

AHPRA Performance Report

Victoria

April-June 2016



Australian Health Practitioner Regulation Agency

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

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Introduction

The Australian Health Practitioner Regulation Agency (AHPRA) works with the National Boards of 14 health professions to protect the public by regulating health practitioners efficiently and effectively in the public interest to facilitate access to safer healthcare. We believe in the importance of reporting regularly on our performance. This aims to provide clear information about what we do and how well we do it and to help us to continue to improve our services. Further information about our work is available at www.ahpra.gov.au.

What does this report cover?

This quarterly performance report summarises data for each state and territory over a three month period. It covers our main areas of activity – managing registration, managing notifications and offences against the National Law, and monitoring health practitioners and students with restrictions on their registration. Wherever possible, data for each state or territory are shown as a percentage of national activity.

The report is divided into sections. Section One covers data on registration management. Section Two covers data on notifications management. Section Three covers data on statutory offences. Section Four covers data on monitoring of practitioners with restrictions in their registration.

Data for each state and territory are reported in terms of the principal place of practice of a registered health practitioner. Each registered health practitioner must nominate a principal place of practice. This appears on the national register.

As this is a report of the performance of AHPRA and the National Boards, national activity data for notifications does not include matters managed in NSW. Notifications arising in NSW are managed by the relevant Health Professional Council and the Health Care Complaints Commission. All national notifications data in this report excludes matters managed in NSW.

From 1 July 2014, all complaints about Queensland health practitioners are made to Office of the Health Ombudsman. The Health Ombudsman takes responsibility for certain complaints, including serious complaints relating to the health, conduct and performance of health practitioners. The Health Ombudsman determines which complaints go to AHPRA and the National Boards after assessing their severity. This report only includes data about matters which have been referred by the Health Ombudsman. It does not include data about matters managed by the Office of the Health Ombudsman in Queensland.

How to use this report

The data presented in this report can be used to compare data reported within each state and territory to national activity. It can provide data for research and enable triangulation with other data sources.

AHPRA's reporting of its activity and performance is evolving. We welcome any feedback about our performance and our reporting approach. Your contribution can help ensure the continued value of our future reports. You can provide feedback by email: reportingfeedback@ahpra.gov.au.

Registration management

Practitioners in 14 health professions are registered by AHPRA across Australia. Information about the registration status of registered health practitioners is available through the online register at <http://www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx>.

Registration is not conferred automatically – people must apply for registration and renew it each year. The requirements of registration vary between professions, but in general health practitioners must hold appropriate qualifications, be of good character, practise to certain standards, hold appropriate insurance and undertake continuing professional development.

Registration is conferred by the National Board of each health profession (see Table 1 for list of health professions). The National Boards are supported by AHPRA in their work to set professional standards and protect public safety.

AHPRA maintains a free online register of all registered health practitioners at www.ahpra.gov.au.

Registrants

The number of health professionals registered at the end of the latest quarter is shown in Table 1.

Table 1: Total number of registrants, by profession

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	National (incl NSW)
Aboriginal and Torres Strait Islander Health Practitioner	4	106	210	103	52	3	11	98		587
Chinese Medicine Practitioner	66	1,953	17	862	183	33	1,289	254	105	4,762
Chiropractor	67	1,736	23	818	373	57	1,328	602	163	5,167
Dental Practitioner	402	6,580	153	4,326	1,800	356	4,972	2,548	604	21,741
Medical Practitioner	2,042	33,236	1,177	20,949	7,858	2,236	26,061	10,756	2,864	107,179
Medical Radiation Practitioner	264	5,089	112	3,061	1,161	311	3,740	1,325	240	15,303
Midwife	120	903	73	770	522	22	1,181	385	146	4,122
Nurse	5,382	95,076	3,785	67,703	30,764	8,212	91,129	34,664	9,672	346,387
Nurse and Midwife	579	8,742	520	6,019	2,123	646	7,769	2,968	333	29,699
Occupational Therapist	335	5,167	175	3,544	1,430	285	4,521	2,626	221	18,304
Optometrist	75	1,743	30	1,031	280	85	1,315	417	166	5,142
Osteopath	34	572	3	190	37	42	1,109	62	45	2,094
Pharmacist	516	9,171	217	5,843	2,142	701	7,360	3,163	604	29,717
Physiotherapist	539	8,408	165	5,349	2,289	450	7,060	3,475	1,120	28,855
Podiatrist	61	1,268	24	780	427	104	1,481	442	68	4,655
Psychologist	876	11,236	229	6,028	1,678	580	9,152	3,599	529	33,907
Total	11,362	190,986	6,913	127,376	53,119	14,123	169,478	67,384	16,880	657,621

Note:

Registered health practitioners must nominate their principal place of practice in Australia, known as their PPP. This information appears in the online register. Practitioners who do not have a PPP have typically maintained their registration in Australia but are not currently in Australia.

Applications for registration

People who are becoming registered for the first time in Australia, or those who are re-registering after a period of absence, must make an application for registration and demonstrate that they meet the requirements. AHPRA is able to approve registration on behalf of the National Boards if the applications are straightforward.

If the applications are complex, they go to the appropriate National Board delegate for consideration.

Table 2 shows the number of new applications for registration finalised in the latest quarter, by profession.

There are a number of possible outcomes for a health practitioner applying for registration. While the majority of applicants have their applications approved, some applications are refused because the required standards are not met. Applicants can be registered, but in a type of registration different to that which they applied for. They can also have their application approved with conditions – for example, some practitioners will be required to practise under supervision for an initial period. In some cases, applicants withdraw their application.

Table 3 shows the outcome of new applications finalised in the latest quarter.

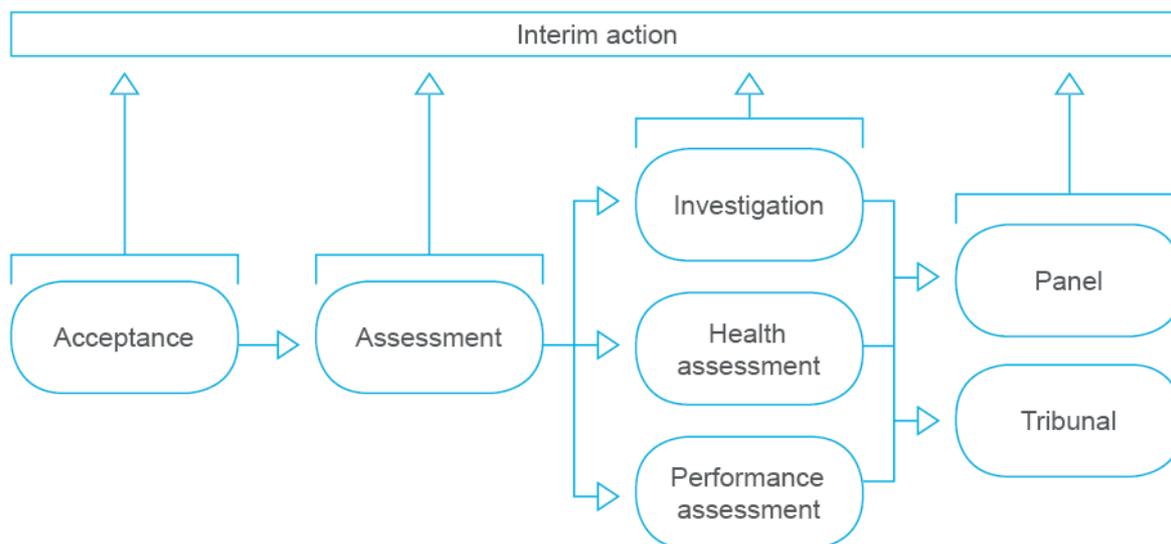
Table 2: Applications for registration finalised, by profession

Profession	Vic	National (incl NSW)	% of national
Aboriginal and Torres Strait Islander Health Practitioner	1	51	2%
Chinese Medicine Practitioner	36	195	18%
Chiropractor	15	48	31%
Dental Practitioner	28	141	20%
Medical Practitioner	377	1,630	23%
Medical Radiation Practitioner	12	157	8%
Midwife	75	378	20%
Nurse	1,194	5,206	23%
Occupational Therapist	70	255	27%
Optometrist	3	18	17%
Osteopath	11	25	44%
Pharmacist	63	344	18%
Physiotherapist	53	273	19%
Podiatrist	5	43	12%
Psychologist	329	1,271	26%
Total	2,272	10,035	23%

Table 3: Applications for registration finalised, by outcome

Outcome	Vic	National (incl NSW)	% of national
Register	1,914	7,999	24%
Register with conditions	77	392	20%
Register in a type other than applied for	2	18	11%
Register in a type other than applied for with conditions	5	33	15%
Refuse application	97	634	15%
Withdrawn	170	909	19%
Other	7	50	14%
Total	2,272	10,035	23%

Notifications management



Anyone can make a complaint about a registered health practitioner's [health, performance or conduct](#). This is called a 'notification' because AHPRA and the National Boards are 'notified' about concerns or complaints. Queensland is an exception – it uses the term 'complaint'. Notifications are made to AHPRA, which manages them to a certain point on behalf of the National Boards.

Once a notification has been received we need to decide whether we can accept it. In order for us to be able to accept the notification, it must relate to a health practitioner or student registered by the Board and relate to a matter that is a ground for a notification. In consultation with the health complaints entity, we will also consider whether it could also be made to a health complaints entity. A list of the health complaints entities in each state and territory is outlined later in the report in Table 10.

When accepting a notification and in every other step of our processes, we consider whether there is a serious risk to the public that requires us to take interim action to protect the public. (This is known as immediate action in the National Law).

If the notification is found to be a matter that AHPRA and National Boards could deal with, we assess it and decide what we should do with it. Assessment can lead to a range of actions, including:

- a decision to take no further action
- a decision to caution the practitioner
- a decision to accept an undertaking from the practitioner
- a decision to impose conditions on the practitioner's registration
- a decision to pass the notification to a health complaints entity.

The assessment can also result in a decision to take further actions, such as:

- further investigation of the matter
- a health assessment
- a performance assessment
- a referral to a panel
- a referral to a tribunal.

Volume of notifications

Table 4 shows the number of notifications received in the latest quarter, by profession.

Table 5 shows the number of notifications closed in the latest quarter, by profession.

Table 4: Notifications received, by profession

Profession	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			-
Chinese Medicine Practitioner	6	10	60%
Chiropractor	10	21	48%
Dental Practitioner	28	115	24%
Medical Practitioner	296	862	34%
Medical Radiation Practitioner	3	11	27%
Midwife	10	26	38%
Nurse	92	365	25%
Occupational Therapist	3	9	33%
Optometrist		4	0%
Osteopath	3	4	75%
Pharmacist	35	86	41%
Physiotherapist	3	17	18%
Podiatrist	5	17	29%
Psychologist	36	83	43%
Yet to be coded*	3	8	38%
Total	533	1,638	33%

Note:

*This report provides a snapshot of a point in time. Details of the notification may not have been entered into the system or were not available at that time.

Table 5: Notifications closed, by profession

Profession	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner		2	0%
Chinese Medicine Practitioner	5	13	38%
Chiropractor	5	17	29%
Dental Practitioner	40	120	33%
Medical Practitioner	284	932	30%
Medical Radiation Practitioner	4	9	44%
Midwife	5	26	19%
Nurse	116	334	35%
Occupational Therapist	5	14	36%
Optometrist		2	0%
Osteopath	3	4	75%
Pharmacist	45	84	54%
Physiotherapist	6	16	38%
Podiatrist	5	13	38%
Psychologist	37	78	47%
Yet to be coded*	4	9	44%
Total	564	1,673	34%

Note:

* This report provides a snapshot of a point in time. Details of the notification may not have been entered into the system or were not available at that time.

At any time, there are notifications at different stages. Table 6 shows the number of open notifications at each stage of the process, as at the end of the latest quarter.

AHPRA aims to reduce the number of open notifications in a timely way. Table 7 shows the change in the number of open notifications over the latest quarter.

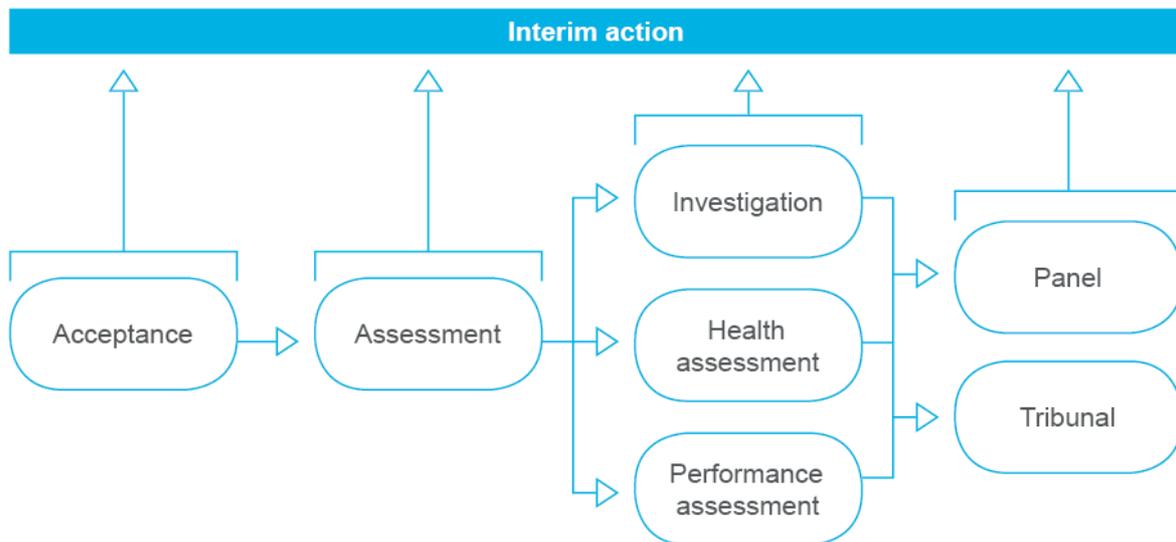
Table 6: Stage of open notifications at the end of the latest quarter

Stage	Vic	National	% of national
Assessment	297	1,029	29%
Investigation	600	2,131	28%
Health assessment	68	249	27%
Performance assessment	37	62	60%
Referred to a Panel	18	56	32%
Referred to a Tribunal	62	260	24%
Total	1,082	3,787	29%

Table 7: Change in open notifications, by number and percentage

Status	Vic	National
Open at start of quarter	1,114	3,822
Received	533	1,638
Closed	564	1,673
Open at end of quarter	1,082	3,787
Change (no.)	▼ 31	▼ 35
Change (%)	▼ 3%	▼ 1%

Note: Where a practitioner changes their PPP during the reporting period, this is not reported as a closure.



Interim actions

Notifications identify concerns about a practitioner. From the time that we first receive a notification, we evaluate the types and magnitude of risks that a practitioner might pose to the public. This has a significant influence on how we manage the notification.

If a notification discloses a serious risk to the public, National Boards have the power to take interim action (this is known as immediate action in the National Law). They follow the principles of procedural fairness by informing the health practitioner, who has the opportunity to make submissions to the National Board.

Nevertheless, these interim actions can occur with or without the cooperation of the health practitioner. They can take place at any time once the notification has been received. They do not end the matter – they protect the public while the orderly process of managing the notification continues.

As a result of an interim action, National Boards can:

- accept an undertaking by the health practitioner
- impose conditions on the health practitioner’s registration
- suspend the registration of the health practitioner pending further investigation
- accept the surrender of registration by the health practitioner.

Changes to registration as a result of interim action are published to the online register of practitioners.

Table 8 shows the outcome of interim actions taken by National Boards in the latest quarter.

Table 9 shows the median time taken for such actions. Median time is the measure used to allow international comparisons.

Table 8: Interim actions taken, by outcome

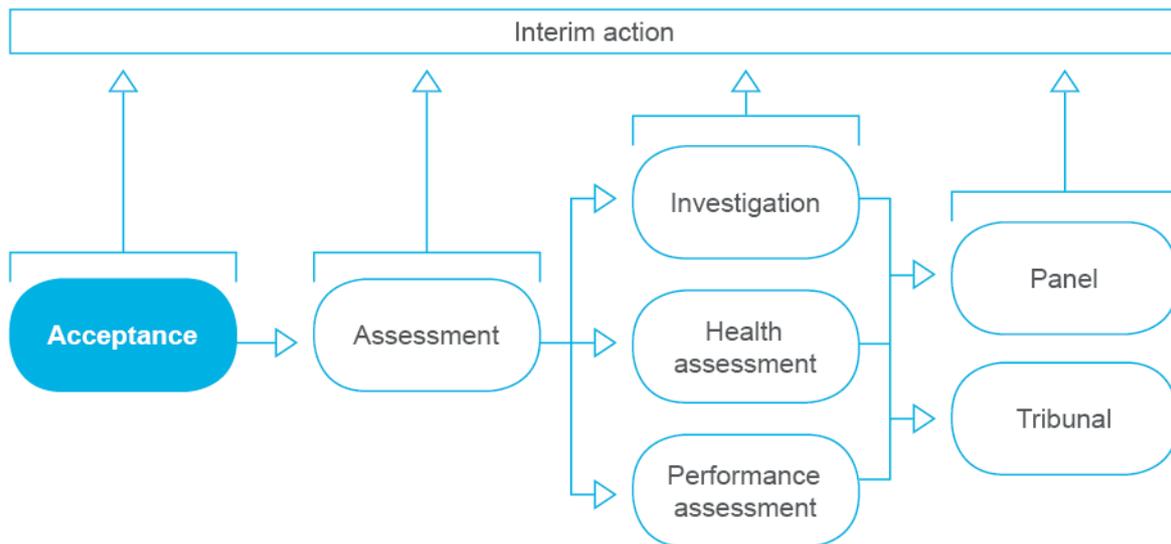
Outcome	Vic	National	% of national
Board accepts undertaking by the practitioner	2	17	12%
Board imposes conditions on practitioner's registration	10	69	14%
Board suspends practitioner	11	26	42%
Practitioner surrenders registration	1	1	100%
Total	24	113	21%

Table 9: Interim actions taken, by time frame

Time frame	Vic	National
Median days	8	6

Note:

Median time is calculated from the time that AHPRA identifies information that suggests interim action might be necessary. It ends when the National Board decides to take interim action, having first allowed the practitioner a reasonable time to show cause as to why the proposed action is or is not necessary.



Acceptance

When accepting a notification, AHPRA appraises:

- whether or not the notification relates to a person who is a health practitioner or a student registered by the Board
- whether or not the notification relates to a matter that is a ground for notification, and
- whether or not the notification could also be made to a health complaints entity.

This reflects the requirements of the National Law, and is known as a preliminary assessment.¹

Nationally, during the quarter, over 98% of these preliminary assessments were completed within the 60 days required by the National Law.

A list of the health complaints entities in each state and territory is outlined below in Table 10.

If the notification isn't about a registered health practitioner, or doesn't relate to a ground for notification, then it can't be accepted for management by AHPRA. Table 11 shows the number of notifications which were accepted, by profession, in the latest quarter.

Table 12 shows how many notifications were accepted for management by AHPRA and how many were not accepted in the latest quarter.

¹ The Health Practitioner Regulation National Law, as in force in each state and territory.

Table 10: Health complaints entities in each state and territory

State/territory	Health complaints entity
New South Wales	Health Care Complaints Commission
Australian Capital Territory	ACT Human Rights Commission
Northern Territory	Health and Community Services Complaints Commission
Queensland	Office of the Health Ombudsman
South Australia	Health and Community Services Complaints Commission
Tasmania	Health Complaints Commissioner
Victoria	Office of the Health Services Commissioner
Western Australia	Health and Disability Services Complaints Office

Table 11: Notifications considered for acceptance, by profession

	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			-
Chinese Medicine Practitioner	5	11	45%
Chiropractor	21	52	40%
Dental Practitioner	77	182	42%
Medical Practitioner	616	1,212	51%
Medical Radiation Practitioner	4	15	27%
Midwife	8	24	33%
Nurse	108	391	28%
Occupational Therapist	3	10	30%
Optometrist	5	9	56%
Osteopath	1	3	33%
Pharmacist	48	100	48%
Physiotherapist	6	22	27%
Podiatrist	4	17	24%
Psychologist	51	104	49%
Yet to be coded*	49	99	49%
Total	1,006	2,251	45%

Note:

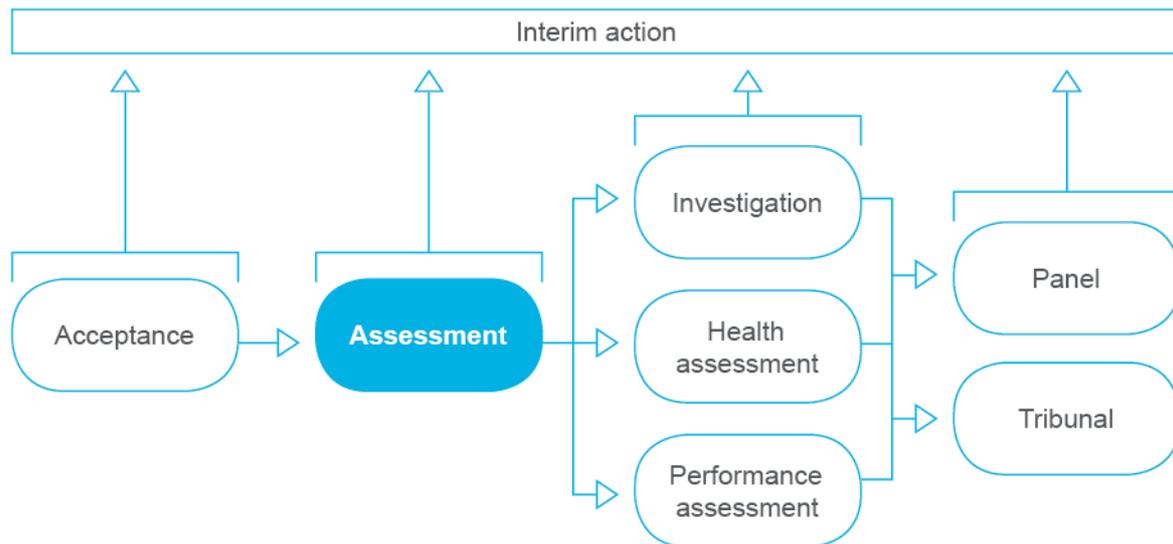
This report provides a snapshot of a point in time. Details of the notification may not have been entered into the system or were not available at that time.

Table 12: Outcome of acceptance process

Outcome	Vic	National	% of national
Accepted for management by AHPRA	590	1,711	34%
Not accepted as a notification	545	714	76%
Total	1,135	2,425	47%

Note:

Matters can include notifications as well as statutory offences.



Assessment

AHPRA conducts an assessment to see if the concerns raised can be quickly and easily addressed. If not, it aims to make sure they are dealt with in the most effective way possible.

AHPRA may ask the person who made the notification for more information. It will usually send the health practitioner a copy of the notification and ask them to respond. This is not done if it would:

- prejudice an investigation
- place a person's safety at risk, or
- place a person at risk of intimidation.

AHPRA then passes on all relevant information to the National Board so it can make a decision about what to do. National Boards have the power to:

- take no further action
- caution the practitioner
- accept an undertaking from the practitioner
- impose conditions on the practitioner's registration
- refer the matter to another entity
- investigate the matter further
- require the practitioner to undergo a health or performance assessment
- refer the matter for hearing by a panel, or
- refer the matter for hearing by a tribunal.

Information about these potential outcomes is available at www.ahpra.gov.au/Notifications/The-notifications-process/Possible-outcomes.

We aim to complete assessments within 60 days, but the process can take longer if a National Board proposes to caution the practitioner, impose conditions on a practitioner's registration or accept an undertaking from a practitioner. In those circumstances, a final decision cannot be made until a practitioner has an opportunity to *show cause* as to why the National Board should or should not proceed with its proposal.

Table 13 shows the number of assessments completed, by profession.

Table 14 shows the timeliness of the completion of the assessment.

Table 15 shows the outcomes of the assessments completed.

Table 16 shows how long assessments that were open at the end of the latest quarter had been open.

Table 13: Assessments completed, by profession

Profession	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner		1	0%
Chinese Medicine Practitioner	4	12	33%
Chiropractor	12	22	55%
Dental Practitioner	38	128	30%
Medical Practitioner	273	991	28%
Medical Radiation Practitioner	2	10	20%
Midwife	6	23	26%
Nurse	95	358	27%
Occupational Therapist	3	12	25%
Optometrist		4	0%
Osteopath	3	4	75%
Pharmacist	37	70	53%
Physiotherapist	6	20	30%
Podiatrist	4	10	40%
Psychologist	40	84	48%
Not yet coded*	7	12	58%
Total	530	1,761	30%

Note:

*This report provides a snapshot of a point in time. Details of the notification may not have been entered into the system or were not available at that time.

Table 14: Assessments completed, by time frame

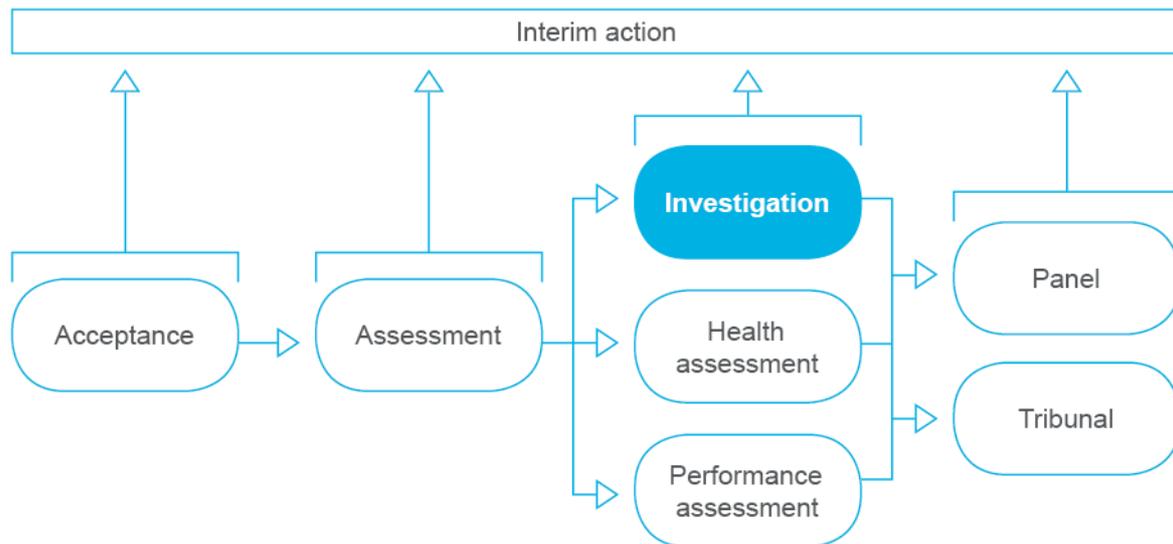
Time frame	Vic	National	% of national
Completed in ≤ 60 days	262	843	31%
Completed in > 60 days but ≤ 90 days	144	391	37%
Completed in > 90 days	68	329	21%
Completed following a show cause process	56	198	28%
Total	530	1,761	30%

Table 15: Assessments completed, by outcome

Outcome	Vic	National	% of national
Outcome of decision to close the notification			
No further action	284	818	35%
Board cautions practitioner	42	127	33%
Board accepts undertaking by the practitioner	3	8	38%
Board imposes conditions on practitioner's registration	9	51	18%
Assessment to be done by health complaints entity	3	19	16%
Other	28	31	90%
Outcome of decision to take the notification further			
Investigation by AHPRA	135	616	22%
Health or performance assessment	13	65	20%
Referral to a panel	2	3	67%
Referral to a tribunal		2	0%
Other	11	21	52%
Total	530	1,761	30%

Table 16: Assessments open at the end of the latest quarter, by time frame

Time frame	Vic	National	% of national*
Open for ≤ 60 days	236	697	34%
Open for > 60 days but ≤ 90 days	9	79	11%
Open for > 90 days	16	98	16%
Subject to a show cause process	36	155	23%
Total	297	1,029	29%



Investigation

A National Board may decide to investigate a health practitioner or student if it receives a notification or for any other reason believes that:

- the practitioner or student has, or may have, an impairment
- the way the practitioner practises is, or may be, unsatisfactory
- the practitioner's conduct is, or may be, unsatisfactory.

Not every notification lodged is investigated, and not every investigation arises from a notification. A National Board has the power to initiate an investigation without a notification. 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 National 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.

After an investigation, a National Board may decide to:

- take no further action
- caution the practitioner
- accept an undertaking from the practitioner
- impose conditions on the practitioner's registration
- refer the matter to another entity
- require the practitioner to undergo a health or performance assessment
- refer the matter for hearing by a panel, or
- refer the matter for hearing by a tribunal.

We aim to complete investigations in under six months. But sometimes gathering the information needed to complete the investigation is complex, and the investigation takes longer. All investigations are reviewed at six, nine and 12 months to make sure that the information we are gathering is necessary to resolve the investigation.

Table 17 shows the number of the investigations completed in the latest quarter, by profession.

Table 18 shows the timeliness of those completed investigations.

Table 19 shows the outcomes of the investigations completed in the latest quarter.

Table 20 shows how long investigations that were open at the end of the latest quarter had been open.

Table 17: Investigations completed, by profession

Profession	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner		2	0%
Chinese Medicine Practitioner	1	1	100%
Chiropractor	1	8	13%
Dental Practitioner	11	43	26%
Medical Practitioner	72	256	28%
Medical Radiation Practitioner	1	2	50%
Midwife	2	9	22%
Nurse	46	139	33%
Occupational Therapist	6	10	60%
Optometrist			-
Osteopath			-
Pharmacist	8	22	36%
Physiotherapist	3	5	60%
Podiatrist		2	0%
Psychologist	11	21	52%
Not yet coded*			-
Total	162	520	31%

Note:

*This report provides a snapshot of a point in time. Details of the notification may not have been entered into the system or were not available at that time.

Table 18: Investigations completed, by time frame

Time frame	Vic	National	% of national
Completed in ≤ 6 months	51	148	34%
Completed in > 6 months but ≤ 12 months	50	162	31%
Completed in > 12 months but ≤ 18 months	37	107	35%
Completed in > 18 months	24	103	23%
Total	162	520	31%

Table 19: Investigations completed, by outcome

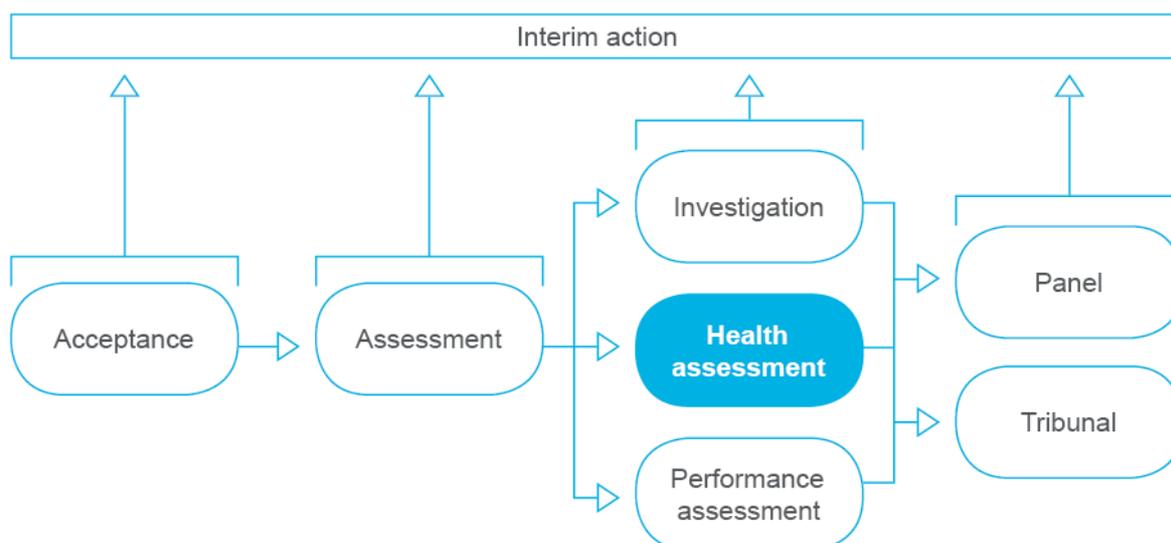
Outcome	Vic	National	% of national
Outcome of decision to close the notification			
No further action	92	263	35%
Board cautions practitioner	20	73	27%
Board accepts undertaking by the practitioner	6	21	29%
Board imposes conditions on practitioner's registration	18	57	32%
Other		2	0%
Outcome of decision to take the notification further			
Health or performance assessment	15	42	36%
Referral to a panel	7	20	35%
Referral to a tribunal	4	38	11%
Other		4	0%
Total	162	520	31%

Table 20: Investigations open at the end of the latest quarter, by time frame

Time frame	Vic	National	% of national
Open for ≤ 6 months	275	1,134	24%
Open for > 6 months but ≤ 12 months	169	571	30%
Open for > 12 months but ≤ 18 months	76	221	34%
Open for > 18 months	80	205	39%
Total	600	2,131	28%

Note:

Interim action may be taken at any time during the notifications process, including the investigation stage, to protect the public from a practitioner who poses a serious risk to the public.



Health assessment

A National Board may require a health practitioner or student to undergo a health assessment if it believes that the practitioner or student has or may have an impairment that affects their capacity to practise.

The results of the health assessment are discussed with the health practitioner. This allows an honest discussion of any adverse findings, and ways to deal with them. It also gives the health practitioner the chance to discuss any recommendations made by the assessor.

After a health assessment, a National Board may decide to:

- take no further action
- caution the practitioner
- accept an undertaking from the practitioner
- impose conditions on the practitioner's registration
- refer the matter to another entity
- investigate the matter further
- require the practitioner to undergo a performance assessment
- refer the matter for hearing by a panel, or
- refer the matter for hearing by a tribunal.

Table 21 shows the number of health assessments completed in the latest quarter, by profession.

Table 22 shows the timeliness of those health assessments completed.

Table 23 shows the outcomes of the health assessments completed in the latest quarter.

Table 24 shows the timeliness of those health assessments open at the end of the latest quarter.

Table 21: Health assessments completed, by profession

Profession	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			-
Chinese Medicine Practitioner	1	1	100%
Chiropractor		1	0%
Dental Practitioner		3	0%
Medical Practitioner	10	26	38%
Medical Radiation Practitioner	1	1	100%
Midwife	1	6	17%
Nurse	8	43	19%
Occupational Therapist			-
Optometrist			-
Osteopath			-
Pharmacist	4	4	100%
Physiotherapist			-
Podiatrist			-
Psychologist		1	0%
Not yet coded*	1	1	100%
Total	26	87	30%

Note:

*This report provides a snapshot of a point in time. Details of the notification may not have been entered into the system or were not available at that time.

Table 22: Health assessments completed, by time frame

Time frame	Vic	National	% of national
Completed in ≤ 6 months	14	47	30%
Completed in > 6 months	12	40	30%
Total	26	87	30%

Table 23: Health assessments completed, by outcome

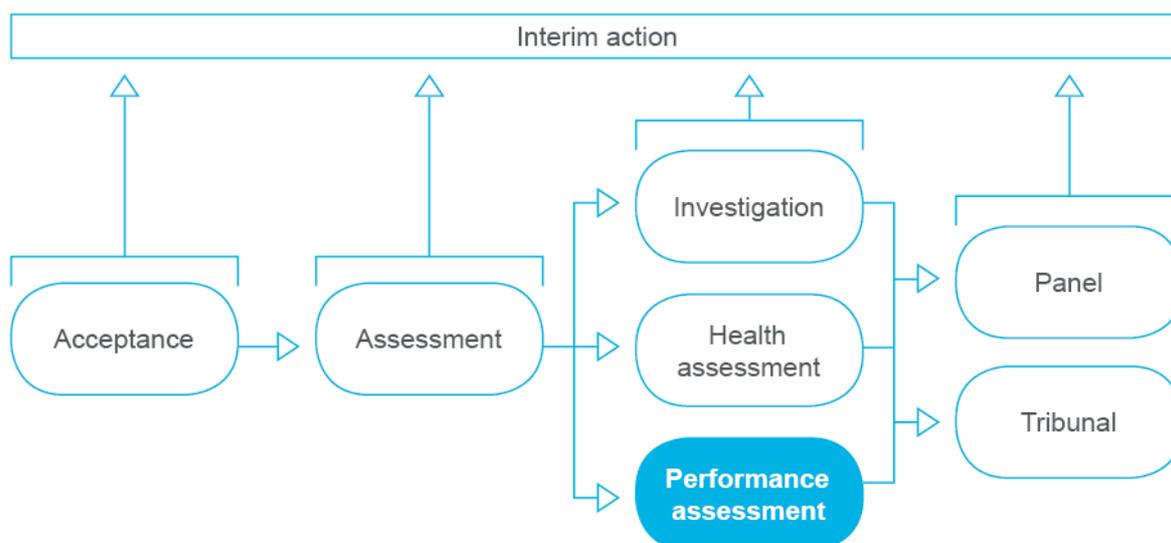
Outcome	Vic	National	% of national
Outcome of decision to close the notification			
No further action	11	27	41%
Board cautions practitioner			-
Board accepts undertaking by the practitioner	3	11	27%
Board imposes conditions on practitioner's registration	7	38	18%
Other	1	1	100%
Outcome of decision to take the notification further			
Investigation by AHPRA			-
Referral to a panel	1	2	50%
Referral to a tribunal			-
Other	3	8	38%
Total	26	87	30%

Table 24: Health assessments open at the end of the latest quarter, by time frame

Time frame	Vic	National	% of national
Open for ≤ 6 months	46	176	26%
Open for > 6 months	22	73	30%
Total	68	249	27%

Note:

Interim action may be taken at any time during the notifications process, including the health assessment stage, to protect the public from a practitioner who poses a serious risk to the public.



Performance assessment

A National Board may require a health practitioner to have a performance assessment if it believes that the way they practise is or may be unsatisfactory.

A performance assessment is an assessment of the knowledge, skill, judgement and care shown by a health practitioner in their work. It is carried out by one or more independent health practitioners who are not Board members.

The results of the performance assessment are discussed with the health practitioner. This allows an honest discussion of any adverse findings, and ways to deal with them. It also gives the health practitioner the chance to discuss any recommendations for upskilling, education, mentoring or supervision made by the assessor.

After a performance assessment, a National Board may decide to:

- take no further action
- caution the practitioner
- accept an undertaking from the practitioner
- impose conditions on the practitioner's registration
- refer the matter to another entity
- investigate the matter further
- require the practitioner to undergo a health assessment
- refer the matter for hearing by a panel, or
- refer the matter for hearing by a tribunal.

Table 25 shows the number of performance assessments completed in the latest quarter, by profession.

Table 26 shows the timeliness of those performance assessments completed.

Table 27 shows the outcomes of the performance assessments completed in the latest quarter.

Table 28 shows the timeliness of those performance assessments open at the end of the latest quarter.

Table 25: Performance assessments completed, by profession

Profession	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			-
Chinese Medicine Practitioner			-
Chiropractor			-
Dental Practitioner	1	1	100%
Medical Practitioner	7	10	70%
Medical Radiation Practitioner			-
Midwife			-
Nurse	9	15	60%
Occupational Therapist			-
Optometrist			-
Osteopath			-
Pharmacist	1	1	100%
Physiotherapist			-
Podiatrist	1	1	100%
Psychologist	1	1	100%
Total	20	29	69%

Table 26: Performance assessments completed, by time frame

Time frame	Vic	National	% of national
Completed in ≤ 6 months	3	6	50%
Completed in > 6 months	17	23	74%
Total	20	29	69%

Table 27: Performance assessments completed, by outcome

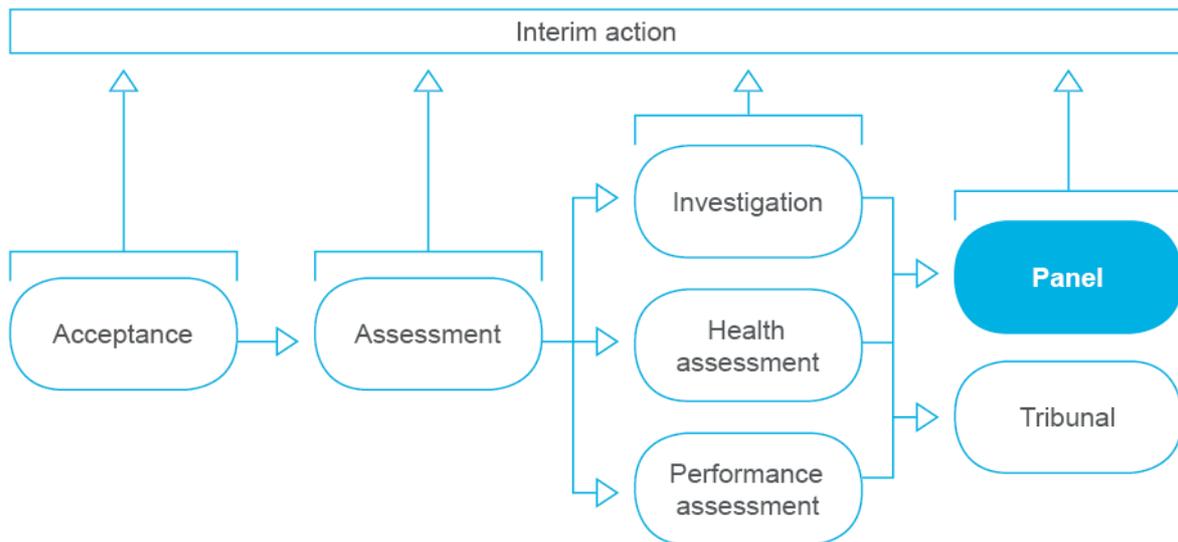
Outcome	Vic	National	% of national
Outcome of decision to close the notification			
No further action	9	14	64%
Board cautions practitioner		1	0%
Board accepts undertaking by the practitioner	2	2	100%
Board imposes conditions on practitioner's registration	5	8	63%
Other	1	1	100%
Outcome of decision to take the notification further			
Investigation by AHPRA			-
Referral to a panel	1	1	100%
Referral to a tribunal	2	2	100%
Other	0	0	
Total	20	29	69%

Table 28: Performance assessments open at the end of the latest quarter, by time frame

Time frame	Vic	National	% of national
Open for ≤ 6 months	19	36	53%
Open for > 6 months	18	26	69%
Total	37	62	60%

Note:

Interim action may be taken at any time during the notifications process, including the performance assessment stage, to protect the public from a practitioner who poses a serious risk to the public.



Panel hearing

A National Board can refer a matter to a health panel or a performance and professional standards panel.

A health panel is formed if a National Board believes that a health practitioner or student has, or may have, an impairment that impairs their ability to practise.

A performance and professional standards panel is formed if a National Board believes that the way a health practitioner practises is, or may be, unsatisfactory, or that the health practitioner's professional conduct is, or may be, unsatisfactory.

The data presented below encompasses data about both health panels and performance and professional standards panels.

Table 29 shows the number of panel hearings completed in the last quarter, by profession.

Table 30 shows the timeliness of the panel hearings completed in the last quarter.

Table 31 shows the outcomes of panel hearings completed in the last quarter.

Table 29: Panel hearings completed, by profession

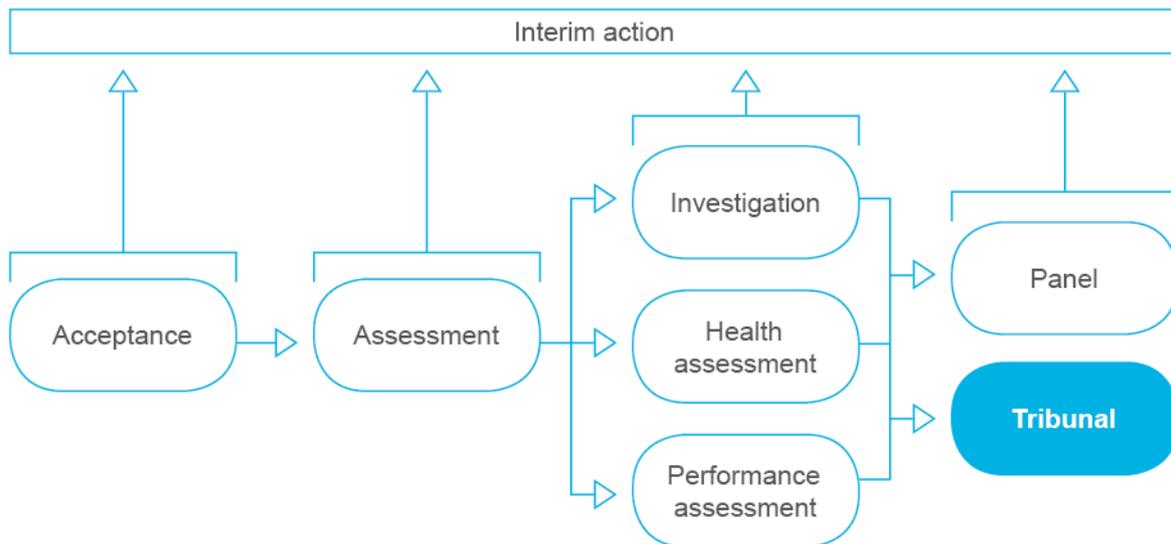
Profession	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			-
Chinese Medicine Practitioner			-
Chiropractor		2	0%
Dental Practitioner	1	3	33%
Medical Practitioner	4	13	31%
Medical Radiation Practitioner			-
Midwife			-
Nurse	1	2	50%
Occupational Therapist			-
Optometrist			-
Osteopath			-
Pharmacist	2	3	67%
Physiotherapist			-
Podiatrist			-
Psychologist	2	8	25%
Total	10	31	32%

Table 30: Panel hearings completed, by time frame

Time frame	Vic	National	% of national
Completed in ≤ 6 months	8	23	35%
Completed in > 6 months	2	8	25%
Total	10	31	32%

Table 31: Panel hearings completed, by outcome

Outcome	Vic	National	% of national
Outcome of decision to close the notification			
No further action	2	8	25%
Referral to another body			-
Board cautions practitioner	1	6	17%
Reprimand	1	2	50%
Practitioner surrenders registration			-
Board suspends practitioner			-
Board accepts undertaking by the practitioner			-
Board imposes conditions on practitioner's registration	5	13	38%
Other			-
Outcome of decision to take the notification further			
Investigation by AHPRA			-
Health or performance assessment	1	1	100%
Referral to a tribunal			-
Other		1	0%
Total	10	31	32%



Tribunal hearing

A National Board can refer a matter to a tribunal for hearing. This happens only when the allegations involve the most serious unprofessional conduct, known as professional misconduct, and when a National Board believes suspension or cancellation of the practitioner’s registration may be warranted.

Each state and territory has its own independent tribunal as listed in Table 32.

Table 32: Tribunals in each state and territory

State/territory	Tribunal
New South Wales	Civil and Administrative Tribunal
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

In the future, we plan to report on performance measures about timeframes for preparing matters for submission to a tribunal, once that decision has been made by a National Board.

Statutory offence management

It is illegal for anybody who is not a registered health practitioner to pretend to be, or to carry out clinical actions as if they were, a registered health practitioner.

It is illegal for health practitioners to advertise in certain ways, and it is illegal for anyone to incite or induce a health practitioner to act in an unprofessional way.

These sorts of offences are called 'statutory offences'. AHPRA and the National Boards take complaints about statutory offences seriously, as they are responsible for making sure that only practitioners who have the skills and qualifications to provide care are registered to practise.

Statutory offences are managed by AHPRA and Boards under a different part of the National Law to notifications. As such, statutory offences are reported separately from notifications in this report.

Table 33 shows the statutory offence matters completed in the latest quarter, by profession.

Table 34 shows the type of statutory offence matters completed during the latest quarter, by type.

Table 35 shows the outcomes of the statutory offence matters completed in the latest quarter.

Table 36 shows the number of statutory offences open at the end of the latest quarter.

Table 33: Statutory offences completed, by profession

Profession	Vic	National (incl NSW)	% of national total
Aboriginal and Torres Strait Islander Health Practitioner			-
Chinese Medicine Practitioner			-
Chiropractor	2	7	29%
Dental Practitioner	2	13	15%
Medical Practitioner	2	22	9%
Medical Radiation Practitioner	1	4	25%
Midwife		2	0%
Nurse		8	0%
Occupational Therapist	1	1	100%
Optometrist		2	0%
Osteopath			-
Pharmacist		1	0%
Physiotherapist		4	0%
Podiatrist	2	4	50%
Psychologist	2	18	11%
No Profession		29	0%
Total	12	115	10%

Note:

The designation 'No Profession' can include persons falsely claiming to be a registered health practitioner.

Table 34: Statutory offences completed, by type

Type	Vic	National (incl NSW)	% of national
Falsely claiming to be a registered health practitioner	5	56	9%
Carrying out acts that only a registered health practitioner should do		2	0%
Breach of laws on advertising	5	43	12%
Directing or inciting a health practitioner to act in an unprofessional way			-
Other offence	1	14	7%
Total	12	115	10%

Note:

Other offence can relate to offences under schedules 5 and 6 of the National Law.

Table 35: Statutory offences completed, by outcome

Outcome	Vic	National (incl NSW)	% of national
Outcome where offence not prosecuted			
Health practitioner complies with demand for action by Board	3	40	8%
Referred for management as a notification		2	0%
Board refers matter to another entity		1	0%
No action taken	8	71	11%
Outcome where offence prosecuted			
Not guilty – acquitted			-
Guilty – no conviction, not fined			-
Guilty – no conviction, fined			-
Guilty – conviction recorded, fined		1	0%
Total	12	115	10%

Table 36: Open statutory offences at the end of the latest quarter

Open	Vic	National (incl NSW)	% of national
Total	372	1,330	14%

Monitoring and compliance management

AHPRA monitors health practitioners and students with restrictions on their registration, or whose registration has been suspended or cancelled. This helps protect the public and manage risk to patients.

Our monitoring and compliance program ensures that we know which practitioners are complying with restrictions on their registration and which are not. It also confirms that the health practitioner or student whose registration has been suspended or cancelled is not practising their profession.

Restrictions can be placed on a practitioner's registration through a number of different mechanisms, including for example as an outcome of a notification or an application for registration.

When we monitor restrictions on a health practitioner we call it a monitoring case. Each monitoring case is assigned to one of five streams as follows:

Health: The practitioner or student is being monitored because they have a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence). See the AHPRA glossary.

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

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

Suitability/eligibility: The practitioner is being monitored because they:

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

Prohibited practitioner/student: the person is being monitored because they have been suspended or their registration has been cancelled.

A National Board may impose restrictions on a health practitioner with a PPP of NSW. Restrictions that are monitored in a Health, Performance or Conduct stream are transferred to the Health Professional Councils Authority in NSW for ongoing monitoring. Until the transfer of the monitoring case occurs, AHPRA is accountable for the monitoring case to ensure public safety.

Suitability/eligibility stream cases about a health practitioner with a PPP of NSW, are monitored by AHPRA.

Further information about these streams is available at <http://www.ahpra.gov.au/Registration/Monitoring-and-compliance.aspx>.

Table 37 shows the monitoring cases open at the end of the latest quarter, by profession.

Table 38 shows the monitoring cases open at the end of the latest quarter, by monitoring stream.

Table 39 shows the monitoring cases open at the end of the latest quarter in the jurisdiction, by profession and stream.

Table 37: Monitoring cases open at the end of the latest quarter, by profession

Profession	ACT	NSW	NT	QLD	SA	TAS	Vic	WA	No PPP	National (incl NSW)
Aboriginal and Torres Strait Islander Health Practitioner		10	5	19	1		3	35		73
Chinese Medicine Practitioner	24	582	2	128	44	2	73	75	24	954
Chiropractor		5		12	6		11	11	1	46
Dental Practitioner	7	10	3	43	17	2	39	17	3	141
Medical Practitioner	34	503	22	373	163	41	368	242	21	1,767
Medical Radiation Practitioner	3	26		35	10	4	20	8	3	109
Midwife	3	30	1	22	4	2	33	37	12	144
Nurse	31	142	18	326	178	41	347	154	37	1,274
Occupational Therapist		7		12	4	1	6	6		36
Optometrist	1	5		2			6	3		17
Osteopath		3		1	1		4			9
Pharmacist	6	31	1	52	9	5	52	17	5	178
Physiotherapist	2	13	2	13	4		18	8		60
Podiatrist		2		4	4	1	9		1	21
Psychologist	6	12	1	36	7	6	43	22	1	134
Total	117	1,381	55	1,078	452	105	1,032	635	108	4,963

Note:

1. Practitioners who do not have a PPP have typically maintained their registration in Australia but are not currently in Australia.
2. A monitoring case may be created as a result of the orders of a Tribunal. The person being monitored may not be registered and is being monitored to provide evidence as to whether or not they should be registered in the future.

Table 38: Number of monitoring cases open at the end of the latest quarter, by monitoring stream

Profession	Vic	National (incl NSW)	% of national total
Health	125	663	19%
Performance	171	550	31%
Conduct	132	402	33%
Prohibited Practitioner / Student	79	219	36%
Suitability / Eligibility	525	3,129	17%
Total	1,032	4,963	21%

Table 39: Number of Victoria monitoring cases open at the end of the latest quarter, by monitoring stream and profession

Profession	Health	Performance	Conduct	Prohibited Practitioner / Student	Suitability / Eligibility	Vic Total
Aboriginal and Torres Strait Islander Health Practitioner					3	3
Chinese Medicine Practitioner			2	1	70	73
Chiropractor		5	2		4	11
Dental Practitioner	2	23	11	1	2	39
Medical Practitioner	60	58	54	21	175	368
Medical Radiation Practitioner	1	1	1		17	20
Midwife	1	3	3	1	25	33
Nurse	47	54	32	48	166	347
Occupational Therapist		1			5	6
Optometrist	1				5	6
Osteopath					4	4
Pharmacist	6	15	7	3	21	52
Physiotherapist		3	2		13	18
Podiatrist	1	1			7	9
Psychologist	6	7	18	4	8	43
Total	125	171	132	79	525	1,032

Australian Health Practitioner Regulation Agency

GPO Box 9958 in your capital city

www.ahpra.gov.au

Australian Capital Territory

Level 2
103-105 Northbourne Ave
Turner ACT 2612

South Australia

Level 11
80 Grenfell St
Adelaide SA 5000

New South Wales

Level 51
680 George St
Sydney NSW 2000

Tasmania

Level 12
86 Collins St
Hobart TAS 7000

Northern Territory

Level 5
22 Harry Chan Ave
Darwin NT 0800

Victoria

Level 8
111 Bourke St
Melbourne VIC 3000

Queensland

Level 18
179 Turbot St
Brisbane QLD 4000

Western Australia

Level 1
541 Hay St
Subiaco WA 6008