in how it was presented to best support the large readership • the establishment of our social media presence (Twitter) which is now an important incoming and outgoing communication channel to support initiatives and overall objectives • focus group research to develop a new suite of presentation designs that allow Boards to present information in a visually consistent and engaging way. These new designs were developed to support greater compliance with board requirements • ongoing support for business functions and initiatives of AHPRA and the National Boards, through formal and informal projects, including: - supporting the Practitioner Information Exchange (PIE) project - communications to assist the transition of the practitioner audit initiative to 'business as usual' - the three-year National Scheme review - transition to new legislation in Queensland, and - developing strong branding (based on customer feedback), and supporting the publication of new codes and guidelines.
	Plain-English review of AHPRA and National Board websites	The review of plain English usage in AHPRA and National Board websites indicated the need to update them, including the publication on the sites of the revised mandatory notifications, guidelines, advertising guidelines, social media policy, and codes of conduct for each profession. Some examples include: • Notification content and audit pages on AHPRA and National Board websites, registration content on Medical Board and AHPRA websites, IQNM content on NMBA website, new codes and guidelines for all Boards. • The FAQs on advertising have been reviewed and updated with FAQs developed to support social media guidelines. • In conjunction with the web services team, revised codes and guidelines were published in a way that supports an improved understanding of the content. • A training course on communications and how to use plain language was developed and rolled out to more than 100 staff from the National and Victorian offices. • Our ongoing focus on plain language means that we are gradually changing the overall tone of our communications towards a more engaging and service-oriented approach.
	Develop, resource and implement a social media strategy	The AHPRA and National Board social media strategy continues its development. Board Chairs, National Executive and Executive Officers attended a workshop on the attributes, potential risks and benefits of social media that are most important to them. While the strategy continues to be developed, an interim AHPRA social media strategy has been developed and implemented in conjunction with a social media consultant. The focus is on two key areas: treating social media as an additional customer service channel (with strategies and processes in place for handling requests and information); and making use of social media as a channel to 'push out' consultation information to a wider audience. We will also actively seek feedback on consultations online. Documents have been developed, including a draft AHPRA staff social media policy, principles for engaging on social media, a decision tree on how to respond to social media posts, and a discussion paper on what to consider before launching on other social media platforms. A Social Media Engagement Coordinator has been engaged to finalise the overall AHPRA and National Boards strategy, and to be responsible for the day-to-day implementation of all social media activities.

Objective	Initiative	2013/14 achievements
Implement a national stakeholder communication and engagement strategy	Consultation and engagement	Consultation and engagement continues to be supported through the Community Reference Group (CRG) and Professions Reference Group (PRG). The CRG provided feedback on many activities including: shared code of conduct, *AHPRA service charter and Guide for notifiers*. A stakeholder engagement framework and plan has been developed and approved. A major component of the plan is to highlight that the accountability of relationships across the many entities in the National Scheme (for example, national and regional boards and committees, and the various offices across AHPRA) requires systematic tracking and measurement that supports stakeholder engagement. A consultation process has been developed through the implementation of a pilot system for sending out consultations, and providing plain language edits of all the consultation papers from National Boards. Twitter has been deployed to proactively communicate open consultations with non-practitioners and practitioners.
Implement a framework for informed governance and secretariat support	Develop policy, processes and tools to support nationally consistent provision of the National Board secretariat function to delegated authorities making regulatory decisions	The development of policies, processes and tools to provide national consistency progressed through the year. This included: • a standard agenda paper for all matters other than notifications • a suite of profession-specific documents for the Pharmacy Board of Australia • documents prepared for the physiotherapy committees, delivered through the directors of registration • templates trialled through the Physiotherapy Board of Australia and across other boards that ensure all are recording the same decision in a standard way • a document to provide interim advice of meeting outcomes, which improves the timeliness of actions on decisions of boards and committees, and • committee-specific mail boxes and standard advice to all state and territory offices about the procedural formatting for the submission of papers. All activities have ensured improved consistency to the provision of the secretariat function in support of regulatory decision-making and will continue as business as usual in 2014/15. A planned revision of templates started in the final quarter, which included regulatory principles. These will be incorporated into the continued implementation of processes and tools as part of the board services and regulatory operations functions of the new organisational design.
Develop and implement a quality assurance program	Education program for national quality (business) assurance (NQ(B)A)	Education for national quality (business) assurance was provided to all Working Party members including those involved in the extraordinary notifications audit, the exploratory study for National Panels and at monthly meetings. These include quality assurance proposal development and data collection for quality assurance activities.
	Develop and implement quality (business) audit for notifications (nationwide)	The quality (business) audit for notifications was developed and endorsed by the National Quality (Business) Audit Committee (NQ(B)AC), submitted to state and territory managers at their meeting in May 2014 for approval, and finally to the National Executive for noting. Directors of notification started actions for implementation of the recommendations in June 2014.
	Develop and implement quality (business) audit for corporate services (board services) (nationwide)	Initial work was carried out on the corporate services portfolio audit work plan; however, this activity was deferred in favour of an extraordinary request for an audit review of notifications in order to address a public risk issue. The focus of the new audit was to determine if decisions made require a change to the public register, and that the changes to the register are accurate, particularly in the area of the publishing of restrictions. This audit has progressed and is now in the final stage of completion. An exploratory study was undertaken for the National Panels Working Group. This activity has progressed with the national collection of data by all jurisdictions completed by June 2014.
	Develop and finalise a suite of relevant registration benchmarks	A series of key performance indicators (KPIs) for registration have been developed.

Objective	Initiative	2013/14 achievements
Develop and implement a quality assurance program	Develop and finalise a suite of relevant notifications benchmarks relating to notifications received that are in the following stages: • enquiry lodged • preliminary assessment • investigation	A suite of performance indicators for notifications have been developed.
	Coordinate and provide administrative support for this initiative (work packages 1-5) and provide secretarial support to the NQ(B)A	Secretariat support continues to be provided to all scheduled and out-of-session meetings for the NQ(B)A committee and the working parties.
Start practitioner audit for all professions	Establish a permanent audit team in a single location supported by policies and procedures	The permanent audit team is now well established and located in the NSW office. The team is supported by policies, procedures, processes and reference materials. These were progressively released as audits started for the respective professions. All professions completed or started the audit process by the end of June 2014 for one or more standards.
	Develop an audit campaign	The audit campaign (a rolling 12-month audit process) is in place and transitioned as at 30 June 2014 to identified business owners accepting responsibility for the various functions. Following detailed analysis of the CPD requirements and complexity for the Medical Board of Australia audit campaign, the Board approved modifications to the campaign with a change in the timing and the number of practitioners to be audited.
	Undertake Pivotal changes to support the audit function and ensure integration with registration, notification and compliance software	The required Pivotal (system) changes to support the audit function have been deployed.
Seek opportunities to improve service delivery	Implementation of the outsourced mail management, scanning, indexing and secondary storage solution	During the year this initiative was amended to be managed in two parts: The outsourced mail management, scanning and indexing component continues to be progressed as part of the registration process improvements project. The continued dependency on identifying mail volumes through the online transaction improvement investigation work resulted in the expected delivery date post-June 2014. The secondary storage solution has progressed as a standalone project. Existing secondary storage contracts were extended to June 2014 while the process to secure a national provider took place. A request for tender was developed, and approved by the Steering Committee in July 2014.

Objective	Initiative	2013/14 achievements
Continue to implement the IT strategy	Next generation infrastructure service enablement	The preferred vendor to deliver the next generation infrastructure has been selected and this initiative is now being implemented.
	Single data integration point and external data access point	This initiative has progressed with the delivery of the approved platform recommendations, the alignment of the proof of concept with the regulatory compliance system project, and the business case all completed in the fourth quarter.
	Upgrade Pivotal to latest service pack (this is covered in the IT investment plan)	During the upgrading of Pivotal to the latest service pack, issues were discovered during testing in the third and fourth quarter of 2014. Their impacts were identified in the fourth quarter, and these will now delay the expected upgrade until December 2014.
	Information security enablement	The implementation of the AHPRA secure remote access authentication solution progressed in 2013/14. There were 29 outstanding security related issues reported to the Audit and Risk Committee resulting from the annual information security risk assessment. Of the 29 risks, 13 were resolved. By the end of the third quarter there were 16 security-related issues outstanding for resolution, which continue to be addressed by this initiative. In the fourth quarter one issue was resolved, with a further four to be resolved by the end of September 2014. This initiative will move to business as usual in 2014/15.
	Upgrade Adobe lifecycle platform (this is covered in the IT Investment plan)	The business requirements for an upgrade of the Adobe lifecycle platform were reviewed as the first stage of the initiative. It was decided that an upgrade was not necessary. Resources were redirected to ensure the deployment of the full functionality of the current version.
	Development, environment and test process uplift (this is covered in the IT Investment plan)	A software development framework was designed, implemented, and initially used for the automated testing of the performance process uplift. This framework was also used for the Pivotal upgrade project to provide a base level performance standard against which the upgrades impact would be measured. Together with its use for the performance testing of TRIM, it provided the development team with an increased understanding of any software performance issues. To ensure ongoing support for this platform, staff training is planned to be completed by the end of 2014. The initiative was completed in 2013/14.
	Upgrade dynamics GP from Version 10 to dynamics GP 2010 or 2013	A business case was developed for the upgrade, and consultations were held with selected stakeholders. The business case was endorsed by the National Executive in the third quarter. This initiative is now completed.
	Implement asset management configuration management database	The asset management/configuration management database was implemented. It utilised the service management software suite to capture all IT configuration items, as well as the listing of all AHPRA IT assets. As a result, asset management has been successfully completed.
	Launch Practitioner Information Exchange (PIE) to the target market with supporting infrastructure	Practitioner Information Exchange (PIE) is now finalised and has moved to ongoing management with business, procedure and platform owners in place. A number of organisations signed up to PIE, including Epworth Healthcare, Victorian Births Death and Marriages, Department of Health Queensland, Cabrini Healthcare, National Health Services Directory, and NEHTA. Other organisations are evaluating or developing the exchange, including Healthscope, Cairns Hospital, and the Department of Health Victoria.
	Develop systems enhancements for e-health capability (externally funded)	The e-health capability was completed in May 2014 after the inclusion of some minor system enhancements. This process was undertaken in conjunction with Healthcare Identifier Services.

Objective	Initiative	2013/14 achievements
Continue to implement processes and systems	Implement regulatory compliance system	The regulatory compliance system (RCS) set out to implement a mix of foundation activities and system changes, designed to improve the capacity for staff to manage regulatory functions within AHPRA. It will continue as an initiative in 2014/15. The RCS supports the implementation of regulatory compliance functions. Its progress during the year included the investigation process, the introduction of key integration points into our current systems, and the selection of a vendor for the proof of concept. The proof of concept stage was successfully completed by the vendor and contract negotiation was close to completion at the conclusion of 2013/14. The RCS will increase processing efficiency, enabling and supporting the range of applications, requests and notices. It will also remove the impediments to the efficient management of the registration process.
	Implement process (registration lodgement)	The implementation of the registration lodgement included several areas of focus: foundation work on client and online models; system changes such as the introduction of dashboards to support KPIs; and online service improvements. During the third quarter a changed procedural approach was adopted for registration. In May 2014, the registration baseline procedure guides were developed.
Continue to implement the reporting framework	Complete development of scorecards	This initiative addresses year two of the reporting roadmap. There has been successful development of notifications scorecard reporting. The preparation of registration scorecard reporting started on 1 July 2014. Registration KPI reporting will start from 1 July 2014 with the first quarterly report being published in October 2014. Monitoring of reporting is still in the early stage of development. It is expected that more detailed monitoring reports will be available by the end of September 2014. From July 2014, National Boards have agreed to implement the new structure of the HPA business operations report format that has been trialled with the Medical Board of Australia.
	Develop structures and process to support successful implementation of the framework	To support the successful implementation of the reporting framework, the Reporting Competency Centre has been established, and an appropriate structure and staffing is being finalised. The technical business case to develop the data repository was approved by National Executive in December 2013. The proof of concept was developed to provide a practical reporting tool for the corporate reporting team by the final quarter of 2013/14, which will assist the deployment of reports to stakeholders.
	Extend data repository	The AHPRA data repository extension initiative progressed during the year through many projects including the development of a suite of reports to support quarterly finance reporting, the notifications KPI reporting requirements, and phase two of the finance and human resource project component, which will deliver budget and forecasting functions for state, territory and national budget holders and their teams. The business case for further development of the data repository was presented to the National Executive in December 2013. It proposed that a three-year roadmap and an in-house model to develop the data warehouse capability be produced. Future development of the datamart and the provisioning of reporting needs for all modules will move across to the Regulatory Compliance System (RCS) upon introduction. This will ensure suitable resources are made available for this activity over the next 12 months.
Continue to improve online engagement	Design, develop and implement AHPRA intranet project	Intranet redevelopment has progressed through the year. The project brief and high-level business requirements were delivered by April 2014. The business case has been approved, and a vendor selected for implementation, with the contract being finalised for project commencement in July 2014.
	Content strategy and audit on AHPRA and Board websites	Substantial progress was made towards website improvements. AHPRA and Board websites now have consistent, relevant and accurate information published in an improved navigation structure. The revision of site content and navigation has ensured greater ease of use for site visitors. It is expected that future survey comparison reports should show marked and measurable improvement in the experience of all identified user groups. This activity continues in 2014/15 as part of the implementation of the digital strategy.
	Continue implementation of *Web content accessibility guidelines* (WCAG) testing and site compliance	*Web content accessibility guidelines* (WCAG) compliance activities, as outlined in the digital strategy, were completed. Training for content authors and content management was completed by the end of 2013/14.

Objective	Initiative	2013/14 achievements
	AHPRA and National Board websites: undertake preparation work to lead into design, development and implementation of revised external websites	The redesign of the AHPRA and Board home pages was completed in July 2014. This will provide a foundation for a more extensive redesign of the full website during 2014/15.
	Enhance online services	An enhanced client and online services model was developed. This activity was managed in conjunction with the registration process improvements project. Once the registration baseline work is completed and the underlying platform is in place, the enhanced online services initiative will then progress.
Improve people management	Implement and publish all policies and processes for managing AHPRA	An extensive work program has occurred with all of the current policies reviewed and updated. A number of these are now available on the intranet.
	Implement an e-recruitment system which can support both AHPRA recruitment and all activity associated with appointing board, committee and panel members	The requirement for an e-recruitment capability module was included as part of the HRIS request for tender (RFT). The reliance on the HRIS implementation therefore drives the implementation of this initiative. A preferred provider has been selected, and this capability forms part of the implementation program. There will be a phased implementation of the human resources capabilities including e-recruitment starting in the first half of 2015.
	To further develop and deliver a structured training program to support technical and people management skill development	Priority areas for training and people development have been identified across AHPRA. A strategy on the development and implementation of structured management learning, and an implementation framework, have been completed. Similar to e-recruitment, a separate e-training capability module has been included as part of a broader capability within the Human Resource Information System (HRIS)/Payroll project. A preferred provider has been selected. There will be a phased implementation of the HR capabilities, including e-training, starting in the first half of 2015.
	Implement HRIS/ Payroll system	It is expected that the contract for the HRIS solution will be signed and implementation will start by June 2014, with an anticipated 'go live' date in December 2014.
	Implement a staff engagement survey	The staff survey has been deferred due to the organisational restructure. There are other activities, as part of the organisational changes, including the development and adoption of a preferred culture for AHPRA. This will affect the context, content and timing of the staff survey, and see the survey used as an enabler for change.
	Implement a board satisfaction survey	A survey was planned for the third quarter of this year. This initiative will be carried over to 2014/15.
Seek opportunities to improve productivity	Establish 'baseline' activity measures	Work was underway to establish a suite of productivity measures that would form the 'baseline activity' measures. However, due to the organisational restructure this work was deferred until 2014/15.
	Productivity plans	Work was to commence upon the completion of the baseline activity measures. Its deferment, due to the organisational restructure, will also defer the development of productivity plans until 2014/15.

Objective	Initiative	2013/14 achievements
Develop mechanisms to better align National Board and AHPRA planning	Deliver the 2014/15 business plan as a single plan for the National Scheme	The National Executive agreed which initiatives would be included in the AHPRA component of the 2014/15 business plan. The planned outcome of delivering an aligned annual planning timetable and process for all entities within the National Scheme was delivered. All AHPRA initiatives to be delivered in 2014/15 are funded and contribute to mitigating the risks identified in the corporate risk profile. The final integrated 2014/15 business plan was endorsed by NEC in June 2014, and will be tabled for National Board and Agency Management Committee approval in July 2014.
	Facilitate a refresh of the National Scheme Strategy	The refresh of the National Scheme Strategy was put on hold following the public release of the terms of reference for the NRAS review. It is anticipated that recommendations and priorities from the NRAS review will inform and be incorporated into the refresh of the National Scheme Strategy.
	Support the first triennium review and related reviews	The terms of reference were publicly released on 28 April 2014. On 8 May 2014, Mr Kim Snowball, independent reviewer of the National Registration and Accreditation Scheme for health professions, sought early engagement with AHPRA and National Boards to capture the full range of issues from those bodies that work most closely with the National Scheme. A joint submission from the National Boards and AHPRA was provided on 1 July 2014.
Implement an incident management system	Develop of a critical incident management plan (CIMP)	The critical incident management plan (CIMP) was developed and delivered.
	Review existing emergency management planning procedures and organisational structures to ensure its alignment with the critical incident management plan (CIMP)	The existing emergency management plan and organisational structures were reviewed to ensure consistency with the CIMP and emergency management planning within the Work Health and Safety (WHS) management system.
	Develop and deliver business continuity plans (BCP)	Business continuity plans (BCP) were implemented for both the Victorian and National Office. A partial IT disaster recovery plan (DRP) and BCP were undertaken at the Collins Street site. This exercise included disconnecting the Collins Street office from the Melbourne data centre to ensure it would successfully connect to the Queensland back-up site. Access was gained to major applications. Early availability of cloud-based 'Next Gen' IT infrastructure (NGI) has resulted in a change to the BCP testing target to facilitate this access in conjunction with the DRP testing schedule. BCP testing for state and territory offices will now be conducted as a part of the user acceptance testing for the cloud solution. Work has started on the project to develop user acceptance testing which will update existing BCPs in preparation for the adoption of the NGI cloud environment. Completion of those plans is scheduled for September 2014. Development of state-based DRPs has been postponed until the cloud user acceptance/ application BCP has been completed. These are now expected to be completed before mid-2015.
	Develop disaster recovery plans (facilities)	A facilities disaster recovery plan was developed during the year.

Objective	Initiative	2013/14 achievements
	Implementation plan for the CIMP – incorporating serious incident management including training and testing.	The implementation plan has been developed and CIMP training (in particular, serious incident reporting) has been implemented.
	Develop an incident management system	The serious incident management process is a component of the CIMP. As such, roll-out was completed as part of the implementation of the CIMP. The Work Health and Safety (WHS) incident management process has been developed as an element of the WHS management system. Both processes have been developed with a view for later conversion to electronic incident data bases.
	Develop an appropriate IT solution for incident management	Manual versions of both the serious incident and WHS incident management systems have been developed with consideration given to future IT systems integration. Further scoping of the IT solution will continue into the first quarter of 2014/15. This will not affect the current manual operation of both the serious incident and WHS incident reporting processes.
Continue to build and apply legal capacity in the National Scheme	Collaborate with the panels working group	Continued development and implementation of a National Scheme legal capacity progressed to enable decision-makers (boards, committees, panellists and AHPRA staff) to make informed, effective and consistent decisions in compliance with the National Law. Progress was made to enhance the collaboration between the legal department and the Panels Working Group through the review and completion of their terms of reference. An audit of the list of approved persons for appointment to panels was completed, including the approval of 932 individual panel members across 2,017 separate appointments. The audit also identified 841 panel member appointments that are due to expire on or before 31 July 2014. Several boards have advertised vacancies to address their expiring practitioner appointments, and also to recruit to identify gaps in some jurisdictions. Other collaborative activities included: • completion of the third edition of AHPRA's *Guide to conduct of panel hearings* prepared by the Panels Working Group • following review and feedback provided by a number of stakeholders, including the Panels Reference Group and the Psychology Board of Australia, the engagement of GRCS to conduct panelist training with an expected roll-out for members to start in September 2014, and • development of a consistent panel procedures manual and templates for the panel to use in addressing process deficits, and the publication of panel hearing decisions in compliance with the National Law. These activities provide both consistency in panel processes, procedures and decision making, and a nationally consistent approach regarding the prosecution of offence provisions under the National Law.
	Develop legal knowledge management	The development of legal knowledge management progressed with the publication of both 'cancelled health practitioner summaries'* and de-identified panel hearing decisions/ summaries. Both are now part of business as usual. Additionally, the regular publication of both relevant court and tribunal case summaries and legal practice notes continues. To provide a single, secure and searchable repository of legal advices, TRIM will be rolled out to all legal services teams across the country in July 2014.
	Embed the Statutory Offences Unit nationally	Both a litigation management framework and prosecution guidelines were developed, approved and issued to selected stakeholders. A key component of the framework was to ensure that the Statutory Offences Unit (SOU) was embedded nationally. The SOU meet regularly during the year, contributing to the revised guidelines for advertising of regulated health services published in March 2014. The SOU Intranet page, with published update templates for advertising matters and a new template agenda paper for referral of matters to the SOU, was launched in May 2014. The SOU internet page was launched at the end of June 2014. The SOU is also developing an offences management guide which will address a number of issues, including the involvement of national and regional boards in the offences process.

* Summaries of the findings and determinations from hearings of health practitioners whose registration has been cancelled since 1 July 2010.

Objective	Initiative	2013/14 achievements
Support National Board governance and succession planning	Coordinate a program of board evaluations across the National Boards and AManC	A planned program of board evaluations was developed, approved by the National Boards and delivered. By the completion of 2013/14, more than half of the National Boards completed the evaluations.
	Implement a succession planning program and re-engineer statutory appointment processes	A succession planning program was developed, considered and approved by the National Boards. On approval, workshops were held with five National Boards and the principles were applied by Human Resources in the appointment process. The statutory appointment processes were re-engineered. The developed succession planning principles were applied through the recruitment process for the opening of nominations for member appointments of the four 2012 National Boards. The appointment process was finalised by the Ministerial Council in April 2014. The Ministerial Council announced appointments to three National Boards on 19 June 2014, making specific reference to its endorsed National Board Member Succession Planning Principles.
	Establish an National Scheme board member training and development program	A National Scheme board member training and development program was created, including a coordinated program, across all boards and the Agency Management Committee. This program ensures that members receive appropriate training, specifically designed for the National Scheme. Australian consultancy Effective Governance was engaged to design a customised program and curriculum. Lengthy contract negotiations with the supplier delayed the implementation. A two-day, six-module course was developed, and a pilot will be delivered before rollout to board members in the second half of 2014.
	Procure a knowledge management system to replace SAI Global to support effective governance and decision-making for National Scheme entities	The procurement process to secure a replacement knowledge management system for SAI Global is progressing. The scoping of the requirements was completed, assisted by relevant stakeholders. This included a functional review of the existing SAI Global solution, along with the development of business requirements. A steering committee was established and further progress will continue in 2014/15.
	Continue to develop governance policy, guidelines and protocols	Policy, guidelines and protocols continue to be developed that include: • a 'protocol for the management of threats against board and committees', which has been approved and distributed to state and territory managers, state and territory boards, regional boards and other national committees • the development of a new protocol on how to deal with notifications about board and committee member, and • the review of the board member's manual and charter, continuing into 2014/15.
Monitor and review the notifications management process	Select and scope the process monitoring group (notifications management)	Work began on this initiative in 2013. However, it was put on hold to allow the progress of other priorities, including the KPI work for reporting. The monitoring and review of the notifications management process, a key part of the initiative, relied on the audit of this process. Subsequent activities were placed on hold, pending a review of audit outcomes. The audit was completed in the fourth quarter and is currently in the final stages of review.

Appendix 5: Data access requests 2013/14

Date request received	Reference to National Law	Output	Profession(s)	Decision	Requester
2-Jul-2013	s216(2)(a)	Mailing list of registered practitioners including contact details	All	Not approved	Iranian Australian Association of Health Professionals (IRAHP)
2-Jul-2013	s228(1)(b)	Extract of national register	Psychology	Approved	Department of Health, Western Australia
2-Jul-2013	s228(2)	Copy/extract of national register	Medical	Approved	GenesisCare
5-Jul-2013	s228(2)	Copy/extract of national register	All	Referred to other sources for information	South West WA Medicare Local
5-Jul-2013	s228(2)	Copy/extract of national register	Medical	Approved	Australasian Medical Publishing Company
5-Jul-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Medical Radiation Practice	Not approved	Mater Cancer Care Centre
8-Jul-2013	s216(2)(e)	Distribution to practitioners via email	Psychology	Referred to National Board newsletter	Monash University
9-Jul-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Pharmacy	Referred to other sources for information	Medical Oncology, Cancer Institute NSW
12-Jul-2013	s228(2)	Copy of national register	Nursing and Midwifery	Referred to other sources for information	Marshall Michael Chartered Accountants
17-Jul-2013	s216(2)(e)	Research collaboration into notifications in six countries	Nursing and Midwifery	Approved	Nursing and Midwifery Council of NSW
17-Jul-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Medical	Not approved	DLA Piper
23-Jul-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Medical	Not approved	School for Population Health, The University of Melbourne
23-Jul-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Nursing and Midwifery	Referred to other sources for information	Individual
30-Jul-2013	s228(2)	Distribution to practitioners through the secure mailing house	Pharmacy	Approved	Department of Health and Ageing, South Australia
31-Jul-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Aboriginal and Torres Strait Islander Health Practitioner (ATSIHP), Occupational Therapy, Physiotherapy	Referred to other sources for information	Department of Health, Queensland
1-Aug-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Nursing and Midwifery	Referred to other sources for information	New Zealand Nurses Organisation
5-Aug-2013	s228(1)(b)	Extract of national register	Medical	Approved	School of Nursing, Queensland University of Technology
5-Aug-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Dental	Referred to other sources for information	Pharmacy Department, Gosford Hospital
9-Aug-2013	s216(2)(a)	Mailing list of registered practitioners including contact details	All	Not approved	Medilend Pty Ltd finance advisers
9-Aug-2013	s216(2)(a)	Contact details for practitioners	Medical	Not approved	School of Computer Science and IT, RMIT University

Date request received	Reference to National Law	Output	Profession(s)	Decision	Requester
13-Aug-2013	Not applicable	Data relating to a specific notification	Medical	Referred to other sources for information	DLA Piper
14-Aug-2013	s228(2)	Qualifications data relating to registered and unregistered practitioners	ATSIHP	Data not available	Batchelor Institute of Indigenous Tertiary Education
16-Aug-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical	Referred to other sources for information	The Royal Australian and New Zealand College of Radiologists
23-Aug-2013	s228(2)	Copy of national register	Medical	Approved	Cirrus Media
26-Aug-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Physiotherapy	Referred to other sources for information	Individual
26-Aug-2013	s216(2)(a)	Contact details for practitioners	Medical	Not approved	Meditech Media
29-Aug-2013	s228(2)	Copy of national register	All (except Nursing and Midwifery)	Referred to other sources for information	Department of Health, South Australia
3-Sep-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Dental	Referred to other sources for information	School of Dentistry, The University of Queensland
4-Sep-2013	s228(1)(b)	Extract of national register	Medical	Approved	School for Population Health, The University of Melbourne
12-Sep-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical	Referred to other sources for information	Individual
13-Sep-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	All	Referred to other sources for information	Department of Education, Employment and Workplace Relations
17-Sep-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical	Applicant requested to provide additional information	Individual
19-Sep-2013	s216(2)(a)	Contact details for practitioners	Nursing and Midwifery	Not approved	Individual
30-Sep-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical	Data not available	Hunter Medicare Local
1-Oct-2013	s228(1)(b)	Extract of national register	ATSIHP	Approved	John Pearson Consulting
4-Oct-2013	s228(2)	Copy of national register	Medical, Nursing and Midwifery, and Pharmacy	Approved	T Garage Insights and Strategy
8-Oct-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Podiatry	Referred to other sources for information	Individual
9-Oct-2013	s228(1)(b)	Extract of national register	ATSIHP	Approved	Division of Tropical Health and Medicine, James Cook University
9-Oct-2013	s216(2)(a)	Contact details for supervisors	Psychology	Not approved	Department of Education, Western Australia
21-Oct-2013	s216(2)(a)	Contact details for practitioners	Pharmacy	Not approved	Medici Capital
23-Oct-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical	Data not available	Australian Radiation Protection and Nuclear Safety Agency
23-Oct-2013	Not applicable	Structure of medical practices	Medical	Data not available	Marshall Michael Chartered Accountants

Date request received	Reference to National Law	Output	Profession(s)	Decision	Requester
24-Oct-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Nursing and Midwifery	Referred to other sources for information	School of Nursing and Midwifery, Curtin University
29-Oct-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Physiotherapy	Referred to other sources for information	Individual
29-Oct-2013	s228(2)	Copy of national register	Nursing and Midwifery	Referred to other sources for information	Belmore Nurses Bureau
11-Nov-2013	s228(2)	Copy of national register	All	Withdrawn	HCF Private Health insurance and Health Funds
13-Nov-2013	s228(2)	Copy of national register	Dental	Approved	Individual
14-Nov-2013	s216(2)(e)	Access to de-identified notifications data	Medical	Applicant requested to provide additional information	Sydney Medical School, The University of Sydney
18-Nov-2013	s228(1)(b)	Extract of national register	ATSIHP	Approved	Department of Health and Ageing, South Australia
29-Nov-2013	s216(2)(a)	Mailing list of registered practitioners including contact details	Medical Radiation Practice	Referred to National Board newsletter	Medical Imaging Science, Curtin University
2-Dec-2013	s225	A list of companies that employ registered nurses and enrolled nurses for occupational health roles	Nursing and Midwifery	Withdrawn/data not available	Healthcare Australia Pty Ltd
16-Dec-2013	s216(2)(a)	Mailing list of registered practitioners including contact details	ATSIHP	Not approved	Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
16-Dec-2013	s228(2)	Copy of national register	Medical	Approved	General Practice Education and Training
18-Dec-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Nursing and Midwifery	Data not available	School of Nursing and Midwifery, Flinders University
30-Dec-2013	s216(2)(a)	Mailing list of registered practitioners including contact details	Medical	Not approved	School of Public Health, Curtin University
8-Jan-2014	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical	Data not available	Thoracic Society of Australia and New Zealand
10-Jan-2014	s216(2)(e)	Distribution to practitioners through the secure mailing house	All	Applicant requested to provide additional information	National Health and Medical Research Council
10-Jan-2014	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical, Nursing and Midwifery	Data not available	Balsillie School of International Affairs
13-Jan-2014	s216(2)(a)	Mailing list of registered practitioners including contact details	Medical	Referred to other sources for information	Griffith University
17-Jan-2014	s216(2)(e) and s216(2)(g)	Quantitative statistics	All	Referred to other sources for information	The Optical Company
20-Jan-2014	s216(2)(a)	Mailing list of registered practitioners including contact details	Medical	Referred to other sources for information	School of Nursing and Midwifery, Curtin University
24-Jan-2014	s216(2)(e) and s216(2)(g)	Quantitative statistics	Chinese Medicine	Referred to other sources for information	Guild Insurance

Date request received	Reference to National Law	Output	Profession(s)	Decision	Requester
4-Feb-2014	s228(2)	Copy of national register	Medical	Approved	Clinician Workforce Planning Unit, Department of Health, Queensland
4-Feb-2014	s228(1)(b)	Extract of national register	Medical	Approved	Clinician Workforce Planning Unit, Department of Health, Queensland
4-Feb-2014	s228(2)	Copy of national register	Medical	Approved	The Royal Australian and New Zealand College of Radiologists
6-Feb-2014	s216(2)(e) and s216(2)(g)	Quantitative statistics	Psychology	Approved	The Australian Psychological Society
6-Feb-2014	s228(2)	Copy of national register	ATSIHP	Approved	Aboriginal Health and Medical Research Council (AHMRC)
10-Feb-2014	s216(2)(e) and s216(2)(g)	Quantitative statistics	Optometry	Data not available	Optometrists Association Australia
11-Feb-2014	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical	Data not available	The University of Sydney
12-Feb-2014	s219(1)(e)	Mailing list of registered practitioners including contact details	Nursing and Midwifery	Approved	Department of Health, Immunisation Branch, Office of Health Protection
14-Feb-2014	s216(2)(e)	Distribution to practitioners through the secure mailing house	Nursing and Midwifery	Approved	School of Nursing, Queensland University of Technology
26-Feb-2014	s216(2)(a)	Distribution to practitioners via email	Psychology	Referred to National Board newsletter	James Cook University
7-Mar-2014	s216(2)(a)	Distribution to practitioners via email	Physiotherapy	Applicant requested to provide additional information	La Trobe University
11-Mar-2014	s216(2)(e) and s216(2)(g)	Quantitative statistics	Pharmacy	Referred to other sources for information	Gosford Hospital, Pharmacy Department
19-Mar-2014	s216(2)(a)	Contact details for practitioners	Medical	Not approved	SRB Legal
20-Mar-2014	s216(2)(e) and s216(2)(g)	Quantitative statistics	All	Approved	Department of Health, Western Australia
26-Mar-2014	s216(2)(a)	Contact details for practitioners	Medical	Not approved	McAuley Hawach Lawyers
27-Mar-2014	s216(2)(e)	Distribution to practitioners via email	Chiropractic	Referred to National Board newsletter	Macquarie University
2-Apr-2014	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical	Applicant requested to provide additional information	Northern Health
2-Apr-2014	s228(2)	Copy of national register	Nursing and Midwifery	Approved	NSW Ministry of Health
3-Apr-2014	s228(2)	Copy of national register	All	Approved	Goulburn Valley Medicare Local
15-Apr-2014	s216(2)(e) and s216(2)(g)	Quantitative statistics	Occupational Therapy	Approved	Occupational Health and Safety Division, The University of Queensland

Date request received	Reference to National Law	Output	Profession(s)	Decision	Requester
17-Apr-2014	s216(2)(e)	Access to de-identified notifications data	All	Applicant requested to provide additional information	School of Computer Science and IT, RMIT University
22-Apr-2014	s216(2)(a)	Contact details for practitioners	Medical	Not approved	Mater Health Services
23-Apr-2014	s216(2)(e) and s216(2)(g)	Quantitative statistics	All	Referred to other sources for information	National E-Health Transition Authority (NETA)
24-Apr-2014	s216(2)(e) and s216(2)(g)	Quantitative statistics	Dental	Referred to other sources for information	Crescent Capital Partners
5-May-2014	s228(2)	Copy of national register	Pharmacy	Approved	Charles Sturt University
6-May-2014	s216(2)(e) and s216(2)(g)	Quantitative statistics	Pharmacy	Data not available	iLearning Group
13-May-2014	s228(2)	Copy of national register	Chiropractic and Osteopathy	Approved	Chiropractic and Osteopathic College of Australasia
19-May-2014	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical	Data not available	Royal Australian College of General Practitioners (RACGP)
20-May-2014	s228(2)	Copy of national register	Dental	Approved	Australian Society of Orthodontists
20-May-2014	s216(2)(e) and s216(2)(g)	Quantitative statistics	Nursing and Midwifery	Referred to other sources for information	NSW Nurses and Midwives Association
22-May-2014	s228(2)	Copy of national register	Nursing and Midwifery	Approved	Workforce Planning and Development, NSW Ministry of Health
26-May-2014	s216(2)(e) and s216(2)(g)	Quantitative statistics	Nursing and Midwifery	Referred to other sources for information	Department of Health, ACT
26-May-2014	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical	Data not available	Rural Health Continuing Education
29-May-2014	s216(2)(a)	Mailing list of registered practitioners including contact details	Dental	Not approved	ACT Geriodontic Society
2-Jun-2014	s216(2)(a)	Mailing list of registered practitioners including contact details	Dental	Not approved	Academy of Australian and New Zealand Prosthodontists
4-Jun-2014	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical	Referred to other sources for information	Roche Pharmaceuticals
4-Jun-2014	s216(2)(e) and s216(2)(g)	Quantitative statistics	Nursing and Midwifery	Applicant requested to provide additional information	Nursing and Midwifery Council of NSW
12-Jun-2014	s216(1)	Contact details for all registered prosthodontists	Dental	Not approved	Academy of Australian and New Zealand Prosthodontists
13-Jun-2014	s216(2)(e) and s216(2)(g)	Quantitative statistics	Physiotherapy	Data not available	Health Networks Australia
27-Jun-2014	s216(2)(e) and s216(2)(g)	Quantitative statistics	All	Applicant requested to provide additional information	Medicare Local Bayside
27-Jun-2014	s228(1)(b)	Extract of national register	ATSIHP	Approved	Department of Health, Western Australia

Appendix 6: Panel members who have sat on panels during 2013/14

Chiropractors

Dr Robert Bailey
Dr Mark Pickford
Dr William Bruce Ellis
Dr Andrew Lawrence
Mr Ian Robertson
Dr Paul Wise
Mr Stanley Innes
Dr Andrew Powlesland
Dr Rachel Young

Community members

Mr John Peter Alati
Mr Richard Bialkowski
Ms Rieteke Marie Chenoweth
Ms Nicole Mayo
Mr Ivan Potas
Mr Michael Anthony Somes
Ms Margaret Wolf
Ms Karin Mulligan
Ms Joanna Pethick
Mr Bradley Bishop
Ms Glenys Bolland
Ms Laila Hakansson Ware
Mr Max Howard
Ms Susan Johnson
Mr Trevor Jordan
Ms Barbara Kent
Mr Graeme Lawrence
Mr Kenneth MacDougall
Mr David McKenzie
Ms Eleanor Milligan
Ms Myra Pincott
Mr Wayne Sanderson
Ms Margaret Shapiro
Mr Michael Weir
Mr Mark Bodycoat
Dr Christine Putland
Ms Kate Sullivan
Ms Kim Barker
Mr Frank Ederle
Ms Anne Horner
Ms Sarah Piggott
Ms Joan Benjamin
Mr Martin Botros
Mr Arthur (David) Brous
Mr William Burns
Dr Judith Courtin
Mrs Paula Davey
Mr John Dillon
Ms Jane Duffy
Mr Kevin Ekendahl
Mr Michael Gorton
Mr Terry Grigg
Ms Christine Heazlewood
Ms Sophia Panagiotidis
Ms Loraine Shatin
Ms Alison von Bibra
Dr Miriam Weisz
Ms Lynne Wenig
Ms Amanda Wynne
Ms Diane Bowyer
Ms Prudence Ford
Mr Bevan Lawrence
Mr Brian Patman
Mr Marcus Solomon
Ms Ann White

Dental practitioners

Dr Julee Birch
Dr Edward Caldwell-Wearne
Dr Michael Foley
Prof Saso Ivanovski
Dr Louise McLoughlin
Mr Bruce Menzies
Dr Ralph Neller
Mrs Janice Okine
Dr Patrick Collette
Dr Erika Vinczer
Dr Gerard Clausen
Dr Esperance Kahwagi
Dr Jeffrey Kestenberg
Dr Roslyn Mayne
Dr Anthony Robertson
Dr Felicia Valianatos

Medical practitioners

Dr Thomas Faunce
Dr David Hardman
Dr Denise Henrietta Kraus
Dr Francis Leo Long
Dr Thomas Middlemiss
Dr Tuck Meng Soo
Dr Mary Rebecca Stirzaker
Dr Ian Sykes
Dr Kai-Kai Toh
Dr Linda Susan Weber
Dr Judith Branch
Dr Eileen Burkett
Mr Warwick John Carter
Dr Eleanor Chew
Dr Sandra Congdon
Dr Bernadette Dutton
Dr John Golder
Dr Maria (Tessa) Ho
Dr Michael Humphrey
Dr Robert Kable
Dr Errol Maguire
Dr Elizabeth Mc Vie
Dr David Morgan
Dr John North
Dr John Phipps
Dr Paul Pincus
Dr Ross Taylor
Dr Margaret Turner
Dr Dana Wainwright
Dr John Waller

Dr Edward Weaver
Dr Carolyn Edmonds
Dr Philip Henschke
Dr David Kelly
Dr Carlien Kimber
Dr Rakesh Mohindra
Dr Lynne Rainey
Dr Stephen Stranks
Prof Anne Tonkin
Prof John Turnidge
Dr Annette Barratt
Dr Jan Batt
Dr Paul Dunne
Dr Kirsten Fitzgerald
Dr Fiona Joske
Dr Philip Moore
Dr John (Dermot) O'Sullivan
Dr Jennifer Williams
Dr Andrea Bendrups
Dr John Carnie
Dr Peter Dohrmann
Dr Hadia Haikal-Mukhtar
Dr Felicity Hawker
Mr Warren Johnson
Dr William Kelly
Dr Geoffrey Kerr
A/Prof Abdul Khalid
Dr Jennifer Mills
Prof Napier Maurice Thomson
Dr Laurie Warfe
Dr Bernadette White
Dr Turabali Chakera
Dr Andre Cronje
Dr Graham Cullingford
Dr Geoffrey Dobb
Dr Alan Duncan
Professor Mark Edwards
Dr Daniel Heredia
Prof Con Michael
Dr Devasish Roy
Prof Bryant Stokes
Dr Arankanathan Thillainathan
Dr Geoffrey Williamson

Nursing and midwifery practitioners

Ms Wendy Kroon
Ms Joanne Krueger
Ms Karrina DeMasi
Dr Verushka Krigovski
Mr Allan Barnard
Ms Mary Barnett
Ms Joanne Lee James
Ms Debra Nizette
Ms Annette Marlow
Ms Deb Stone
Ms Naomi Dobroff
Ms Andrea Driscoll
Prof John Field
Ms Robyn Garlick
Mrs Clare Lane
Ms Clare McGinness
Dr Virgina Plummer
Mr John James Rogan
Ms Deborah Rogers
Ms Leanne Satherley
Mrs Kate Brian
Ms Debra Corrigan

Pharmacists

Mrs Karen Allen
Mrs Karalyn Huxhagen
Ms Kerrie Kensell
Ms Pamela Mathers
Ms Judith Singleton
Ms Karin Walduck
Ms Bronwyn Perry
Mr Jeffrey Davies
Mr John Stanley
Mr William Suen
Mr Anthony Tassone
Dr Rhonda Clifford
Mrs Manal Oz

Physiotherapists

Mr Anthony Hotchin
Ms Wendy Nickson

Podiatrists

Mr Yusuf Bhabha
Ms Ruth Connors
Mr Bernard Comerford
Mr Stephen Tucker

Psychologists

Ms Deborah Sue Anderson
Mrs Cathy Bone
Ms Karen Butler
Professor Justin Kenardy
Ms Andrea Quinn
Dr Dixie Statham
Ms Angela Marie Davis
Ms Vicki Anderson
Dr Peter Cook
Ms Margaret Foulds
Ms Kaye Frankcom
Mr Simon Kinsella
A/Prof Terry Laidler
Ms Louise McCutcheon
Ms Clare Shann

Appendix 7: Community Reference Group and Professions Reference Group membership lists

Community Reference Group

The Community Reference Group consists of members from the community who are not registered health practitioners.

Paul Laris

Mr Laris is the Chair of the Community Reference Group. He is also a community member on the Medical Board of Australia as well as its South Australian Board. He is a consultant who has worked in evaluating and planning for human services and the environment for the past 12 years. Mr Laris has worked as a social worker in community health services, a manager of community health centres, and a health services planner, and has been a Director of the North West Area Health Service (The Queen Elizabeth Hospital and Lyell McEwin Hospitals) since 2002, as well as holding several other directorships.

Melissa Cadzow

Ms Cadzow enjoys serving on advisory boards in the areas of business, information technology and health. She has over 25 years of business experience with her IT companies, was the carer for a family member with cancer and is the parent of two children. Current boards include the Australian Broadcasting Corporation Advisory Council, Royal Adelaide Hospital Consumer Advisory Council, Australian Community Pharmacy Authority and Cadzow TECH Pty Ltd. Previous boards include the SA Statewide Clinical Network Lung Cancer Pathway Working Party, Consumer Advisory Committee of the Women's and Children's Hospital and Child and Youth Health, SA State Government Business and Parliament Trust, Adelaide Metropolitan Area Consultative Committee Inc. and the SA State Government Small Business Development Council.

Darlene Cox

Ms Cox has been a member of Health Care Consumers Association since 1996. She is an eminent advocate for health consumers with an excellent knowledge of the health system, both locally and nationally. Ms Cox has a strong, practical understanding of community engagement principles. She has been the Executive Director of Health Care Consumers' Association Incorporated since 2008. She is Vice President of ACTCOSS.

Jacqui Gibson

Ms Gibson is passionately committed to developing greater transparency for governance within the healthcare system and retaining a system that is inclusive of all Australians. She has a strong interest in self-management and consumer participation, having worked on a number of programs involving developing strategies to integrate consumer participation into community health programs. Furthermore, she is an active consumer who has been involved in a number of boards and committees as a member, chair and co-chair, including Inner South Community Health Service Community Participation Committee, Prahran Mission Board, Chair of Leadership Plus Board and Southern Metropolitan Mental Health Council. Jacqui is a judge of the Victorian Public Healthcare Awards 2013.

Becky Hirst

Ms Hirst has a strong background in stakeholder engagement, community development and public sector project management in both Australia and the UK. She has vast experience in working with local and state government, non-government organisations, culturally and linguistically diverse communities, low socio-economic status groups and the Aboriginal community. Specialising in the use of face-to-face and online tools for engagement, Ms Hirst enjoys applying her practical community-based experience to inform processes that involve the community in decision-making. She is passionate about those processes being straightforward, transparent and accessible and is known for her inspiring approach to genuinely connect with communities.

Jen Morris

Ms Morris is a human rights and disability advocate and freelance writer. She is a member of the Mercy Health Community Advisory Committee, and is on the board of management of the Disability Discrimination Legal Service. She has represented consumer and patient perspectives at a variety of forums, including the Medical Board of Australia forum on medical revalidation. Ms Morris has also attended and/or presented at Consumers Health Forum and Health Issues Centre workshops on topics ranging from informed financial consent to quality use of medicines.

Merle Smith

Retired biochemist Ms Smith has a keen interest in health issues and has worked in the clinical pathology discipline in WA, Victoria and Tasmania. She was a Director of the state-wide private pathology practice in Tasmania and Practice Manager for the North West region. Merle was on the Course Advisory Committee for the school of Biomedical Science at the University of Tasmania's for 17 years and a clinical lecturer for five years.

John Stubbs

Mr Stubbs has been a committed and passionate advocate for people affected by cancer for more than 14 years. He is a current Board member of the Cancer Institute NSW and Cancer Council NSW, among others. Mr Stubbs is also a member of several committees, including the Medical Services Advisory Committee, Australian and New Zealand Clinical Trials Registry and the NSW Health Department's Clinical Excellence Committee. He holds degrees in accounting and arts and is currently the voluntary CEO of CanSpeak, a national volunteer cancer consumer advocacy group. He was awarded an Honorary Associate of the University of Sydney, School of Medicine for his work in the promotion of Clinical Trials in Australia.

Sue Viney

Ms Viney has extensive experience as a health consumer advocate at the local, Victorian and national level. Her professional interests and her voluntary advocacy interests give her an in-depth understanding of the health sector and community and consumer engagement. She chairs the Monash Health Community Advisory Committee and is a director of BreastScreen Victoria. She has extensive experience in accreditation of health services and practitioner registration issues.

Michelle Wright

Ms Wright has served the interests of health consumers on boards, committees and panels in many aspects of Australia's health system. She has worked with organisations involved in patient education and support and medical research (Cancer Council Victoria); medical ethics (Alfred Health Ethics Committee); public health service provision (Eastern Health); regulation of health services (Patient Review Panel); health insurance (Medibank Private); and human research (Monash University Human Research Ethics Committee). Ms Wright is a non-executive director and corporate advisory lawyer by profession.

Professions Reference Group

The membership of the Professions Reference Group consists of one representative from a professional association for each of the regulated profession and one representative from the Health Professions Accreditation Councils' Forum.

Member organisations

Australasian Podiatry Council

Australian Dental Association

Australian Institute of Radiography

Australian Medical Association

Australian Nursing and Midwifery Federation

Australian Osteopathic Association

Australian Physiotherapy Association

Australian Psychological Society

Australian Acupuncture and Chinese Medicine Association (AACMA)*

Chiropractors Association of Australia

Committee of Presidents of Medical Colleges

Forum of Australian Health Professions Councils

National Aboriginal and Torres Strait Islander Health Worker Association

Occupational Therapy Australia

Optometrists Association Australia

Pharmacy Guild of Australia

*Please note the Chinese medicine representative is an annual appointment and a new member is appointed each year.

Appendix 8: Meetings of national and state boards and committees in 2013/14

Listed below are the number of National Board, national committee, state board and state committee meetings held during 2013/14. Each Board has different committee structures to support day-to-day regulatory decision making, and strategic or policy work of the Boards. See Appendix 1 for Board committee structures. The purpose of committees varies and includes both decision-making about individual practitioners (notification, registration, immediate action etc) and policy-oriented committees (such as finance, governance and communications).

National Board	National board meetings	National committee meetings	Total national meetings	State board meetings	State committee meetings	Total state meetings	Total
Aboriginal and Torres Strait Islander Health Practice	7	14	21				21
Chinese Medicine	11	35	46				46
Chiropractic	12	21	33				33
Dental	11	35	46		105	105	151
Medical	15	27	42	130	467	597	639
Medical Radiation Practice	11	132	143				143
Nursing and Midwifery	17	71	88	148	138	286	374
Occupational Therapy	11	23	34				34
Optometry	12	31	43				43
Osteopathy	12	25	37				37
Pharmacy	12	52	64				64
Physiotherapy	11	63	74	17	10	27	101
Podiatry	12	27	39				39
Psychology	13	28	31	54	18	72	103

Registration and notifications

Appendix 9: Registration and notifications data tables

Table A1: Registered practitioners by profession by principal place of practice by registration type

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP [2]	Total 2013/14	Total 2012/13[1]	Total 2011/12	% change 2012/13-2013/14
Aboriginal and Torres Strait Islander Health Practitioner [1]	2	36	226	37	12	1	8	21		343	300		14.33%
General	2	36	226	37	12	1	8	21		343	300		14.33%
Chinese Medicine Practitioner [1]	64	1,737	14	810	164	34	1,194	214	40	4,271	4,070		4.94%
General	62	1,721	14	788	164	34	1,139	212	15	4,149	3,974		4.40%
Limited											1		-100.00%
Non-practising	2	16		22			55	2	25	122	95		28.42%
Chiropractor	65	1,619	24	753	364	53	1,283	564	120	4,845	4,657	4,462	4.04%
General	62	1,554	23	735	352	51	1,210	547	43	4,577	4,399	4,216	4.05%
Limited											3	4	-100.00%
Non-practising	3	65	1	18	12	2	73	17	77	268	255	242	5.10%
Dental Practitioner	386	6,361	147	4,056	1,708	349	4,768	2,422	510	20,707	19,912	19,087	3.99%
General	340	5,634	138	3,663	1,510	318	4,199	2,148	370	18,320	17,590	16,870	4.15%
General and Specialist	40	469	6	310	142	25	385	164	45	1,586	1,533	1,476	3.46%
Limited	1	124		31	40	1	78	46	3	324	384	382	-15.63%
Non-practising	5	125	2	51	13	5	97	62	86	446	378	334	17.99%
Specialist		6	1	1	3		8	2	6	27	26	24	3.85%
General and Limited [3]		3					1			4	1	1	300.00%
Medical Practitioner	1,960	31,269	1,084	19,032	7,554	2,155	24,137	9,889	2,299	99,379	95,690	91,648	3.86%
General	679	10,499	451	6,468	2,295	626	7,638	3,058	675	32,389	29,293	26,483	10.57%
General (Teaching and Assessing)		10		7	5		7	5		34	30	23	13.33%
General (Teaching and Assessing) and Specialist		1					1			2	2	1	0.00%
General and Provisional [3]												2	
General and Specialist	890	15,927	370	8,744	3,907	1,074	12,477	4,182	547	48,118	47,210	46,409	1.92%
Limited	111	1,279	91	636	394	107	1,032	688	9	4,347	5,151	5,670	-15.61%
Limited (Public Interest - Occasional Practice)		19		126		1		247	6	399	1,089	1,239	-63.36%
Non-practising	38	669	3	228	121	49	489	176	704	2,477	2,377	2,379	4.21%
Provisional	96	1,113	63	861	310	87	937	371	8	3,846	3,522	3,253	9.20%
Provisional and Specialist [3]												1	
Specialist	146	1,752	106	1,962	522	211	1,556	1,162	350	7,767	7,016	6,188	10.70%
Medical Radiation Practitioner [1]	251	4,812	116	2,832	1,107	284	3,592	1,246	147	14,387	13,905		3.47%
General	233	4,381	111	2,668	1,091	274	3,386	1,226	130	13,500	13,063		3.35%
Limited		1					2			3	2		50.00%
Non-practising	5	38	1	15	12	1	97	11	17	197	159		23.90%
Provisional	13	392	4	149	4	9	107	9		687	681		0.88%
Midwife	89	699	55	540	459	11	961	322	94	3,230	2,434	2,187	32.70%
General	89	682	55	535	452	11	943	318	88	3,173	2,401	2,142	32.15%
Non-practising		17		5	7		18	4	6	57	33	45	72.73%
Nurse	5,089	89,946	3,647	62,226	29,949	7,899	86,647	33,364	8,621	327,388	309,770	302,245	5.69%

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP [2]	Total 2013/14	Total 2012/13[1]	Total 2011/12	% change 2012/13-2013/14
General	5,016	88,223	3,615	61,641	29,628	7,796	85,906	33,050	8,409	323,284	306,412	299,813	5.51%
General and Non-practising [4]		7		2	1		3			13			
Non-practising	73	1,716	32	583	320	103	738	314	212	4,091	3,358	2,432	21.83%
Nurse and Midwife	606	9,795	538	6,363	2,282	667	8,199	3,114	268	31,832	33,751	39,271	-5.69%
General	578	8,776	531	6,161	2,219	635	7,958	3,014	239	30,111	32,289	38,308	-6.75%
General and Non-practising [5]	19	682	4	132	37	24	162	56	6	1,122	928	569	20.91%
Non-practising	9	337	3	70	26	8	79	44	23	599	534	394	12.17%
Occupational Therapist [1]	261	4,592	137	3,174	1,298	263	3,976	2,397	125	16,223	15,101		7.43%
General	254	4,446	135	3,024	1,212	258	3,863	2,307	100	15,599	14,723		5.95%
Limited	4	34		25	7		28	15	2	115	131		-12.21%
Non-practising	1	102	2	115	76	5	77	70	23	471	210		124.29%
Provisional	2	10		10	3		8	5		38	37		2.70%
Optometrist	74	1,632	29	950	246	86	1,224	386	161	4,788	4,635	4,568	3.30%
General	74	1,592	28	934	246	86	1,199	377	118	4,654	4,513	4,475	3.12%
Limited		3								3		1	
Non-practising		37	1	16			25	9	43	131	122	92	7.38%
Osteopath	34	529	1	166	34	40	979	56	26	1,865	1,769	1,676	5.43%
General	34	511	1	161	31	39	938	56	20	1,791	1,699	1,606	5.41%
Non-practising		18		5	2	1	41		6	73	70	70	4.29%
Provisional 6					1					1			
Pharmacist	469	8,769	212	5,536	2,033	679	6,985	3,046	553	28,282	27,339	26,548	3.45%
General	424	7,868	188	5,010	1,855	624	6,334	2,802	350	25,455	24,571	23,920	3.60%
Limited	1	5	1	2			4	3	1	17	17	18	0.00%
Non-practising	10	258	4	97	45	7	281	60	202	964	942	880	2.34%
Provisional	34	638	19	427	133	48	366	181		1,846	1,809	1,730	2.05%
Physiotherapist	489	7,578	173	4,823	2,175	426	6,412	3,207	840	26,123	24,703	23,501	5.75%
General	481	7,298	169	4,693	2,107	416	6,104	3,115	710	25,093	23,734	22,612	5.73%
Limited	1	47	3	33	42	4	111	20	3	264	256	246	3.13%
Non-practising	7	233	1	97	26	6	197	72	127	766	713	643	7.43%
Podiatrist	52	1,076	17	698	394	98	1,318	427	49	4,129	3,873	3,690	6.61%
General	52	1,057	17	684	382	95	1,279	410	41	4,017	3,768	3,595	6.61%
General and Specialist		5		1	4		3	13	1	27	26	23	3.85%
Non-practising		14		13	8	3	36	4	7	85	79	72	7.59%
Psychologist	832	10,575	230	5,626	1,573	527	8,603	3,340	411	31,717	30,561	29,645	3.78%
General	695	8,905	194	4,544	1,320	443	7,076	2,733	309	26,219	25,216	24,563	3.98%
Limited												1	
Non-practising	37	499	4	240	72	23	279	139	97	1,390	1,268	1,038	9.62%
Provisional	100	1,171	32	842	181	61	1,248	468	5	4,108	4,077	4,043	0.76%
Total	10,723	181,025	6,650	117,622	51,352	13,572	160,286	64,015	14,264	619,509	592,470	548,528	4.56%

Notes:

1. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine practitioners, medical radiation and occupational therapy practitioners, started on 1 July 2012.
2. No principal place of practice (PPP) will include practitioners with an overseas address.
3. Practitioners holding general or specialist registration and limited/provisional registration for a registration sub-type or division within the same profession.
4. Practitioners holding general registration in one division and non-practising registration in another division.
5. Practitioners holding general registration in one profession and non-practising registration in the other profession.
6. Osteopathy Board has introduced a category of provisional registration in 2013/14.

Table A2: Registered Chinese medicine, dental, medical radiation practitioners, and nurses and midwives by division

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP [3]	Total 2013/14	Total 2012/13 [1]	Total 2011/12	% change 2012/13-2013/14
Chinese Medicine Practitioner [1]	64	1,737	14	810	164	34	1,194	214	40	4,271	4,070		4.94%
Acupuncturist	23	415	10	551	91	21	428	86	5	1,630	1,568		3.95%
Acupuncturist and Chinese Herbal Dispenser [2]		1		3			1			5	4		25.00%
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner [2]	7	365		41	7	1	61	20	1	503	441		14.06%
Acupuncturist and Chinese Herbal Medicine Practitioner [2]	34	888	4	207	61	11	677	104	33	2,019	1,941		4.02%
Chinese Herbal Dispenser		34		1	1		3	2		41	38		7.89%
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner [2]		11			3					14	13		7.69%
Chinese Herbal Medicine Practitioner		23		7	1	1	24	2	1	59	65		-9.23%
Dental Practitioner	386	6,361	147	4,056	1,708	349	4,768	2,422	510	20,707	19,912	19,087	3.99%
Dental Hygienist	42	375	6	135	230	19	189	283	19	1,298	1,267	1,230	2.45%
Dental Hygienist and Dental Prosthetist [2]		2		1						3	2	2	50.00%
Dental Hygienist and Dental Prosthetist and Dental Therapist [2]		1					1			2	2	2	0.00%
Dental Hygienist and Dental Therapist [2]	10	54	7	163	67	2	131	54	5	493	503	513	-1.99%
Dental Hygienist and Oral Health Therapist [2]		1								1			
Dental Prosthetist	15	418	3	238	53	48	343	86	5	1,209	1,195	1,183	1.17%
Dental Prosthetist and Dental Therapist [2]							1			1			
Dental Therapist	17	226	17	198	94	51	170	315	5	1,093	1,137	1,161	-3.87%
Dentist	285	5,029	106	3,014	1,146	219	3,727	1,639	473	15,638	15,020	14,372	4.11%
Dental Hygienist and Dentist [2]	1	3		1			1			6	2	1	200.00%
Oral Health Therapist	16	252	8	306	118	10	205	45	3	963	784	623	22.83%
Medical Radiation Practitioner [1]	251	4,812	116	2,832	1,107	284	3,592	1,246	147	14,387	13,905		3.47%
Diagnostic Radiographer	172	3,688	101	2,237	880	209	2,692	1,009	115	11,103	10,761		3.18%
Diagnostic Radiographer and Nuclear Medicine Technologist [2]		1		10	1	1	1	2		16	17		-5.88%
Diagnostic Radiographer and Radiation Therapist [2]				1			1			2	3		-33.33%
Nuclear Medicine Technologist	19	409	4	134	72	19	288	63	4	1,012	963		5.09%

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP [3]	Total 2013/14	Total 2012/13 [1]	Total 2011/12	% change 2012/13-2013/14
Nuclear Medicine Technologist and Radiation Therapist [2]											1		-100.00%
Radiation Therapist	60	714	11	450	154	55	610	172	28	2,254	2,160		4.35%
Nurse	5,089	89,946	3,647	62,226	29,949	7,899	86,647	33,364	8,621	327,388	309,770	302,245	5.69%
Enrolled Nurse	707	13,630	413	11,709	7,914	1,423	20,207	5,217	81	61,301	60,789	60,967	0.84%
Enrolled Nurse and Registered Nurse [2]	52	1,074	49	1,037	535	46	1,805	410	14	5,022	4,182	3,947	20.09%
Registered Nurse	4,330	75,242	3,185	49,480	21,500	6,430	64,635	27,737	8,526	261,065	244,799	237,331	6.64%
Nurse and Midwife	606	9,795	538	6,363	2,282	667	8,199	3,114	268	31,832	33,751	39,271	-5.69%
Enrolled Nurse and Midwife [2]	4	5		11	5		30			55	156	33	-64.74%
Enrolled Nurse and Registered Nurse and Midwife [2]	1	8		2			36	7		54			
Registered Nurse and Midwife [2]	601	9,782	538	6,350	2,277	667	8,133	3,107	268	31,723	33,595	39,202	-5.57%
Total	6,396	112,651	4,462	76,287	35,210	9,233	104,400	40,360	9,586	398,585	381,408	360,603	4.50%

Notes:

1. Regulation of Chinese medicine and medical radiation practitioners started on 1 July 2012.
2. Practitioners who hold dual or multiple registration.
3. No principal place of practice (PPP) will include practitioners with an overseas address.

Table A3: Registered practitioners by profession and age

Profession	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available [2]	Total
Aboriginal and Torres Strait Islander Health Practitioner [1]	7	20	30	42	64	57	51	39	23	7	2	1			343
Chinese Medicine Practitioner [1]	24	231	388	595	594	510	609	571	408	193	90	42	16		4,271
Chiropractor	100	781	776	735	728	467	434	320	227	138	85	40	14		4,845
Dental Practitioner	693	2,788	3,166	2,602	2,314	2,028	2,180	2,130	1,396	872	327	141	70		20,707
Medical Practitioner	857	10,624	13,164	13,541	12,359	10,680	10,317	9,162	7,035	5,347	3,262	1,666	1,365		99,379
Medical Radiation Practitioner [1]	1,220	2,990	2,455	1,746	1,560	1,146	1,116	1,130	681	271	63	8	1		14,387
Midwife	272	587	468	437	466	411	246	178	92	52	18	3			3,230
Nurse	14,116	37,098	36,828	34,314	40,593	39,239	42,337	41,308	26,929	11,501	2,544	485	96		327,388
Nurse and Midwife	308	1,407	1,792	1,828	2,698	3,753	6,098	6,821	4,643	1,926	450	88	20		31,832
Occupational Therapist [1]	1,261	3,687	3,242	2,332	1,820	1,362	1,076	846	411	156	26	4			16,223
Optometrist	190	699	653	625	631	583	501	518	238	84	44	16	6		4,788
Osteopath	54	338	402	345	230	129	102	105	87	33	25	9	6		1,865

Pharmacist	1,913	6,252	5,335	3,517	2,505	2,037	1,898	1,768	1,196	898	528	324	111		28,282
Physiotherapist	1,740	5,479	4,555	3,445	2,829	2,332	2,096	1,930	972	479	184	58	24		26,123
Podiatrist	285	875	695	551	566	418	354	205	103	44	18	8	7		4,129
Psychologist	672	3,668	4,744	4,344	4,221	3,154	3,010	2,864	2,572	1,671	576	158	63		31,717
Total 2013/14	23,712	77,524	78,693	70,999	74,178	68,306	72,425	69,895	47,013	23,672	8,242	3,051	1,799		619,509
Total 2012/131	23,036	74,071	73,623	69,255	72,516	66,759	73,014	65,054	42,243	20,807	7,332	2,466	2,177	117	592,470
Total 2011/12	20,236	62,937	63,553	63,828	67,622	64,334	72,369	61,792	40,546	19,550	6,991	2,634	1,237	899	548,528

Notes:

1. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine practitioners, medical radiation and occupational therapy practitioners, started on 1 July 2012.
2. In many cases, National Boards in place prior to 1 July 2010 did not record data on the age of registrants. Progressive cleaning of data has resulted in the availability of data on age for all registrants.

Table A4: Age range by per cent

Profession	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available	Total
Aboriginal and Torres Strait Islander Health Practitioner	2.0%	5.8%	8.7%	12.2%	18.7%	16.6%	14.9%	11.4%	6.7%	2.0%	0.6%	0.3%	0.0%		343
Chinese Medicine Practitioner	0.6%	5.4%	9.1%	13.9%	13.9%	11.9%	14.3%	13.4%	9.6%	4.5%	2.1%	1.0%	0.4%		4,271
Chiropractor	2.1%	16.1%	16.0%	15.2%	15.0%	9.6%	9.0%	6.6%	4.7%	2.8%	1.8%	0.8%	0.3%		4,845
Dental Practitioner	3.3%	13.5%	15.3%	12.6%	11.2%	9.8%	10.5%	10.3%	6.7%	4.2%	1.6%	0.7%	0.3%		20,707
Medical Practitioner	0.9%	10.7%	13.2%	13.6%	12.4%	10.7%	10.4%	9.2%	7.1%	5.4%	3.3%	1.7%	1.4%		99,379
Medical Radiation Practitioner	8.5%	20.8%	17.1%	12.1%	10.8%	8.0%	7.8%	7.9%	4.7%	1.9%	0.4%	0.1%	0.0%		14,387
Midwife	8.4%	18.2%	14.5%	13.5%	14.4%	12.7%	7.6%	5.5%	2.8%	1.6%	0.6%	0.1%	0.0%		3,230
Nurse	4.3%	11.3%	11.2%	10.5%	12.4%	12.0%	12.9%	12.6%	8.2%	3.5%	0.8%	0.1%	0.0%		327,388
Nurse and Midwife	1.0%	4.4%	5.6%	5.7%	8.5%	11.8%	19.2%	21.4%	14.6%	6.1%	1.4%	0.3%	0.1%		31,832
Occupational Therapist	7.8%	22.7%	20.0%	14.4%	11.2%	8.4%	6.6%	5.2%	2.5%	1.0%	0.2%	0.0%	0.0%		16,223
Optometrist	4.0%	14.6%	13.6%	13.1%	13.2%	12.2%	10.5%	10.8%	5.0%	1.8%	0.9%	0.3%	0.1%		4,788
Osteopath	2.9%	18.1%	21.6%	18.5%	12.3%	6.9%	5.5%	5.6%	4.7%	1.8%	1.3%	0.5%	0.3%		1,865
Pharmacist	6.8%	22.1%	18.9%	12.4%	8.9%	7.2%	6.7%	6.3%	4.2%	3.2%	1.9%	1.1%	0.4%		28,282
Physiotherapist	6.7%	21.0%	17.4%	13.2%	10.8%	8.9%	8.0%	7.4%	3.7%	1.8%	0.7%	0.2%	0.1%		26,123
Podiatrist	6.9%	21.2%	16.8%	13.3%	13.7%	10.1%	8.6%	5.0%	2.5%	1.1%	0.4%	0.2%	0.2%		4,129
Psychologist	2.1%	11.6%	15.0%	13.7%	13.3%	9.9%	9.5%	9.0%	8.1%	5.3%	1.8%	0.5%	0.2%		31,717
Total 2013/14	3.8%	12.5%	12.7%	11.5%	12.0%	11.0%	11.7%	11.3%	7.6%	3.8%	1.3%	0.5%	0.3%		619,509
Total 2012/13	3.9%	12.5%	12.4%	11.7%	12.2%	11.3%	12.3%	11.0%	7.1%	3.5%	1.2%	0.4%	0.4%	117	592,470

Table A5: Nursing/midwifery breakdown

Profession	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available	Total
Midwife	272	587	468	437	466	411	246	178	92	52	18	3			3,230
Nurse	14,116	37,098	36,828	34,314	40,593	39,239	42,337	41,308	26,929	11,501	2,544	485	96		327,388
Nurse and Midwife	308	1,407	1,792	1,828	2,698	3,753	6,098	6,821	4,643	1,926	450	88	20		31,832
Total 2013/14	14,696	39,092	39,088	36,579	43,757	43,403	48,681	48,307	31,664	13,479	3,012	576	116		362,450
Total % 2013/14	4.1%	10.8%	10.8%	10.1%	12.1%	12.0%	13.4%	13.3%	8.7%	3.7%	0.8%	0.2%	0.1%		
Total 2012/13	14,345	37,227	36,104	36,621	43,604	42,697	49,322	44,373	27,529	11,138	2,400	419	111	65	345,955
Total % 2012/13	4.1%	10.8%	10.4%	10.6%	12.6%	12.3%	14.3%	12.8%	8.0%	3.2%	0.7%	0.1%	0.1%		

Table A6: Registered practitioners by profession by principal place of practice and gender

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP [2]	Total 2013/14	Total 2012/13[1]	Total 2011/12	% change 2012/13-2013/14
Aboriginal and Torres Strait Islander Health Practitioner [1]	2	36	226	37	12	1	8	21		343	300		14.33%
Female	2	25	161	28	10	1	7	17		251	220		14.09%
Male		11	65	9	2		1	4		92	80		15.00%
Chinese Medicine Practitioner [1]	64	1,737	14	810	164	34	1,194	214	40	4,271	4,070		4.94%
Female	32	907	10	425	84	22	654	124	21	2,279	2,154		5.80%
Male	32	830	4	385	80	12	540	90	19	1,992	1,916		3.97%
Chiropractor	65	1,619	24	753	364	53	1,283	564	120	4,845	4,657	4,462	4.04%
Female	30	586	5	256	125	14	518	230	35	1,799	1,689	1,586	6.51%
Male	35	1,033	19	497	239	39	765	334	85	3,046	2,968	2,873	2.63%
Not stated or inadequately described												3	
Dental Practitioner	386	6,361	147	4,056	1,708	349	4,768	2,422	510	20,707	19,912	19,087	3.99%
Female	207	2,804	75	1,897	923	149	2,325	1,356	196	9,932	9,371	8,645	5.99%
Male	179	3,557	72	2,159	785	200	2,443	1,066	314	10,775	10,541	10,170	2.22%
Not stated or inadequately described												272	
Medical Practitioner	1,960	31,269	1,084	19,032	7,554	2,155	24,137	9,889	2,299	99,379	95,690	91,648	3.86%
Female	875	12,498	530	7,496	2,948	875	9,947	4,010	784	39,963	37,723	35,443	5.94%
Male	1,085	18,771	554	11,536	4,606	1,280	14,190	5,879	1,515	59,416	57,967	56,192	2.50%
Not stated or inadequately described												13	
Medical Radiation Practitioner [1]	251	4,12	116	2,832	1,107	284	3,592	1,246	147	14,387	13,905		3.47%
Female	165	3,196	74	1,871	821	195	2,418	852	102	9,694	9,363		3.54%
Male	86	1,616	42	961	286	89	1,174	394	45	4,693	4,542		3.32%
Midwife	89	699	55	540	459	11	961	322	94	3,230	2,434	2,187	32.70%
Female	89	695	54	537	459	11	959	322	93	3,219	2,426	2,173	32.69%
Male		4	1	3			2		1	11	8	8	37.50%
Not stated or inadequately described												6	
Nurse	5,089	8,9946	3,647	62,226	29,949	7,899	86,647	33,364	8,621	327,388	309,770	302,245	5.69%
Female	4,489	7,8463	3,080	55,422	26,613	6,982	77,470	30,247	7,412	290,178	274,159	268,410	5.84%
Male	600	11483	567	6,804	3,336	917	9,177	3,117	1,209	37,210	35,611	33,487	4.49%

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP [2]	Total 2013/14	Total 2012/13[1]	Total 2011/12	% change 2012/13-2013/14
Not stated or inadequately described												348	
Nurse and Midwife	606	9,795	538	6,363	2,282	667	8,199	3,114	268	31,832	33,751	39,271	-5.69%
Female	590	9,595	512	6,233	2,227	649	8111	3,063	262	31,242	33,107	38,499	-5.63%
Male	16	200	26	130	55	18	88	51	6	590	644	752	-8.39%
Not stated or inadequately described												20	
Occupational Therapist [1]	261	4,592	137	3,174	1,298	263	3,976	2,397	125	16,223	15,101		7.43%
Female	236	4,203	124	2,931	1,158	239	3,661	2,207	113	14,872	13,848		7.39%
Male	25	389	13	243	140	24	315	190	12	1,351	1,253		7.82%
Optometrist	74	1,632	29	950	246	86	1,224	386	161	4,788	4,635	4,568	3.30%
Female	38	869	15	458	108	31	642	168	75	2,404	2,285	2,141	5.21%
Male	36	763	14	492	138	55	582	218	86	2,384	2,350	2,278	1.45%
Not stated or inadequately described												149	
Osteopath	34	529	1	166	34	40	979	56	26	1,865	1,769	1,676	5.43%
Female	16	220		70	22	26	591	28	13	986	921	525	7.06%
Male	18	309	1	96	12	14	388	28	13	879	848	594	3.66%
Not stated or inadequately described												557	
Pharmacist	469	8,769	212	5,536	2,033	679	6,985	3,046	553	28,282	27,339	26,548	3.45%
Female	312	5,240	132	3,350	1,216	376	4,169	1,872	348	17,015	16,223	15,232	4.88%
Male	157	3,529	80	2,186	817	303	2,816	1,174	205	11,267	10,952	10,605	2.88%
Not stated or inadequately described											164	711	-100.00%
Physiotherapist	489	7,578	173	4,823	2,175	426	6,412	3,207	840	26,123	24,703	23,501	5.75%
Female	346	5,245	120	3,295	1,441	309	4,417	2,317	592	18,082	16,476	15,516	9.75%
Male	143	2,333	53	1,528	734	117	19,95	890	248	8,041	7,078	6,539	13.61%
Not stated or inadequately described											1149	1,446	-100.00%
Podiatrist	52	1,076	17	698	394	98	1,318	427	49	4,129	3,873	3,690	6.61%
Female	27	640	9	421	236	63	825	267	27	2,515	2,049	1,662	22.74%
Male	25	436	8	277	158	35	493	160	22	1614	1,284	1,159	25.70%
Not stated or inadequately described											540	869	-100.00%
Psychologist	832	10,575	230	56,26	1,573	527	8,603	3,340	411	31,717	30,561	29,645	3.78%
Female	659	8,290	170	4,447	1,178	422	6,873	2,648	309	24,996	23,995	23,134	4.17%
Male	173	2,285	60	1,179	395	105	1,730	692	102	6,721	6,566	6,491	2.36%
Not stated or inadequately described												20	
Total	10,723	18,1025	6,650	117,622	51,352	13,572	160,286	64,015	14,264	619,509	592,470	548,528	4.56%

Notes:

1. Regulation of Chinese medicine and medical radiation practitioners started on 1 July 2012.
2. Practitioners who hold dual or multiple registration.
3. No principal place of practice (PPP) will include practitioners with an overseas address.

Table A7: Health practitioners with specialties at 30 June 2014

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total 2013/14	Total 2012/13	Total 2011/12	% change 2012/13-2013/14
Dental Practitioner	40	504	8	324	145	25	400	167	54	1,667	1,613	1,541	3.3%
Dento-maxillofacial radiology				8			1	2		11	9	9	22.2%
Endodontics	7	41		28	16	4	38	15	5	154	152	143	1.3%
Forensic odontology	2	6	1	2	4	2	5	5		27	28	26	-3.6%
Oral and maxillofacial surgery	5	53	2	45	15	4	51	20	6	201	195	185	3.1%
Oral medicine		8		6			13	5	4	36	31	31	16.1%
Oral pathology		7		5	3		5	2	3	25	23	24	8.7%
Oral surgery		39		3			4	1	1	48	48	45	0.0%
Orthodontics	13	186	4	116	54	12	136	54	22	597	585	569	2.1%
Paediatric dentistry	2	36		24	9		28	12	3	114	108	98	5.6%
Periodontics	5	57		45	16	3	55	28	5	214	203	192	5.4%
Prosthodontics	6	65	1	37	22		50	22	4	207	197	189	5.1%
Public health dentistry (community dentistry)		4		2	2		7	1		16	16	14	0.0%
Special needs dentistry		2		3	4		7		1	17	18	16	-5.6%
Medical Practitioner	1,159	19,244	521	11,682	4,945	1,386	15,449	5,822	963	61,171	59,433	57,056	2.9%
Addiction medicine	2	64	3	26	15	9	30	13	4	166	165	164	0.6%
Anaesthesia	74	1,345	40	899	357	111	1,081	479	109	4,495	4,317	4,055	4.1%
Dermatology	5	182	1	80	39	6	128	41	7	489	468	451	4.5%
Emergency medicine	31	383	31	349	101	41	394	187	50	1,567	1,419	1,264	10.4%
General practice	411	7,442	226	4,820	1,899	617	5,652	2,370	187	23,624	23,343	22,804	1.2%
Intensive care medicine	22	237	10	169	67	16	183	68	24	796	738	683	7.9%
Paediatric intensive care medicine							2			2			
No subspecialty declared	22	237	10	169	67	16	181	68	24	794			
Medical administration	15	102	7	83	16	4	65	32	7	331	323	316	2.5%
Obstetrics and gynaecology	30	545	14	353	134	38	497	158	45	1,814	1,749	1,681	3.7%
Gynaecological oncology		16		9	4	1	11	2		43	42	40	2.4%
Maternal-fetal medicine		13	1	7	3		9	5	1	39	39	36	0.0%
Obstetrics and gynaecological ultrasound		13		5	4		53	3	2	80	80	80	0.0%
Reproductive endocrinology and infertility		27		4	6	1	13	2		53	53	55	0.0%
Urogynaecology	1	10		6	1		8	4		30	29	28	3.4%
No subspecialty declared	29	466	13	322	116	36	403	142	42	1,569	1,506	1,442	4.2%
Occupational and environmental medicine	16	92	1	43	29	6	65	41	7	300	296	295	1.4%
Ophthalmology	12	354	5	160	71	20	225	75	13	935	909	879	2.9%
Oral and maxillofacial surgery											1	2	-100.0%
Paediatrics and child health	36	772	22	404	166	40	572	245	58	2,315	2,155	1,995	7.4%
Clinical genetics		15		1			5	1		22	17	12	29.4%
Community child health		16		9	2		7		1	35	22	10	59.1%
General paediatrics	28	583	17	315	128	31	437	173	32	1,744	1,681	1,635	3.7%
Neonatal and perinatal medicine	6	42		22	8	3	36	24	4	145	122	92	18.9%
Paediatric cardiology		5	1	5			5	4	2	22	19	18	15.8%

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total 2013/14	Total 2012/13	Total 2011/12	% change 2012/13-2013/14
Paediatric clinical pharmacology		1								1	1	1	0.0%
Paediatric emergency medicine		8		9	4		8	7	1	37	30	20	23.3%
Paediatric endocrinology	1	10		4	1		2	2		20	16	8	25.0%
Paediatric gastroenterology and hepatology		4		2	1		6	3	3	19	15	11	26.7%
Paediatric haematology		3		1			2	1		7	6	3	16.7%
Paediatric immunology and allergy		3		2	3		3			11	11	5	0.0%
Paediatric infectious diseases		4	1	3	1		6			15	12	7	25.0%
Paediatric intensive care medicine		4		1						5	3	2	66.7%
Paediatric medical oncology		7		3	1		4	2	1	18	12	10	50.0%
Paediatric nephrology		5								5	4	1	25.0%
Paediatric neurology		15		3	1	1	5	1	2	28	22	15	27.3%
Paediatric palliative medicine		1		1						2			
Paediatric rehabilitation medicine		4			1					5	5	2	0.0%
Paediatric respiratory and sleep medicine		9		6	1		3	4		23	17	11	35.3%
Paediatric rheumatology		3		2	1		3	2		11	8	3	37.5%
No subspecialty declared	1	30	3	15	13	5	40	21	12	140	132	129	6.1%
Pain medicine	2	82		53	30	8	42	30	4	251	238	220	5.5%
Palliative medicine	6	94	2	44	22	12	61	28	6	275	259	246	6.2%
Pathology	58	769	9	405	190	51	529	239	26	2,276	2,231	2,153	2.0%
Anatomical pathology (including cytopathology)	19	266	3	163	63	17	192	90	8	821	786	742	4.5%
Chemical pathology	2	23		15	8	2	20	15	4	89	86	84	3.5%
Forensic pathology		8	1	13	4	2	10	5		43	41	39	4.9%
General pathology	11	182	2	78	55	13	120	36	5	502	526	551	-4.6%
Haematology	10	156	2	79	35	12	128	34	4	460	440	408	4.5%
Immunology	6	46		12	10	1	19	17		111	106	97	4.7%
Microbiology	7	75	1	38	15	4	37	33	1	211	207	199	1.9%
No subspecialty declared	3	13		7			3	9	4	39	39	33	0.0%
Physician	176	2,806	66	1,520	818	166	2,632	742	163	9,089	8,707	8,234	4.4%
Cardiology	17	381	6	236	110	20	314	83	33	1,200	1,147	1,059	4.6%
Clinical genetics		33		7	9		16	5		70	69	66	1.4%
Clinical pharmacology		13		11	9		11	5	2	51	50	49	2.0%
Endocrinology	11	199	6	107	33	11	170	44	1	582	555	525	4.9%
Gastroenterology and hepatology	21	241	3	133	62	13	219	61	10	763	734	697	4.0%
General medicine	32	398	10	332	246	36	541	121	37	1,753	1,721	1,688	1.9%
Geriatric medicine	9	188	2	76	48	9	174	62	6	574	538	485	6.7%
Haematology	8	161	2	87	37	9	140	30	11	485	466	439	4.1%
Immunology and allergy	7	55	1	14	12	1	29	22	2	143	135	127	5.9%
Infectious diseases	8	88	12	51	26	7	140	28	8	368	339	308	8.6%
Medical oncology	9	158	2	92	42	9	201	36	4	553	509	445	8.6%

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total 2013/14	Total 2012/13	Total 2011/12	% change 2012/13-2013/14
Nephrology	9	155	12	77	26	10	148	34	11	482	443	412	8.8%
Neurology	11	187	1	69	33	7	171	40	7	526	502	481	4.8%
Nuclear medicine	7	100		32	26	6	58	19	1	249	245	236	1.6%
Respiratory and sleep medicine	11	191	4	121	52	12	154	55	10	610	583	552	4.6%
Rheumatology	8	113	1	46	36	7	98	30	8	347	333	320	4.2%
No subspecialty declared	8	145	4	29	11	9	48	67	12	333	338	345	-1.5%
Psychiatry	52	1,018	15	609	283	60	952	283	57	3,329	3,218	3,076	3.4%
Public health medicine	28	134	24	80	30	11	78	43	7	435	441	440	-1.4%
Radiation oncology	14	116	2	68	22	8	103	21	4	358	342	323	4.7%
Radiology	52	643	3	412	167	48	560	236	99	2,220	2,140	2,023	3.7%
Diagnostic radiology	41	568	3	351	151	43	458	204	83	1,902	1,850	1,772	2.8%
Diagnostic ultrasound		1					3			4	4	4	0.0%
Nuclear medicine	4	39		51	11	4	63	9	3	184	176	167	4.5%
No subspecialty declared	7	35		10	5	1	36	23	13	130	110	80	18.2%
Rehabilitation medicine	6	213	3	55	35	6	117	16	3	454	442	414	2.7%
Sexual health medicine	5	52	1	18	7	1	25	6		115	113	112	1.8%
Sport and exercise medicine	11	40	1	11	4	2	36	10		115	114	113	0.9%
Surgery	95	1,759	35	1,021	443	105	1,422	459	83	5,422	5,305	5,113	2.2%
Cardio-thoracic surgery	6	57		42	11	3	62	14	5	200	192	180	4.2%
General surgery	24	626	17	344	157	35	525	134	33	1,895	1,879	1,826	0.9%
Neurosurgery	7	75		42	15	4	61	21	1	226	220	207	2.7%
Oral and maxillofacial surgery	4	23	3	29	9	1	25	10	1	105	94	81	11.7%
Orthopaedic surgery	27	414	7	274	116	22	302	129	22	1,313	1,273	1,227	3.1%
Otolaryngology - head and neck surgery	8	160	3	88	42	9	113	43	8	474	467	451	1.5%
Paediatric surgery	4	34		13	9	2	26	8	2	98	97	92	1.0%
Plastic surgery	6	126	2	67	39	13	129	42	4	428	414	400	3.4%
Urology	6	129	1	79	29	10	105	39	1	399	386	360	3.4%
Vascular surgery	3	70	1	43	16	6	59	15	2	215	206	202	4.4%
No subspecialty declared		45	1				15	4	4	69	77	87	-10.4%
Podiatrist		5		1	4		3	13	1	27	26	23	3.8%
Podiatric Surgeon		5		1	4		3	13	1	27	26	23	3.8%
Total	1,199	19,753	529	12,007	5,094	1,411	15,852	6,002	1,018	62,865	61,072	58,620	2.9%

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 A8: Applications received by profession, registration type and state

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total 2013/14	Total 2012/13	Total 2011/12[1]
Aboriginal and Torres Strait Islander Health Practitioner [1]		20	23	13	9		3	16	1	85	87	26
General		20	22	13	9		3	16	1	84	87	26
Non-practising			1							1		
Chinese Medicine Practitioner [1]	8	281	3	113	30	5	193	29	34	696	1,104	4,804
General	6	267	3	93	30	5	171	27	22	624	1,052	4,055
Limited									1	1	3	749
Non-practising	2	14		20			22	2	11	71	49	
Chiropractor	1	133		42	9	4	104	56	21	370	436	507
General		119		36	9	3	88	50	13	318	361	363
Limited		2					4		1	7	13	9
Non-practising	1	12		6		1	12	6	7	45	62	134
Provisional												1
Dental Practitioner	20	527	6	325	177	16	451	205	180	1,907	2,129	2,281
General	15	367	5	251	145	12	325	134	145	1,399	1,460	1,606
General and specialist												11
Limited	1	96		46	16	1	83	44	4	291	430	416
Non-practising	1	41	1	21	6	2	22	16	23	133	130	190
Provisional												1
Specialist	3	23		7	10	1	21	11	8	84	109	57
Medical Practitioner	329	4,685	258	3,053	1,140	329	3,517	1,738	376	15,425	15,751	14,331
General	133	1,588	81	1,034	366	116	1,124	624	86	5,152	5,201	4,684
General (teaching and assessing)		2		2				2		6	13	26
General and specialist												192
Limited	59	1,111	65	529	255	66	697	413	94	3,289	3,439	3,823
Limited (public interest - occasional practice)					1					1	3	6
Non-practising	8	144	5	58	26	12	65	52	69	439	530	462
Provisional	94	1,137	60	852	282	89	959	345	24	3,842	3,630	3,337
Specialist	35	703	47	578	210	46	672	302	103	2,696	2,935	1,801
Medical Radiation Practitioner [1]	27	735	12	251	120	24	335	95	101	1,700	1,815	4,567
General	17	376	11	114	102	19	225	84	94	1,042	1,129	4,374
Limited		2								2	1	
Non-practising	3	27	1	9	13	1	20	7	4	85	63	
Provisional	7	330		128	5	4	90	4	3	571	622	193
Midwife	50	487	28	339	109	27	437	133	94	1,704	2,236	2,498
General	37	362	26	280	94	17	357	115	89	1,377	1,640	1,615
Non-practising	13	125	2	59	15	10	80	18	5	327	596	883
Nurse	281	5,931	217	4,853	2,177	480	6,167	2,422	1,619	24,147	25,585	32,295
General	244	5,619	202	4,615	2,062	450	5,829	2,307	1,551	22,879	23,970	29,900
Limited												7
Non-practising	37	312	15	238	115	30	338	115	68	1,268	1,615	2,388
Occupational Therapist [1]	26	644	8	372	200	20	554	334	46	2,204	2,717	6,628
General	22	533	5	286	161	18	466	279	37	1,807	2,353	6,568

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total 2013/14	Total 2012/13	Total 2011/12[1]
Limited	1	22	1	13	6		19	15	2	79	107	60
Non-practising	3	88	2	73	33	2	65	40	7	313	237	
Provisional		1					4			5	20	
Optometrist	4	65	1	51	27	7	72	15	20	262	253	280
General	4	56	1	47	26	7	68	14	12	235	194	236
Limited		3			1					4	4	1
Non-practising		6		4			4	1	8	23	55	43
Osteopath	6	45		15	3	2	129	5	6	211	197	219
General	5	31		13	2	1	108	4	3	167	159	154
Limited		2					1	1	3	7	6	19
Non-practising		11		1			19			31	32	46
Provisional	1	1		1	1	1	1			6		
Pharmacist	53	1,049	39	754	255	82	688	337	56	3,313	3,430	3,728
General	28	469	22	368	120	33	358	183	28	1,609	1,597	1,890
Limited	3	15	1	5	5	1	7	6	3	46	46	53
Non-practising		45		20	13	3	23	7	19	130	236	277
Provisional	22	520	16	361	117	45	300	141	6	1,528	1,551	1,508
Physiotherapist	36	639	11	439	247	22	517	337	84	2,332	2,409	2,434
General	35	582	7	392	196	16	424	293	58	2,003	1,922	1,909
Limited	1	31	4	27	36	6	54	16	9	184	302	265
Non-practising		26		20	15		39	28	17	145	184	260
Provisional											1	
Podiatrist		102	2	58	19	4	128	41	26	380	340	409
General		95	2	51	18	3	117	38	24	348	302	377
Non-practising		7		7	1	1	9	2	2	29	34	31
Provisional							1			1	1	
Specialist							1	1		2	3	1
Psychologist	128	1,176	29	698	216	69	1,197	486	54	4,053	4,624	4,348
General	54	477	13	271	82	28	506	193	21	1,645	1,822	2,077
Limited					1		1			2		2
Non-practising	15	123		68	20	7	87	58	16	394	540	763
Provisional	59	576	16	359	113	34	603	235	17	2,012	2,262	1,506
Total 2013/14	969	16,519	637	11,376	4,738	1,091	14,492	6,249	2,718	58,789		
Total 2012/13	1,155	18,333	831	11,819	5,198	1,282	16,459	7,275	761		63,113	
Total 2011/121	1,385	27,464	963	13,039	6,001	1,436	18,371	10,353	343			79,355

Notes:

1. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, commenced 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.

Table A9: Renewals at standard renewal cycle by proportion renewed online

	2013/14				2012/13	2011/12
Profession	Online	Other	Total	Online %	Online %	Online %
Aboriginal and Torres Strait Islander Health Practitioner	217	68	285	76.14	42.2	
Chinese Medicine Practitioner	3,712	232	3,944	94.12	83.2	
Chiropractor	4,229	297	4,526	93.44	83.1	77.6
Dental Practitioner	17,952	1,114	19,066	94.16	86.1	83.1
Medical Practitioner	80,789	5,651	86,440	93.46	88.1	85.8
Medical Radiation Practitioner	12,317	408	12,725	96.79	85.4	
Nurse and Midwife	336,594	12,117	348,711	96.50	95.3	91.6
Occupational Therapist	14,025	260	14,285	98.18	88.1	
Optometrist	4,378	178	4,556	96.09	90.7	89.4
Osteopath	1,604	102	1,706	94.02	85.3	85.9
Pharmacist	24,185	725	24,910	97.09	88.7	90.4
Physiotherapist	23,277	647	23,924	97.30	89.9	90.4
Podiatrist	3,589	204	3,793	94.62	86.6	84.2
Psychologist	25,098	894	25,992	96.56	88.6	87.6
Total	551,966	22,897	574,863	96.01	92.2	

Notes:

1. Provides details of practitioners who renewed as part of the annual renewal process for each profession (note that practitioners with limited registration or provisional registration normally have registration expiry dates which fall outside of the standard annual renewal cycle). Annual renewal dates for each profession are as follows:
   - September 30: Medical practitioners
   - November 30: Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners, chiropractors, dental practitioners, medical radiation practitioners, occupational therapists, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists, psychology practitioners
   - May 31: Nurses and midwives

Table: A10: Notifications received in 2013/14 by profession and issue category

	Aboriginal and Torres Strait Islander Health Practitioner		Chinese Medicine Practitioner		Chiropractor		Dental Practitioner		Medical Practitioner		Medical Radiation Practitioner		Midwife		Nurse		Occupational Therapist	
	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW
Behaviour			1		6	2	18	2	97	40	2	1	4		110	65	2	1
Billing				1	3	3	33	30	50	73			1					
Boundary violation			3	1	6	7	7	2	116	55		3	3		39	15		1
Clinical care	3		4		29	10	356	276	1,819	807	6	5	38	3	297	169	9	4
Communication			1	1	13	2	25	9	398	228	4		7		65	20	2	
Confidentiality			2		1		1	2	79	33	1		3		36	16	1	2
Conflict of interest					1		1		6	6								
Discrimination									6	8					1			
Documentation							6	8	172	114	1		5		40	5	4	
Health impairment	2			1	1		19	6	151	116		4	22		324	143	7	1
Infection/hygiene			1				8	13	9	7					1	3		
Informed consent							10	4	35	18					3			
Medico-legal conduct									50	22							2	
National Law breach			2	1	2	3	11	6	58	35			3		43	15		
National Law offence			3	1	7	3	5	5	42	17					14	11	1	
Offence	1			1	1	1	6	1	44	49			4		87	41		
Other			1		4		9	3	120	5			7		41		2	
Pharmacy/ medication				1	1		5	1	231	135			7		131	80		
Research/teaching/ assessment									8	1					3			
Response to adverse event						1		1	5	1					3	2		
Teamwork/ supervision							1		9	3			1		21	8	1	
Not recorded [1]					4		61		307		1		2		48		3	
Total 2013/14	6		18	8	79	32	582	369	3,812	1,773	15	13	107	3	1307	593	34	9

Notes:

1. The issue categorisation is based on initial information provided by the notifier. An issue category is not always identified by the notifier.
2. Data provided subsequent to publication of the 2012/13 annual report.

Optometrist		Osteopath		Pharmacist		Physiotherapist		Podiatrist		Psychologist		Not identified		Total 2013/14		Total 2012/13		Total 2011/12	
National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW[2]
2				6	5	3	1			13	11			264	128	235	96	189	88
1	5		1	4	8	2	4	2	2	13	3	1		110	130	107	112	69	120
1		1	1	6		3	2	1		18	17			204	104	231	110	160	142
13	13	3		8	5	41	12	15	3	48	48	5		2,694	1,355	2,054	1,313	1,774	1,402
8				19	10	5		5	2	52	17	1		605	289	295	262	303	159
				7	4	4		3	1	26	11			164	69	103	58	97	51
										5				13	6	25	2	10	8
				1										8	8	28	10	12	14
2	2			2	4	4	2	1		44	28	1		282	163	181	157	141	139
2				27	3	4	4	3	2	28	15			590	295	471	217	412	265
1	1				1			3	2					23	27	27	26	32	40
1	2									3	1			52	25	66	48	52	25
							1			13				65	23	62	12	73	10
			1	2	4	6				6	3			133	68	143	71	70	46
			2		9	4	2	1	1	5	6			82	57	69	61	78	50
			1	10	34	4	4	3		5	3			165	135	130	82	128	68
				11		14		1		20		2		232	8	157	34	116	
				205	105						1	1		581	323	429	348	373	265
										4				15	1	10	3	9	
											1			8	6	9	8	9	8
	2			5		4				2	3			44	16	42	11	30	30
10		1		9		4		3		14		10		477		733		479	48
41	25	5	6	322	192	102	32	41	13	319	168	21		6,811	3,236	5,607	3,041	4,616	2,978

Table A11: Notifications received in 2013/14 by profession and notification source

	Aboriginal and Torres Strait Islander Health Practitioner		Chinese Medicine Practitioner		Chiropractor		Dental Practitioner		Medical Practitioner		Medical Radiation Practitioner		Midwife		Nurse		Occupational Therapist	
	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW
AHPRA [2]				1				2		21		1				30		
Anonymous	1		1	1	4	2	9	1	60	12			6	1	72	26	1	
Council				1				6		57		1				25		
Courts/Coroner										6						3		
Drugs and poisons								1	38	21						2		
Education provider							3	1	7	8			1		6	7		
Employee								7		3		1				3		
Employer	1				1	1	15	4	130	33	3	2	27	2	412	155	7	5
Government department							1	1	41	11					19	14		
HCE	2		4		4		264		1431	1	3		19		160		4	
Health advisory service							1		8						2			
Hospital									2	2		1			10	5	1	
Insurance company					1	3	1	3	6	10								
Lawyer					1		1		26	15								
Medicare										1								
Member of Parliament									1						1			
Member of the public			2		11	3	14	10	155	48			3		49	47	3	1
Ombudsman															1			
Other board/council				1	1		2		17				1		11	1		
Other practitioner			1		18	3	26	5	285	64	3	3	25		197	32	2	2
Own motion	1				8		19		141				1		65		2	
Patient			6	3	24	15	189	277	986	937	4	3	13		60	73	9	1
Police						1		1	24	11					12	3		
Relative			1		2	2	22	44	303	363	1	1	3		60	84	2	
Self			1	1		2	8		52	26	1		6		97	41	3	
Treating practitioner			2				1	5	22	43			2		48	39		
Unclassified	1				4		6	1	77	80					25	3		
Total 2013/14	6		18	8	79	32	582	369	3812	1,773	15	13	107	3	1307	593	34	9

Notes:

1. Source of notification includes categories used in both the National Scheme and NSW, and some categories only used in either the National Scheme or NSW.
2. Relates only to notifications handled in NSW where AHPRA may receive a notification and refer it to the relevant Health Professionals Council.

Optometrist		Osteopath		Pharmacist		Physiotherapist		Podiatrist		Psychologist		Not identified		Total 2013/14		Total 2012/13		Total 2011/12	
National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW
							1				7				63		98		16
2	1			6		3				4	1	2		171	45	115	23	4	122
			2		9						3				104		63		45
					1										10		2		6
				15										53	24	65	11	33	17
				1		2	1			3				23	17	11	10	23	3
							2								16		21		12
				19	2	7		3	1	14	2			639	207	555	194	552	185
				7	22	2	1			4	7			74	56	98	89	127	64
18		2		21		18		10		19		16		1,995	1	1,857		1,250	1
				1		1				1				14		27	45	8	
						1					1			14	9	38	3	29	9
						1	4							9	20	3	12	6	4
				2										30	15	35	8	33	23
															1	1		2	
														2		1		2	
4			1	18	11	7		4	1	37	20	1		308	142	135	55	129	18
														1				3	
				2		2				2				38	2	144		110	79
2		1	1	54	7	7	1	11		47	30			679	148	633	185	560	190
1				26	18	4		1		16				285	18	3			
11	15	2	1	87	80	31	14	10	6	96	67	1		1,529	1,492	1,136	1,799	1,017	1,591
					3		1							36	20	44	8	19	12
2	9			40	34	5	1		4	50	28	1		492	570	341	320	379	486
			1	7	2	4	4	1	1	9	2			189	80	123	47	98	50
1				6	3	1	2			4				87	92	45			
				10		6		1		13				143	84	197	48	166	126
41	25	5	6	322	192	102	32	41	13	319	168	21		6,811	3,236	5,607	3,041	4,616	2,978

PART 7:
Glossary

Glossary

Accreditation

Accreditation of courses ensures that the education and training leading to registration as a health practitioner is rigorous and prepares the graduates to practise a health profession safely.

The accreditation authority may be a committee of a National Board, or a separate organisation. For more information, see page 163.

AHPRA

The Australian Health Practitioner Regulation Agency, established by section 23(1) of the National Law.

Caution

A formal caution may be issued by a National Board or an adjudication body. A caution is intended to act as a deterrent so that the practitioner does not repeat the conduct. A caution is not usually recorded on the national register. However, a National Board can require a caution to be recorded on the register of practitioners.

Condition

A National Board or an adjudication body can impose a condition on the registration of a practitioner or student, or on an endorsement of registration. A condition aims to restrict a practitioner's practice in some way, to protect the public.

Current conditions which restrict a practitioner's practice of the profession are published on the register of practitioners. When a National Board or adjudication body decides they are no longer required to ensure safe practice, they are removed and no longer published.

Examples of conditions include requiring the practitioner to:

- complete specified further education or training within a specified period
- undertake a specified period of supervised practice
- do, or refrain from doing, something in connection with the practitioner's practice
- manage their practice in a specified way
- report to a specified person at specified times about the practitioner's practice, or
- not employ, engage or recommend a specified person, or class of persons.

There may also be conditions related to a practitioner's health (such as psychiatric care or drug screening). The details of health conditions are not usually published on the register of practitioners.

Also see the definition of *Undertaking*.

Division

Part of a health profession. A practitioner can be registered in more than one division within a profession. Not all professions have divisions. For more information, see page 115.

Education provider

The name of the university, tertiary education institution, specialist medical or other health profession college that provides a program of study.

Endorsement

An endorsement of registration recognises that a person has an extended scope of practice in a particular area because they have an additional qualification that is approved by the National Board. There are a number of different types of endorsement available under the National Law, including:

- scheduled medicines[1]
- nurse practitioner
- acupuncture, and
- approved area of practice.

In psychology, these are divided into 'subtypes' which describe additional qualifications and expertise. An endorsement can include more than one 'subtype'.

See page 114 for further information.

Health impairment

Physical or mental impairment, disability, condition or disorder (including substance abuse or dependence), that detrimentally affects or is likely to detrimentally affect a registered health practitioner's capacity to safely practise the profession or a student's capacity to undertake clinical training.

Health complaints entity (HCE)

An entity:

- that is established by or under an Act of a participating jurisdiction, and
- whose functions include conciliating, investigating and resolving complaints made against health service providers and investigating failures in the health system.

1 For registered nurses, there is an additional endorsement subtype to supply scheduled medicines (rural and isolated practice).

Immediate action

Immediate action can include:

- the suspension, or imposition of a condition on, the registered health practitioner's or student's registration, or
- accepting an undertaking from the registered health practitioner or student, or
- accepting the surrender of the registered health practitioner's or student's registration.

Issue/s

Concerns about the registered practitioner's health, performance, or conduct, related to events/behaviour raised within a notification. Also applies to concerns about a student's health.

Mandatory notifications

Notification that an entity is required to make to AHPRA under Division 2 of Part 8 of the National Law.

Ministerial Council

Australian Health Workforce Ministerial Council comprising Commonwealth, state and territory health ministers, which oversees the National Scheme.

National Board

Appointed by Ministerial Council to regulate the profession in the public interest and meet the responsibilities set down in the National Law. National Board members and/or state board members and/or committee members are delegated the functions/powers of the National Board.

National Law

The Act, adopted in each state and territory, setting out the provisions of the Health Practitioner Regulation National Law. The National Law has been adopted by the parliament of each state or territory through adopting legislation. The National Law is generally consistent in all states and territories. New South Wales did not adopt Part 8 of the National Law.

National Scheme

The National Registration and Accreditation Scheme for registered health practitioners, established by the Council of Australian Governments (COAG). In 2010, under the National Law, 10 professions became nationally regulated by a corresponding National Board. In 2012, four additional professions joined the National Scheme.

Notation

Records a limitation on the practice of a registrant. Used by National Boards to describe and explain the scope of a practitioner's practice by noting the limitations on that practice. The notation does not change the practitioner's scope of practice but may reflect the requirements of a registration standard.

Notifiable conduct

The registered health practitioner has:

- practised the practitioner's profession while intoxicated by alcohol or drugs
- engaged in sexual misconduct in connection with the practice of the practitioner's profession
- placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment, or
- placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.

Notification

Anyone can make a notification (complaint) about a registered health practitioner. This is the way to raise a concern about a practitioner's professional conduct, performance or health. More detailed information about notifications is published on the *Notifications & Outcomes* page: on our website. Notifications can be made by contacting AHPRA on 1300 419 495.

Notifications may be investigated by National Boards. A National Board may decide to take action about the notification if:

- the practitioner has been found to have engaged in unprofessional conduct or professional misconduct
- the practitioner has been found to have engaged in unsatisfactory professional performance, or
- the practitioner's health is impaired and their practice may place the public at risk.

The Boards are 'notified' of an issue. The word 'notification' is deliberate and reflects that the Boards are not complaint resolution agencies. Health practitioner regulation is a protective jurisdiction. The role of the National Boards is to protect the public by dealing with practitioners who may be putting the public at risk as a result of their conduct, professional performance or health.

Practice

This definition of practice is used in a number of National Board registration standards.

It means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.

Some National Boards have also issued guidance about when practitioners need to be registered.

Principal place of practice

Location declared by the practitioner as the address at which they mostly practise the profession. If the practitioner is not practising, or not practising mostly at one address, then the practitioner's principal place of residence is used instead.

If the location of the principal place of practice is in Australia, the following information is displayed on the registers of practitioners:

- suburb
- state
- postcode
- country.

If the location is outside Australia, the following information is displayed on the registers of practitioners:

- international state/province
- international postcode
- country.

In rare cases, when a practitioner has demonstrated that their health and safety may be at risk from the publication of this information about their principal place of practice, a National Board may choose to not publish this information.

Profession

Name of the profession being practised by a practitioner.

Qualifications

Professional qualifications that a practitioner must have to meet the requirements for registration in a profession. Undergraduate and postgraduate Australian qualifications recognised by National Boards are published on the National Board's websites.

Individual practitioner's approved qualifications are published on the register of practitioners.

Registered health practitioner

An individual who:

- is registered under the National Law to practise a health profession, other than as a student
- was, but is no longer, registered in a health profession under the National Law, or
- holds a non-practising registration in a health profession under the National Law.

Registration expiry date

Date when a practitioner's current registration expires. Practitioners must apply to renew their registration annually. If the practitioner's name appears on the register, they are registered and can practise within the scope of their registration and consistent with any conditions or undertakings that apply.

Under the National Law, registrants who apply to renew on time are able to practise while their annual renewal application is being processed.

Practitioners remain registered for one month after their registration expiry date. If they apply to renew their registration during this period, they are required to pay a late fee and are able to continue to practise while their application is being processed.

Registration number

Since March 2012, practitioners have been allocated one unique registration number for each profession in which they are registered. This number stays with the practitioner for life, even if they have periods when they are not registered. Practitioners registered in more than one profession have one registration number for each profession.

Registration status

The status of a registration can be:

- Registered: The practitioner is registered to practise.
- Suspended: The registration has been suspended and the practitioner is not permitted to practise while suspended. The practitioner's name is published on the register of practitioners.
- Cancelled: The registration has been cancelled and the practitioner is not permitted to practise. The practitioner's name is not published on the register of practitioners but is published on the list of cancelled practitioners.

Registration type

The National Law defines the type of registration that a National Board can grant to an eligible practitioner. See page 105 for details of the different types of registration.

Reprimand

A reprimand is a chastisement for conduct; a formal rebuke. Reprimands issued since the start of the National Scheme (1 July 2010 or 18 October 2010 in WA) are published on the registers of practitioners.

Specialty

There are currently three professions with specialist registration under the National Law: podiatry, dental and medicine. The Ministerial Council is responsible for approving a list of specialties for each profession and for approving one or more specialist titles for each specialty on the list. The National Boards each decide the requirements for specialist registration in their profession.

Requirements for specialist registration vary across the professions that have specialist recognition (medical, dental and podiatry).

Student

A person whose name is entered in a student register as being currently registered under the National Law.

Suspension

If a practitioner's registration is suspended, they are not eligible to practise. A tribunal has the power to suspend a practitioner's registration as a result of a hearing. A National Board also has the power to suspend a practitioner's registration pending other assessment or action, if it believes there is serious risk to the health and safety of the public from the practitioner's continued practice of the profession, and that suspension is necessary to protect the public from that risk. A health panel can suspend a practitioner's registration if the panel finds that the practitioner (or student) has an impairment and it is necessary to suspend the practitioner's registration to protect the public.

Undertaking

National Boards can seek and accept an undertaking from a practitioner to limit the practitioner's practice in some way if this is necessary to protect the public. The undertaking means the practitioner agrees to do, or to not do, something in relation to their practice of the profession. Current undertakings which restrict a practitioner's practice of the profession are published on the register of practitioners. When a National Board or adjudication body decides they are no longer required to ensure safe practice, they are revoked and are no longer published. Current undertakings which relate to a practitioner's health are mentioned on the national register but details are not provided.

An undertaking is voluntary, whereas a condition is imposed on a practitioner's registration.

Unprofessional conduct

Professional conduct that is of a lesser standard than that which might reasonably be expected of the health practitioner by the public or the practitioner's professional peers. A more extensive definition is available under section 5 of the National Law.

Each profession has a set of standards and guidelines which clarify the acceptable standard of professional conduct.

Unsatisfactory professional performance

The knowledge, skill or judgement possessed, or care exercised by, the practitioner in the practice of the health profession in which the practitioner is registered is below the standard reasonably expected for a health practitioner of an equivalent level of training or experience.

Voluntary notification

A notification made on a voluntary basis. The grounds for a voluntary notification are set out in section 144 of the National Law.

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22 Harry Chan Ave
Darwin NT 0800

QUEENSLAND

Level 18
179 Turbot St
Brisbane QLD 4000

SOUTH AUSTRALIA

Level 8
121 King William St
Adelaide SA 5000

TASMANIA

Level 12
86 Collins St
Hobart TAS 7000

VICTORIA

Level 8
111 Bourke St
Melbourne VIC 3000

WESTERN AUSTRALIA

Level 1
541 Hay St
Subiaco WA 6008