ANNUAL REPORT 2024/25

Adapting to modern healthcare needs

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

Ahpra & National Boards

Contents

This report provides Ahpra data, unless stated otherwise. Due to rounding (to one decimal place), percentages may not add to exactly 100%.

This year, we transitioned to a new case management system, which introduced a significant change in the way data are captured and stored. We have continued to refine our data collection and reporting throughout this process to allow for comparison, where possible, with previous annual reports.

The report's supplementary data tables, available at www.ahpra.gov.au, are the source for some of the statistics cited. Other statistics are drawn from internal reports.

The 'Most common types of complaint' graphs in the National Board reports are based on the main reason for a notification.

For definitions of words and phrases, refer to the list of common abbreviations and the glossary. Throughout the report, the term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise specified.

The appendices are available online; they contain more information about Boards and committees.

You will see photos of health practitioners, Ahpra staff, members of National Boards and committees, and participants in National Scheme meetings. We thank everyone who agreed to be photographed for this report.

Tables

Figures

Growing our health workforce in 2024/25

Closing in on

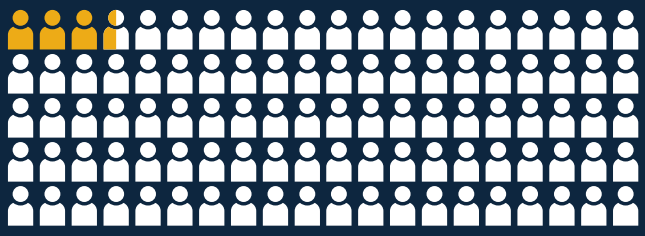
1 MILLION

registered health practitioners

959,838
registered health practitioners

4.3%
Increase of 4.3% on last year

96.9%
hold practising registration



3.5
registered health practitioners for every 100 Australians

3.5%
more renewals than last year

870,569
practitioners renewed their registration

5.1%
more health practitioners in all professions who identify as Aboriginal and/or Torres Strait Islander

69,880
first-time registrants

43,177
domestic
(including new graduates)

26,703
international

181,328
students

More than 820 approved programs of study delivered by more than 130 education providers

1,000+
More than 1,000 registered Aboriginal and Torres Strait Islander Health Practitioners

Regulating our health workforce in 2024/25

Most health practitioners practise safely

22,658 notifications made about 16,209 practitioners nationally

- 13,327 notifications received by Ahpra

1.7%

of all registered health practitioners received a notification

The most common concern was clinical care

8,000+ calls to our notifications hotline

485 calls related to cosmetic surgery

474

criminal complaints received

13% fewer than last year

Matters involving 190 practitioners (relating to 219 notifications) closed after referral to a tribunal

- 94.3% resulted in disciplinary action

A public statement naming a suspended practitioner in the interests of public safety was issued for the first time ever in June

1.4%

of closed notifications resulted in the practitioner losing their registration or being disqualified from applying for registration

4,478 cases involving 4,475 practitioners monitored by Ahpra at 30 June

26.7% were about conduct, health or performance

775

complaints assessed about advertising of regulated health services

9 Aboriginal and/or Torres Strait Islander people were appointed to Boards and committees, bringing the current total to

45

7 Aboriginal and/or Torres Strait Islander staff members were hired at Ahpra, bringing the total to

30

Introduction

A note from our CEO

When I joined Ahpra in April, I became the second CEO in Ahpra's 15-year history. It is an honour to lead an organisation that plays such a vital role in safeguarding the health and wellbeing of our communities, and I embrace the opportunity with respect, energy and purpose.

I want to acknowledge how far Ahpra has come to establish itself as the national regulator of close to one million registered health practitioners. Australia's healthcare system is one of the most respected in the world, and a robust regulatory framework that ensures the public can have confidence in the care they receive is a foundational part of it. The work we do underpins the safety, quality and trust that Australians expect and deserve from their healthcare system.

The healthcare landscape is changing and so are expectations. Since joining, I have made it my priority to meet with and listen to stakeholders across the National Scheme, government, professions and the communities we serve. People have generously shared their perspectives of the performance of the regulatory system in operation. Emerging themes include the need to:

- continue our important work aimed at eliminating racism and creating culturally safe experiences for Aboriginal and Torres Strait Islander people in the healthcare system
- improve the experience for those involved in the regulatory system
- be a leader in harm prevention, using intelligence to prevent harm through proactive regulatory approaches
- support a safe and growing health workforce.

I have taken a visible and proactive approach to demonstrate our commitment to public safety. In my first few months, I led a purpose-driven media campaign to highlight the risks around non-surgical cosmetic procedures and the prescribing of medicinal cannabis. This proactive stance, paired with clear guidance for practitioners, supports traditional regulatory levers to prevent harm and uphold the standards of care expected. We are working closely with the Australian Taxation Office to better understand the increase in accessing superannuation on compassionate grounds. We have also trialled the use of artificial intelligence to scan social media and websites for advertising breaches, helping to keep vulnerable and targeted groups safe.

In the past year, we have continued to take important steps to minimise practitioner distress. We have made improvements to notification processes to support those experiencing health concerns, reduced the use of immediate action in impairment cases, allowed practitioners to use their own treating practitioners, and provided further staff education on how to engage with consideration and compassion.

Drawn-out processes can be stressful for practitioners. Our focus on timeliness has seen the average time to close a notification reduce by 37% from its peak.

This year also marked the introduction of our new operating system, the largest systems upgrade in our history. This new technology is enabling faster and safer online applications, setting us up to support a growing health workforce. As we continue to develop our new system and integrate feedback from practitioners, processes are continuing to improve. This is an investment in our future and implementing it has been a great achievement.

We also welcomed the second consultation report from the *Independent review of complexity in the National Registration and Accreditation Scheme*, or the Dawson review. I thank Sue Dawson for providing an informative view of what has been working well and what we must improve. We are not waiting for the final report to take action and have already taken steps to implement the draft recommendations. These changes will improve the scheme and help to build trust and confidence in Ahpra.

As we close the chapter on 2024/25, it is an exciting time to be part of the National Scheme. A new five-year strategy, informed by hundreds of voices, will set an ambitious agenda for scheme reform. We must continue to evolve to meet the needs of the people we serve, driven by conversations with registered practitioners, the public and our other valued stakeholders. These discussions form the basis of strong, productive partnerships with the power to put those ideas into action.

I look forward to working closely with the Ahpra Board, the National Boards, and all of our partners across the healthcare system as we move into a new era.

Mr Justin Untersteiner
Chief Executive Officer, Ahpra

From the Forum of National Scheme Chairs co-convenors

New leadership

This has been a year of change across Ahpra and the National Boards. Justin Untersteiner succeeded Martin Fletcher as CEO, who completed his final term in December 2024. We thank Martin for his work in establishing and leading an internationally respected regulatory scheme for health practitioners in Australia.

Justin brings over 20 years of experience in regulation and compliance, having led transformation programs across a range of complex national organisations in the government and not-for-profit sectors. He has a proven track record of delivering change and bringing new approaches throughout a career focused on consumer protection and public safety.

We are delighted to welcome Justin and look forward to seeing where his experience and expertise takes Ahpra as we move into a new phase of growth and innovation.

Evolving our approach

Justin joined us at a time of rapid change in the Australian healthcare landscape. Online technologies driven by consumer demand are disrupting traditional health models. Some of these, like telehealth, can provide greater and more flexible access to healthcare across multiple professions. However, we have seen how they can be misused and cause harm to patients.

We are proactively identifying new and emerging models of care and their risks, rather than waiting for notifications before we act. New ways of working are being trialled by our Rapid Regulatory Response Unit, with a focus on fast-growing areas including medicinal cannabis and cosmetic procedures.

Artificial intelligence (AI) is increasingly relevant to our work. In August, we released guidance on the safe and ethical use of AI in healthcare, developed in close collaboration with technical experts, co-regulators and professional bodies. This guidance will be updated to reflect new developments in this fast-evolving area.

Scheme stewardship

The introduction of a new National Scheme Partnership Committee brings together the Chairs of 15 National Boards representing 16 professions, the Ahpra Board and the Community Advisory Council, to bring into operation a scheme stewardship model. The committee has a whole-of-scheme focus, looking at opportunities for consistency, while recognising differences between professions, to ensure we are well placed to identify and respond collectively to emerging issues.

Growing the workforce

At 30 June, Australia had 959,838 registered health practitioners. This is an increase of more than 4% since last year, and there are now 3.5 practitioners for every 100 Australians. This continues our work to ensure all Australians have access to a safe, high-quality health workforce.

We remain on track to implement the recommendations of the *Independent review of Australia's regulatory settings relating to overseas health practitioners*, or the Kruk review. This year, we launched pathways to enable internationally qualified medical specialists and nurses to register here more quickly, while work began on expedited pathways for several other professions. We simplified English language requirements while maintaining public safety, expanding the list of recognised English-speaking countries from seven to 30 nations and territories.

We reached a milestone this year, with over 1,000 registered Aboriginal and Torres Strait Islander Health Practitioners for the first time. Of the registered health practitioner workforce, 1.3% are Aboriginal and/or Torres Strait Islander. While this is an increase from last year, it is still well short of where we want to be, and there is much work to do to meet our goal of eliminating racism from the healthcare system.

Improving the regulatory experience

The experience of going through a regulatory process can be stressful for those interacting with our scheme. This is clear from our interviews with practitioners and notifiers, and has been highlighted through the work of Sue Dawson and her team in their review.

In line with this review, we are already working on reforming our notifications processes to support better timelines, transparency and procedural fairness. Public safety remains our number one priority and minimising practitioner distress is not at odds with this goal – it strengthens it. When practitioners feel supported and respected, they are more likely to engage constructively with regulation, maintain their wellbeing and continue to provide safe care.

With a strong focus on stewardship, we will continue to collaborate across the scheme to implement the new National Scheme Strategy and respond to the final recommendations from the Dawson review. With our new CEO at the helm, this will very much be a collective effort, and we look forward to working together in building the future of Australia's health regulatory system.

Ms Gill Callister PSM

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

Chair, Ahpra Board

Ms Rachel Phillips

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

Chair, Psychology Board of Australia

About us

Our purpose
Safe and professional health practitioners for Australia

Our vision
Our communities have trust and confidence in regulated health practitioners

Our values
Integrity **Collaboration**
Respect **Achievement**

Ahpra and the Boards

The Australian Health Practitioner Regulation Agency (Ahpra) supports the 15 national health practitioner boards (the National Boards) to implement the National Registration and Accreditation Scheme. The National Scheme regulates the 16 registered health professions.

Every decision we make is guided by a nationally consistent law passed in each state and territory – the Health Practitioner Regulation National Law. A Ministerial Council made up of all of Australia's health ministers oversees the scheme.

The National Boards set standards for registration, develop regulatory policy and guidance, and make regulatory decisions about concerns raised about registered health practitioners.

While public safety is our priority, we also have an important focus on the health workforce. The objectives of the National Law include:

- ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered
- facilitating workforce mobility across Australia
- facilitating high-quality education and training
- providing culturally safe health services to Aboriginal and Torres Strait Islander Peoples
- facilitating the rigorous and responsive assessment of overseas-trained health practitioners
- facilitating access to services provided by health practitioners
- enabling the continuous development of a flexible, responsive and sustainable Australian health workforce.

Core regulatory functions

Professional standards

National Boards establish registration standards, codes and guidelines for health practitioners.

Accreditation

We work with accreditation authorities and committees to ensure that graduating students are suitably qualified and skilled to apply for registration as health practitioners.

Registration

We ensure that only health practitioners with the skills and qualifications to provide competent and ethical care are registered to practise in Australia. We publish the national online *Register of practitioners* so that the public can access important information about their health practitioner.

Notifications

We manage complaints and concerns raised about the performance, health and conduct of individual health practitioners in all states and territories except New South Wales. In Queensland, we jointly consider notifications with the Office of the Health Ombudsman and manage those referred to us.

Compliance

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

National regulation

The National Scheme is a vital part of the Australian health system. Ahpra and the National Boards are responsible for the registration of every practitioner in the registered health professions across Australia.

In most states and territories, we also handle notifications about registered health practitioners. However, this process is different in New South Wales and Queensland.

New South Wales

Complaints about registered and unregistered health practitioners' conduct, health and performance are assessed and managed by 15 health professional councils supported by the Health Professional Councils Authority (HPCA) and working with the Health Care Complaints Commission (HCCC).

Ahpra has a role in accepting mandatory notifications in NSW and referring them to the HCCC.

Queensland

The Office of the Health Ombudsman (OHO) receives concerns about registered and unregistered health practitioners. All concerns about registered health practitioners are jointly considered by OHO and Ahpra and a portion of them are referred to Ahpra to manage.

Health complaints organisations

Ahpra and the National Boards are professional standards regulators. Health complaints organisations (HCOs, also known as health complaints entities or HCEs) can handle complaints and provide outcomes on a wider range of issues.

We work with the HCOs to decide which organisation should take responsibility for each complaint or concern that is raised about a registered health practitioner. A list of HCOs is available at www.ahpra.gov.au/Notifications/Further-information/Health-complaints-organisations.

Independent ombudsman

The National Health Practitioner Ombudsman (NHPO) and Privacy Commissioner provides an independent ombudsman, as well as privacy and freedom of information oversight of the National Scheme, the work of Ahpra and the National Boards, and the administrative processes experienced by practitioners and the public.

Ahpra Board

The Ahpra Board is the governing board for Ahpra. Its members are appointed by the Ministerial Council.

The board ensures that Ahpra performs its functions in a proper, effective and efficient way. It is responsible for determining Ahpra policies, setting the strategic direction for the National Scheme and assuring its performance.

Ms Gill Callister PSM
Chair

Mr Andrew Brown

Professor Patricia Davidson AM

Emeritus Professor Arie Freiberg AM

Ms Tanya McGregor

Mr Jeff Moffet

Mr Lynton Norris

Ms Leanne O'Shannessy PSM

Associate Professor Carmen Parter

Ms Barbara Yeoh AM

Growing a safe workforce

Though Australia's health workforce is growing, national shortages persist. In December 2023, National Cabinet endorsed the recommendations of the *Independent review of Australia's regulatory settings relating to overseas health practitioners*. The review, undertaken by Ms Robyn Kruk AO, is referred to as the Kruk review and aims to make working in Australia simpler, quicker and cheaper for internationally qualified health practitioners, when this can be done safely.

We welcomed the recommendations of the review and immediately began working on the following reforms to accelerate the integration of internationally qualified practitioners into the Australian health system:

- The Medical Board of Australia launched a new Expedited Specialist pathway, enabling highly qualified international medical specialists from similar health systems to register more quickly. This year, the pathway opened to eligible general practitioners, anaesthetists, psychiatrists, and obstetricians and gynaecologists. More information is available on page 20.
- The Nursing and Midwifery Board of Australia introduced a new *Registration standard: General registration for internationally qualified registered nurses*, offering two additional registration pathways for eligible nurses. These reduce time, complexity and costs related to travel, accommodation and examinations.
- Health ministers identified additional priority professions: dental, medical radiation practice, occupational therapy, podiatry and psychology. National Boards have begun work on streamlined registration pathways for internationally qualified health practitioners in these and other professions.
- Ahpra released its new operating system, which delivers a new portal for faster, more secure online applications. Applicants can track their application and communicate directly with their case officer. This new system is key to ensuring that we can continue expanding registration pathways.

Simplifying English language requirements

The National Boards (except for the Aboriginal and Torres Strait Islander Health Practice Board) introduced a revised registration standard for English language skills. The standard includes several changes to simplify English language requirements while maintaining public safety. These changes include:

- expanding the list of recognised English-speaking countries from seven to 30 nations and territories
- reducing the required writing score for approved English language tests to IELTS 6.5 (or equivalent) and adding the Cambridge English language skills test.

Reviewing supervised practice

As part of our response to the Kruk review, Ahpra and relevant National Boards began a rapid review of the *Supervised practice framework* with an eight-week public consultation that opened on 2 June. The aim is to gather feedback on whether the framework is working and how it could be improved for supervisees, supervisors and employers.

Retention and attrition

In February, Ahpra published research in the *Australian Health Review* based on its Workforce Retention and Attrition Project (WRAP). This project surveyed more than 25,000 health practitioners and examined 10 years of registration data to identify factors influencing retention and attrition across nine health professions: Chinese medicine, chiropractic, dental, medical radiation practice, occupational therapy, optometry, osteopathy, paramedicine and podiatry.

The results showed that while 79% of respondents plan to maintain their registration, more than 12% were either unsure or intended to leave their profession. Top reasons for leaving included:

- mental burnout (32.9%)
- retirement (30.5%)
- feeling undervalued/unrecognised (28.5%)
- lack of professional satisfaction (27.9%)
- work no longer being fulfilling (25.1%).

Practitioners more likely to consider not renewing their registration or to be unsure of their future included men, practitioners aged over 60 years, those working fewer than 20 hours per week, and non-self-employed practitioners.

Over a 10-year period (2014–2023):

- the number of registered practitioners increased by 29.6%
- the replacement rate – how many new or returning health practitioners enter the workforce for each practitioner that leaves the workforce – had notable fluctuations
- females consistently exhibited higher replacement rates compared with males
- exits from the workforce were highest in those aged under 35 pre-2020, and highest in those aged 35–60 post-2020.

The findings highlight key challenges such as mental burnout, lack of recognition and low job satisfaction. Addressing these issues may significantly improve workforce retention. Ahpra is collaborating with National Boards to deepen understanding of workforce issues and support sustainable solutions across Australia's health sector.

National Boards

Each of the registered health professions is regulated by a National Board. The Boards work to ensure that Australia's health practitioners provide safe, quality healthcare.

All Chairs are registered health practitioners in their profession. The other Board members are a mix of practitioner and community members. All are appointed by the Ministerial Council.

This section contains reports from each of the National Boards.

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

Aboriginal and Torres Strait Islander Health Practitioners

Aboriginal and Torres Strait Islander Health Practice Board Ahpra

Highlights this year

Aboriginal and Torres Strait Islander Health Practitioners play a critical role in providing both clinically and culturally safe healthcare to their families and communities. Importantly, their role positively impacts the development of a culturally safe and respectful health workforce that is responsive to Aboriginal and Torres Strait Islander Peoples and their health.

The Aboriginal and Torres Strait Islander Health Practice Board participated in multiprofession approaches to developing standards, codes and guidelines. It held preliminary consultations on revised standards for recency of practice and continuing professional development to better align with most other professions in the National Scheme.

It also undertook preliminary consultations on standards for limited registration related to supervised practice, public interest and teaching and research. This may provide opportunities for the Board to develop supervised assessment practice models to support its workforce projects.

The recently completed *Professional Scopes of Practice Project* final report by the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners offers a valuable foundation for workforce development. The Board acknowledges that there is still much more work to be done to support a sustainable Aboriginal and Torres Strait Islander Health Practitioner workforce, and it is committed to continued work in this area.

As Ahpra starts work on the next National Scheme Strategy, workforce sustainability will be a high priority for the Board.

Registration reaches exciting milestone

In September 2024, we reached over 1,000 registered Aboriginal and Torres Strait Islander Health Practitioners for the first time.

This milestone gives us a moment to pause and celebrate one of the smallest but most critical registered workforces in the health sector. We thank them for their incredible sacrifices to care for their families and communities' health and wellbeing.

Stakeholder engagement

The Board and the Nursing and Midwifery Board of Australia gathered in Garramilla (Darwin) in June 2025 to showcase the strength and value of interprofessional collaboration. The work builds on the *Guidance for nurses and midwives working with Aboriginal and Torres Strait Islander Health Practitioners* and highlights the vital role the National Scheme plays in ensuring Aboriginal and Torres Strait Islander Peoples receive and access culturally safe healthcare that is free from racism.

Other news

On behalf of the Board, special thanks go to Mr Paul Fisher, Executive Officer, for his outstanding service and support to the Board for over two years. We wish him well in his continuing journey in Ahpra.

Ms Iris Raye, Chair

Board members

Ms Iris Raye (practitioner), Chair

Ms Danielle Beezley (practitioner)

Ms Margaret McCallum (community)

Ms Jessica Mitchell (practitioner)

Mr Christopher O'Brien (practitioner)

Ms Leanne Quirino (practitioner)

Mr Steven Satour (community)

Ms Abbey Shillingford (community)

Mr Walter Dorrington is the Executive Officer, Aboriginal and Torres Strait Islander Health Practice, at 30 June. Mr Paul Fisher was the Executive Officer, Aboriginal and Torres Strait Islander Health Practice, to 13 May.

For more information, see the online appendices and www.atsihealthpracticeboard.gov.au.

Registration

1,028 Aboriginal and Torres Strait Islander Health Practitioners

- Up **5.8%** from 2023/24
- **0.1%** of all registered health practitioners

135 first-time registrants (including new graduates)

100% are Aboriginal and/or Torres Strait Islander

Figure 1. Gender

- **78.1%** Female
- **21.9%** Male

Figure 2. Age

<25	25–34	35–44	45–54	55–64	65–74
4.0%	22.4%	22.7%	23.8%	22.3%	4.9%

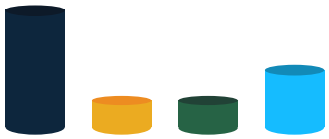
Regulation

8 notifications lodged with Ahpra about **6** Aboriginal and Torres Strait Islander Health Practitioners

18 notifications about **12** Aboriginal and Torres Strait Islander Health Practitioners made Australia-wide, including HPCA and OHO data

- **1.2%** of the profession Australia-wide

Figure 3. Sources of notifications



- **50.0%** Other practitioner
- **12.5%** Patient, relative or member of the public
- **12.5%** Police, government or co-regulator
- **25.0%** Other

Figure 4. Most common types of complaints

- **25.0%** Behaviour
- **25.0%** Breach of non-offence provision in the National Law
- **25.0%** Offence against other law
- **12.5%** Clinical care
- **12.5%** Confidentiality

Figure 5. Notifications closed

15 notifications closed

- **6.7%** Referred to another body or retained by a health complaints organisation
- **93.3%** No further regulatory action (including where practitioner has taken steps to address)

1 immediate action taken

No mandatory notifications received

1 practitioner monitored for health, performance and/or conduct

1 criminal offence complaint made

No notifications decided by a tribunal

No matters decided by a panel

No appeals lodged

Chinese medicine practitioners

Chinese Medicine Board Ahpra

New public information campaign

The Chinese Medicine Board of Australia launched a national public information campaign aimed at helping Australians better understand Chinese medicine and know what to expect when consulting a registered Chinese medicine practitioner. It aims to empower the public by raising awareness of the regulatory framework and professional standards that underpin the practice of Chinese medicine in Australia. The campaign is accessible through a dedicated page on the Board's website, ensuring easy access to this important information.

Highlights this year

The Board maintained its strong commitment to both local and international engagement, meeting with regulatory bodies and councils worldwide to exchange insights on emerging regulatory issues. These dialogues foster meaningful relationships and reinforce the Board's dedication to safe, high-quality care. We look forward to deepening these partnerships and advancing international collaboration in Chinese medicine regulation. This will help to ensure the profession remains responsive, connected and future-focused for the benefit of the public.

Stakeholder engagement

Throughout the year, the Board engaged virtually with overseas counterparts including the UK's Professional Standards Authority, Register of Chinese Herbal Medicine and the British Acupuncture Council. These discussions enriched our understanding of regulatory and educational developments affecting acupuncturists and Chinese herbal medicine practitioners in the UK. Additionally, the Board held a virtual meeting with the US National Certification Commission for Acupuncture and Oriental Medicine, further broadening our international perspective on professional standards and certification practices.

The Board continues to engage in productive dialogue with the Chinese Medicine Council of New Zealand, sharing insights and perspectives on regulatory practices and matters related to the Trans-Tasman Mutual Recognition arrangement.

In January, the Board Chair met with the Commonwealth Chief Allied Health Officer, alongside Ahpra colleagues. Following this meeting, the Board submitted profession-specific feedback to the Draft National Allied Health Workforce Strategy. The submission highlighted important statistical, regulatory and patient safety considerations specific to the Chinese medicine profession.

We also welcomed a delegation from the Singapore Traditional Chinese Medicine Practitioners Board and Nanyang Technological University, Singapore. The Board's engagement began in Sydney, where they shared insights into the international registration process and presented on the Board's accreditation framework. The delegation continued to Melbourne, where they toured the Assessment, Learning and Examination Centre. This international collaboration provided a valuable platform for mutual learning and thoughtful discussion on shared regulatory priorities and the evolving dynamics of global healthcare.

Accreditation

The Board considered reports from the Chinese Medicine Accreditation Committee about Chinese medicine education programs in deciding whether to approve the programs of study as providing a qualification for registration in Australia. The Chairs of the Board and the committee convene regularly.

Other news

Health ministers announced the appointment of a new practitioner member to the Board. The Board was delighted to welcome Mr Simon Want.

Adjunct Professor Danforn Lim, Chair

Board members

Adjunct Professor Chi Eung Danforn Lim (practitioner), Chair

Ms Sophy Athan (community)

Mr Craig Bennett AM (community)

Ms Stephanie Campbell (community)

Mr Luke Hubbard (practitioner)

Dr Johannah Shergis PhD (practitioner)

Ms Bing Tian (practitioner)

Ms Dina Tsiopelas (practitioner)

Mr Simon Want (practitioner) – from 21 Dec

Ms Catherine Whitehead is the Executive Officer, Chinese Medicine, at 30 June. Ms Kirsten Hibberd was the Executive Officer, Chinese Medicine, until 19 January.

For more information, see the online appendices and www.chinesemedicineboard.gov.au.

Registration

4,898 Chinese medicine practitioners

- Up **0.9%** from 2023/24
- **0.5%** of all registered health practitioners

350 first-time registrants

- **307** domestic (including new graduates)
- **43** international

0.5% identified as Aboriginal and/or Torres Strait Islander

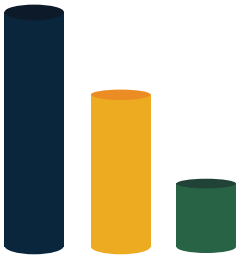
Figure 6. Gender

- **60.1%** Female
- **39.9%** Male

Figure 7. Age

<25	25–34	35–44	45–54	55–64	65–74	75+
0.2%	7.6%	22.3%	28.3%	23.6%	14.9%	3.0%

Figure 8. Divisions



- **98.3%** acupuncturist
- **64.6%** Chinese herbal medicine practitioner
- **27.3%** Chinese herbal dispenser

- **36.1%** Registered in one division
- **37.6%** Registered in two divisions
- **26.3%** Registered in three divisions

Regulation

34 notifications lodged with Ahpra about **25** Chinese medicine practitioners

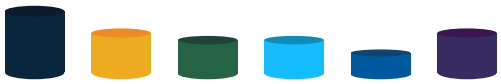
54 notifications about **42** Chinese medicine practitioners made Australia-wide, including HPCA and OHO data

- **0.9%** of the profession Australia-wide

Figure 9. Sources of notifications

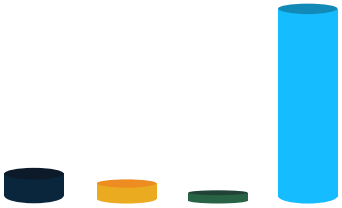
- **88.2%** Patient, relative or member of the public
- **11.8%** Other practitioner

Figure 10. Most common types of complaints



- **26.5%** Clinical care
- **17.6%** Boundary violation
- **14.7%** Breach of non-offence provision in the National Law
- **14.7%** Communication
- **8.8%** Behaviour
- **17.6%** Other

Figure 11. Notifications closed



30 notifications closed

- **10.0%** Conditions imposed on registration
- **6.7%** Registration suspended or cancelled or disqualified from applying
- **3.3%** Referred to another body or retained by a health complaints organisation
- **80.0%** No further regulatory action (including where practitioner has taken steps to address)

8 immediate actions taken

3 mandatory notifications received

- **2** about professional standards
- **1** about sexual misconduct

7 practitioners monitored for health, performance and/or conduct

15 criminal offence complaints made

2 notifications decided by a tribunal

No matters decided by a panel

1 appeal lodged

Chiropractors

Chiropractic Board Ahpra

Highlights this year

The Chiropractic Board of Australia remains committed to ensuring that the public receive care from safe, competent and ethical chiropractors.

Throughout the year, the Board has engaged with practitioners and the community over its expectations that chiropractors will continue to put the needs of patients first. Following the reinstatement of the *Interim policy on spinal manipulation for infants and young children,* the Board has focused on increasing practitioners' understanding of their regulatory responsibilities.

Policy updates

The Board published guidance for practitioners about providing virtual care and the use of AI in healthcare, and reminded practitioners of their obligation to provide care that is free of discrimination and racism.

Work has continued on reviewing the Board's registration standards, including the *Recency of practice registration standard* and *Limited registration standard.* The revised *English language skills registration standard* came into effect on 18 March 2025.

The Board completed its review of the *Guidelines for clinical record keeping for chiropractors,* dedicing to retire the guidelines from 1 December 2025.

Stakeholder engagement

The Board met regularly with its stakeholders and regulatory partners, including professional associations, the Chiropractic Council of New South Wales and the Council on Chiropractic Education Australasia (CCEA). The Chair and Executive Officer met regularly with the New Zealand Chiropractic Board to exchange information and share experiences about regulating the profession.

In May, the Chair, several Board members and the Executive Officer were delighted to attend the World Federation Chiropractic Biennial Congress held in Copenhagen, Denmark. They strengthened existing networks with international chiropractic regulators, accreditation bodies, researchers and leaders, and shared information to benefit the profession's regulation.

The Board continued its program of presentations to students, which offers a great chance to engage with the next generation of chiropractors and aims to help them understand the expectations and requirements for registration in Australia.

Accreditation

The Board continued to work closely with the CCEA following the signing of a new five-year accreditation agreement in September.

The Board approved the revised *Accreditation standards for chiropractic programs* and *Competency standards for chiropractors* in February.

Other news

In November, health ministers announced the appointment of a new member to the Board. The Board was pleased to welcome practitioner member Dr Kristin Grace.

A vacancy remains for a practitioner member from Victoria as of 30 June.

The Board farewelled Dr Ailsa Wood (practitioner member) and thanked her for her contribution and commitment to the regulation of the chiropractic profession during her time on the Board.

Dr Wayne Minter AM, Chair

Board members

Dr Wayne Minter AM (practitioner), Chair

Dr Abbey Chilcott (practitioner)

Dr Kristin Grace (practitioner) – from 23 Nov

Dr Samuel Millard (practitioner)

Mrs Colleen Papadopoulos (community)

Mr Ken Riddiford (community)

Dr Michael Shobbrook AM (practitioner)

Ms Emma Slaytor (community)

Dr Ailsa Wood (practitioner) – to 22 Nov

Mr Mark Ford is the Executive Officer, Chiropractic, at 30 June. Ms Kirsten Hibberd was the Executive Officer, Chiropractic, to 6 January.

For more information, see the online appendices and www.chiropracticboard.gov.au.

Registration

6,770 chiropractors

- Up **3.7%** from 2023/24
- **0.7%** of all registered health practitioners

370 first-time registrants

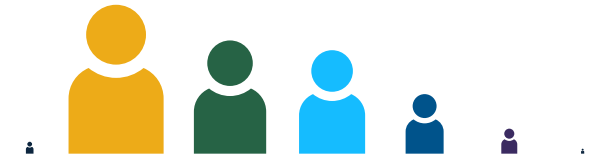
- **330** domestic (including new graduates)
- **40** international

0.7% identified as Aboriginal and/or Torres Strait Islander

Figure 12. Gender

- **42.1%** Female
- **57.9%** Male

Figure 13. Age



<25	25–34	35–44	45–54	55–64	65–74	75+
2.5%	30.6%	27.4%	21.1%	12.0%	5.1%	1.3%

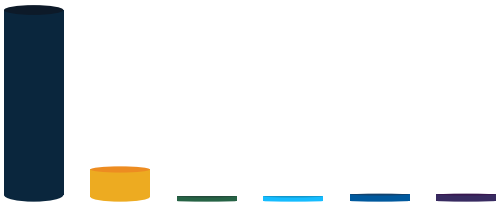
Regulation

114 notifications lodged with Ahpra about **101** chiropractors

171 notifications about **152** chiropractors made Australia-wide, including HPCA and OHO data

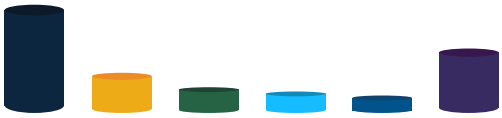
- **2.2%** of the profession Australia-wide

Figure 14. Sources of notifications



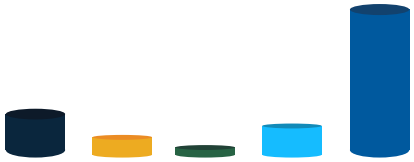
- **78.9%** Patient, relative or member of the public
- **12.3%** Other practitioner
- **1.8%** Employer
- **1.8%** Police, government or co-regulator
- **2.6%** Board initiated
- **2.6%** Other

Figure 15. Most common types of complaints



- **41.2%** Clinical care
- **14.0%** Boundary violation
- **8.8%** Offence against other law
- **7.0%** Communication
- **5.3%** Breach of non-offence provision in the National Law
- **23.7%** Other

Figure 16. Notifications closed



93 notifications closed

- **16.1%** Conditions imposed on registration or an undertaking accepted
- **7.5%** Registration suspended or cancelled or disqualified from applying
- **3.2%** Cautioned or reprimanded or fined
- **12.9%** Referred to another body or retained by a health complaints organisation
- **60.2%** No further regulatory action (including where practitioner has taken steps to address)

3 immediate actions taken

8 mandatory notifications received

- **3** about professional standards
- **3** about sexual misconduct
- **2** about impairment

34 practitioners monitored for health, performance and/or conduct

17 criminal offence complaints made

10 notifications decided by a tribunal

No matters decided by a panel

3 appeals lodged

Dental practitioners

Dental Board Ahpra

Highlights this year

Throughout the year, the Dental Board of Australia engaged with co-regulators, education providers, professional associations, and state and territory dental and oral health leaders. The Board visited Darwin in July and hosted a combined meeting for its delegated decision-making committees in August.

Following a positive evaluation, the Board decided to expand the pilot program of a new committee for low-risk notifications, which aims to improve the timeliness of the management of these matters.

The Board issued a joint statement with Ahpra and the Medical Board of Australia raising concerns about potential ethical breaches relating to the compassionate release of superannuation for dental treatment.

The Board evaluated the retirement of its former *Guidelines on infection control*. The findings supported continuation of the Board's resources for practitioners and the retirement of the guidelines.

The Board continued to fund the Dental Practitioner Support service, a free, 24/7, confidential, nationwide telephone and online service for dental practitioners and students.

Biennial Indigenous dental conference sponsor

Board members and the Executive Officer attended the second biennial Indigenous Dental Association Australia conference in December. The Board was a proud sponsor of the conference, reinforcing its commitment to eliminating racism from, and shaping the future of, the profession.

Accreditation

The Board worked closely with its accreditation authority, the Australian Dental Council (ADC), to oversee accredited programs of study that, when approved by the Board, lead to registration as a dental practitioner. This year, the ADC started a review of accreditation standards that will be considered by the Board for approval.

Registration standards, guidelines and codes

In April, the Board carried out preliminary consultation on its *Registration standard: endorsement for conscious sedation*.

The Board, along with other National Boards, developed guidelines for registered health practitioners who perform and advertise non-surgical cosmetic procedures. These were released in June and come into effect in September.

The Board participated in the multiprofession reviews of:

- continuing professional development
- recency of practice
- criminal history
- limited registration
- supervised practice framework.

Other news

In November, I was pleased to accept appointment as Chair of the Board.

The Board welcomed seven new members, and acknowledges and thanks outgoing members for their contribution: Dr Murray Thomas (Chair); community members Mr Robin Brown, Mrs Kim Jones, Ms Jacqueline Gibson-Roos and Mrs Julia Christensen; and practitioner members Mrs Janice Okine, Dr Kate Raymond and Ms Carolynne Smith.

Dr Simon Shanahan, Chair

Board members

Dr Simon Shanahan (practitioner), Chair – from 26 Nov

Dr Murray Thomas (practitioner), Chair – to 25 Nov

Ms Gulnara Abbasova (community) – from 1 Dec

Ms Ariane Anderson (practitioner) – from 26 Nov

Mr Robin Brown (community) – to 7 Dec

Dr Penelope Burns (practitioner)

Mrs Julia Christensen (community) – to 30 Nov

Dr Rhonda Cumberland (community) – from 8 Dec

Ms Jacqueline Gibson-Roos (community) – to 30 Nov

Dr Ioan Jones (practitioner) – from 26 Nov

Mrs Kim Jones (community) – to 7 Dec

Ms Penny Lello (community) – from 8 Dec

Professor Richard Logan (practitioner)

Mr Tan Nguyen (practitioner)

Mrs Janice Okine (practitioner) – to 25 Nov

Dr Kerrie O'Rourke (practitioner) – from 26 Nov

Dr Kate Raymond (practitioner) – to 7 Dec

Ms Carolynne Smith (practitioner) – to 25 Nov

Professor Craig Zimitat (community) – from 1 Dec

Ms Maja Doma is the Executive Officer, Dental, at 30 June. Mr Mark Ford was the Executive Officer, Dental, to 27 October.

For more information, see the online appendices and www.dentalboard.gov.au.

Registration

28,406 dental practitioners

- Up **3.0%** from 2023/24
- **3.0%** of all registered health practitioners

1,482 first-time registrants

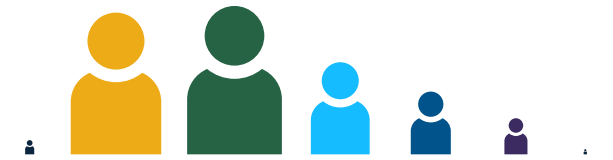
- **1,012** domestic (including new graduates)
- **470** international

0.6% identified as Aboriginal and/or Torres Strait Islander

Figure 17. Gender

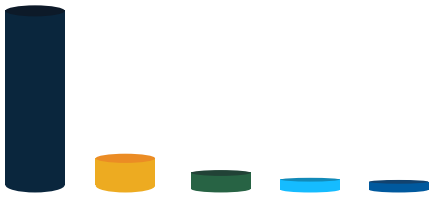
- **57.0%** Female
- **43.0%** Male

Figure 18. Age



<25	25–34	35–44	45–54	55–64	65–74	75+
2.8%	28.1%	29.9%	18.5%	12.5%	6.8%	1.4%

Figure 19. Divisions



- **74.4%** Dentist
- **12.5%** Oral health therapist
- **7.0%** Dental hygienist
- **4.6%** Dental prosthetist
- **3.7%** Dental therapist

- **98.1%** Registered in one division
- **1.5%** Registered in two divisions
- **0.4%** Registered in three divisions

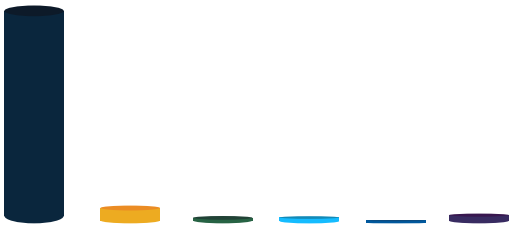
Regulation

889 notifications lodged with Ahpra about **646** dental practitioners

1,544 notifications about **1,124** dental practitioners made Australia-wide, including HPCA and OHO data

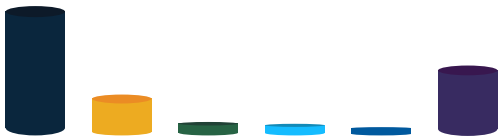
- **4.0%** of the profession Australia-wide

Figure 20. Sources of notifications



- **87.5%** Patient, relative or member of the public
- **5.4%** Other practitioner
- **1.5%** Employer
- **1.9%** Board initiated
- **0.9%** Police, government or co-regulator
- **2.8%** Other

Figure 21. Most common types of complaints



- **50.7%** Clinical care
- **13.5%** Communication
- **4.2%** Behaviour
- **3.6%** Documentation
- **2.6%** Offence against other law
- **25.4%** Other

Figure 22. Notifications closed

809 notifications closed

- **8.7%** Conditions imposed on registration or an undertaking accepted
- **1.7%** Cautioned or reprimanded
- **1.4%** Registration suspended or cancelled or disqualified from applying
- **41.3%** Referred to another body or retained by a health complaints organisation
- **47.0%** No further regulatory action (including where practitioner has taken steps to address)

37 immediate actions taken

54 mandatory notifications received

- **40** about professional standards
- **10** about impairment
- **3** about sexual misconduct
- **1** about alcohol or drugs

96 practitioners monitored for health, performance and/or conduct

21 criminal offence complaints made

11 notifications decided by a tribunal

No matters decided by a panel

3 appeals lodged

Workforce reform: Bringing more medical specialists safely and quickly to Australia

In a major milestone, the Medical Board of Australia established a new pathway to specialist registration for eligible specialist international medical graduates (SIMGs). The new Expedited Specialist pathway is designed to get more highly qualified medical specialists seeing patients in Australia safely, quickly and where they are needed. The Board launched the pathway in record time, meeting health ministers' direction to act swiftly to implement the recommendations of the *Independent review of Australia's regulatory settings relating to overseas health practitioners*, or the Kruk review (see page 10).

Reflecting workforce priorities, jurisdictions identified four priority specialties for the pathway: anaesthesia, general practice, obstetrics and gynaecology, and psychiatry. The gateway to the expedited pathway is a list of pre-approved specialist qualifications, recommended (where possible) by specialist colleges, assessed by the Australian Medical Council (AMC) as substantially equivalent or based on similar competencies as an Australian fellowship qualification and approved by the Board.

The Board opened the expedited pathway in stages: to general practice in October 2024, anaesthesia and psychiatry in December, and obstetrics and gynaecology in March 2025.

International specialists with a qualification on the approved list are eligible for specialist registration with conditions, without specialist college assessment. These practitioners must complete six months of supervised practice, orientation to the Australian health system and cultural safety education, and meet any other registration requirements.

To create the pathway, the Board reviewed and updated the specialist registration standard, which was approved by health ministers and took effect in October when the pathway opened. In a public consultation, the Board received 112 submissions providing feedback on both the registration standard and the expedited pathway.

Jurisdictions have nominated a second tranche of specialties for the pathway: diagnostic radiology, general medicine and general paediatrics. Colleges have nominated qualifications which the AMC is assessing during 2025.

By the end of June:

- 388 internationally qualified specialists had applied for registration through the Expedited Specialist pathway. Of these, 22 applications were for anaesthetics, 326 applications were for general practice, 10 applications were for obstetrics and gynaecology, and 30 applications were for psychiatry
- 178 applicants had been registered – three anaesthetists, 171 general practitioners and four psychiatrists
- 86% of applicants were from the United Kingdom.

In parallel, the Board has started reviewing the existing Specialist (Comparability) pathway to streamline assessment processes, remove duplication and ensure more timely assessments of SIMGs, in line with the Kruk review. A comprehensive consultation process is planned.

A steering committee and a stakeholder advisory group are supporting the Board's review, backed by a dedicated project team established to lead the SIMG reforms.

Medical Training Survey

More than half Australia's doctors in training – over 24,000 trainees – took part in the 2024 Medical Training Survey (MTS). Over seven years, trainees have created a robust MTS data set that is being used to improve medical training.

Results from 2024 were in line with previous years. Doctors in training reported high-quality medical training with incremental improvements in the quality of supervision, orientation, education and training on patient safety.

New MTS questions in 2024 generated further insights. While 81% of interns reported that their medical school prepared them for medical training, 62% of specialist trainees reported that the financial cost of their college training program had led to stress and 16% of specialist trainees reported that the cost of their college training program had been a barrier to progress in their training program. More than 1,000 trainees reported having experienced or witnessed sexual harassment.

The culture of medicine remains a faultline in training. Unacceptably, 33% of all trainees reported that they had experienced and/or witnessed bullying, harassment, discrimination or racism and, indefensibly, 54% of Aboriginal and Torres Strait Islander trainees experienced or witnessed these behaviours.

MTS results were published in December 2024. Longitudinal data from this study is now being used across the health system to identify hotspots and support positive change.

Cosmetic surgery and procedures

In the booming cosmetic industry, improving patient safety in cosmetic surgery and procedures remains a Board priority. All cosmetic practice-related notifications are handled by a national committee of Board members, and an Ahpra team audits cosmetic surgery advertising, acting on non-compliance.

In 2025, after extensive consultation, Ahpra and the National Boards published advance copies of two new guidelines for non-surgical cosmetic procedures. The *Guidelines for advertising higher risk non-surgical cosmetic procedures* will apply to all health practitioners, including medical practitioners. New practice guidelines will apply to all non-medical health practitioners, bringing more safeguards for patients seeking non-surgical cosmetic procedures by aligning standards across professions. Guidelines have been in place for medical practitioners since 2023.

Both guidelines will come into effect in September 2025.

CPD homes

Since 2024, most medical practitioners with practising registration have been required to have a continuing professional development (CPD) home. There are now 21 approved CPD homes after the Board approved an additional AMC-accredited CPD home in 2025. All 16 AMC-accredited specialist medical colleges are accredited CPD homes and a further five non-college CPD homes have been accredited.

The Board has actively reminded medical practitioners they need to have a CPD home to meet their registration requirements.

Other CPD upgrades flowed from the revised registration standard introduced in 2023. Under their individual CPD program, doctors now need to have a professional development plan and complete 50 hours of CPD in the prescribed mix of educational activities, review of performance and measurement of outcomes. These requirements did not change much for specialists doing their CPD with their specialist college, but represented a significant change for many medical practitioners who were previously doing self-directed CPD.

All CPD homes have reported to the Board on their members' compliance with CPD requirements in the 2024 calendar year. The Board will cross-check these data with the compliance declarations practitioners make when they renew their registration.

Other issues of concern

The Board tackled a range of important emerging issues over the reporting period to guide practitioners and support them in providing good care to patients.

Medical certificates

The Board published information reminding doctors that writing a medical certificate is a medical service that requires a real-time doctor–patient consultation for the doctor to assess the patient, provide any necessary treatment and decide whether a certificate is warranted. The Board reinforced the requirements that were already in the code of conduct and the *Guidelines: Telehealth consultations with patients*.

Artificial intelligence

Recognising that AI technology is rapidly being integrated into many areas of healthcare, Ahpra and the National Boards (including the Medical Board) issued guidance explaining how existing responsibilities in Board codes of conduct apply when practitioners use AI in their practice.

Intern jobs in telehealth

The Board became aware that interns were being targeted in job ads to join online telehealth businesses and reminded interns and business owners that interns are only permitted to work in accredited intern positions.

Myths and misconceptions about notifications

The Board issued guidance about when a treating practitioner needs to make a notification, addressing widely held myths and misconceptions.

Accessing superannuation for medical care

The Board noted an increase in patient requests for compassionate release of superannuation for medical treatment and heard concerns about the financial harm to patients who have used their superannuation to fund dental and medical treatments. The Medical and Dental Boards issued a joint statement reminding practitioners of their ethical obligations under the code of conduct when providing assistance to patients seeking release of superannuation for medical treatment.

Medicinal cannabis

The rate of prescribing THC-containing medicinal cannabis has increased dramatically in recent years, leading to patient harm. The Board will soon publish guidance to support practitioners to prescribe safely and appropriately.

Racism and discrimination

In a joint statement from Ahpra and the National Boards, the Board reminded all medical practitioners of their obligation to provide care that is respectful and free of discrimination and racism. These expectations are outlined in the code of conduct.

The Board continues to work to address these issues and promote culturally safe and discrimination-free medical practice through avenues like the MTS and strengthening cultural safety education for international medical graduates.

Accreditation

The AMC is the appointed accreditation authority for the medical profession. It is responsible for accrediting education providers and their programs of study, as well as a range of other accreditation functions that support the ongoing training and professional development of medical practitioners.

In 2024/25, the Board approved the following:

Medical school programs of study	11
Specialist medical college programs of study	4
CPD homes	3
Intern training accreditation authorities	3
Programs of study for endorsement for acupuncture	1

Stakeholder engagement

Newsletters and media

The Board published 10 editions of the *Medical Board Update* and two editions of a newsletter for medical students.

The Board responded to many media requests for comment on a range of issues. We also received requests for comment about individual practitioners and answered with limited information, guided by law.

Meetings with stakeholders

The Board has an active program of stakeholder engagement that includes regular meetings with the:

- Australian Medical Association – annual workshop on 5 December
- Australian Medical Council
- Medical Council of New South Wales
- Medical Council of New Zealand
- specialist colleges through the Council of Presidents of Medical Colleges
- professional indemnity providers
- Drs4Drs – the Board provides more than $2 million funding annually for state-based health services for all medical practitioners and students.

Internal engagement

The Board has a program of internal stakeholder engagement to promote consistency in decision making and respond to feedback from our decision makers, including:

- regular meetings with the chairs of state and territory boards
- regular professional development for decision makers at both the local level and nationally.

Consultations and registration standards

Health ministers approved two revised registration standards:

- *Specialist registration*
- *English language skills*.

The Board consulted on *Health checks for late career doctors* and is considering next steps.

The Board, together with other Boards, consulted on the:

- *Criminal history registration standard*
- *Supervised practice framework*
- *Guidelines for advertising higher risk non-surgical cosmetic procedures*.

New fields of specialty practice

The Board can make recommendations to health ministers about whether an area of medicine should be recognised as a specialty for the purposes of specialist registration. Only medical practitioners with specialist registration can call themselves specialist medical practitioners.

The Board considered the final assessment reports, including the outcomes of public consultation, of two proposals for the recognition of new fields of specialty practice: genetic pathology and rural generalist medicine. Based on the AMC's advice, the Board recommended both proposals to health ministers. In June, health ministers approved genetic pathology as a new field of specialty practice within the specialty of pathology. The Board is awaiting health ministers' decision on rural generalist medicine.

Dr Susan O'Dwyer, Chair

Board members

Dr Susan O'Dwyer, Chair (practitioner) – from 8 Dec

Dr Anne Tonkin, Chair (practitioner) – to 7 Dec

Associate Professor Stephen Adelstein (practitioner) – to 6 Dec

Mr Mark Bodycoat (community) – to 6 Dec

Dr Kerrie Bradbury (practitioner) – to 6 Dec

Ms Christine Gee (community) – from 5 Dec

Dr Samuel Goodwin (practitioner) – to 9 Dec

Dr Daniel Heredia (practitioner)

Ms Eileen Jerga AM (community)

Associate Professor Kudzai Kanhutu (practitioner) – from 9 Dec

Associate Professor Ian Lee (community) – from 7 Dec

Dr Andrew Mulcahy (practitioner)

Dr Debra O'Brien (practitioner) – to 8 Dec

Dr Hemanshu (Hemi) Patel (practitioner) – from 10 Dec

Dr Aidan Tan (practitioner) – from 7 Dec

Ms Donna Thomas (community)

Associate Professor Mary White (practitioner) – from 8 Dec

Ms Fearn (Michelle) Wright (community) – to 4 Dec

Dr Joanne Katsoris is the Executive Officer, Medical.

For more information, see the online appendices and www.medicalboard.gov.au.

Registration

148,185 medical practitioners

- Up **3.9%** from 2023/24
- **15.4%** of all registered health practitioners

9,072 first-time registrants

- **4,125** domestic (including new graduates)
- **4,947** international

0.6% identified as Aboriginal and/or Torres Strait Islander

Figure 23. Gender

● **47.2%** Female ● **52.8%** Male

Figure 24. Age

<25	25–34	35–44	45–54	55–64	65–74	75+
1.1%	26.4%	27.7%	20.2%	13.8%	8.1%	2.8%

Table 1. Specialties

Addiction medicine	198
Anaesthesia	6,228
Dermatology	690
Emergency medicine	3,891
General practice	36,456
Intensive care medicine	1,236
Medical administration	346
Obstetrics and gynaecology	2,409
Occupational and environmental medicine	288
Ophthalmology	1,115
Paediatrics and child health	4,239
Pain medicine	434
Palliative medicine	532
Pathology	2,483
Physician	14,194
Psychiatry	4,969
Public health medicine	446
Radiation oncology	501
Radiology	3,253
Rehabilitation medicine	647
Sexual health medicine	135
Sport and exercise medicine	179
Surgery	6,625
Total	**91,494**

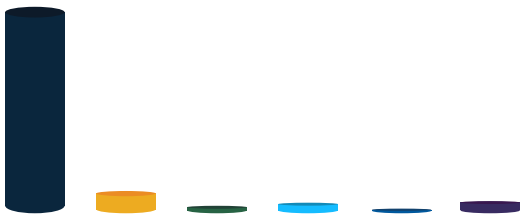
Regulation

7,562 notifications lodged with Ahpra about **5,217** medical practitioners

12,744 notifications about **9,087** medical practitioners made Australia-wide, including HPCA and OHO data

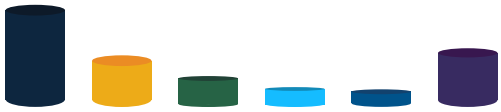
- **6.1%** of the profession Australia-wide

Figure 25. Sources of notifications



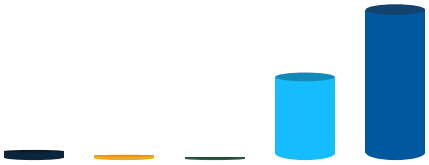
- **82.7%** Patient, relative or member of the public
- **7.2%** Other practitioner
- **1.9%** Employer
- **3.2%** Police, government or co-regulator
- **1.0%** Board initiated
- **3.9%** Other

Figure 26. Most common types of complaints



- **38.6%** Clinical care
- **17.3%** Communication
- **11.0%** Medication
- **6.8%** Documentation
- **5.4%** Behaviour
- **20.9%** Other

Figure 27. Notifications closed



7,039 notifications closed

- **3.2%** Conditions imposed on registration or an undertaking accepted
- **1.4%** Cautioned or reprimanded or fined
- **0.7%** Registration suspended or cancelled or disqualified from applying
- **33.3%** Referred to another body or retained by a health complaints organisation
- **61.3%** No further regulatory action (including where practitioner has taken steps to address)

374 immediate actions taken

503 mandatory notifications received

- **315** about professional standards
- **112** about impairment
- **59** about sexual misconduct
- **17** about alcohol or drugs

462 practitioners monitored for health, performance and/or conduct

147 criminal offence complaints made

73 notifications decided by a tribunal

1 matter decided by a panel

56 appeals lodged

Medical radiation practitioners

Medical Radiation Practice Board Ahpra

Visibility and engagement

The Board expanded engagement with national and international stakeholders to strengthen collaboration and professional visibility. We participated in events including conferences held by the Australian Society of Medical Imaging and Radiation Therapy, the Australian and New Zealand Society of Nuclear Medicine, and Indigenous Allied Health Australia.

As part of our commitment to cultural safety, we engaged an Indigenous artist to develop a design that will be central to our persona and recognisable to all medical radiation practitioners.

The Board met with the Medical Radiation Practice Council of NSW and the New Zealand Medical Radiation Technologists Board to explore joint projects that promote collaboration and international engagement. We also held two webinars for medical radiation students in Australia in August and September, which were attended by more than 400 students.

Safe professional practice

Maintaining public safety through ethical and accountable practice remains a priority. We published information on informed consent and the safe use of digital systems, emphasising individual access to patient records and discouraging the use of generic logins. We completed a review of national exam content to improve exam validity and reliability. This supports reliable and fair assessment of practitioner readiness for safe practice.

We also shared information about research on the use of medicines by practitioners and the impact of AI on professional accountability. These initiatives inform not only future practice but regulatory responses that promote safe, evidence-informed care.

Cost-effective regulation

The Medical Radiation Practice Board of Australia continues to be attentive to setting affordable registration fees to recover the costs of effective delivery of regulatory functions under our Health Profession Agreement.

Fees also recover the cost of funding Board-specific investment in supported regulatory operations, consultation on professional capabilities, and education initiatives such as Teaching and Mentoring on the Run.

Future workforce and capability

We continued to support workforce development and a culturally safe profession. Public consultation on revised professional capabilities marked an important milestone in our strategic plan. We thank the members of the project working group for their expert advice and guidance.

We supported the development of an embedded learning model by RMIT University and Queensland Health, and congratulate them for their innovative approach to nuclear medicine education. This model offers opportunities for students to combine remote learning with clinical placement, while living in their community. It further strengthens and supports our objectives of inclusive pathways for Aboriginal and Torres Strait Islander Peoples into the profession and promoting culturally safe care.

The final phase of the current strategic work plan has brought success but also revealed future challenges and opportunities for strengthening the profession through engagement, innovation and effective regulation. We thank all medical radiation practitioners for their dedication to patient care and look forward to continuing our collective efforts to ensure a strong, adaptable and future-ready workforce.

Ms Cara Miller, Chair

Board members

Ms Cara Miller (practitioner), Chair

Mr Richard Bialkowski (community)

Ms Joan Burns (community)

Mr Anthony Buxton (practitioner)

Mrs Shannon Crick (practitioner)

Ms Lucy Galloway (practitioner)

Mrs Monique Gaspar (practitioner)

Miss Nicole Gatt (community)

Mrs Kate Henderson (community)

Miss Suzanne McGavin (practitioner)

Mr Brendan McKernan (practitioner) – to 20 Jun

Mr Travis Pearson (practitioner)

Mr Adam Reinhard is the Executive Officer, Medical Radiation Practice.

For more information, see the online appendices and www.medicalradiationpracticeboard.gov.au.

Registration

20,626 medical radiation practitioners

- Up **3.9%** from 2023/24
- **2.1%** of all registered health practitioners

1,265 first-time registrants

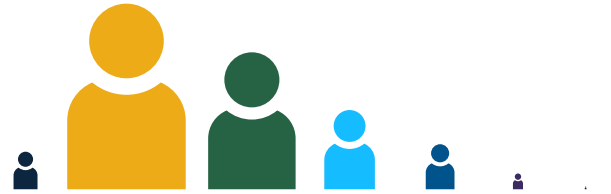
- **963** domestic (including new graduates)
- **302** international

0.6% identified as Aboriginal and/or Torres Strait Islander

Figure 28. Gender

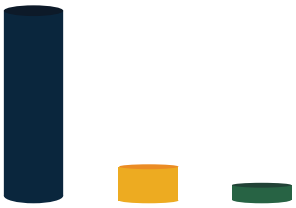
- **69.2%** Female
- **30.7%** Male

Figure 29. Age



<25	25–34	35–44	45–54	55–64	65–74	75+
7.6%	37.1%	27.4%	15.8%	8.9%	3.1%	0.1%

Figure 30. Divisions



- **79.1%** Diagnostic radiographer
- **14.4%** Radiation therapist
- **6.6%** Nuclear medicine technologist

- **99.9%** Registered in one division
- **0.1%** Registered in two divisions

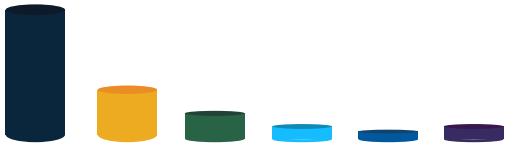
Regulation

54 notifications lodged with Ahpra about **37** medical radiation practitioners

91 notifications about **71** medical radiation practitioners made Australia-wide, including HPCA and OHO data

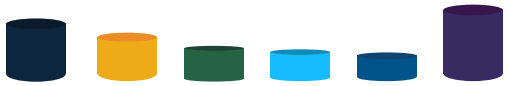
- **0.3%** of the profession Australia-wide

Figure 31. Sources of notifications



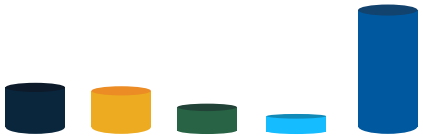
- **53.7%** Patient, relative or member of the public
- **20.4%** Other practitioner
- **11.1%** Employer
- **5.6%** Police, government or co-regulator
- **3.7%** Board initiated
- **5.6%** Other

Figure 32. Most common types of complaints



- **22.2%** Clinical care
- **16.7%** Communication
- **13.0%** Breach of non-offence provision in the National Law
- **11.1%** Offence against other law
- **9.3%** Behaviour
- **27.8%** Other

Figure 33. Notifications closed



62 notifications closed

- **17.7%** Conditions imposed on registration
- **16.7%** Referred to another body or retained by a health complaints organisation
- **9.7%** Cautioned or reprimanded
- **6.5%** Registration suspended or cancelled
- **50.0%** No further regulatory action (including where practitioner has taken steps to address)

10 immediate actions taken

13 mandatory notifications received

- **9** about professional standards
- **2** about impairment
- **2** about alcohol or drugs

10 practitioners monitored for health, performance and/or conduct

2 criminal offence complaints made

6 notifications decided by a tribunal

1 matter decided by a panel

1 appeal lodged

Nurses and midwives

Nursing and Midwifery Board Ahpra

Highlights

Streamlined pathways to registration for internationally qualified registered nurses

In April, the Nursing and Midwifery Board's (NMBA) new *Registration standard: General registration for internationally qualified registered nurses* came into effect. The pathways make it easier and faster for eligible nurses from NMBA-approved comparable jurisdictions to register and work in Australia. Nurses who meet the requirements can now complete registration in one to six months. The new process saves time and reduces costs for travel, accommodation and exams. It builds on existing pathways and supports the Board's commitment to improving access to skilled nurses across the country.

More flexible English language pathways

In March, the NMBA's updated *Registration standard: English language skills* took effect. It offers three flexible pathways to show English proficiency and supports safe, effective communication in healthcare. The revised standard reduces barriers for internationally qualified nurses and midwives, and expands the number of recognised countries, while maintaining public safety and reflecting current evidence and best practice.

Boards unite for culturally safe healthcare

In June, we joined the Aboriginal and Torres Strait Islander Health Practice Board of Australia in Garramilla (Darwin) to showcase the strength and value of interprofessional collaboration.

In an important step toward striving for health equity and eliminating racism for Aboriginal and Torres Strait Islander Peoples, the Boards shared videos and images of what genuine, respectful, racism-free collaboration between practitioners can look like. The resources build on the *Fact sheet: Guidance for nurses and midwives working with Aboriginal and Torres Strait Islander Health Practitioners*.

Discrimination and racism in healthcare will not be tolerated

In a joint statement from Ahpra and the National Boards, the NMBA reinforced its expectations that all nurses and midwives deliver care that is culturally safe, respectful and free from discrimination and racism. These expectations are set out in the codes of conduct for nurses and midwives and supported by the NMBA's professional practice framework.

We continue to work with partners across the health system to promote inclusive, culturally safe practice and to uphold public trust. Regulation plays a vital role in protecting the public and supporting a professional environment where all practitioners are treated with respect.

New standard to enable registered nurse prescribing

In a significant step forward for the nursing profession, the NMBA announced its new *Registration standard: Endorsement for scheduled medicines – designated registered nurse prescriber*. The standard aims to improve access to high-quality, reliable medicines for all Australians, particularly those in rural and remote areas.

The new standard recognises the growing demand for access to timely, affordable healthcare by enabling designated registered nurse prescribers to prescribe Schedule 2, 3, 4 and 8 medicines in partnership with authorised health practitioners under a clinical governance framework and an active prescribing agreement. It will come into effect in late 2025.

The change follows extensive consultation with nurses, educators, employers and the public. Feedback from more than 1,000 submissions helped shape the standard and guidelines, ensuring they are clear, safe and fit for purpose. Australia is well positioned to follow the lead of comparable healthcare systems where registered nurse prescribing is already delivering successful outcomes.

To apply for the endorsement, registered nurses will need to complete an NMBA-approved program of study and meet all registration requirements. The Australian Nursing and Midwifery Accreditation Council (ANMAC) released accreditation standards in January, with the first cohort of students expected to graduate in mid-2026.

The scope of prescribing will align with each designated registered nurse prescriber's role, the prescribing agreement and relevant legislation. The endorsement supports team-based care and aims to relieve pressure on the health system by making better use of the nursing workforce.

Advance copies of the standard and guidelines, along with a fact sheet, were published in May to support early preparation. While the NMBA and Ahpra have led development of the regulatory framework alongside a Registered Nurse Prescribing Working Group chaired by Chief Nursing and Midwifery Officer Alison McMillan, successful implementation will require collaboration across governments, education providers, employers, health services and the profession.

Proactive regulation

The NMBA continues to pursue proactive regulation through initiatives that anticipate emerging risk and support the nursing and midwifery workforce. New non-surgical cosmetic procedure guidelines, which come into effect in September 2025, enhance patient safety and practitioner accountability. The NMBA, with Ahpra and the other National Boards, also published new guidance on meeting professional obligations when using AI in healthcare.

Late fees waived

Acknowledging the challenges of transitioning to the new online Ahpra practitioner portal, we waived late fees in full to ensure no practitioner was disadvantaged throughout the renewal process.

Accreditation

ANMAC is the authority responsible for accrediting education providers and programs of study for the nursing and midwifery profession. Together with the NMBA, it works to protect the health and safety of all Australians by establishing high-quality standards of nursing and midwifery education, training and assessment.

Registration standards, codes and guidelines

The NMBA develops registration standards, professional codes, guidelines and standards for practice which together establish the requirements for the professional and safe practice of nurses and midwives in Australia. We are committed to periodically reviewing its professional practice framework and widely consults stakeholders to understand their views and improve its work.

In 2024/25, the NMBA reviewed, approved, published or consulted on a range of its regulatory documents, including:

- *Enrolled nurse and registered nurse standards for practice*
- *Registration standard: Private indemnity insurance*
- *Safety and quality guidelines for privately practising midwives*
- *Fact sheet: Information for registered nurses and midwives – Practice in maternal, child and family health roles*
- *Registration standard: Endorsement for scheduled medicines for midwives*
- *Registration standard: Recency of practice*
- *Registration standard: Continuing professional development*
- *Fact sheet: Dual registration with both the Nursing and Midwifery Board of Australia and the Paramedicine Board of Australia*
- *Nurse practitioner regulatory framework*

Stakeholder engagement

Newsletters and media

The NMBA published six editions of its newsletter and one edition of *Employer Connect*, which features news, information and resources relevant to employers.

We responded to a number of media requests related to a range of topics including registered nurse prescribing, non-surgical cosmetic procedures, the *Midwifery Futures* report, the international workforce and requests for comment on individual practitioners.

Meetings and conferences

The NMBA actively engages with stakeholders to ensure that regulatory decisions reflect the diverse requirements of Australia's nursing and midwifery workforce and are responsive to the evolving needs of the Australian healthcare system. In April, we hosted a webinar for all external stakeholders to provide an update on nursing and midwifery regulation in Australia.

The NMBA attended a range of domestic and international nursing and midwifery conferences. We also held regular meetings with representative bodies, specialist colleges, accreditation authorities, support providers, and international nursing and midwifery regulators, as well as the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives.

Adjunct Professor Veronica Casey AM, Chair

Board members

Adjunct Professor Veronica Casey AM (practitioner), Chair

Mrs Theresa Best (community)

Mr David Carpenter (practitioner)

Ms Felicity Dalzell (practitioner) – from 9 Nov

Ms Sonja Ilievska (community)

Ms Penelope Marshall (practitioner)

Ms Paula Medway (practitioner)

Miss Rebecca North (practitioner) – from 25 Nov

Ms Catherine Schofield (practitioner)

Ms Louise Southalan (community) – from 14 Nov

Ms Annette Symes (practitioner) – to 24 Nov

Ms Alison Verhoeven (community)

Mrs Jennifer Wood (practitioner) – to 22 Nov

Ms Alessandra Peck is the Executive Officer, Nursing and Midwifery.

For more information, see the online appendices and www.nursingmidwiferyboard.gov.au.

Midwifery Futures outlines options to boost workforce

In October, the NMBA released *Midwifery Futures: Building the Australian midwifery workforce*. The report, delivered by the Burnet Institute and funded in collaboration with the Chief Nursing and Midwifery Officers of Australia and New Zealand, presents a strong case for change to grow and support the midwifery workforce.

Informed by consultation with more than 1,000 midwives, students, educators, consumers and health services, the report explores how regulation can better enable safe, flexible and sustainable midwifery practice across all settings. It highlights the importance of culturally safe care, continuity of care, and improved support for midwives, particularly in rural and remote areas.

The findings reflect the NMBA's commitment to strengthening the profession and improving outcomes for women, babies and families. *Midwifery Futures* lays the foundation for future regulatory reform, ensuring midwifery regulation remains responsive to the evolving needs of the workforce and the communities it serves.

Table 2. Divisions and endorsements

Nurses by division	
Enrolled nurse	69,687
Enrolled nurse and registered nurse	11,981
Registered nurse	416,605
Total	**498,273**
Dual-registered nurses and midwives by division	
Enrolled nurse and midwife	120
Enrolled nurse and registered nurse and midwife	111
Registered nurse and midwife	25,341
Total	**25,572**
Nurses with endorsements	
Nurse practitioner	3,194
Total	**3,194**
Midwives with endorsements	
Midwife practitioner	1
Scheduled medicines	1,506
Total	**1,507**

Snapshot dual registered

25,572 registered as both nurse and midwife

- Down **2.5%** from 2023/24
- **2.7%** of all registered health practitioners

Figure 34. Gender

● **98.5%** Female; ● **1.5%** Male

Snapshot nurses

523,845 nurses (including those also registered as midwives)

- Up **3.9%** from 2023/24
- **54.6%** of all registered health practitioners

38,854 first-time registrants

- **22,699** domestic (including new graduates)
- **16,155** international

1.5% identified as Aboriginal and/or Torres Strait Islander (including those also registered as midwives)

Figure 35. Gender

● **87.9%** Female ● **12.1%** Male

Figure 36. Age

<25	25–34	35–44	45–54	55–64	65–74	75+
5.8%	28.2%	27.4%	17.2%	15.1%	5.9%	0.4%

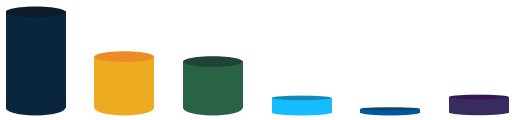
Nurse regulation

2,219 notifications lodged with Ahpra about **1,647** nurses

3,872 notifications about **2,800** nurses made Australia-wide, including HPCA and OHO data

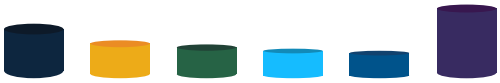
- **0.5%** of the profession Australia-wide

Figure 37. Sources of notifications



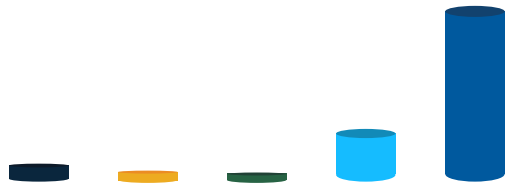
- **41.5%** Patient, relative or member of the public
- **22.6%** Employer
- **20.5%** Other practitioner
- **6.4%** Police, government or co-regulator
- **2.2%** Board initiated
- **6.8%** Other

Figure 38. Most common types of complaints



- **18.5%** Clinical care
- **13.1%** Behaviour
- **11.6%** Offence against other law
- **10.5%** Health impairment
- **9.6%** Communication
- **36.7%** Other

Figure 39. Notifications closed



1,934 notifications closed

- **6.0%** Conditions imposed on registration or an undertaking accepted
- **3.4%** Cautioned or reprimanded
- **2.6%** Registration suspended or cancelled or disqualified from applying
- **18.4%** Referred to another body or retained by a health complaints organisation
- **69.6%** No further regulatory action (including where practitioner has taken steps to address)

264 immediate actions taken

617 mandatory notifications received

- **356** about professional standards
- **162** about impairment
- **51** about sexual misconduct
- **48** about alcohol or drugs

353 practitioners monitored for health, performance and/or conduct

87 criminal offence complaints made

64 notifications decided by a tribunal

No matters decided by a panel

12 appeals lodged

Snapshot midwives

34,347 midwives (including those also registered as nurses)

- Down **0.5%** from 2023/24
- **3.6%** of all registered health practitioners

1,740 first-time registrants

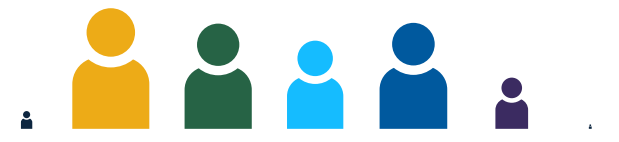
- **1,471** domestic (including new graduates)
- **269** international

1.7% identified as Aboriginal and/or Torres Strait Islander (including those also registered as nurses)

Figure 40. Gender

- **98.8%** Female
- **1.2%** Male

Figure 41. Age



<25	25–34	35–44	45–54	55–64	65–74	75+
3.8%	24.0%	21.2%	17.7%	21.9%	10.6%	0.8%

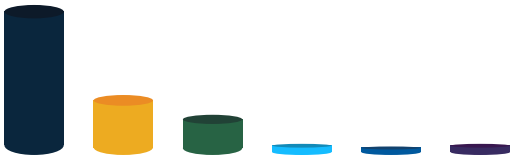
Midwife regulation

130 notifications lodged with Ahpra about **90** midwives

217 notifications about **160** midwives made Australia-wide, including HPCA and OHO data

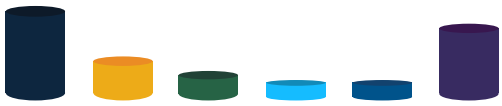
- **0.5%** of the profession Australia-wide

Figure 42. Sources of notifications



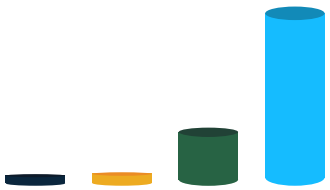
- **57.7%** Patient, relative or member of the public
- **20.8%** Other practitioner
- **13.1%** Employer
- **3.1%** Police, government or co-regulator
- **2.3%** Board initiated
- **3.1%** Other

Figure 43. Most common types of complaints



- **35.4%** Clinical care
- **14.6%** Communication
- **9.2%** Behaviour
- **6.2%** Confidentiality
- **6.2%** Offence against other law
- **28.5%** Other

Figure 44. Notifications closed



126 notifications closed

- **4.0%** Conditions imposed on registration or an undertaking accepted
- **5.6%** Cautioned or reprimanded
- **20.6%** Referred to another body or retained by a health complaints organisation
- **70.0%** No further regulatory action (including where practitioner has taken steps to address)

9 immediate actions taken

22 mandatory notifications received

- **12** about professional standards
- **7** about impairment
- **3** about alcohol or drugs

13 practitioners monitored for health, performance and/or conduct

7 criminal offence complaints made

No notifications decided by a tribunal

No matters decided by a panel

2 appeals lodged

Occupational therapists

Occupational Therapy Board Ahpra

Focus on workforce

Growing a safe workforce involves responding to the current shortage and uneven distribution of registered occupational therapists, while ensuring that the public continues to receive safe services.

The Occupational Therapy Board of Australia published a fact sheet summarising findings about occupational therapists who participated in Ahpra's Workforce Retention and Attrition Project. We are working with stakeholders to discuss the factors linked to the retention and attrition of occupational therapists in Australia, and to target issues including burnout.

The Board has developed streamlined qualification assessment and registration pathways for overseas-qualified practitioners. The new pathways will allow overseas-qualified practitioners to apply directly for general registration if they hold qualifications that are substantially equivalent or based on similar competencies to Australian qualifications. These pathways will open in late 2025.

The Board is also working to streamline assessment of all overseas qualifications so that appropriately qualified occupational therapists can more easily apply for registration to work in Australia.

Other work underway includes identifying formal education pathways for safe re-entry to practice for occupational therapists who wish to return to the profession after taking a substantial break.

Accreditation

The Board continued to approve the accreditation of new programs of study, and reviewed existing programs throughout the year.

There are now 71 occupational therapy programs of study delivered by 27 education providers across Australia. This is a 48% increase in programs of study since the end of 2023/24.

Stakeholder engagement

The Board met with key stakeholders including:

- Occupational Therapy Australia (the national professional association)
- Occupational Therapy Council of Australia
- Occupational Therapy Council of New South Wales
- Occupational Therapy Board of New Zealand.

These meetings provided the chance to discuss emerging issues and identify opportunities to enhance collaboration on activities that are being carried out across the respective organisations.

- The Board also completed a preliminary consultation to review the *Australian Occupational Therapy Competency Standards*, engaging with People with Disability Australia, Indigenous Allied Health Australia, Occupational Therapy Australia, and the Occupational Therapy Council of Australia.
- In December, the Board attended Indigenous Allied Health Australia's annual conference to continue Board members' journeys of unlearning structural racism and to hear the perspectives of Aboriginal and Torres Strait Islander Peoples in healthcare.

The Board hosted events in Hobart in October and Adelaide in December to meet with local practitioners and share important information and discuss their issues and concerns. Engagement with local practitioners was valuable for keeping the Board informed about emerging issues for occupational therapists.

Other news

In December, we said farewell to Dr Claire Pearce, who was a practitioner member from the Australian Capital Territory and had been on the Board since March 2021. Our sincere thanks to Claire for her commitment to regulating occupational therapists and her contributions to the National Scheme.

In July, the Board was fortunate to welcome a new member: Ms Nicole Manganaro, practitioner member from Western Australia. In December, we welcomed two new members: Adjunct Professor Petrina Coventry, community member from South Australia, and Ms Amrita Sinha, practitioner member from Tasmania.

Ms Rebecca Singh, Chair

Board members

Ms Rebecca Singh (practitioner), Chair

Ms Kate Andrews (practitioner)

Mr Darryl Annett (community)

Professor Petrina Coventry (community) – from 3 Dec

Ms Nicole Manganaro (practitioner) – from 9 Jul

Ms Jennifer Morris (community)

Dr Claire Pearce PhD (practitioner) – to 15 Dec

Associate Professor Justin Scanlan (practitioner)

Ms Amrita Sinha (practitioner) – from 16 Dec

Ms Angela Thynne (practitioner)

Dr Vanessa Oelkers PhD is the Executive Officer, Occupational Therapy.

For more information, see the online appendices and www.occupationaltherapyboard.gov.au.

Registration

34,423 occupational therapists

- Up **7.4%** from 2023/24
- **3.6%** of all registered health practitioners

2,789 first-time registrants

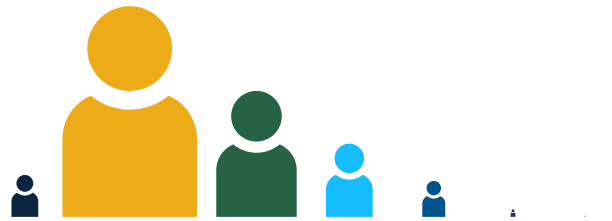
- **2,273** domestic (including new graduates)
- **516** international

0.7% identified as Aboriginal and/or Torres Strait Islander

Figure 45. Gender

- **89.1%** Female
- **10.9%** Male

Figure 46. Age



<25	25–34	35–44	45–54	55–64	65–74	75+
8.3%	42.3%	25.8%	14.8%	6.9%	1.7%	0.1%

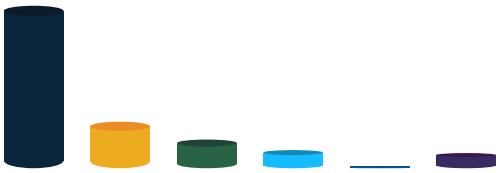
Regulation

165 notifications lodged with Ahpra about **128** occupational therapists

268 notifications about **212** occupational therapists made Australia-wide, including HPCA and OHO data

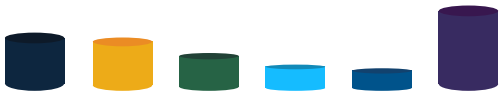
- **0.6%** of the profession Australia-wide

Figure 47. Sources of notifications



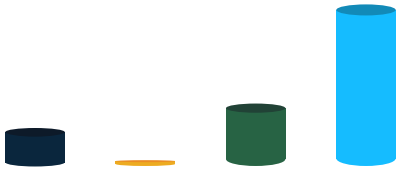
- **64.2%** Patient, relative or member of the public
- **15.8%** Other practitioner
- **9.1%** Employer
- **5.5%** Police, government or co-regulator
- **0.6%** Board initiated
- **4.8%** Other

Figure 48. Most common types of complaints



- **20.0%** Clinical care
- **18.8%** Documentation
- **13.3%** Communication
- **9.1%** Behaviour
- **7.3%** Boundary violation
- **31.5%** Other

Figure 49. Notifications closed



129 notifications closed

- **12.4%** Conditions imposed on registration or an undertaking accepted
- **1.6%** Cautioned or reprimanded
- **22.5%** Referred to another body or retained by a health complaints organisation
- **63.6%** No further regulatory action (including where practitioner has taken steps to address)

7 immediate actions taken

26 mandatory notifications received

- **17** about professional standards
- **6** about impairment
- **3** about sexual misconduct

16 practitioners monitored for health, performance and/or conduct

16 criminal offence complaints made

No notifications decided by a tribunal

No matters decided by a panel

2 appeals lodged

Optometrists

Optometry Board Ahpra

Stakeholder engagement

In March, the Optometry Board of Australia hosted its annual meeting of the Optometry Regulatory Reference Group in Melbourne. Attendees included key stakeholders in the optometry profession from Australia and New Zealand. Members also welcomed a guest presentation from the First Nations Eye Health Alliance.

Representatives of the Board and committees attended the Indigenous Allied Health Australia National Conference in November, and the National Aboriginal and Torres Strait Islander Eye Health Conference in May, as the Board continued to build relationships and networks.

The Board welcomed the Chair of the Optometrists and Dispensing Opticians Board of New Zealand to its meeting in Melbourne in May. It also participated in the National Scheme Combined Meeting along with Ahpra, other National Boards, and other regulatory and accreditation stakeholders.

Policy updates

The Board, together with 12 other National Boards, published an updated *Registration standard: English language skills*, and progressed public consultation on the *Supervised practice framework* and the *Registration standard: Criminal history,* along with the other National Boards. The Board also undertook preliminary consultation on the *Registration standard: Endorsement for scheduled medicines*, as well as on *Guidelines for use of scheduled medicines*. We also participated in the review of the National Prescribing Competencies Framework.

The Board, with Ahpra and the other National Boards, published new guidance on meeting professional obligations when using AI in healthcare. The aim is to support practitioners to use AI safely and in the best interest of their patients.

In memoriam

It is with great sadness that we acknowledge the passing of Mr Terence Wong, practitioner member from New South Wales. Terence was a dedicated and valued contributor to the Board's work, known for his analytical mind, his insightful perspectives and his commitment to serving the community. His professionalism and integrity will leave a lasting impression on all who had the privilege of working with him.

Other news

Four Board members finished their terms in December. We extend our thanks for their valuable contributions. They are Dr Carla Abbott PhD, practitioner member from Victoria; Mr Anthony Evans and Associate Professor Rosemary Knight, both community members; and Mr Martin Robinson, practitioner member from Tasmania. We would also like to thank Professor Sharon Bentley, practitioner member from Queensland, who finished in May.

We were pleased to welcome Ms Ingrid Diep, practitioner member from the Northern Territory, and Dr Amanda Mead, community member, who were appointed to the Board in December.

Mr Stuart Aamodt, Chair

Board members

Mr Stuart Aamodt (practitioner), Chair

Dr Carla Abbott PhD (practitioner) – to 1 Dec

Professor Sharon Bentley (practitioner) – to 16 May

Ms Ingrid Diep (practitioner) – from 2 Dec

Mr Anthony Evans (community) – to 2 Dec

Mr Benjamin Graham (community)

Associate Professor Rosemary Knight (community) – to 1 Dec

Dr Amanda Mead (community) – from 2 Dec

Mr Martin Robinson (practitioner) – to 1 Dec

Ms Renee Slunjski (practitioner)

Mr Terence Wong (practitioner) – to 19 Jun

Ms Lynda Pham is the Executive Officer, Optometry.

For more information, see the online appendices and www.optometryboard.gov.au.

Registration

7,340 optometrists

- Up **4.1%** from 2023/24
- **0.8%** of all registered health practitioners

437 first-time registrants

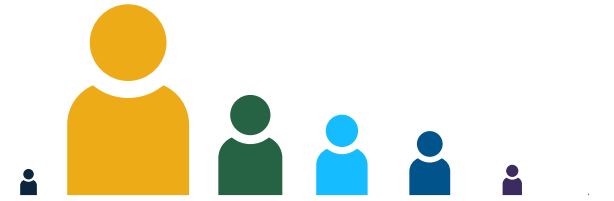
- **410** domestic (including new graduates)
- **27** international

0.2% identified as Aboriginal and/or Torres Strait Islander

Figure 50. Gender

● **60.1%** Female ● **39.9%** Male

Figure 51. Age



<25	25–34	35–44	45–54	55–64	65–74	75+
5.6%	38.4%	20.6%	16.3%	12.8%	6.0%	0.4%

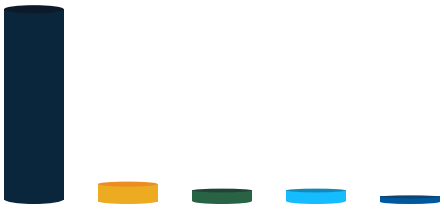
Regulation

41 notifications lodged with Ahpra about **35** optometrists

81 notifications about **71** optometrists made Australia-wide, including HPCA and OHO data

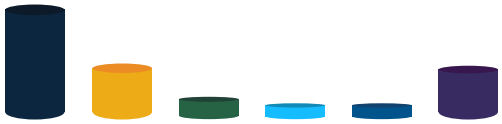
- **1.0%** of the profession Australia-wide

Figure 52. Sources of notifications



- **80.5%** Patient, relative or member of the public
- **7.3%** Employer
- **4.9%** Other practitioner
- **4.9%** Board initiated
- **2.4%** Police, government or co-regulator

Figure 53. Most common types of complaints



- **43.9%** Clinical care
- **19.5%** Communication
- **7.3%** Medication
- **4.9%** Offence against other law
- **4.9%** Behaviour
- **19.5%** Other

Figure 54. Notifications closed

35 notifications closed

- **17.1%** Conditions imposed on registration or an undertaking accepted
- **28.6%** Referred to another body or retained by a health complaints organisation
- **54.3%** No further regulatory action (including where practitioner has taken steps to address)

1 immediate action taken

3 mandatory notifications received

- **1** about professional standards
- **1** about impairment
- **1** about alcohol or drugs

6 practitioners monitored for health, performance and/or conduct

1 criminal offence complaint made

1 notification decided by a tribunal

No matters decided by a panel

No appeals lodged

Osteopaths

Osteopathy Board Ahpra

The evolving needs of modern regulation

With the increased focus on workforce, osteopaths were one of nine regulated health professions surveyed as part of Ahpra and the National Boards' Workforce Retention and Attrition Project. A total of 25,752 practitioners, including 629 osteopaths, were surveyed. The osteopath-specific results of this project were submitted by the Board and accepted as conference papers for two international conferences in Auckland and Toronto in 2025. The combined research was published in the *Australian Health Review*.

Issues this year

The Osteopathy Board of Australia set up a Low Risk Early Determination Committee to reduce the time to complete lower risk concerns and reduce the impact of the increase in notifications. The committee comprises two Board members and one Ahpra senior staff member, and aims to close the lowest risk matters (matters that could be closed without further information from the practitioner) faster. Most concerns, however, will still be considered by the Registration and Notifications Committee.

Accreditation

Following a scheduled review of accreditation arrangements, Ahpra and the Australian Osteopathic Accreditation Council (AOAC) co-signed the *Agreement for Accreditation Functions 2024–2029*. The Board looks forward to continuing the program of accreditation work with the AOAC.

Retirement of record keeping guidelines

During the year, the Board conducted preliminary and extensive public consultation on future options for the *Guidelines on clinical records* for osteopaths, which were published in 2012. Based on feedback from a broad range of stakeholders, and with more contemporary and shared regulatory documents in use, the Board decided that it would be appropriate to retire these guidelines.

Stakeholder engagement

Local

In March, the Board held a forum in Hobart for osteopathy registrants.

Regular, mainly virtual, meetings were held separately with the AOAC, the Osteopathy Council of New South Wales and Osteopathy Australia.

Two newsletters were sent to registered osteopaths and students, and the Board published social media posts on various issues and events such as World Osteopathic Healthcare Week in April. Educational video resources were also published, featuring Board members speaking about key registration and practice topics. Regular messaging about private indemnity insurance (PII) resulted in fewer practitoners failing to maintain their PII in 2024/25.

The Board Chair met with final-year students at each university program of study, providing an opportunity for them to ask questions of the regulator and consolidate their learning about registration requirements.

International

The Chair, Executive Officer and Registrars of the Board, the Osteopathic Council of New Zealand and the UK's General Osteopathic Council met regularly during the year, either virtually or in association with the 2024 Osteopathic International Alliance (OIA) conference in Sydney. The OIA conference is the annual meeting for osteopathy regulators, educators and associations from across the world, and the local setting provided the Board with a chance to showcase how Australian osteopathy regulators lead by example.

The Chair and Executive Officer attended Osteopathic Research Alliance meetings, which comprise academic and individual osteopathy researchers in Australia and New Zealand.

Associate Professor Paul Orrock, Chair

Board members

Associate Professor Paul Orrock (practitioner), Chair

Dr Casey Beaumont (practitioner)

Ms Robyn Davis (community)

Ms Marcella Lazarus (community)

Dr Kate Locke (practitioner)

Dr Rebecca Malon (practitioner)

Dr Timothy McNamara (practitioner)

Ms Zoe Wood (practitioner)

Dr Cathy Woodward PhD is the Executive Officer, Osteopathy.

For more information, see the online appendices and www.osteopathyboard.gov.au.

Registration

3,646 osteopaths

- Up **3.4%** from 2023/24
- **0.4%** of all registered health practitioners

200 first-time registrants

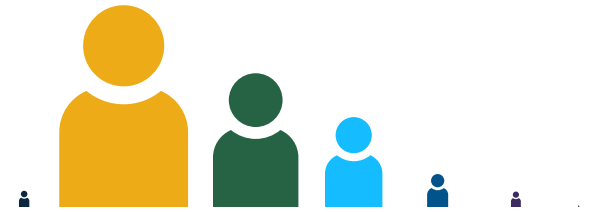
- **180** domestic (including new graduates)
- **20** international

0.7% identified as Aboriginal and/or Torres Strait Islander

Figure 55. Gender

● **54.1%** Female ● **45.8%** Male ● **0.1%** Not stated or intersex or indeterminate

Figure 56. Age



<25	25–34	35–44	45–54	55–64	65–74	75+
3.8%	40.8%	26.9%	17.8%	6.5%	3.6%	0.6%

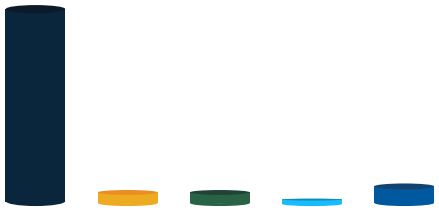
Regulation

43 notifications lodged with Ahpra about **33** osteopaths

57 notifications about **43** osteopaths made Australia-wide, including HPCA and OHO data

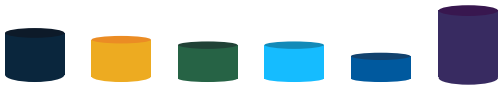
- **1.2%** of the profession Australia-wide

Figure 57. Sources of notifications



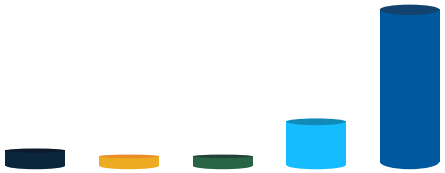
- **81.4%** Patient, relative or member of the public
- **4.7%** Other practitioner
- **4.7%** Employer
- **2.3%** Police, government or co-regulator
- **7.0%** Other

Figure 58. Most common types of complaints



- **18.6%** Offence against other law
- **16.3%** Boundary violation
- **14.0%** Clinical care
- **14.0%** Communication
- **9.3%** Behaviour
- **27.9%** Other

Figure 59. Notifications closed



43 notifications closed

- **7.0%** Registration suspended or cancelled
- **4.7%** Conditions imposed on registration
- **4.7%** Cautioned or reprimanded or fined
- **18.6%** Referred to another body or retained by a health complaints organisation
- **65.1%** No further regulatory action (including where practitioner has taken steps to address)

9 immediate actions taken

5 mandatory notifications received

- **2** about impairment
- **2** about sexual misconduct
- **1** about professional standards

7 practitioners monitored for health, performance and/or conduct

4 criminal offence complaints made

5 notifications decided by a tribunal

No matters decided by a panel

No appeals lodged

Paramedics

Paramedicine Board Ahpra

Workforce

Registered paramedic numbers continued to increase in Australia as the profession develops to support the delivery of high-quality healthcare in a range of service environments.

Advanced practice

The Paramedicine Board of Australia progressed its work on developing a regulatory model for advanced practice paramedics. Following an extensive program of research and engagement, the Board tested a proposed model and capabilities during a preliminary consultation held from 19 November to 24 January.

Feedback from this, along with further engagement and an expert roundtable workshop, informed the final model and capabilities. These were tested during a public consultation held from 23 April to 20 June. A national forum, held in Sydney on 29 April and attended by more than 100 stakeholders from diverse backgrounds offering a broad range of perspectives, formed a key part of this consultation.

The Board thanks everyone who contributed to the development of this regulatory model.

Accreditation

The Board appreciates and acknowledges the important work undertaken by the Paramedicine Accreditation Committee in exercising the accreditation function for the paramedicine profession.

The committee's membership is refreshed every three years, and this process was completed in 2025. The Board extends its sincere thanks and best wishes to Professor Marilyn Baird, Mr Alan Morrison, Dr Justin Gladman, Mr Anthony Hucker and Dr Helen Webb PhD, who are not continuing into a new term of appointment. Their contribution to the establishment and the high standards of performance of the committee have been critical to the success of the paramedicine accreditation function.

The Board congratulates Professor Scott Devenish, Associate Professor Brendan Shannon, Associate Professor Sonja Maria, Dr Natalie Dodd and Associate Professor Alexandra Webb on their first appointments to the committee. It is also pleased to welcome Professor William Lord AM as the committee's new Chair.

Policy updates

The Board participated in the ongoing multiprofession reviews and consultations on registration standards related to criminal history, recency of practice and continuing professional development. It also participated in the multiprofession review of the *Supervised practice framework* and the publication of guidance on using AI in healthcare, as well as guidelines for advertising and performing non-surgical cosmetic procedures. The Board also endorsed a joint Ahpra and National Boards statement affirming that discrimination and racism in the delivery of healthcare will not be tolerated.

Stakeholder engagement

The Board benefited from extensive engagement with community groups, paraprofessional bodies representing Aboriginal and Torres Strait Islander Peoples, and paramedicine professional bodies as part of its policy and project initiatives.

Other news

The Board's achievements would not have been possible without the dedication and hard work of its members and committees. I extend my sincere thanks to all for your unwavering commitment and support.

Professor Stephen Gough ASM, Chair

Board members

Professor Stephen Gough ASM (practitioner), Chair

Ms Clare Beech (practitioner)

Mr Keith Driscoll ASM (practitioner)

Mrs Kate Griggs (community)

Mr Samuel Perillo (practitioner)

Ms Linda Renouf (community)

Dr Simon Sawyer (practitioner)

Ms Tiina-Liisa Sexton (community)

Ms Angela Wright (practitioner)

Mr Paul Fisher is the Executive Officer, Paramedicine.

For more information, see the online appendices and www.paramedicineboard.gov.au.

Registration

26,603 paramedics

- Up **5.0%** from 2023/24
- **2.8%** of all registered health practitioners

2,028 first-time registrants

- **1,966** domestic (including new graduates)
- **62** international

2.2% identified as Aboriginal and/or Torres Strait Islander

Figure 60. Gender

● **52.0%** Female ● **47.9%** Male

Figure 61. Age

<25	25–34	35–44	45–54	55–64	65–74
9.2%	41.5%	23.0%	15.1%	9.8%	1.4%

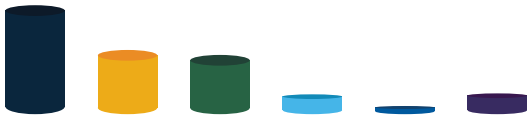
Regulation

185 notifications lodged with Ahpra about **109** paramedics

364 notifications about **240** paramedics made Australia-wide, including HPCA and OHO data

- **0.9%** of the profession Australia-wide

Figure 62. Sources of notifications



- **43.8%** Patient, relative or member of the public
- **19.5%** Employer
- **17.3%** Other practitioner
- **9.2%** Police, government or co-regulator
- **3.2%** Board initiated
- **7.0%** Other

Figure 63. Most common types of complaints

- **28.1%** Clinical care
- **15.7%** Behaviour
- **14.1%** Communication
- **10.8%** Offence against other law
- **31.4%** Other

Figure 64. Notifications closed

178 notifications closed

- **5.6%** Cautioned or reprimanded
- **3.4%** Conditions imposed on registration
- **2.8%** Disqualified from applying for registration
- **34.3%** Referred to another body or retained by a health complaints organisation
- **54.0%** No further regulatory action (including where practitioner has taken steps to address)

15 immediate actions taken

54 mandatory notifications received

- **30** about professional standards
- **14** about impairment
- **8** about sexual misconduct
- **2** about alcohol or drugs

19 practitioners monitored for health, performance and/or conduct

10 criminal offence complaints made

8 notifications decided by a tribunal

No matters decided by a panel

1 appeal lodged

Pharmacists

Pharmacy Board Ahpra

Capability and assessment frameworks

The Pharmacy Board of Australia approved funding for the Australian Pharmacy Council (APC) to develop a Pharmacist Capability Framework alongside the next iteration of the *Accreditation Standards for Pharmacy Programs*. A corresponding Assessment Framework will also be developed by the APC.

The Pharmacist Capability Framework will support the Board's registration functions and the APC's accreditation functions by:

- underpinning the next version of the accreditation standards developed by the APC to accredit pharmacy programs that lead to qualifications suitable for registration in the pharmacy profession
- supporting the initial training, assessment and registration of pharmacists who qualified in Australia or overseas. The frameworks will also outline the expected minimum requirement for performance at entry to the profession and at re-entry, after a period of absence from practice.

The Pharmacist Capability Framework and the Assessment Framework can be reviewed and updated as required by the Board. This will ensure that pharmacist capabilities remain fit for purpose and support the effective delivery of the accreditation and registration functions by the APC and the Board.

Pharmacist prescribing

The Board continued its stakeholder engagement to further inform its work to support pharmacist prescribing authorised in states and territories. The accreditation by the APC of education programs against the Board-funded *Accreditation standards for pharmacist prescriber education programs* ensures that graduates of an accredited program meet the competencies in the NPS MedicineWise *Prescribing Competencies Framework* (second edition), which describes the practice expectations of Australian prescribers regardless of profession. Graduation from accredited programs enables pharmacists to safely participate in prescribing pilots authorised by states and territories.

Review of registration standards and guidelines

The *Guidelines on compounding of medicines* were published after wide-ranging consultation. The guidelines, which took effect from 1 October, apply to pharmacists and support safe compounding of medicines that meet the unique needs of patients.

The Board also completed preliminary consultation on the draft *Guidelines on the safe provision of pharmacy services including medicines and advice*, which consolidated the following guidelines:

- *Guidelines for dispensing of medicines*
- *Guidelines on practice-specific issues*
- *Guidelines on dose administration aids and staged supply of dispensed medicines*
- *Guidelines for proprietor pharmacists.*

To further inform the review of its *Registration standard on the supervised practice requirements for intern pharmacists holding provisional registration*, the Board continued to engage with stakeholders to understand potential impacts of the proposed changes.

The Board collaborated with other National Boards in reviewing registration standards common to all health professions.

Stakeholder engagement

The Board continued its face-to-face engagement with pharmacists and stakeholders by holding meetings in Canberra and Perth to discuss local issues affecting pharmacists and their practice and the Board's role in protecting the public.

Dr Cameron Phillips PhD, Chair

Board members

Dr Cameron Phillips PhD (practitioner), Chair – from 1 Dec

Mr Brett Simmonds (practitioner), Chair – to 30 Nov

Mrs Elise Apolloni (practitioner) – to 28 Nov

Ms Melissa Cadzow (community)

Dr Alice Gilbert PhD (practitioner) – to 9 Dec

Mr Richard (Rhys) Jones (practitioner) – from 26 Nov

Mr Mark Kirschbaum (practitioner) – to 25 Nov

Mr Adrian Lee (practitioner) – from 7 Nov

Ms Hannah Mann (practitioner)

Dr Suzanne Martin (veterinarian) (community)

Dr Amy Page PhD (practitioner) – to 25 Nov

Dr Janet Preuss PhD (community)

Mr Tobias Speare (practitioner) – from 10 Dec

Dr Tim Tran PhD (practitioner) – from 26 Nov

Ms Shana Valentine (practitioner) – from 1 Dec

Mr Rodney Wellington (community) – to 25 Nov

Mr Joe Brizzi is the Executive Officer, Pharmacy.

For more information, see the online appendices and www.pharmacyboard.gov.au.

Registration

40,913 pharmacists

- Up **6.0%** from 2023/24
- **4.3%** of all registered health practitioners

3,072 first-time registrants

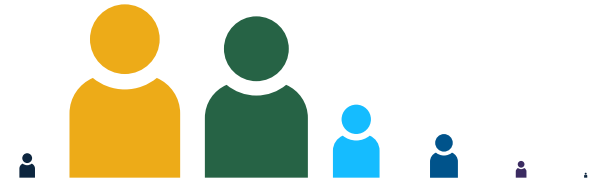
- **1,444** domestic (including new graduates)
- **1,628** international

0.3% identified as Aboriginal and/or Torres Strait Islander

Figure 65. Gender

● **64.6%** Female ● **35.3%** Male

Figure 66. Age



<25	25–34	35–44	45–54	55–64	65–74	75+
4.8%	34.9%	32.7%	14.8%	8.1%	3.6%	1.0%

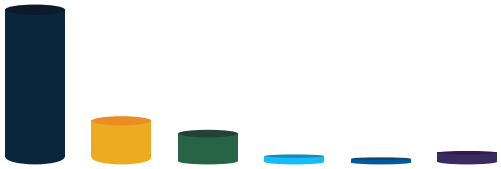
Regulation

686 notifications lodged with Ahpra about **420** pharmacists

1,159 notifications about **673** pharmacists made Australia-wide, including HPCA and OHO data

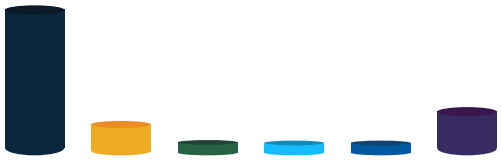
- **1.6%** of the profession Australia-wide

Figure 67. Sources of notifications



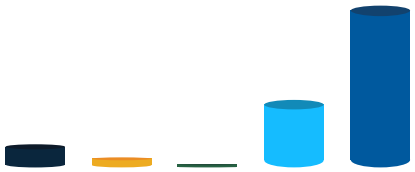
- **63.1%** Patient, relative or member of the public
- **16.5%** Other practitioner
- **11.4%** Police, government or co-regulator
- **2.8%** Employer
- **1.9%** Board initiated
- **4.4%** Other

Figure 68. Most common types of complaints



- **59.3%** Medication
- **11.5%** Communication
- **4.4%** Offence against other law
- **4.2%** Behaviour
- **4.1%** Clinical care
- **16.5%** Other

Figure 69. Notifications closed



554 notifications closed

- **7.6%** Cautioned or reprimanded
- **3.1%** Conditions imposed on registration or an undertaking accepted
- **0.9%** Registration suspended or cancelled or disqualified from applying
- **24.5%** Referred to another body or retained by a health complaints organisation
- **63.9%** No further regulatory action (including where practitioner has taken steps to address)

40 immediate actions taken

88 mandatory notifications received

- **60** about professional standards
- **23** about impairment
- **5** about alcohol or drugs

37 practitioners monitored for health, performance and/or conduct

10 criminal offence complaints made

8 notifications decided by a tribunal

No matters decided by a panel

1 appeal lodged

Physiotherapists

Physiotherapy Board Ahpra

Workforce

The Physiotherapy Board of Australia prioritised strengthening the physiotherapy workforce to improve access to care and to support long-term sustainability. In collaboration with the Australian Physiotherapy Association (APA), the Board completed research into physiotherapist attrition, identifying factors that influence retention. The findings, once published, will inform a strategic workforce plan.

In line with the *Independent review of Australia's regulatory settings relating to overseas health practitioners* (the Kruk review), the Board continued to work with the Australian Physiotherapy Council (APC) on streamlining pathways for physiotherapists with overseas qualifications to register for practice in Australia.

Prescribing proposal

The Board progressed its proposal to endorse physiotherapists to prescribe scheduled medicines. It was presented to chief allied health officers and chief pharmacists for their input.

A preliminary consultation on this proposed endorsement was held from 11 March to 6 May. There will be further stakeholder engagement before it is taken to public consultation.

Accreditation

The APC, on behalf of the Board, is undertaking a comprehensive review of the standards used to accredit entry-level physiotherapy programs. Upon completion, the revised accreditation standards will be submitted to the Board for approval.

The APC is also developing new postgraduate prescribing standards which will be aligned with the proposed entry-level standards. These prescribing standards will be considered alongside the Board's broader prescribing proposal.

Regular review of accreditation standards ensures graduates meet the required competencies for safe, ethical and effective physiotherapy practice in Australia.

Stakeholder engagement

The Board maintained strong engagement with stakeholders, practitioners and the community throughout the year by holding meetings in Adelaide and Western Australia, and participating in the APA conference in Perth. At the conference, research from the Board and the APA's joint Physiotherapy Analytics and Research Collaborative was showcased, alongside presentations addressing practitioner distress in the complaints process.

Regular engagement continued with professional associations and regulatory partners, including the Physiotherapy Council of New South Wales and the APC. The Board also exchanged knowledge and best practices with international partners through its participation in the 2024 International Association of Medical Regulatory Authorities symposium and a panel discussion at the 2025 World Physiotherapy Congress.

The Board remains committed to staying informed on issues central to its regulatory mandate, including workforce sustainability and public protection.

Other news

On 5 December, health ministers announced new appointments and reappointments across the National Boards. Ministers appointed three practitioner members: Mrs Shellie Burgess from New South Wales, Professor Wayne Hing from Queensland, and Mr Daniel Mahony from Western Australia. They also appointed three community members: Ms Emma Jarvis from Western Australia, Mr Andrew Mitchell from Tasmania, and Mr Steven Price from Victoria.

We thank the outgoing members and the former Chair, Ms Kim Gibson, for their contributions to the Board.

Dr Paula Harding, Chair

Board members

Dr Paula Harding (practitioner), Chair – from 1 Dec

Ms Kim Gibson (practitioner), Chair – to 27 Nov

Ms Sally Adamson (practitioner)

Mrs Shellie Burgess (practitioner) – from 29 Nov

Mr David Cross (practitioner) – to 28 Nov

Ms Cherie Hearn (practitioner) – to 28 Nov

Professor Wayne Hing (practitioner) – from 29 Nov

Ms Emma Jarvis (community) – from 7 Nov

Emeritus Professor Sheila Lennon (practitioner)

Mr Daniel Mahony (practitioner) – from 28 Nov

Ms Rosemary Mathlin (community)

Mr Andrew Mitchell (community) – from 27 Nov

Ms Carolyn O'Mahoney (practitioner) – from 3 Dec

Mr Steven Price (community) – from 2 Dec

Mr Allan Renouf (community) – to 26 Nov

Ms Elizabeth Trickett (practitioner) – to 2 Dec

Ms Katherine Waterford (community) – to 1 Dec

Mr Simon Watt (practitioner)

Ms Genevieve Mati is the Executive Officer, Physiotherapy, at 30 June. Ms Alison Abud was the Executive Officer, Physiotherapy, to 1 April.

For more information, see the online appendices and www.physiotherapyboard.gov.au.

Registration

47,761 physiotherapists

- Up **6.4%** from 2023/24
- **5.0%** of all registered health practitioners

4,125 first-time registrants

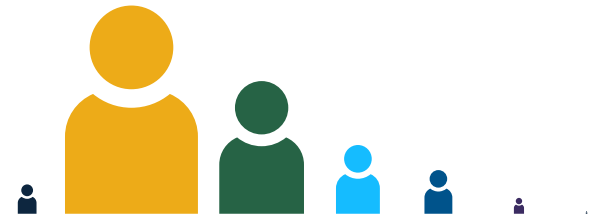
- **2,365** domestic (including new graduates)
- **1,760** international

0.7% identified as Aboriginal and/or Torres Strait Islander

Figure 70. Gender

- **63.1%** Female
- **36.9%** Male

Figure 71. Age



<25	25–34	35–44	45–54	55–64	65–74	75+
5.9%	41.9%	26.6%	13.8%	8.2%	3.2%	0.4%

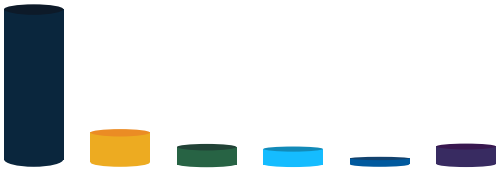
Regulation

218 notifications lodged with Ahpra about **167** physiotherapists

329 notifications about **265** physiotherapists made Australia-wide, including HPCA and OHO data

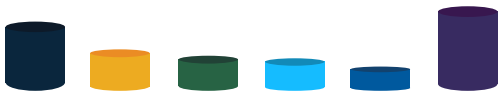
- **0.6%** of the profession Australia-wide

Figure 72. Sources of notifications



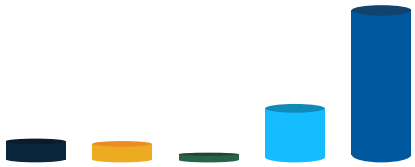
- **64.2%** Patient, relative or member of the public
- **12.4%** Other practitioner
- **6.9%** Employer
- **6.4%** Police, government or co-regulator
- **2.8%** Board initiated
- **7.3%** Other

Figure 73. Most common types of complaints



- **24.8%** Clinical care
- **14.2%** Boundary violation
- **11.5%** Communication
- **10.6%** Behaviour
- **7.8%** Documentation
- **31.2%** Other

Figure 74. Notifications closed



181 notifications closed

- **7.7%** Conditions imposed on registration or an undertaking accepted
- **6.6%** Cautioned or reprimanded
- **2.8%** Disqualified from applying for registration
- **21.0%** Referred to another body or retained by a health complaints organisation
- **61.9%** No further regulatory action (including where practitioner has taken steps to address)

29 immediate actions taken

25 mandatory notifications received

- **16** about professional standards
- **9** about sexual misconduct

25 practitioners monitored for health, performance and/or conduct

26 criminal offence complaints made

5 notifications decided by a tribunal

No matters decided by a panel

1 appeal lodged

Podiatrists

Podiatry Board Ahpra

Reforms for podiatric surgeons

A major focus for the Podiatry Board of Australia has been responding to the recommendations from the *Independent review of the regulation of podiatric surgeons*.

This included developing and publishing a professional performance framework to ensure podiatric surgeons practise competently and ethically. We also consulted on regulatory reforms to enhance safe practice that will form part of the framework. These include proposed *Guidelines for practitioners undertaking podiatric surgery*, strengthened continuing professional development requirements, and a revised specialist registration standard that requires all podiatric surgeons to hold endorsement for scheduled medicines.

We consulted on a proposed change to the protected title for the podiatric surgery specialty, to improve consumer understanding about the type of practitioner they are seeing, along with their qualifications and training.

Policy updates

The Board consulted on replacing guidelines for podiatrists working with assistants with updated guidance highlighting key principles from the code of conduct and other regulatory documents that apply. The proposed guidance, together with supporting resources such as case studies, will provide more flexibility to reflect evolving practice settings, reduce barriers, and enable podiatrists and assistants to work to their full scope while maintaining public safety.

We progressed the review of our registration standard and guidelines for endorsement for scheduled medicines.

We collaborated with other National Boards and Ahpra, including publishing a revised English language skills registration standard and a consultation paper on a review of the *Supervised practice framework*. Together, we also released a joint statement reminding health practitioners of their obligations to provide care that is free of discrimination and racism, as well as information about meeting professional obligations when using AI in healthcare.

Accreditation

The Board considered monitoring and accreditation reports from the Podiatry Accreditation Committee and made decisions about approval of accredited programs of study.

Four members were reappointed to the committee for a three-year period, with one appointed as Chair. Two new members were appointed. We acknowledge the valuable contribution of the retiring Chair, Dr Meeuwis Boelen, and committee member Mr Mark Gilheany.

Stakeholder engagement

The Board published three newsletters; met regularly with the Australian Podiatry Association, Podiatry Council of New South Wales and Podiatry Accreditation Committee; and engaged with local stakeholders in Sydney and Hobart. In June, at the Australian Podiatry Conference, we hosted a booth and presented on Ahpra's work on identifying and minimising distress for practitioners involved in a notification.

Other news

In March, the Board strengthened the community voice on its Registration and Notifications Committee to achieve parity of community and practitioner members on this important decision-making committee.

We farewelled the Board Chair and four members, and welcomed six new members. We thank the outgoing Chair and members for their valuable contribution and commitment to the regulation of the podiatry profession.

Dr Kristy Robson, Chair

Board members

Dr Kristy Robson (practitioner), Chair – from 7 Dec

Professor Cylie Williams (practitioner), Chair – to 7 Dec

Dr Helen Banwell (practitioner) – from 2 Dec

Mr Andrew van Essen (practitioner) – to 1 Dec

Ms Raelene Harrison (community) – to 1 Dec

Dr Rebecca Jenkinson (community) – 2 Dec to 17 Feb

Miss Julia Kurowski (practitioner) – to 1 Dec

Associate Professor Darryl O'Donnell (community) – from 21 Nov

Dr Deborah Schoen (practitioner) – from 2 Dec

Mrs Kathryn Shonk (practitioner) – to 1 Dec

Mr Anthony Short (practitioner)

Dr Jennifer Sonter (practitioner) – from 9 Dec

Professor Andrew Taggart (community)

Ms Jill Walsh (practitioner) – from 8 Dec

Ms Jenny Collis is the Executive Officer, Podiatry.

For more information, see the online appendices and www.podiatryboard.gov.au.

Note: Throughout this report, the term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise specified.

Registration

6,210 podiatrists

- Up **1.2%** from 2023/24
- **0.6%** of all registered health practitioners
- **42** are podiatric surgeons

221 first-time registrants

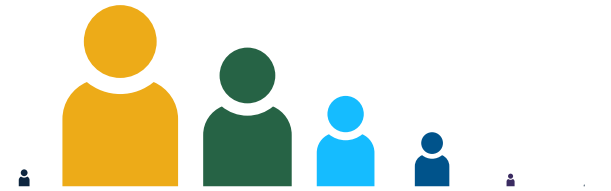
- **140** domestic (including new graduates)
- **81** international

0.7% identified as Aboriginal and/or Torres Strait Islander

Figure 75. Gender

- **59.0%** Female
- **41.0%** Male

Figure 76. Age



<25	25–34	35–44	45–54	55–64	65–74	75+
3.1%	36.2%	28.3%	18.8%	10.9%	2.5%	0.2%

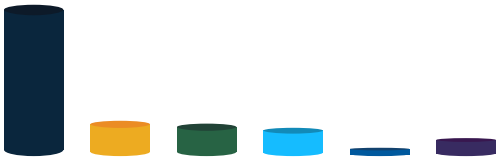
Regulation

84 notifications lodged with Ahpra about **65** podiatrists

140 notifications about **109** podiatrists made Australia-wide, including HPCA and OHO data

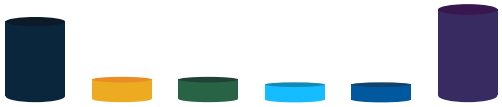
- **1.8%** of the profession Australia-wide

Figure 77. Sources of notifications



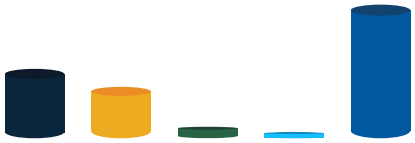
- **59.5%** Patient, relative or member of the public
- **11.9%** Employer
- **10.7%** Board initiated
- **9.5%** Other practitioner
- **2.4%** Police, government or co-regulator
- **6.0%** Other

Figure 78. Most common types of complaints



- **32.1%** Clinical care
- **8.3%** Behaviour
- **8.3%** Documentation
- **7.1%** Communication
- **7.1%** Offence against other law
- **36.9%** Other

Figure 79. Notifications closed



56 notifications closed

- **25.0%** Referred to another body or retained by a health complaints organisation
- **17.9%** Conditions imposed on registration or an undertaking accepted
- **3.6%** Registration suspended
- **1.8%** Cautioned or reprimanded
- **51.8%** No further regulatory action (including where practitioner has taken steps to address)

6 immediate actions taken

10 mandatory notifications received

- **9** about professional standards
- **1** about impairment

16 practitioners monitored for health, performance and/or conduct

6 criminal offence complaints made

3 notifications decided by a tribunal

No matters decided by a panel

2 appeals lodged

Psychologists

Psychology Board Ahpra

Code of conduct

The Psychology Board of Australia released an advance copy of the first Board-authored regulatory *Code of conduct for psychologists*, which comes into effect on 1 December 2025. We appreciated the strong engagement from stakeholders at consultation and carefully considered the constructive feedback on the core requirements for safe and effective psychology practice in Australia.

The new code reflects key developments in health regulation by:

- embedding cultural safety for Aboriginal and Torres Strait Islander Peoples
- aligning to the new professional competencies
- incorporating relevant principles of the shared code of conduct.

Education and training reform

The Board also approved and published an advance copy of the new *Professional competencies for psychologists*, which comes into effect on 1 December 2025. To help psychologists with these changes, we published supplementary resources, including a self-assessment template for psychologists and fact sheets on application of the new competencies.

We started consultations on updating the *Guidelines for the national psychology exam* and *Guidelines for the 5+1 internship*, with a focus on alignment with the new professional competencies. We thank all stakeholders who provided feedback.

The Board acknowledges that there are several updates to regulatory policies affecting the profession and other stakeholders from 1 December 2025. We are coordinating our implementation plans for the new professional competencies and code of conduct to minimise the impact to stakeholders, facilitate change activities and improve access to resources. This includes publishing recorded webinars and hosting expert panel workshops on applying these standards to practice.

Higher degree pathway review

In March, the Board launched a Commonwealth-funded review of the way psychologists are trained in Australia. The aim is to provide reform recommendations, with the intention of addressing workforce shortages in mental health.

The project will focus on the appropriateness and design of a single, shorter, more practical course of study for general registration, while maintaining the high professional standards of practice in psychology.

To ensure we achieve the reform objectives, we are committed to a co-design approach and will be engaging with stakeholders throughout the project.

Other news

The Board welcomed six new members: Ms Susan Benedyka, Ms Tahnee McBean, Mr Costa Loucopoulos, Professor Judi Walker and Mr Chris Willcox.

We thank outgoing members Adjunct Professor Petrina Coventry, Ms Marion Hale, Ms Vanessa Hamilton, Mr Christopher Joseph, Dr Jennifer Thornton, Professor Kathryn von Treuer and Dr Robyn Vines for their contributions to the Board.

Ms Rachel Phillips, Chair

Board members

Ms Rachel Phillips (practitioner), Chair

Ms Susan Benedyka (community) – from 13 Dec

Ms Miranda Bruyniks (community)

Professor Petrina Coventry (community) – to 2 Dec

Ms Marion Hale (community) – to 12 Dec

Mr Sean Hambrook (practitioner) – from 8 Dec

Ms Vanessa Hamilton (practitioner) – to 7 Dec

Mr Christopher Joseph (community) – to 1 Dec

Mr Costa Loucopoulos (community) – from 3 Dec

Ms Tahnee McBean (practitioner) – from 14 Dec

Ms Sheena Neill (practitioner)

Professor Kimberley Norris (practitioner)

Mr Timothy Ridgway (practitioner)

Dr Jennifer Thornton PhD (practitioner) – to 7 Dec

Professor Kathryn von Treuer (practitioner) – to 14 Dec

Dr Robyn Vines PhD (community) – to 20 Nov

Professor Judi Walker (community) – from 2 Dec

Mr Chris Willcox (practitioner) – from 6 Dec

Ms Ida Lee is the Executive Officer, Psychology, at 30 June. Mr Matt Jessimer was the Executive Officer, Psychology, until 30 March.

For more information, see the online appendices and www.psychologyboard.gov.au.

Registration

50,409 psychologists

- Up **4.5%** from 2023/24
- **5.3%** of all registered health practitioners

3,740 first-time registrants

- **3,357** domestic (including new graduates)
- **383** international

0.9% identified as Aboriginal and/or Torres Strait Islander

Figure 80. Gender

- **80.4%** Female
- **19.5** Male

Figure 81. Age

<25	25–34	35–44	45–54	55–64	65–74	75+
2.9%	25.7%	27.1%	21.7%	13.1%	7.4%	2.2%

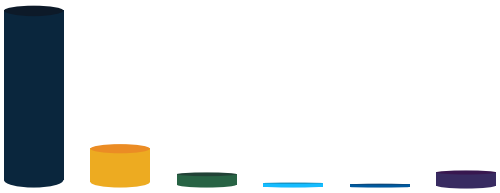
Regulation

895 notifications lodged with Ahpra about **661** psychologists

1,549 notifications about **1,148** psychologists made Australia-wide, including HPCA and OHO data

- **2.3%** of the profession Australia-wide

Figure 82. Sources of notifications

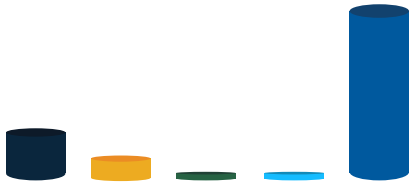


- **72.4%** Patient, relative or member of the public
- **14.5%** Other practitioner
- **4.8%** Employer
- **1.6%** Police, government or co-regulator
- **1.2%** Board initiated
- **5.5%** Other

Figure 83. Most common types of complaints

- **21.7%** Clinical care
- **16.1%** Communication
- **14.6%** Documentation
- **8.3%** Boundary violation
- **6.8%** Behaviour
- **32.5%** Other

Figure 84. Notifications closed



802 notifications closed

- **18.5%** Referred to another body or retained by a health complaints organisation
- **7.9%** Conditions imposed on registration or an undertaking accepted
- **2.5%** Cautioned or reprimanded
- **2.5%** Registration suspended or cancelled or disqualified from applying
- **68.7%** No further regulatory action (including where practitioner has taken steps to address)

31 immediate actions taken

111 mandatory notifications received

- **69** about professional standards
- **26** about impairment
- **11** about sexual misconduct
- **5** about alcohol or drugs

93 practitioners monitored for health, performance and/or conduct

104 criminal offence complaints made

23 notifications decided by a tribunal

1 matter decided by a panel

5 appeals lodged

Supporting the Boards

Appointments

National Board members are appointed by the Ministerial Council, and state and territory board members are appointed by the relevant health minister in each jurisdiction.

Our regulatory work is not possible without the right people serving on boards and committees. We conducted a rigorous review of the attributes used to recruit board members and designed a National Scheme Board and Committee Member Attributes and Capability Framework to ensure that we recruit board and committee members who will deliver effective regulatory decision making.

Ahpra provided administrative support for 664 board and committee appointments made within the year (Table 3).

Table 3. Statutory appointments

	Appointed 2024/25
National Boards	86
National Board committees and panels	432
State and territory boards	56
State and territory committees	90
Total	**664**

We have been working to increase the participation of people from diverse backgrounds through advertising and engagement strategies. There were 2.3% more Aboriginal and/or Torres Strait Islander people, 13.6% more people with disability and 0.5% more culturally and/or linguistically diverse people appointed to boards and committees than last year, but 15.5% fewer people from rural and/or regional areas (Table 4).

Table 4. Board and committee diversity

	Appointed 2024/25	National Scheme total
Aboriginal and/or Torres Strait Islander	9	45
Culturally and/or linguistically diverse	39	182
Identified with disability	3	25
Rural and/or regional	31	157

In January 2024, Ahpra began collecting information about the participation of people from LGBTIQA+ communities. Since then, 15 people from LGBTIQA+ communities have been appointed to boards and committees.

Strengthening governance frameworks and capability

Ahpra continued to lead a coordinated governance program designed to support and enhance the effectiveness of our boards and committees. The program has four main areas, aligned to the three-year regulatory 'life cycle' of members and boards:

- orientation and induction of new members
- ongoing professional development, including skills enhancement
- board effectiveness reviews
- good governance practice.

Regulatory decision makers across professions also received targeted training to assist in handling complex matters such as sexual misconduct and family violence.

Orientation and induction

During the year, 88 new board and committee members completed our orientation program. The program included an introduction to the National Scheme and self-paced online learning modules on governance, decision making and the National Law, information management and cybersecurity, and workplace respect.

Professional development

We continued to provide professional development programs for members including:

- a flexible online learning resource covering 10 key topics to support members in their governance roles
- quarterly one-day workshops focused on regulatory governance and decision making. These sessions were delivered by our external governance service provider Board Matters. A total of 61 members, along with senior Ahpra staff who work with the National Boards, attended these sessions.

Board effectiveness reviews

Board effectiveness is reviewed annually over a rolling three-year cycle. Years 1 and 3 are 'check-in' years and Year 2 reviews are in-depth and formal.

In 2024, a check-in review was conducted. Reports were provided to individual board members and Chairs, and a thematic report was prepared for Ahpra.

A new three-year cycle began in 2025, and the check-in review started in June.

Governance documentation

We completed the review of the *Code of conduct* for board and committee members and introduced the new *Resolution management procedure for members*.

We reviewed and updated online learning modules to ensure they remain fit for purpose, relevant and aligned with our regulatory obligations.

We updated the *Manual for National Boards and their committees*.

Payments to Board Chairs

Board members are entitled to remuneration, including travel and subsistence allowances, in line with the Ministerial Council's framework. In addition to sitting fees for scheduled board and committee meetings, Chairs may also be remunerated for the additional work that is required (Table 5).

Table 5. Payments to Board Chairs

Range	Number of Chairs[1]	2024/25 total payments[2]
$0–$20,000	1	$19,093
$20,001–$40,000	6	$202,460
$40,001-$60,000	5	$250,321
$60,001-$80,000	8	$565,660
$80,000 plus	1	$101,666
Total	**21**	**$1,139,200**

1. Five new Chairs were appointed to replace Chairs whose appointments expired.
2. Payments to Board Chairs, including the Ahpra Board Chair, under the approved remuneration framework.

Accreditation

Accreditation helps ensure that people seeking registration are suitably trained, qualified and competent to practise as health practitioners.

National Boards and accreditation authorities have separate but complementary functions. For example, an accreditation authority accredits a program of study and the relevant National Board approves it as a basis for registration. The accreditation authority for each profession can be an external council or a committee of the National Board.

The Ahpra Board provides a whole-of-scheme perspective on accreditation governance, accountability and transparency issues. This includes oversight of financial arrangements and performance reporting. The Board's Accreditation Committee provides independent and expert advice on accreditation reform and other accreditation matters to the National Boards, accreditation authorities and Ahpra.

Figure 86 outlines how the accreditation process works.

The year in summary

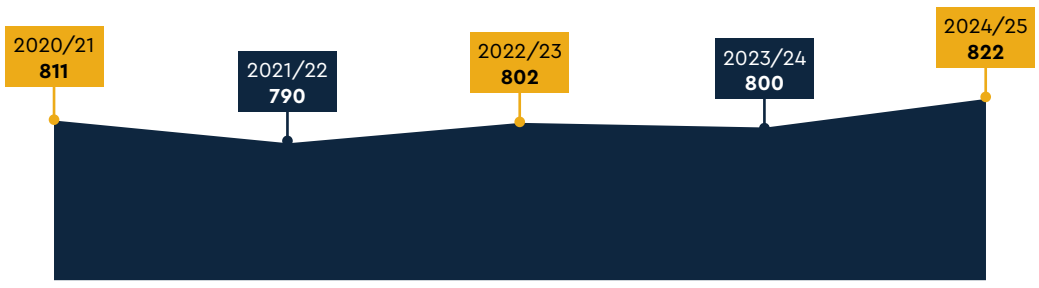
- 181,328 registered students were enrolled in approved programs.
- More than 820 programs of study were accredited and approved.
- More than 130 education providers delivered accredited and approved programs of study.

Approved programs of study can be searched on our website.

Annual collaborative meeting

The annual accreditation meeting of the Forum of National Registration and Accreditation Scheme Chairs brings together more than 100 accreditation stakeholders to discuss the role of accreditation in addressing Australia's workforce needs. The next meeting, in September 2025, will build upon the themes of the inaugural meeting held in 2024.

Figure 85. Number of accredited programs 2020/21 to 2024/25



Accreditation arrangements

Ahpra and all National Boards have accreditation agreements in place until mid-2029. The agreements incorporate minor updates from previous agreements to align with contemporary practices, with key performance indicators (KPIs) designed to enhance the monitoring and management of accreditation authorities' performance. The agreements are consistent across professions unless there are specific reasons to include additional information.

The new KPIs will allow for clearer measurement of accreditation authority performance. They will also create datasets over the initial years of the agreements that will allow benchmarks for expected performance to be set.

Accreditation Committee

The committee met four times; Professor Andrew Wilson AO is its independent Chair. Its priority areas of work are supporting the future health workforce and strengthening accreditation systems.

Principles and guidance

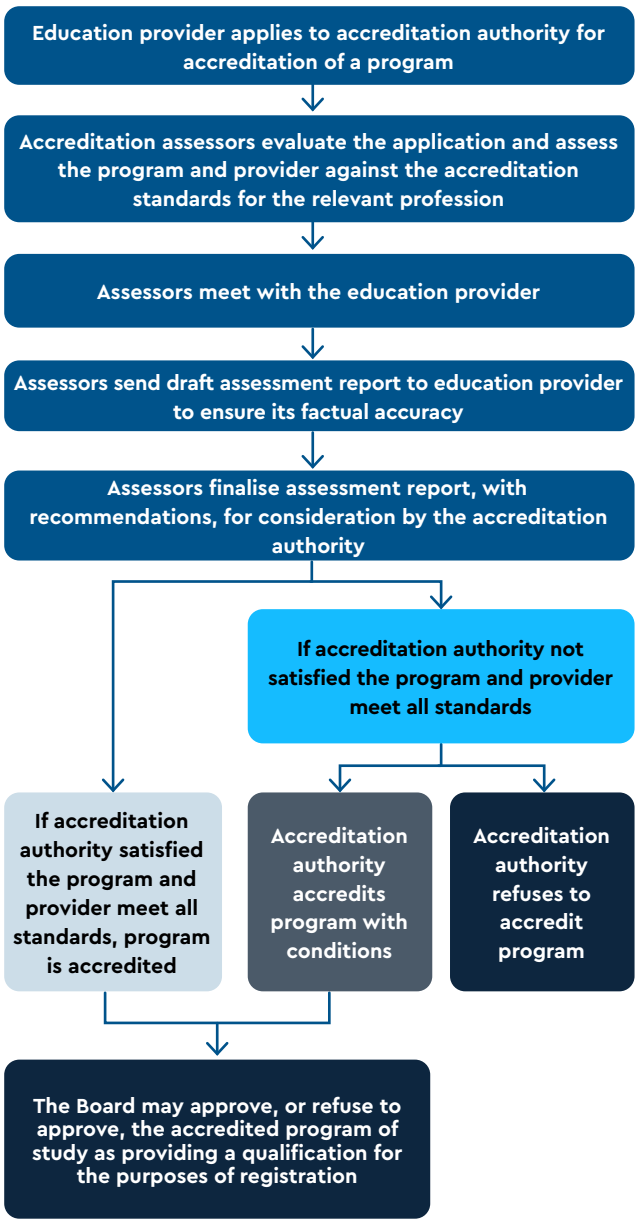
The committee finalised and published its *Guidance on embedding good practice in health practitioner education: clinical placements, simulation-based learning and virtual care* to help improve initial student health practitioner education. The committee also carried out public consultation on its *Principles to strengthen the involvement of consumers in accreditation* and published these principles in August. Work on *Guidance on developing professional capabilities* was also completed, and the guidance was published in February. The committee also carried out preliminary consultation on *Outcomes-based approaches to accreditation* and continued implementing its *Interprofessional collaborative practice statement of intent*.

Reform priorities

In late 2024, the Ahpra Board reviewed the committee's workplan and requested the committee strengthen its reform focus to better reflect health workforce and health service needs. The Ahpra Board also agreed to reinforce and drive reform directions through a strengthened committee charter, increasing jurisdictional and consumer representation.

The committee's updated workplan includes a stronger focus on accreditation reform. All deliverables have been prioritised and include an indicative timeframe for delivery, any known resourcing implications and National Scheme entity involvement.

Figure 86. The accreditation process



The committee has identified two areas of reform as high priority:

- Reducing duplication in accreditation processes, including across accreditation authorities and between regulators and others. This would lower the regulatory burden and bring associated cost benefits.
- Providing advice on the governance, ownership and development of professional capabilities that are consistent across professions.

Both these projects will require significant engagement with stakeholders including relevant jurisdictions, National Boards and accreditation authorities.

Funding

Nine National Boards exercise accreditation functions through external councils.

Five National Boards – Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Medical Radiation Practice, Paramedicine and Podiatry – exercise accreditation functions through a committee established by their Boards.

One National Board – Nursing and Midwifery – exercises accreditation functions related to education programs through an external council, and exercises functions related to assessment of internationally qualified nurses and midwives through a committee established by the Board.

The National Boards contributed over $12 million of funding to these accreditation authorities and committees (see Table 6).

Table 6. National Board funding contributions

Board	2024/25 $'000[1]	2023/24 $'000[1]
Aboriginal and Torres Strait Islander Health Practice	211	205
Chinese Medicine	160	108
Chiropractic	313	351
Dental	577	507
Medical	3,952	4,084
Medical Radiation	206	175
Nursing and Midwifery	3,347	3,282
Occupational Therapy	93	0
Optometry	382	364
Osteopathy	224	215
Paramedicine	614	515
Pharmacy	671	734[2]
Physiotherapy	637	341
Podiatry	457	332
Psychology	696	1,123
Total	**12,540**	**12,336**

1. Actual amounts. Requirements of the accounting standards may result in differences between these and the amounts in our financial statements.
2. Includes funding for the review of accreditation standards.

The work of the committees

Ahpra supported the accreditation committees for Aboriginal and Torres Strait Islander Health Practice, Chinese medicine, medical radiation practice, paramedicine and podiatry to:

- assess and accredit programs of study
- monitor approved programs of study
- review accreditation standards
- develop and implement consistent guidelines for accreditation of education and training programs in these five professions.

We also supported the nursing and midwifery accreditation committee to oversee the outcomes-based assessment of the knowledge, clinical skills and professional attributes of internationally qualified nurses and midwives who want to register in Australia.

This work across six professions supports our multiprofession approach to accreditation.

Accrediting and monitoring programs

We supported the accreditation committees to assess, accredit and monitor programs of study:

- 14 for Aboriginal and Torres Strait Islander Health Practice
- 7 for Chinese medicine
- 30 for medical radiation practice
- 25 for paramedicine
- 15 for podiatry and 2 for podiatric surgery.

Policy and process

We also supported the accreditation committees to:

- continue to apply a flexible approach to monitoring education providers' compliance with accreditation standards, based on specific issues and risk profile – this flexible, risk-based model enables responsive and proportionate regulatory approaches to assessment and monitoring activities
- implement consistent cross-profession guidelines for accreditation, complemented by profession-specific processes (such as establishing assessment teams)
- collaborate to implement consistent cross-profession processes and tools to collect data from 44 education providers delivering almost 100 approved programs across the five professions
- conduct a joint review of their accreditation standards.

Cultural safety in accreditation

ABSTARR Consulting developed Aboriginal and Torres Strait Islander cultural safety training specifically for accreditation assessors within the National Scheme. The training began in 2024 and continues to be rolled out to committee members and accreditation assessors.

The training comprises six online modules to improve accreditation assessors' understanding of cultural safety and their ability to apply cultural safety in accreditation.

Meeting the evolving needs of health regulation

Using regulatory intelligence to prevent harm

As the healthcare landscape continues to evolve, so too does the way we regulate registered health practitioners.

To identify risks sooner and protect patient safety and quality in healthcare, our regulatory approach is shifting to be more proactive, data-informed and responsive to emerging models of care. The cornerstone of our regulatory intelligence and harm prevention work is multidisciplinary collaboration and stakeholder engagement. New areas of concern often require a more unified approach across different areas of the health industry. We work closely with other regulators to map new issues that emerge, monitor concerns and develop holistic approaches that result in better outcomes.

Our Rapid Regulatory Response Unit (RRRU) plays a key role in these proactive efforts. The unit uses regulatory data and intelligence to help it identify practitioners whose conduct may pose a risk to the public, without waiting for notifications to be received. It engages with practitioners, assesses their practice to better understand potential risks to patients, and recommends further regulatory action, if needed, to keep patients safe.

For example, regulatory intelligence sharing with the Therapeutic Goods Administration (TGA) allowed the RRRU to identify a practitioner who was engaging in high-risk medicinal cannabis prescribing and skirting restrictions imposed by state and territory regulators. As a result, a sufficient threshold was reached for immediate action to be taken to prevent further unsafe prescribing.

Risks of patient harm have been identified in 69% of practitioners approached by the RRRU. Some practitioners make prompt changes to their practice to address these risks; however, where this is not the case, the relevant National Boards begin formal investigations, take regulatory action or make a referral to another regulator.

Education and prevention

Our policy teams lead education and prevention work that helps practitioners understand how their existing obligations apply in new and evolving areas of practice. This clarity supports safe and ethical healthcare and enables Ahpra and the National Boards to respond more nimbly to emerging risks.

Advances in artificial intelligence (AI) are rapidly evolving and new tools continue to emerge, raising unique practical and ethical issues for their safe use in healthcare. Some AI tools used in healthcare are regulated by the TGA, and we are working closely with them and other agencies on a safe, system-wide approach to AI integration.

In August, we released guidance to support the safe and ethical use of AI in healthcare, developed in close collaboration with technical experts, other regulators and professional bodies. The guidance reminds practitioners of their obligations around accountability, transparency, informed consent, and legal and ethical considerations. We promoted this guidance widely to practitioners, employers and the public.

Our proactive regulatory approach also improves awareness of risks that may not be immediately visible, including financial harm to consumers. In May, Ahpra and the Dental and Medical Boards of Australia issued a joint statement on the use of compassionate release of superannuation to fund medical and dental treatments. While early release of superannuation can provide critical access to care for patients who may otherwise be unable to afford care, it also carries a range of financial risks. We are working with the Australian Taxation Office to identify practitioners with high rates of report writing in this area and will take steps to intervene where necessary.

Investigating advertising complaints

Advertising can influence a consumer's decisions regarding their healthcare needs. It is essential that advertising of regulated health services contains information that is accurate, not misleading, and that is supported by acceptable evidence.

Our advertising compliance team assessed 775 complaints about advertising. Of these:

- 356 were complaints about corporate entities or unregistered persons, or assessed as serious-risk complaints, and were referred to our Criminal Offences Unit (see page 84). Of these, 107 were about the advertising of regulated health services, with the remainder about specialist title use or concerns about individuals holding out as registered health practitioners
- 419 were lower-risk complaints about registered health practitioners.

Working with practitioners

The National Law defines how practitioners and others can advertise health services. When we identify that registered health practitioners are non-compliant with the law or other advertising guidelines, we provide them with information about where they have fallen short, along with an opportunity to correct it. We generally only take further regulatory action when this approach is unsuccessful.

Of the practitioners we contacted because of non-compliant advertising, 74% corrected their advertising early, such that further intervention was not required. We audited 86 practitioners whose advertising remained non-compliant after being given an opportunity to correct it. Of these, 75 subsequently corrected their advertising. National Boards took regulatory action against the remaining practitioners, with:

- 8 practitioners having conditions imposed on their registration
- 3 practitioners being cautioned.

Ahpra may also prosecute advertisers for breaching the National Law (see page 85).

Advertising cosmetic procedures

We assessed 59 complaints about the advertising of cosmetic procedures, which is a point of focus for Ahpra and the National Boards. We also continued our targeted audit of advertising about cosmetic surgery and assessed advertising for 93 practitioners and health services.

Doctor banned over botched facelift procedure

In June, a Queensland tribunal cancelled a doctor's registration after a patient left his clinic in an ambulance with uncontrolled bleeding that required surgery to repair. The doctor performed a cosmetic procedure that was beyond his level of skill and experience in an unlicensed clinic. He did not inform the patient of his lack of training or experience, and the clinic website gave misleading information about his credentials.

This decision marks the first tribunal outcome from a case reported to the Cosmetic Surgery Enforcement Unit (CSEU).

Making cosmetic surgery and procedures safer

Ahpra and the National Boards are committed to making both surgical and non-surgical cosmetic procedures safer. In June, we published advance copies of the *Guidelines for registered health practitioners who perform non-surgical cosmetic procedures* and the *Guidelines for advertising higher risk non-surgical cosmetic procedures* ahead of their implementation in September 2025. These guidelines will make it simpler for consumers to make safe and informed decisions and will strengthen safeguards across the cosmetic industry when they come into effect. They also set out our expectations for practitioners already practising in this area. And they outline that further training or education will be necessary for many practitioners who want to expand their scope of practice into this field. Because of these changes, Australians considering cosmetic procedures such as anti-wrinkle injections and fillers will have greater protections and their welfare put first.

Cosmetic Surgery Enforcement Unit

Since its establishment in 2022, the CSEU has handled all cosmetic surgery complaints received by Ahpra. Until March 2025, it also had a hotline where members of the public and practitioners could make confidential or anonymous notifications. Since March, all calls have been directed to our general notifications hotline. In total, we received 485 calls related to cosmetic surgery this year.

Complaints from all sources about cosmetic surgery continued to be high, while many of our remaining investigations entered their final and most complex stages. A total of 159 notifications about cosmetic surgery were received in the past year. The CSEU finalised 131 investigations, including referring seven practitioners to tribunal and taking other regulatory action against 16 practitioners.

As of 30 June, the CSEU was managing 206 notifications involving 54 practitioners. Of these, 140 notifications (72%) relate to just seven practitioners, all of whom are either not practising or have registration restrictions due to serious performance and conduct concerns.

Refining our approach

To manage the increased workload, the CSEU shifted its approach to focus on finalising the most serious cases. New cosmetic surgery–related notifications are now handled by Ahpra's broader Notifications team, supported by the CSEU's expertise and processes. This new approach delivers greater regulatory capacity in this growing area of practice, while allowing the CSEU to finalise its critical investigations more efficiently.

Registration

Reviewing and streamlining our registration systems and processes to support Australia's health practitioner workforce has been a focus this year.

- We supported more practitioners than ever before to apply for, or renew, their registration in a regulated health profession.
- In March, we launched a new operating system which will enable faster and more secure registration applications.
- We held information sessions for employers and stakeholders who work with international medical practitioners, nurses and midwives to increase their understanding of the registration process. This was critical in supporting the transition to our new operating system.
- We introduced new registration pathways for highly qualified international medical specialists and nurses.
- Subscriptions to the Practitioner Information Exchange (PIE) service increased from 192 to 274. This secure web-based service enables government departments, health services, healthcare businesses, pharmaceutical companies, medical insurers, and nursing and aged care agencies to track registration status and other information published in the *Register of practitioners*.

The year in summary

- The number of registered health practitioners grew by 4.3% to 959,838 (Figure 87).
- 96.9% of all registered practitioners hold some form of practising registration.
- 93,555 practitioners hold specialist registration in an approved specialty.
- 29,769 practitioners hold endorsement to extend their scope of practice in a particular area because of an additional approved qualification.

Figure 87. Registration numbers since the National Scheme began

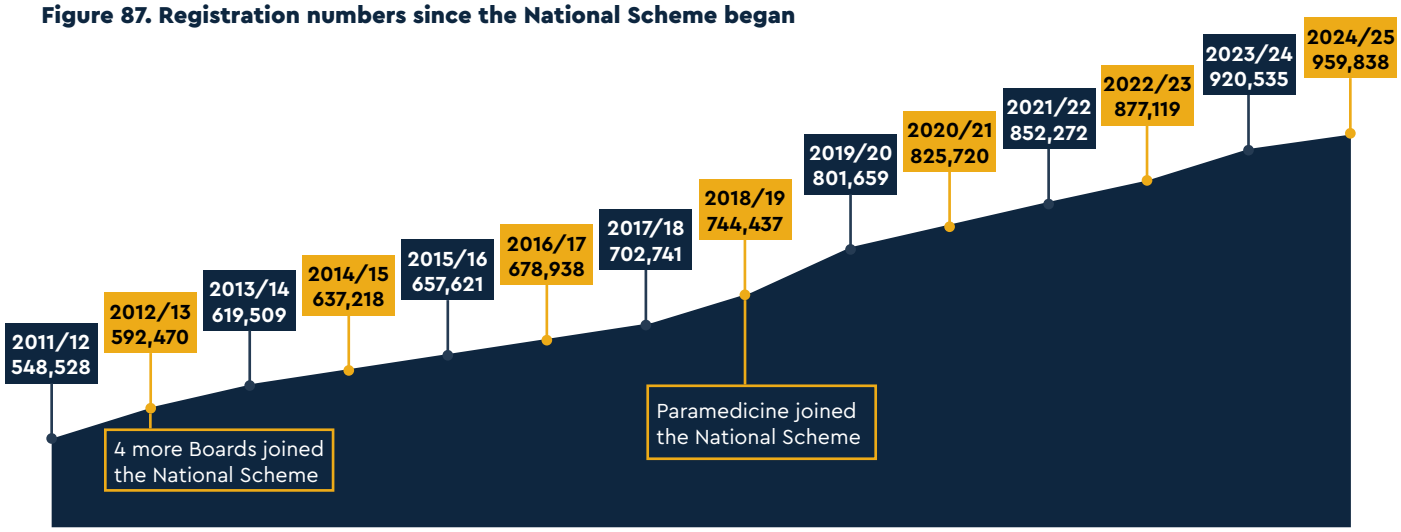


Figure 88. Health practitioners by state and territory

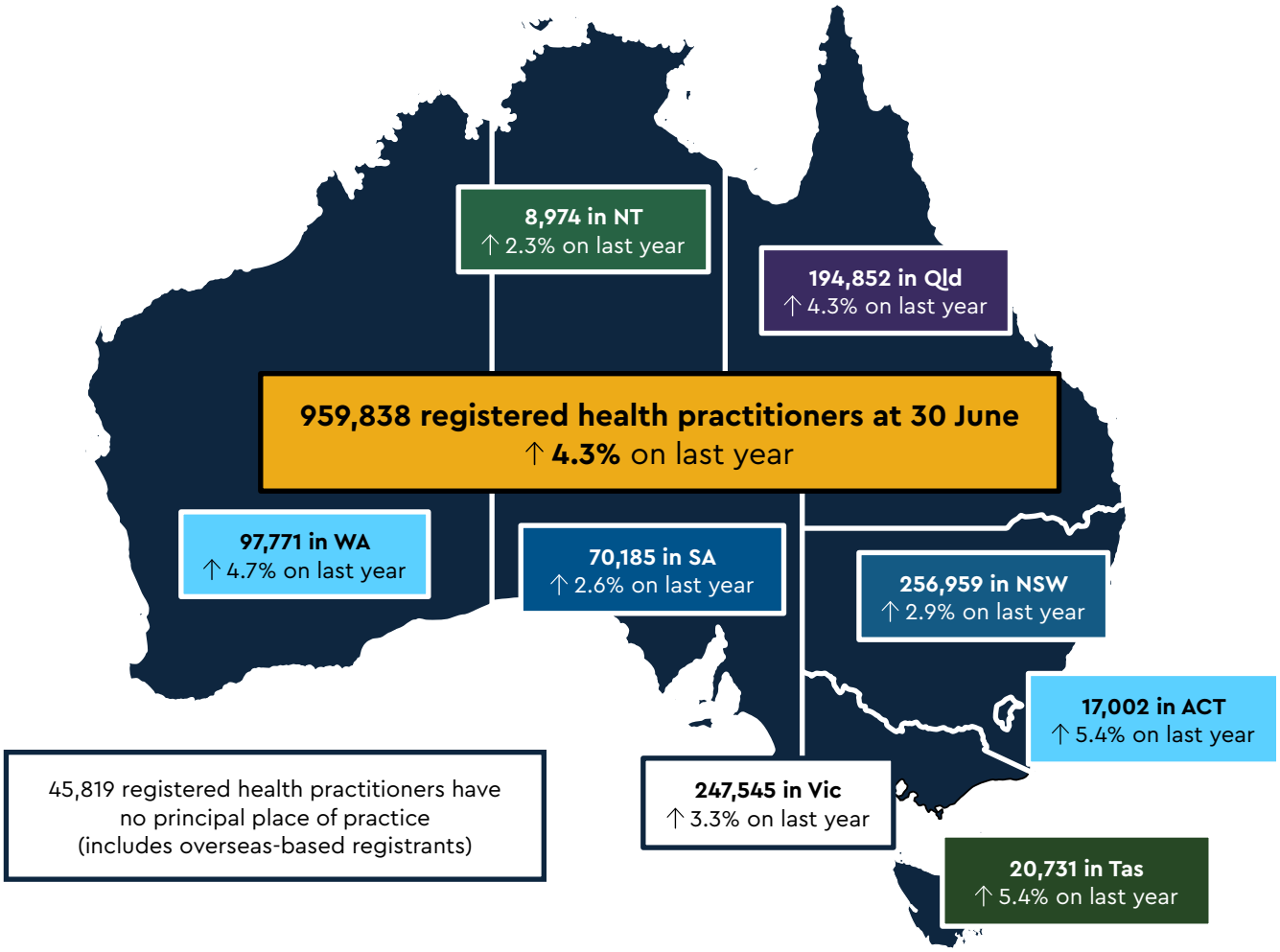


Table 7. Registered health practitioners, 30 June

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[1]	Total 2024/25	Total 2023/24	% change 2023/24–2024/25
Aboriginal and Torres Strait Islander Health Practitioner		279	191	190	108	5	50	202	3	1,028	972	5.8%
Chinese medicine practitioner	63	1,878	14	909	226	44	1,367	270	127	4,898	4,853	0.9%
Chiropractor	61	2,223	27	1,140	391	76	1,665	964	223	6,770	6,526	3.7%
Dental practitioner	494	8,242	173	5,801	2,254	462	6,872	3,284	824	28,406	27,583	3.0%
Medical practitioner	2,856	42,885	1,696	30,501	10,126	3,365	37,413	15,810	3,533	148,185	142,569	3.9%
Medical radiation practitioner	385	6,746	148	4,240	1,557	388	4,837	1,829	496	20,626	19,851	3.9%
Midwife	281	2,164	125	2,086	1,074	98	1,882	678	387	8,775	8,283	5.9%
Nurse	8,262	124,313	4,683	101,747	38,539	11,563	126,886	48,688	33,592	498,273	477,822	4.3%
Nurse and midwife[2]	395	6,674	437	5,234	1,423	609	7,751	2,788	261	25,572	26,227	-2.5%
Occupational therapist	542	9,204	261	7,016	2,719	454	8,867	4,702	658	34,423	32,047	7.4%
Optometrist	129	2,287	43	1,463	508	132	2,006	633	139	7,340	7,051	4.1%
Osteopath	42	704	6	387	46	55	2,254	89	63	3,646	3,526	3.4%
Paramedic	378	6,754	274	6,754	1,773	761	7,220	2,128	561	26,603	25,345	5.0%
Pharmacist	825	11,489	286	7,961	2,724	932	10,720	4,423	1,553	40,913	38,610	6.0%
Physiotherapist	975	13,449	291	9,160	3,682	760	11,442	5,472	2,530	47,761	44,895	6.4%
Podiatrist	83	1,746	31	1,102	586	119	1,864	580	99	6,210	6,135	1.2%
Psychologist	1,231	15,922	288	9,161	2,449	908	14,449	5,231	770	50,409	48,240	4.5%
Total 2024/25	**17,002**	**256,959**	**8,974**	**194,852**	**70,185**	**20,731**	**247,545**	**97,771**	**45,819**	**959,838**		
Total 2023/24	**16,124**	**249,653**	**8,774**	**186,787**	**68,419**	**19,669**	**239,654**	**93,355**	**38,100**		**920,535**	**4.3%**

1. No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
2. Registrants who hold dual registration as both a nurse and a midwife.

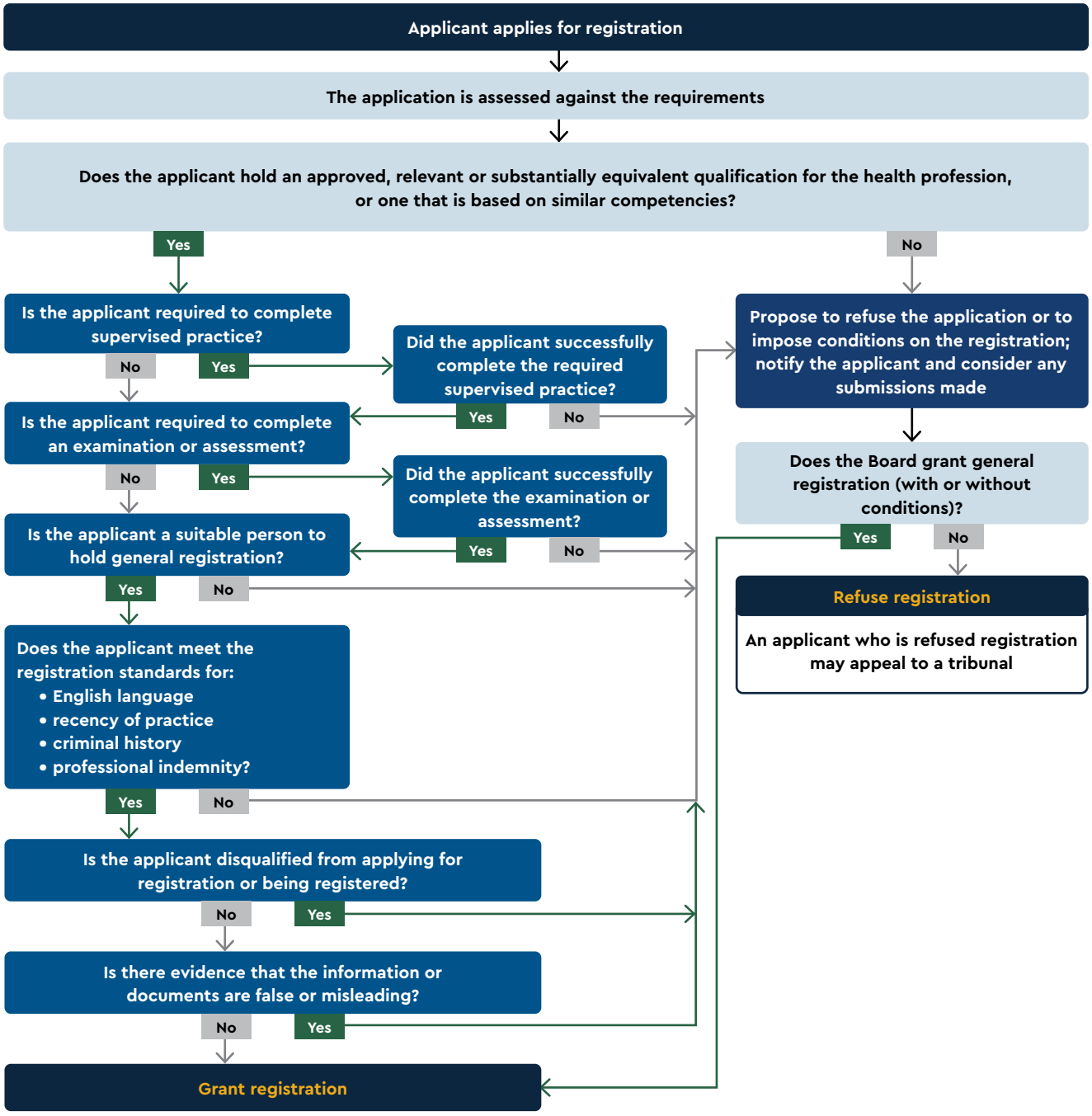
Who can be registered?

Applicants need to demonstrate that they are suitably trained and qualified to practise in a competent manner.

National Boards can place conditions on a practitioner's registration or refuse an application entirely.

Figure 89 summarises how we decide an application for general registration.

Figure 89. The general registration process



Applications for registration

We received a record 111,294 applications for registration, an increase of 5.6% compared to last year. Of these applications, 101,564 (91.3%) were for practising registration.

We completed 106,794 applications for registration (see Table 8), an increase of 0.5% on last year.

- 1,595 (1.5%) finalised applications were approved as registration with conditions.
- 91 (0.1%) were refused.
- 2,699 (2.5%) applicants withdrew before a final decision was made on their application. This is a reduction on last year when there were 3,407 withdrawals. The most common reason for withdrawal is the applicant not being able to provide the evidence necessary to complete their application.

Table 8. All applications finalised, by profession and outcome

Profession	Register	Register with conditions	Refuse application[1]	Withdrawn[2]	Total 2024/25	Total 2023/24
Aboriginal and Torres Strait Islander Health Practitioner	190	6	1	39	**236**	**243**
Chinese medicine practitioner	501	9	2	74	**586**	**668**
Chiropractor	505	9	2	13	**529**	**477**
Dental practitioner	2,018	19	3	61	**2,101**	**2,153**
Medical practitioner	22,032	463	19	532	**23,046**	**22,679**
Medical radiation practitioner	1,527	32		68	**1,627**	**1,754**
Midwife	2,277	21	5	63	**2,366**	**2,322**
Nurse	48,253	579	44	1,268	**50,144**	**49,796**
Occupational therapist	3,432	194	2	68	**3,696**	**3,675**
Optometrist	503	1		13	**517**	**503**
Osteopath	308	10		4	**322**	**404**
Paramedic	2,571	42	3	44	**2,660**	**2,601**
Pharmacist	5,440	88	2	79	**5,609**	**5,473**
Physiotherapist	5,059	62	3	184	**5,308**	**5,708**
Podiatrist	320	10	2	8	**340**	**386**
Psychologist	7,473	50	3	181	**7,707**	**7,394**
Total 2024/25	**102,409**	**1,595**	**91**	**2,699**	**106,794**	
Total 2023/24	**101,049**	**1,675**	**105**	**3,407**		**106,236**

1. If an applicant cannot demonstrate that they meet the eligibility, suitability and/or qualification requirements of the relevant National Board, their application will be refused.
2. If an application for registration is withdrawn by the applicant before a final decision is made, it is counted as withdrawn.

Register of practitioners

We maintain an online *Register of practitioners*. Anyone, at any time, can use this register to check the registration status of a health practitioner.

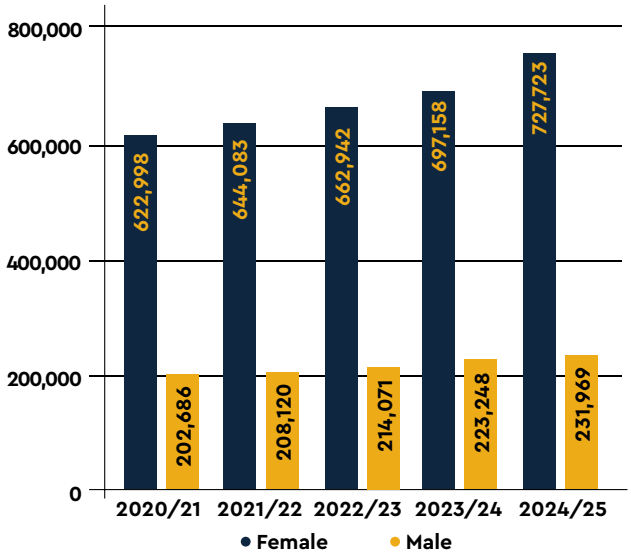
A button to 'Look up a practitioner' is prominently displayed on every page of the website, driving public engagement with this service.

The register was once again the most popular part of our website, with more than 8 million unique visits. More than 14 million searches were made, an increase of 27% compared to last year.

Traffic to the *Register of cancelled practitioners* also increased, with more than 150,000 searches made.

> **More than 14 million searches were made in our *Register of practitioners* this year, an increase of 27%**

Figure 90. Registered health practitioners by gender



Note: Less than 0.1% of practitioners registered as intersex, indeterminate or preferred not to say.

New graduate applications

We received 43,109 applications from graduates with Australian qualifications, including 22,697 nursing applications. This is a 4.0% increase in overall applications received, and a 1.3% decrease in nursing applications, compared to the previous year.

- We received 31,187 of these applications between September and March, the peak registration period for new graduates.
- It took just six days on average after we received evidence of graduation from an Australian university to register these new graduates to enable them to start practising.
- Our end-of-year graduate survey showed that more than 81% of respondents were satisfied with our management of the graduate registration process.

End-of-year graduate survey

The end-of-year graduate survey is a voluntary applicant experience survey now in its sixth year. The results give us valuable insights into the graduate experience of becoming registered as a qualified health practitioner.

We invited 29,254 new graduates to participate in the survey and achieved a 4.8% participation rate. Overall, most measures were consistent with the previous year.

Fewer respondents (81.8%) reported being satisfied than last year (86.8%), with some negative sentiment about difficulties in the certification of proof of identity documents. Changes implemented as part of our new online portal aim to address this feedback for next year's campaign.

Criminal history checks

We check every applicant's criminal history before they are registered for the first time or if we are notified of any potential change to a registrant's criminal history.

- 90,380 results were received from domestic and international criminal history checks of practitioners and/or applicants. This is an increase on the 82,458 results received in 2023/24.
- 60,298 domestic criminal history check results were received with 2,607 disclosable court outcomes.
- 30,082 international criminal history check results were received.

Launching a new portal

In March, Ahpra launched a new case management operating system to enable faster, more secure online registration applications.

The new digital portal enables practitioners and applicants to manage their registration online. It also offers a streamlined identity verification process with improved accuracy and security measures.

As is common for large-scale system changes like this, there have been some initial bumps. For example, some types of registration applications are taking longer to finalise. Shortly after the new system launched, registration renewal for nurses and midwives opened. Some practitioners experienced challenges in setting up their portal and required additional support. We expanded our customer service team and hotline hours to handle the increased demand, and more than 510,000 nurses and midwives successfully renewed their registration during the renewal period.

The new system will continue to be refined and improved based on user feedback. For more information about it, see page 93.

International applicants

This year, 26,703 internationally qualified practitioners gained registration to practise in Australia (Table 9). This is a 6.7% decrease from last year but still a positive result when noting that a 48.4% increase was recorded last year.

We continued our work in response to the recommendations of the *Independent review of Australia's regulatory settings relating to overseas health practitioners* (the Kruk review). These reforms aim to make working in Australia simpler, quicker and cheaper for internationally qualified health practitioners, when this can be done safely. More information about this is available on page 10.

Mutual recognition with New Zealand

The *Trans-Tasman Mutual Recognition Act 1997* (TTMR Act) allows health practitioners registered in either Australia or New Zealand to apply for registration in the other country through a streamlined registration process. The Act removes regulatory barriers and drives workforce mobility for health practitioners in either jurisdiction. The Act supports the mobility of all professions except medical practitioners and Aboriginal and Torres Strait Islander Health Practitioners.

Registration in Australia will only be granted in the same category as the practitioner's New Zealand registration. Any conditions, limitations or endorsements that apply in New Zealand may also apply to the practitioner's registration in Australia.

There was a slight decrease in approved TTMR applications: 13,919 this year compared to 14,452 last year, a 3.6% decrease (Table 9). The decrease is most notable for physiotherapists, while nurses increased by 0.4% and had the highest overall newly registered practitioners via TTMR (12,037).

Supporting employers and recruiters

Moving to new systems can be challenging. For internationally qualified practitioners, support often comes from recruiters and employers.

As part of the rollout of our new operating system, Ahpra hosted 20 webinars for employers and stakeholders who work with internationally qualified health practitioners.

These sessions primarily aimed to inform and support employers recruiting internationally qualified medical and nursing graduates to fill critical vacancies.

Employers learned how to better support applicants by understanding what documentation must be provided by the applicant and what can be prepared by the employer. They also learned about features of the new operating system that allow an authorised representative for practitioners to view applications in the portal and upload information to complete applications.

Table 9. Newly registered international practitioners

Profession[1]	2023/24			% change 2022/23–2023/24	2024/25			% change 2023/24–2024/25
	TTMR[2]	Other international	Total		TTMR[2]	Other international	Total	
Chinese medicine practitioner[3]	49	12	**61**	**N/A**	39	4	**43**	**-29.5%**
Chiropractor	33	11	**44**	**2.3%**	21	19	**40**	**-9.1%**
Dental practitioner	127	438	**565**	**17.7%**	128	342	**470**	**-16.8%**
Medical practitioner	N/A	5,431	**5,431**	**29.0%**	N/A	4,947	**4,947**	**-8.9%**
Medical radiation practitioner	120	274	**394**	**34.9%**	84	218	**302**	**-23.4%**
Midwife	96	255	**351**	**28.6%**	75	194	**269**	**-23.4%**
Nurse	11,989	4,633	**16,622**	**48.6%**	12,037	4,118	**16,155**	**-2.8%**
Occupational therapist	287	337	**624**	**19.5%**	245	271	**516**	**-17.3%**
Optometrist	29	17	**46**	**100.0%**	17	10	**27**	**-41.3%**
Osteopath	11	6	**17**	**13.3%**	14	6	**20**	**17.6%**
Paramedic	40	1	**41**	**-40.6%**	50	12	**62**	**51.2%**
Pharmacist	88	1,631	**1,719**	**120.7%**	65	1,563	**1,628**	**-5.3%**
Physiotherapist	1,503	763	**2,266**	**104.3%**	1,056	704	**1,760**	**-22.3%**
Podiatrist	21	53	**74**	**54.2%**	22	59	**81**	**9.5%**
Psychologist	59	303	**362**	**53.4%**	66	317	**383**	**5.8%**
Total	**14,452**	**14,165**	**28,617**	**48.4%**	**13,919**	**12,784**	**26,703**	**-6.7%**

1. Applications finalised with an outcome of registered or registered with conditions. The Aboriginal and Torres Strait Islander Health Practice Board of Australia does not have a specific pathway for international practitioners.
2. Practitioners registered under the *Trans-Tasman Mutual Recognition Act 1997*. The TTMR Act does not include Aboriginal and Torres Strait Islander Health Practitioners or medical practitioners.
3. Chinese medicine practitioners became part of the TTMR Act on 1 July 2023.

Exams for international applicants

Some National Boards have introduced theory- and competency-based examinations to assess the eligibility of internationally qualified applicants without an approved qualification. The number of international applicants sitting an exam increased by 7.2% from last year.

Nursing and midwifery exams

Internationally qualified nurses and midwives (IQNMs) are required to complete a self-check of their qualifications before applying for registration. Those who hold qualifications that are substantially equivalent or based on similar competencies to an Australian graduate (and who meet the mandatory registration standards) progress to an application for registration.

Other IQNMs need to pass outcomes-based assessments before being eligible to apply. The examination process for these IQNMs consists of:

- a multiple-choice question (MCQ) examination (knowledge test)
- an objective structured clinical examination (OSCE) (knowledge, skills and competence test).

The MCQ examinations:

- Enrolled nurse – a paper-based exam coordinated by Ahpra and held at our offices around Australia. Seven internationally qualified enrolled nurses participated across four exams (including re-sits).
- Registered nurse – the National Council of State Boards of Nursing's online National Council Licensure Examination – Registered Nurse (NCLEX-RN) held at Pearson VUE testing centres in more than 20 countries, including Australia. This year, 10,349 exams (including re-sits) were held, an increase from 9,859 last year.
- Midwife – an online exam held at Aspeq-managed facilities. There were 49 exams (including re-sits) conducted this year in Australia and New Zealand, an increase from 38 last year. Overseas midwives who are required to sit this exam can do so from their overseas location, provided they meet the requirements for using the remote proctoring service. This significantly reduces the candidate's cost and time commitment.

The OSCEs were substantially streamlined, and demand increased across all professions and divisions:

- 16 OSCE exam cycles for IQNMs were held, an increase from 10 exam cycles in 2023/24.
- 3,300 eligible nurses (including re-sits) participated in the registered nurse OSCE, an increase of 42.2%.
- The midwifery OSCE doubled in frequency and was held four times this year, with 39 internationally qualified midwives (including re-sits) participating in the exam.
- The enrolled nurse OSCE was held twice during the year, with three internationally qualified enrolled nurses (including re-sits) participating in the exam.
- Eligible registered nurse OSCE candidates are now offered an exam date within two weeks of making payment or providing a current Australian visa – whichever is received later. The spaces offered to candidates are for exam cycles occurring between eight and 12 weeks in the future. Candidates are also notified if there are spaces available at an earlier exam should they wish to sit the exam earlier.
- The period between sitting an exam and receiving results has decreased from 10 weeks to between four and six weeks.

Pharmacy, psychology, medical radiation practice and Chinese medicine exams

Ahpra coordinated the following exams:

- 2,442 oral examinations (practice) for pharmacy interns in October, February and June. These exams used a hybrid online and face-to-face model.
- 106 oral exams for pharmacy practitioners holding limited or general registration with conditions on their registration that required the completion of an examination in practice, or in law and ethics. These online exams were offered monthly.
- 1,841 national psychology examinations for candidates across quarterly sessions. Candidates could choose to sit the exam in a test centre or by online supervision.
- 151 national medical radiation practice examinations for candidates across four quarterly sessions. These exams were also offered in a test centre or online.
- 24 scenario-based multiple-choice exams for Chinese medicine practitioner candidates across two sessions. Candidates could choose to sit the exam in a test centre (where available) or by online supervision.
- OSCEs for nine Chinese medicine practitioner candidates over two examination periods.
- Paramedicine competency assessments for 20 candidates.

Renewals

Ahpra renewed registration for 870,569 health practitioners. This is an increase of 3.5% from last year.

When they renew each year, practitioners must declare that they continue to meet their National Board's mandatory registration standards. They must also let us know if there's been any change to their criminal history or any health impairment that may adversely impact their ability to practise safely.

> **Renewals of registration were 3.5% higher than last year**

Aboriginal and Torres Strait Islander Peoples in the workforce

Aboriginal and Torres Strait Islander Peoples are under-represented in our health workforce. Increasing participation in the registered health workforce is a goal of our Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy. For more about the work we are doing to improve cultural safety, see page 75.

Ahpra and the National Boards ask about Aboriginal and/or Torres Strait Islander cultural identity in application and renewal processes. This helps us understand workforce trends and the proportion of registered health practitioners who identify as Aboriginal and/or Torres Strait Islander.

At 30 June:

- There were 12,015 Aboriginal and/or Torres Strait Islander people registered as health practitioners in Australia, representing 1.3% of the registered health practitioner workforce. This is an increase from 1.2% last year.
- The participation rate is still well short of the 3.8% Aboriginal and Torres Strait Islander representation in the general population.
- 100% of Aboriginal and Torres Strait Islander Health Practitioners are Aboriginal and/or Torres Strait Islander. This is a requirement for registration in that profession.
- Paramedicine had the second-highest representation with 2.2% of its workforce identifying as Aboriginal and/or Torres Strait Islander.
- Midwives (including dual-registered midwives and nurses) had the third-highest representation with 1.7%.
- Medical radiation practice, nursing, midwifery, occupational therapy, paramedicine and psychology all saw an increased proportion of practitioners who identify as Aboriginal and/or Torres Strait Islander compared to last year.
- During the end-of-year new-graduate registration campaign, an additional 607 health practitioners who identified as Aboriginal and/or Torres Strait Islander joined the workforce.

Support for registrants

The Aboriginal and Torres Strait Islander Engagement and Support team supports Aboriginal and Torres Strait Islander applicants, registrants and stakeholders in navigating our registration processes.

The team continued to support Aboriginal and Torres Strait Islander graduates with their application for registration (especially with any issues that arose or disclosures they needed to make). The team also supported practitioners who were renewing their registration, providing guidance and support across a range of issues and individual circumstances.

The team continues to use feedback from the new graduate survey, from stakeholders, and directly from the applicants and registrants they support to better understand the barriers to getting registered and renewed, and to improve the services we provide to Aboriginal and Torres Strait Islander applicants and registrants.

Table 10. Health practitioners who identified as Aboriginal and/or Torres Strait Islander

	2022/23		2023/24		2024/25	
Profession	Registrants	%	Registrants	%	Registrants	%
Aboriginal and Torres Strait Islander Health Practitioner	887	100.0%	972	100.0%	1,028	100.0%
Chinese medicine practitioner	21	0.4%	24	0.5%	23	0.5%
Chiropractor	38	0.6%	43	0.7%	46	0.7%
Dental practitioner	151	0.6%	152	0.6%	158	0.6%
Medical practitioner	845	0.6%	863	0.6%	916	0.6%
Medical radiation practitioner	122	0.6%	130	0.7%	133	0.6%
Midwife	180	2.3%	205	2.5%	224	2.6%
Nurse	6,759	1.5%	7,075	1.5%	7,328	1.5%
Nurse and midwife[1]	362	1.4%	354	1.3%	371	1.5%
Occupational therapist	172	0.6%	203	0.6%	236	0.7%
Optometrist	15	0.2%	13	0.2%	13	0.2%
Osteopath	25	0.8%	27	0.8%	24	0.7%
Paramedic	477	2.0%	527	2.1%	575	2.2%
Pharmacist	118	0.3%	120	0.3%	123	0.3%
Physiotherapist	292	0.7%	308	0.7%	330	0.7%
Podiatrist	38	0.6%	40	0.7%	44	0.7%
Psychologist	311	0.7%	373	0.8%	443	0.9%
Total	10,813	1.2%	11,429	1.2%	12,015	1.3%

1. Registrants who hold dual registration as both a nurse and a midwife.

Registered students

Students are the health practitioners of the future.

181,328 students were studying to be health practitioners through an approved program of study or clinical training program (Table 11) as at June 30.

Education providers supply student information so students can be registered.

All National Boards except the Psychology Board register students. Psychology students receive provisional registration.

The student register is not open to the public.

Table 11. Registered students

Students by profession[1]	Approved program of study[2] students by expected completion date	Clinical training[3] students by expected completion date	Total 2024/25[4,5]	Total 2023/24
Aboriginal and Torres Strait Islander Health Practice	354	17	**371**	**345**
Chinese medicine	1,179		**1,179**	**644**
Chiropractic	1,378		**1,378**	**1,601**
Dental	4,824		**4,824**	**4,994**
Medical	21,358	155	**21,513**	**21,329**
Medical radiation practice	5,550	525	**6,075**	**5,466**
Midwifery[6]	3,930		**3,930**	**3,973**
Nursing[6]	97,529	287	**97,816**	**99,264**
Occupational therapy	12,374		**12,374**	**12,553**
Optometry	2,578	113	**2,691**	**2,022**
Osteopathy	937		**937**	**1,238**
Paramedicine[6]	6,893	2	**6,895**	**7,467**
Pharmacy	8,853	2	**8,855**	**8,652**
Physiotherapy	11,146	278	**11,424**	**12,128**
Podiatry	1,047	19	**1,066**	**971**
Total 2024/25	**179,930**	**1,398**	**181,328**	
Total 2023/24	**181,029**	**1,618**		**182,647**

1. The number of students reported as being in an approved program of study/clinical training program at 30 June (does not account for fluctuations throughout the year). This may include ongoing students or students with a completion date falling within the period. These data reflect the information received from education providers, and as such have limitations if being used as a comprehensive, comparative or planning tool.
2. A course that has been approved by a National Board and that leads to a qualification for registration.
3. Clinical training is defined as any form of clinical experience that does not form part of an approved program of study.
4. Due to ongoing improvements in validation and reporting processes, these data should not be objectively compared to those of previous years.
5. These data have been adjusted to remove duplicate students who meet the 100% match criteria, based on full name, date of birth, education provider, email address and program of study name.
6. To avoid double-counting, 3,171 students undertaking an approved double degree involving more than one profession (nursing/midwifery and nursing/paramedicine) have only been assigned to a single profession (nursing [1,991]/midwifery [232] and nursing [948]/paramedicine [0]).

Reducing the stress of regulatory processes

Expert advisory group for minimising practitioner distress

Around the globe, there is growing awareness about the need to make regulatory processes more compassionate. Through our interviews and surveys with practitioners and notifiers, we know that people can find going through a regulatory process stressful, and practitioners often feel shame and stigma about receiving a complaint. We have committed to improving our processes to minimise distress by implementing the 15 recommendations and 33 actions of an Expert Advisory Group (EAG) in 2023. We have now completed one-third of the actions.

Many of the achievements so far have been changes to how we manage concerns about a practitioner's health, as practitioners with pre-existing mental health and substance use disorders can be among the most vulnerable to distress. We have reduced the use of immediate action in impairment cases; increased the use of assessments from a practitioner's own treating practitioner in preference to those from an independent practitioner; and worked on improving staff and Board member understanding of distress and vulnerability and their awareness of the risk of suicide and self-harm. Making our processes more compassionate for practitioners, and reducing their distress, also means that they are more likely to constructively engage with regulation and, ultimately, provide safe healthcare for patients.

Before an action can be considered closed, Ahpra's senior leaders must be assured that the change is embedded into our daily operations and supported to remain firmly in place. This is because the EAG project is part of our long-term commitment to becoming a more human-centred regulator. It is considered, thoughtful work that benefits greatly from collaboration and input from partners across Australia and internationally.

Forum for shaping better regulatory experiences

In April, we hosted a forum on 'Shaping better regulatory experiences'. This brought together more than 140 people from across the health system, including employers, professional associations, practitioner support services, indemnity providers, educators, co-regulators, National Boards and Ahpra staff.

The forum focused on improving the experience of practitioners going through a regulatory process, with a strong emphasis on compassion, collaboration and practical change. It provided a valuable opportunity to share insights, strengthen partnerships and explore new ways to support practitioners.

Lived experience stories were central to the day, offering powerful reflections on the emotional toll of regulatory processes. These stories highlighted the impact of stress and isolation, and the importance of timely, meaningful support. Many attendees shared that these accounts left a lasting impression and deepened their commitment to making changes.

Presentations from Ahpra and the Black Dog Institute, along with panel discussions featuring a range of partners, showcased reforms already underway. These included improved approaches to communication and education around regulatory processes, greater use of peer and workplace supports, and initiatives to expand support services for more professions. Building on these insights, breakout sessions invited attendees to share ideas about how to reduce shame and stigma, improve cultural safety and increase the uptake of support services.

The forum reinforced our shared responsibility to minimise regulatory distress and change the culture of healthcare to increase compassion and support for health practitioners. It built on the work of the EAG, whose recommendations continue to guide our efforts to become a more humane regulator.

Notifications

Hearing from individuals or organisations with concerns is an important way for us to identify and manage safety and professionalism issues among registered health professionals.

Our role is to decide whether, because of a single concern or a pattern of concerns, we need to take regulatory action or restrict a practitioner's ability to practise.

When we make these decisions, we are guided by the National Boards' codes of conduct, community expectations and public safety.

Explaining the data

In this report, we mostly report on notifications received and managed by Ahpra and the National Boards.

When we include data about matters received and managed by the HPCA in New South Wales and OHO in Queensland, they are either provided in separate columns or, if incorporated into Ahpra data, acknowledged in the table title.

This year, we transitioned to a new case management system, which introduced a significant change in the way data are captured and stored. We have continued to refine our data collection and reporting throughout this process to allow for comparison, where possible, with previous annual reports.

The year in summary

- Ahpra received 13,327 notifications (Figure 91), 19.0% more than last year.
- Nationally there were 22,658 notifications about 16,209 practitioners.
- We closed 12,086 notifications. This was 8.3% more than last year and more than any previous year.
- At 30 June, there were 5,627 open notifications, 26.7% (1,186) more than last year.

Figure 91. Notifications received by Ahpra since the National Scheme began

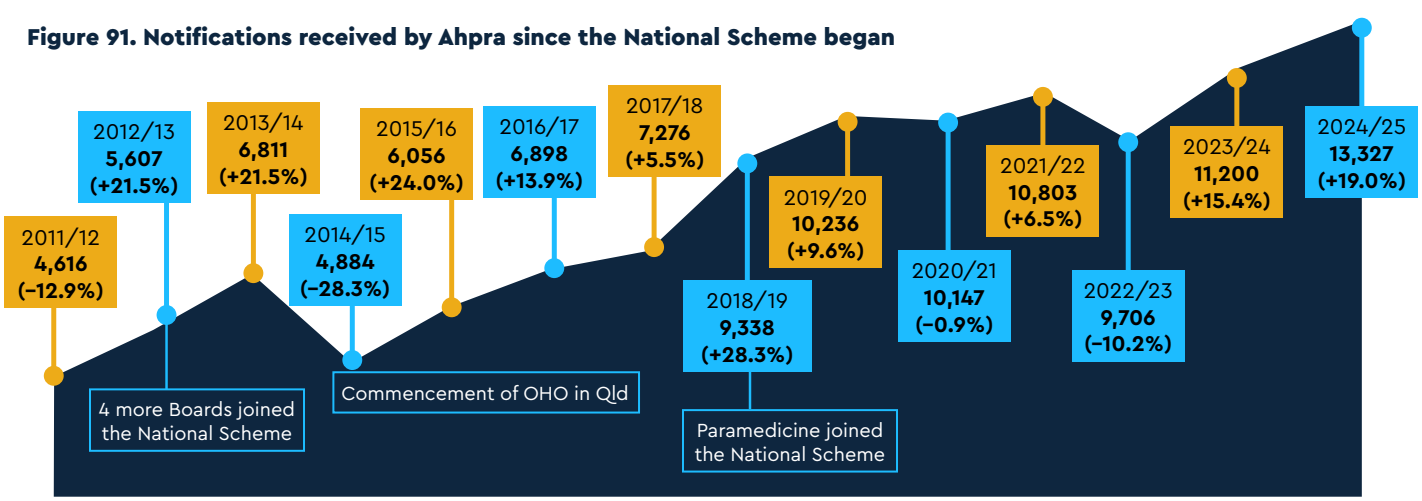


Table 12. Notifications received, by profession and state or territory

Profession	Ahpra[1]									Ahpra subtotal	HPCA[5]	OHO[6]	Total 2024/25	Total 2023/24[7]
	ACT	NSW[2]	NT	QLD[3]	SA	TAS	VIC	WA	No PPP[4]					
Aboriginal and Torres Strait Islander Health Practitioner		1	3	2			1		1	**8**	**8**	**2**	**18**	**19**
Chinese medicine practitioner	4			4	4		16	3	3	**34**	**16**	**4**	**54**	**53**
Chiropractor	3	2	2	23	16	3	49	13	3	**114**	**43**	**14**	**171**	**140**
Dental practitioner	18	10	7	105	79	22	382	181	85	**889**	**484**	**171**	**1,544**	**1,316**
Medical practitioner	190	149	72	952	820	265	3,327	1,082	705	**7,562**	**3,269**	**1,913**	**12,744**	**11,207**
Medical radiation practitioner	1	1	1	11	2	1	16	7	14	**54**	**24**	**13**	**91**	**72**
Midwife	2		3	35	14		29	18	29	**130**	**64**	**23**	**217**	**238**
Nurse	55	43	46	384	365	101	599	273	353	**2,219**	**1,218**	**435**	**3,872**	**3,243**
Occupational therapist	8	4	3	22	30	8	60	23	7	**165**	**57**	**46**	**268**	**176**
Optometrist	3			9	6		13	4	6	**41**	**29**	**11**	**81**	**75**
Osteopath				3	4		36			**43**	**13**	**1**	**57**	**55**
Paramedic	2	2	6	40	12	8	39	14	62	**185**	**143**	**36**	**364**	**293**
Pharmacist	8	8	9	53	50	25	271	74	188	**686**	**414**	**59**	**1,159**	**939**
Physiotherapist	12		1	30	23	2	101	28	21	**218**	**67**	**44**	**329**	**320**
Podiatrist	1	1		7	9	1	30	28	7	**84**	**45**	**11**	**140**	**94**
Psychologist	29	27	16	90	82	27	442	139	43	**895**	**474**	**180**	**1,549**	**1,282**
Total 2024/25	**336**	**248**	**169**	**1,770**	**1,516**	**463**	**5,411**	**1,887**	**1,527**	**13,327**	**6,368**	**2,963**	**22,658**	
Total 2023/24	**285**	**135**	**182**	**2,162**	**1,293**	**389**	**4,509**	**1,717**	**528**	**11,200**	**5,829**	**2,493**		**19,522**

1. Based on state or territory of the practitioner's principal place of practice (PPP).
2. Matters managed by Ahpra where the conduct occurred outside NSW.
3. Matters referred to Ahpra to manage, where the practitioner's PPP is in Queensland.
4. No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
5. Matters received and managed by the HPCA in NSW.
6. Matters received and managed by OHO in Queensland.
7. Includes matters managed by the HPCA and OHO.

Table 13. Number of practitioners with notifications (including HPCA and OHO)

Profession[1]	ACT	NSW[2]	NT	QLD[3]	SA	TAS	VIC	WA	No PPP[4]	Total 2024/25	Total 2023/24
Aboriginal and Torres Strait Islander Health Practitioner		6	2	3			1			**12**	**12**
Chinese medicine practitioner	3	13		8	3		12	3		**42**	**47**
Chiropractor	3	37	2	33	14	3	47	13		**152**	**120**
Dental practitioner	18	334	4	235	63	17	320	130	3	**1,124**	**1,058**
Medical practitioner	163	2,539	60	2,132	658	185	2,467	842	41	**9,087**	**8,418**
Medical radiation practitioner	1	21	1	22	2	1	15	7	1	**71**	**56**
Midwife[5]	2	47	3	53	14		22	18	1	**160**	**195**
Nurse[6]	50	783	40	716	320	92	538	238	23	**2,800**	**2,671**
Occupational therapist	3	46	3	58	20	7	53	20	2	**212**	**148**
Optometrist	3	24		21	6		12	4	1	**71**	**69**
Osteopath		9		4	1		29			**43**	**47**
Paramedic	2	106	5	61	10	6	37	13		**240**	**225**
Pharmacist	9	203	8	104	46	16	229	57	1	**673**	**661**
Physiotherapist	12	59	1	66	20	2	78	25	2	**265**	**234**
Podiatrist	1	35		15	10	1	23	22	2	**109**	**78**
Psychologist	24	356	13	218	70	24	323	114	6	**1,148**	**1,039**
Total 2024/25	**294**	**4,618**	**142**	**3,749**	**1,257**	**354**	**4,206**	**1,506**	**83**	**16,209**	
Total 2023/24	**241**	**4,357**	**169**	**3,712**	**1,077**	**321**	**3,676**	**1,390**	**135**		**15,078**

1. Data for each profession are for registrants whose profession has been identified.
2. Matters managed by the HPCA, and notifications managed by Ahpra about a practitioner with a principal place of practice (PPP) in NSW.
3. Matters managed by OHO, and matters referred to Ahpra to manage, where the practitioner's PPP is in Queensland.
4. No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
5. Registrants with midwifery registration or with dual nursing and midwifery registration.
6. Registrants with nursing registration or with dual nursing and midwifery registration.

Notifications received

This year, we received 13,327 notifications – an increase of 19.0% compared with last year. While we continue to see an increase in the number of notifications received, it is difficult to name a single cause for this. However, several trends can be identified:

- About 50% of the notifications received were categorised as lower risk and managed by an early determination process – an increase from 34.5% last year.
- While the nature of concerns raised this year was largely similar to the previous year, the number of notifications where the primary concern related to a practitioner's behaviour increased to 6.9% this year, from 4.8% last year.
- Notifications increased across all professions except midwifery and Aboriginal and Torres Strait Islander Health Practice.

A proactive approach to media has further helped to build our public profile and raised awareness of the role we play in handling concerns about health practitioners and protecting public safety.

Table 14. Percentage of all registered health practitioners with notifications (including HPCA and OHO)

Profession[1]	ACT	NSW[2]	NT	QLD[3]	SA	TAS	VIC	WA	No PPP[4]	Total 2024/25	Total 2023/24
Aboriginal and Torres Strait Islander Health Practitioner		2.2%	1.0%	1.6%			2.0%			**1.2%**	**1.2%**
Chinese medicine practitioner	4.8%	0.7%		0.9%	1.3%		0.9%	1.1%		**0.9%**	**1.0%**
Chiropractor	4.9%	1.7%	7.4%	2.9%	3.6%	3.9%	2.8%	1.3%		**2.2%**	**1.8%**
Dental practitioner	3.6%	4.1%	2.3%	4.1%	2.8%	3.7%	4.7%	4.0%	0.4%	**4.0%**	**3.8%**
Medical practitioner	5.7%	5.9%	3.5%	7.0%	6.5%	5.5%	6.6%	5.3%	1.2%	**6.1%**	**5.9%**
Medical radiation practitioner	0.3%	0.3%	0.7%	0.5%	0.1%	0.3%	0.3%	0.4%	0.2%	**0.3%**	**0.3%**
Midwife[5]	0.3%	0.5%	0.5%	0.7%	0.6%	0.0%	0.2%	0.5%	0.2%	**0.5%**	**0.6%**
Nurse[6]	0.6%	0.6%	0.8%	0.7%	0.8%	0.8%	0.4%	0.5%	0.1%	**0.5%**	**0.5%**
Occupational therapist	0.6%	0.5%	1.1%	0.8%	0.7%	1.5%	0.6%	0.4%	0.3%	**0.6%**	**0.5%**
Optometrist	2.3%	1.0%		1.4%	1.2%		0.6%	0.6%	0.7%	**1.0%**	**1.0%**
Osteopath		1.3%		1.0%	2.2%		1.3%			**1.2%**	**1.3%**
Paramedic	0.5%	1.6%	1.8%	0.9%	0.6%	0.8%	0.5%	0.6%		**0.9%**	**0.9%**
Pharmacist	1.1%	1.8%	2.8%	1.3%	1.7%	1.7%	2.1%	1.3%	0.1%	**1.6%**	**1.7%**
Physiotherapist	1.2%	0.4%	0.3%	0.7%	0.5%	0.3%	0.7%	0.5%	0.1%	**0.6%**	**0.5%**
Podiatrist	1.2%	2.0%		1.4%	1.7%	0.8%	1.2%	3.8%	2.0%	**1.8%**	**1.3%**
Psychologist	1.9%	2.2%	4.5%	2.4%	2.9%	2.6%	2.2%	2.2%	0.8%	**2.3%**	**2.2%**
Total 2024/25	**1.7%**	**1.8%**	**1.6%**	**1.9%**	**1.8%**	**1.7%**	**1.7%**	**1.5%**	**0.2%**	**1.7%**	
Total 2023/24	**1.5%**	**1.7%**	**1.9%**	**2.0%**	**1.6%**	**1.6%**	**1.5%**	**1.5%**	**0.4%**		**1.6%**

1. Data for each profession are for registrants whose profession has been identified.
2. Matters managed by the HPCA, and notifications managed by Ahpra about a practitioner with a principal place of practice (PPP) in NSW.
3. Matters managed by OHO, and matters referred to Ahpra to manage, where the practitioner's PPP is in Queensland.
4. No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
5. Registrants with midwifery registration or with dual nursing and midwifery registration.
6. Registrants with nursing registration or with dual nursing and midwifery registration.

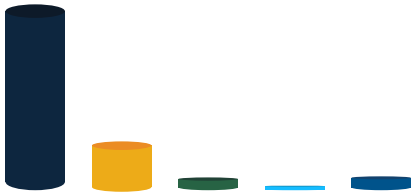
Who makes notifications?

Figure 92 shows the sources of notifications. Most notifications (72.8%) were made by patients, their families or representatives, or other members of the public. This was consistent with last year (70.9%).

A further 17% were from health practitioners and employers, followed by police, government or co-regulators (4%). This year, 1.5% of notifications were initiated by a National Board or their delegate, and the remaining 4.6% were raised by other sources, including education providers, self-notifications and anonymous notifiers.

This year we received 146 (1.0%) anonymous notifications (where the notifier does not disclose any identifying information to us).

Figure 92. Who makes notifications?



- **72.8%** Patient, relative or member of the public
- **17.0%** Other practitioner or employer
- **4.0%** Police, government or co-regulator
- **1.5%** Board initiated
- **4.6%** Other

Managing notifications

Improvements

Across the year, we improved several of our processes, including the following:

- Improved our 'Raise a concern' form to better capture concerns raised by notifiers and their reasons. This has allowed us to progress these concerns faster and support notifiers in having their concerns considered by the most appropriate organisation. This new form was viewed over 59,000 times, 47.4% more than last year.
- Continued to improve engagement with notifiers through a dedicated intake team to receive all new notifications. This team handled more than 8,000 phone calls.
- Worked with National Boards to streamline decision making for our lowest-risk concerns, reducing the time to complete these matters by more than 30 days.
- Improved our framework for identifying and managing vexatious notifications, and our processes for assessing and managing these notifications and unreasonable notifier behaviour. This year, 125 notifications were assessed for vexatiousness and 53 notifications were determined to be vexatious by a National Board, an increase from 21 last year.

Experience

Where possible, we seek direct feedback from notifiers and practitioners who engage with our regulatory processes. We are developing updates to these feedback mechanisms in our new case management system, which was launched in March.

We continued work to create a culturally safe notifications process for notifiers, practitioners and witnesses who identify as Aboriginal and/or Torres Strait Islander. A cultural safety advisory team was established to provide guidance and oversight of this area. This team includes specially appointed Aboriginal and Torres Strait Islander cultural safety advisors, and decisions are made through the medical and nursing and midwifery Indigenous National Special Issues Committees.

We also continued our work on improving the experience of notifiers, including the development of a navigator service to ensure notifiers are directed to the right agency for their concerns.

Managing concerns

There are three types of allegations we can manage. They are that:

- a practitioner is practising their profession in an unsafe manner
- a practitioner's behaviour is placing the public at risk
- a practitioner's ability to make safe judgements about their patients might be impaired because of their health.

The most common type of concern relates to the way a practitioner is practising their profession, including concerns about the clinical care provided or the practitioner's management of a patient's medication (see Table 15).

A notification can be about more than one concern and 58.9% of notifications we received contained multiple concerns.

Not all concerns raised with us are about individuals we register or things that we can deal with. When concerns are not within our jurisdiction, we speak with the notifier about why we are not able to consider their concerns and, where appropriate, provide them with information on where they may be able to raise their concerns.

Figure 93. The notifications process

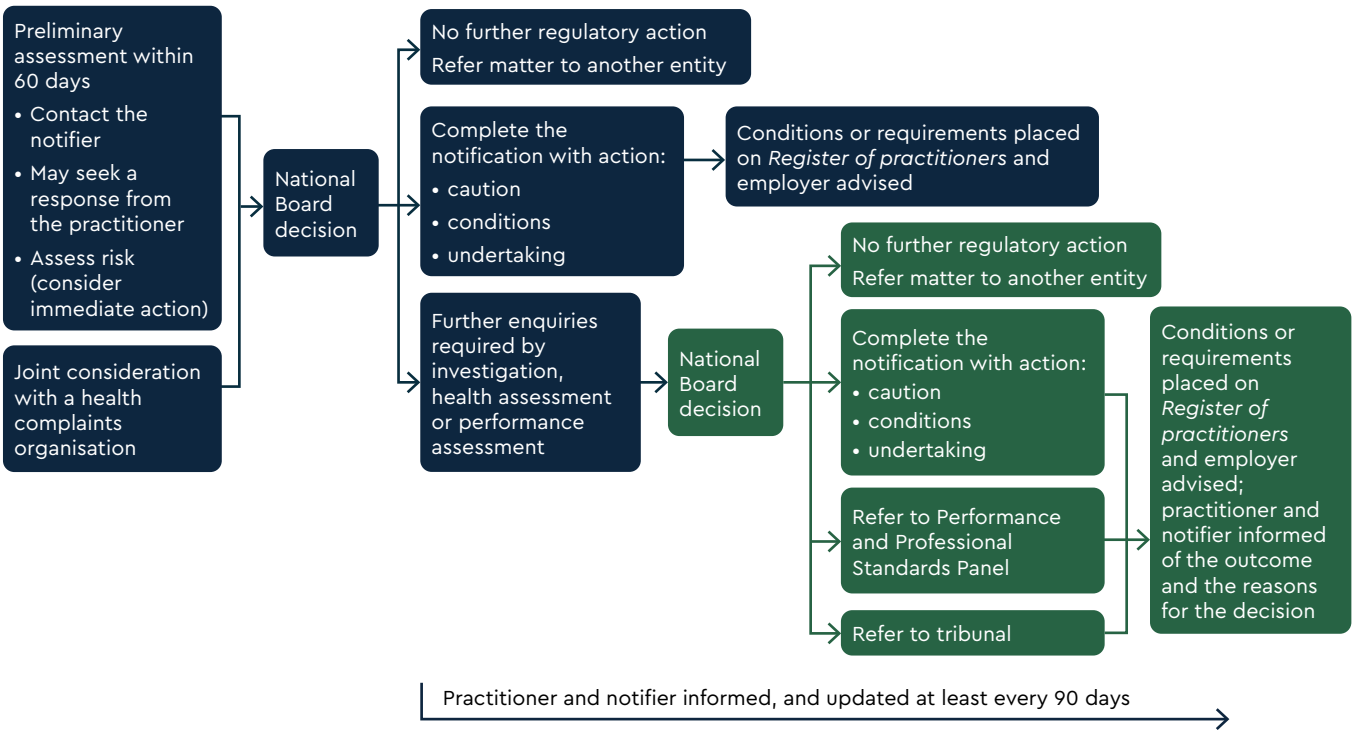


Table 15. Types of concerns raised

Concern category (and specific issue)[1]	Who raised the concern?				Total	% of all concerns raised
	Patient, relative, member of public	Other practitioner	Employer	Other		
Clinical care provided	**8,099**	**535**	**289**	**243**	**9,166**	**35.0%**
Inadequate or inappropriate treatment	1,923	162	81	66	2,232	8.5%
Inadequate or inappropriate procedure	1,016	47	27	25	1,115	4.3%
Refusal to assist or attend or admit	780	19	10	1	810	3.1%
Inadequate or inappropriate history or examination	764	54	13	37	868	3.3%
Missed, incorrect or delayed diagnosis	741	31	7	14	793	3.0%
Inadequate or inappropriate follow-up or review	597	31	22	12	662	2.5%
Inadequate or inappropriate testing or investigation	509	40	14	9	572	2.2%
Inappropriate delay in care	422	23	19	14	478	1.8%
Delayed or inadequate or inappropriate referral	363	19	6	9	397	1.5%
Other clinical care issue	316	38	36	28	418	1.6%
Inadequate or inappropriate monitoring	202	27	42	11	282	1.1%
Inappropriate discharge or transfer	163	10	6	2	181	0.7%
Unnecessary treatment/over-servicing	106	25	3	9	143	0.5%
Failure to ensure physical privacy	56	3	2	2	63	0.2%
Cosmetic procedure or treatment	54	4	1	2	61	0.2%
Inappropriate admission	52			1	53	0.2%
Cosmetic surgery	27	2		1	30	0.1%
Failure to accommodate cultural needs	8			0	8	0.0%
Communication	**3,845**	**257**	**113**	**98**	**4,313**	**16.5%**
Management of medication	**1,646**	**421**	**198**	**367**	**2,632**	**10.0%**
Behaviour	**1,125**	**371**	**217**	**137**	**1,850**	**7.1%**
Record keeping and documentation	**1,187**	**154**	**136**	**108**	**1,585**	**6.0%**
Other	**3,617**	**1,172**	**695**	**1,172**	**6,656**	**25.4%**

1. Either as a single concern or one of multiple concerns received in a notification.

Our case-management approach

Once we determine that a concern is within our jurisdiction to manage, we decide how it can best be managed by considering:

- the nature of the concern
- the powers or processes best suited to gathering the required information
- the likelihood that regulatory action might be needed.

Where possible, each notification is allocated to a single case manager from beginning to end.

Early determination

When a notification indicates no or low ongoing risk to patients, we consider whether it is appropriate to refer it to a health complaints organisation (HCO).

There are HCOs in all states and territories. They are vital partners in ensuring that consumer complaints about health services are resolved. HCOs share the complaints they receive about registered health practitioners with Ahpra, and Ahpra shares relevant consumer complaints it receives with the HCOs. Together we decide which is the most appropriate body to deal with the complaint.

This year, 3,353 notifications were retained by, or referred to, an HCO. This is 27.7% of all the notifications we completed, and is a 63% increase from the previous year.

A further 2,379 (19.7%) notifications received did not require referral to an HCO and resulted in no further action being taken. These notifications were retained by Ahpra and closed through the early determination process.

Legislative changes that came into effect in May 2023 mean that where a notification is better managed by another entity, such as an employer, we may refer the notification to that entity. This year, 128 notifications were referred to an external entity other than an HCO.

Where low-risk concerns are managed by Ahpra, we seek to progress the notification as soon as possible. This year, we worked with the National Boards to introduce a new decision-making process that supports the timely review and completion of low-risk notifications. This process has reduced the timeframe to complete these matters by more than 30 days on average, with 204 matters closed within 30 days of receipt.

Identifying at an early point which notifications can be dealt with through early determination has improved the time it takes to close notifications.

Strengthening practice

When a concern identifies some risk to the public, we engage with practitioners.

Our specialist teams gather information from practitioners, employers and others about the way the practitioner practises and, where required, to understand what steps have already been taken to improve their practice.

We do not need to take any regulatory action when this information indicates that we can rely on individual or organisational risk controls, or existing regulatory risk controls, to mitigate any ongoing risk to the public (see Figure 94).

Around 40% of notifications were managed through a strengthening practice approach, and 17% of these were closed without any regulatory action because the practitioner demonstrated the steps they had taken to reflect on and improve their practice.

Figure 94. Assessing and controlling levels of risk

Higher risk: Risk controls at the individual and organisational level are bolstered by regulatory action, such as monitoring, to ensure safe, professional practice

Medium risk: Risk controls at the individual level are strengthened through organisational risk controls to ensure ongoing safe, professional practice

Lower risk: Risk controls at the individual level are identified and assessed for their suitability in ensuring ongoing safe, professional practice

Case studies

Not a ground for a notification

A patient raised a notification after they booked an appointment to see a dermatologist. After booking the appointment, the clinic informed the patient they were a paediatric clinic and were unable to treat the adult patient. The patient raised concerns about the clinic's refusal to provide a service to them.

The Medical Board of Australia reviewed the concerns and decided the concerns did not meet grounds for a notification.

No response required

A patient raised concerns about a medical practitioner who changed their prescribed medication and added a new medication in response to high blood pressure, which the notifier believed was caused by stress.

The Medical Board of Australia noted that a change in prescribed medication is not, in and of itself, indicative of a performance concern and no response was required from the practitioner. The Board decided no regulatory action was required.

Strengthening practice: Steps taken to address

A patient raised concerns about complications following surgery on their leg. The patient required multiple follow-up surgeries and developed an infection requiring management and treatment.

The surgeon had no previous notifications and had been practising for several years. The Medical Board of Australia sought information from the hospital, which confirmed the practitioner had made changes to his surgical approach because of the complication.

The practitioner provided a response to the concerns raised, took responsibility for the surgical management and committed to change their practice to avoid complications in the future.

The Board acknowledged the distress felt by the patient and their family but noted that the complication was a rare but recognised risk of the surgery. The Board noted the steps taken by the hospital and practitioner in response to the events and decided no further action was required.

Strengthening practice: Regulatory action necessary

A notification was received from a patient raising concerns that a physiotherapist forcefully cracked the patient's back during a consultation despite the patient advising of a previous back injury. As a result, the patient required hospitalisation and surgery.

In response to the notification, the practitioner outlined the justification for the treatment provided, including a high velocity thrust to the patient's spine, and reflected on their process for obtaining consent.

The Physiotherapy Board of Australia determined that the practitioner's choice of treatment was not appropriate in addressing the patient's lower back pain. Additionally, the Board considered the practitioner's consent process to be inadequate because informed consent should be discussed and obtained at every appointment. The Board required the practitioner to undertake education relating to clinical reasoning, treatment planning for lower back pain, communication and informed consent.

Health management

When a practitioner has a health impairment that affects their ability to practise safely, we have a role to ensure public safety.

In 2022 we established a specialist team to manage concerns related to a practitioner's health. The establishment of this team resulted in improved processes for managing these notifications, specifically a reduction in timeframes to complete concerns related to a practitioner's health. This year, 39.2% of notifications managed by the health management team were completed within three months. This is in line with the previous two years, but considerably higher than before the specialist health team was established. We continue to implement changes to minimise distress for practitioners involved in our regulatory processes (see page 61).

Professional standards

Ahpra and the National Boards investigate behaviour by a practitioner that is substantially below the standard expected by the public or their peers, or inconsistent with the requirement to be a fit and proper person to hold registration. If a Board forms the view there was professional misconduct, the concerns may be referred to a responsible tribunal. This year, 192 practitioners were referred to a tribunal. This is an 18.3% decrease from last year.

The Boards have limited discretion to decide not to refer professional misconduct matters to a tribunal. This year, a Board decided not to refer four notifications relating to one practitioner as there was no public interest in their notifications being heard by a tribunal. The practitioner no longer held registration and did not intend to return to practice due to their age.

Case studies

A health concern

A notifier who is also a practitioner raised concerns with Ahpra about the ability of their colleague to perform surgery due to a physical health impairment affecting the movement in their hands and legs.

The Notifications health management team contacted the practitioner to discuss the notification and obtain further information about their scope of practice. The practitioner advised that over time, and in line with their current abilities, they had made adjustments to their practice and made referrals to colleagues as required.

The practitioner provided evidence of their ongoing treatment and treating team, as well as reports from their employer confirming their work performance.

The Medical Board of Australia considered the matter within 30 days of receipt by Ahpra and decided the steps taken by the practitioner to self-manage their health were suitable and that no regulatory action was required.

Serious conduct concerns

A notification was received from a government department raising concerns about a pharmacist unlawfully dispensing medication and falsifying dispensing records. The notification indicated the pharmacist had dispensed prescription-only medications to their family members and themself, and falsely recorded other practitioner names as the prescribing practitioner.

Information obtained during the investigation indicated that the unlawful dispensing had occurred on a large number of occasions to family members and to the practitioner themself, and the practitioner had provided false and misleading information to the Pharmacy Board of Australia. The practitioner admitted to the unlawful dispensing and falsification of clinical records.

The Board determined that the practitioner's poor judgement, fraudulent behaviour and unethical decision making had placed their family members and their own health at risk and formed the reasonable belief that the practitioner's conduct amounted to professional misconduct. The Board referred the practitioner to the responsible tribunal.

Boundary violations

Table 16 shows that we received 1,991 notifications about boundary violations, which include complaints about sexual misconduct. This category of complaints continues to increase across all professions, alongside growing social awareness of, and lack of tolerance for, sexual misconduct.

We continued to implement reforms as part of an action plan we published in 2023 to better protect patients from boundary violations. We held a second public consultation to inform the review of the National Boards' *Criminal history registration standard*. We also published our evaluation of the Notifier Support Service to better understand experiences with the service and improve support provided to victim-survivors who make complaints about sexual misconduct by health practitioners.

We are also supporting National Law amendments to permanently publish information on the *Register of practitioners* when a tribunal finds a practitioner engaged in professional misconduct involving sexual misconduct. For further information, see page 89.

Mandatory notifications

In certain circumstances, practitioners and employers must tell us if they think a practitioner's conduct, performance or health places their patients at risk. Education providers may also be required to advise about the health or conduct of students.

Mandatory notifications made up 11.6% of notifications received. Table 17 shows that we received 1,542 mandatory notifications, 32% more than last year.

- 40% (617) were about nurses.
- 32.6% (503) were about medical practitioners.

Most mandatory notifications related to a departure from professional standards (61%), followed by a practitioner suffering from a possible impairment (23.9%), sexual misconduct (9.7%) and practising while intoxicated (5.4%).

Table 16. Notifications received about boundary violations

Profession	ACT	NSW[1]	NT	QLD[2]	SA	TAS	VIC	WA	No PPP[3]	Total 2024/25	Total 2023/24
Aboriginal and Torres Strait Islander Health Practitioner		1	1				1			3	2
Chinese medicine practitioner	3			2	2		3			10	6
Chiropractor	2			1	7	1	16	3		30	16
Dental practitioner	3	2	3	6	11		35	18	9	87	47
Medical practitioner	30	23	13	92	105	76	383	142	64	928	472
Medical radiation practitioner				3	1		5	1	4	14	8
Midwife					2		3	5	3	13	11
Nurse	13	10	13	60	95	34	130	65	60	480	320
Occupational therapist	6			3	3	2	12	2	2	30	9
Optometrist					2		2	1		5	3
Osteopath				1	3		18			22	14
Paramedic		2		11	3	6	14	1	6	43	39
Pharmacist		1	1	5	1	1	20	7	7	43	32
Physiotherapist	2		1	5	10		31	8	7	64	32
Podiatrist				1	2		8	6		17	6
Psychologist	7	7	5	21	24	10	87	34	7	202	139
Total 2024/25	66	46	37	211	271	130	768	293	169	1,991	
Total 2023/24	32	18	12	174	140	64	476	200	40		1,156

1. Matters managed by Ahpra where the conduct occurred outside NSW.
2. Matters managed by OHO, and matters referred to Ahpra to manage, where the practitioner's principal place of practice is in Queensland.
3. No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 17. Mandatory notifications received

Profession	Ahpra[1]									Ahpra subtotal	HPCA[5]	OHO[6]	Total 2024/25	Total 2023/24[7]
	ACT	NSW[2]	NT	QLD[3]	SA	TAS	VIC	WA	No PPP[4]					
Aboriginal and Torres Strait Islander Health Practitioner										0	1	0	1	7
Chinese medicine practitioner	1				2					3	2	1	6	5
Chiropractor					3		4	1		8	3	0	11	10
Dental practitioner	2			6	1		30	10	5	54	3	1	58	36
Medical practitioner	25	13	13	58	45	42	196	87	24	503	94	36	633	505
Medical radiation practitioner	1	1		4			3	3	1	13	1	1	15	13
Midwife			1	3	1		11	5	1	22	12	6	40	49
Nurse	27	11	14	93	112	49	206	82	23	617	158	78	853	765
Occupational therapist	2			4	5		12	3		26	3	3	32	21
Optometrist				1	1			1		3	1	0	4	3
Osteopath							5			5	3	0	8	7
Paramedic	1	1	6	7	4	2	22	3	8	54	43	12	109	75
Pharmacist	2	1	1	5	12	7	37	12	11	88	3	7	98	79
Physiotherapist	3			3	4		9	2	4	25	1	3	29	35
Podiatrist				2	2		2	4		10	1	0	11	5
Psychologist	3	4	7	11	12	6	51	14	3	111	31	5	147	133
Total 2024/25	67	31	42	197	204	106	588	227	80	1,542	360	153	2,055	
Total 2023/24	32	15	29	151	196	71	426	226	19	1,165	455	128		1,748

1. Based on state and territory of the practitioner's principal place of practice (PPP).
2. Matters managed by Ahpra where the conduct occurred outside NSW.
3. Matters referred to Ahpra to manage, where the practitioner's PPP is in Queensland.
4. No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
5. Matters received and managed by the HPCA in NSW.
6. Matters received and managed by OHO in Queensland.
7. Includes matters managed by the HPCA and OHO.

Immediate action

When information available to us indicates that there is a serious risk to public safety, or it is otherwise in the public interest, we can take immediate action while we make further enquiries.

Table 18 shows that Ahpra took immediate action in 554 cases relating to 315 practitioners. This is up 34.1% from last year, largely due to the increase in notifications received. Of the notifications where immediate action was taken, 10.1% were related to concerns about a professional boundary violation.

Being the subject of an immediate action by a Board can be extremely daunting. We only use our immediate action powers when:

- there is a serious risk to the public
- we believe a practitioner's registration has been improperly obtained because they have provided misleading information when applying for registration
- the practitioner holds registration outside Australia and that registration has been suspended or cancelled by another regulator
- there is a clear and compelling reason to restrict or suspend the practitioner's registration based on public interest (including, for example, that a practitioner has been charged with, or convicted of, serious criminal behaviour).

We have improved our process for reviewing practitioners who are subject to immediate action. All practitioners with immediate action will have their restrictions reviewed at least once every 90 days and, where required, a recommendation can be made to a National Board to amend the immediate action restrictions. Since January, 65 practitioners had their immediate action restrictions amended or removed following a review by a Board.

Table 18. Immediate action cases

Profession	No immediate action taken			Action taken[1]												Decision pending[2]			Total 2024/25			Total 2023/24		
				Suspend registration			Accept surrender of registration		Impose conditions			Accept undertaking												
	Ahpra	HPCA[3]	OHO[4]	Ahpra	HPCA	OHO	Ahpra	HPCA	Ahpra	HPCA	OHO	Ahpra	HPCA	OHO		Ahpra	HPCA	OHO	Ahpra	HPCA	OHO	Ahpra	HPCA	OHO
Aboriginal and Torres Strait Islander Health Practitioner				1															**1**	**0**	**0**	**0**	**0**	**0**
Chinese medicine practitioner									5	3		3							**8**	**3**	**0**	**5**	**3**	**1**
Chiropractor	1			1	1		1				1								**3**	**1**	**1**	**5**	**1**	**2**
Dental practitioner	6	3		22	7				5	5		3				1			**37**	**15**	**0**	**19**	**18**	**0**
Medical practitioner	88	43	4	68	5	9	1	7	142	71	4	28		1		47	12	1	**374**	**138**	**19**	**419**	**125**	**13**
Medical radiation practitioner				7		1			3	2									**10**	**2**	**1**	**6**	**1**	**0**
Midwife	5	1	2		1	1			3	3		1							**9**	**5**	**3**	**6**	**6**	**0**
Nurse	69	24	5	68	22	10	8	7	79	108	7	18		2		22	6	7	**264**	**167**	**31**	**225**	**114**	**22**
Occupational therapist	4						1		1							1			**7**	**0**	**0**	**3**	**1**	**0**
Optometrist												1							**1**	**0**	**0**	**0**	**1**	**0**
Osteopath									5	1						4			**9**	**1**	**0**	**2**	**0**	**0**
Paramedic	4	4	2	4	4	1	3		1	3						3		1	**15**	**11**	**4**	**10**	**8**	**3**
Pharmacist	11	11	2	5	2	1	4		14	18		1				5		1	**40**	**31**	**4**	**32**	**59**	**1**
Physiotherapist	9	4		5	3				12	1	2	2				1			**29**	**8**	**2**	**18**	**5**	**2**
Podiatrist	2	1		1	1				3	3									**6**	**5**	**0**	**4**	**3**	**0**
Psychologist	4	3	1	7	4		1		14	13		2				3	2	1	**31**	**22**	**2**	**54**	**15**	**3**
Total 2024/25	**203**	**94**	**16**	**189**	**50**	**23**	**19**	**14**	**287**	**231**	**14**	**59**	**0**	**3**		**87**	**20**	**11**	**844**	**409**	**67**			
Total 2023/24	**309**	**76**	**22**	**203**	**43**	**7**	**19**	**15**	**142**	**202**	**14**	**49**	**0**	**0**		**86**	**24**	**4**				**808**	**360**	**47**

1. Cases where immediate action has been initiated under Part 8, Division 7 of the National Law.
2. In cases where immediate action was initiated towards the close of the reporting year, an outcome decision has not been finalised.
3. HPCA columns in this table show matters managed by the HPCA in NSW. HPCA data exclude matters that were considered for immediate action but did not proceed to a hearing, other than matters where the case did not proceed because the practitioner surrendered registration.
4. OHO columns in this table show matters received and managed by OHO in Queensland. Surrender of registration and undertaking are not used by OHO for immediate action.

Students

We look into concerns raised about students who are studying to become registered health practitioners.

There are limited grounds for making notifications about students: a notification can be made about their criminal history, an impairment, or if they have not complied with a restriction on their registration.

There is only one ground for a mandatory notification – an education provider needs to tell us when they have formed a reasonable belief that a student has an impairment that may place a patient at substantial risk of harm when the student is doing clinical training. Students are also required to advise us if they are charged or convicted of an offence punishable by 12 months in prison.

There were 18 notifications made to Ahpra about students; this is down from 20 last year. This year, there were no notifications that resulted in restrictions affecting a student's registration, compared to one last year.

Timeframes

We continue to close more notifications sooner: this year, 81.1% of all notifications were closed within six months of receipt. Overall, we completed 8.3% more notifications than the previous year, and the average time to complete a notification is the lowest recorded since the start of the scheme.

The number of notifications open for 12 months or more increased (Table 19), partly due to the overall increase in the number of notifications received. These matters account for 20.0% of all open notifications. This is a slight increase from the previous year, when notifications aged 12 months or more accounted for 19.4% of all open notifications.

Many of these aged notifications involve complex and long-running investigations and often have related external legal or investigative processes such as police investigations or coronial inquiries. Once a matter has been referred to a panel or tribunal (Table 20), we rely in part on the timeliness of external parties, such as the tribunal itself or the practitioner's representatives.

We are taking steps to improve our management of complex investigations and our timeframes for completion. We have established a Case Strategy Review Committee to provide advice on the management of our complex investigations and confirm the strategy for completion in collaboration with our National Legal Practice. Since the committee began in 2024, it has reviewed 236 notifications and 25.8% (61) of these notifications have been finalised. We are also piloting a team-based case management approach for our most complex investigations.

Table 19. Age of notifications open at 30 June

Current activity of open notification[1]	Less than 3 months	3–6 months	6–9 months	9–12 months	12–24 months[2]	More than 24 months[2]	Total 2024/25	Total 2023/24
Assessment	2,164	1,294	374	116	55	9	**4,012**	**2,687**
Health or performance assessment		3		1	8		**12**	**29**
Investigation		99	189	260	564	491	**1,603**	**1,725**
Total 2024/25	**2,164**	**1,396**	**563**	**377**	**627**	**500**	**5,627**	
Total 2023/24	**2,164**	**839**	**382**	**166**	**366**	**497**		**4,441**

Note: The data for 2023/24 in Table 19 has been updated since this report was originally tabled in parliament on 13 November 2025. The proportion of notifications aged 12 months or more for 2023/24 has also been updated in the commentary above.

1. In previous reports, we reported data for assessment, health or performance assessment and investigation as distinct stages of a notification. We no longer divide notifications into these stages and use assessments and investigation methods as information-gathering tools only where needed. The data for 2024/25 show the most relevant activity for each open notification at 30 June.
2. The majority of these notifications involve liaison with external agencies (including police, coroners and employers) as well as multiple witnesses, which prolongs the investigation process.

Table 20. Age of panel and tribunal hearing cases open at 30 June, by practitioner

Type of hearing	Less than 3 months	3–6 months	6–9 months	9–12 months	12–24 months[1]	More than 24 months[1]	Total 2024/25	Total 2023/24
Panel hearing	1	1	1				**3**	**0**
Tribunal hearing[2]	49	41	47	46	128	86	**397**	**608**
Total 2024/25	**50**	**42**	**48**	**46**	**128**	**86**	**400**	
Total 2023/24	**73**	**43**	**118**	**76**	**172**	**126**		**608**

1. Cases that are awaiting a panel or tribunal hearing are now counted by practitioner, whereas in previous years they were counted by case (notification). A practitioner may be referred to a panel or tribunal in relation to more than one notification. Cases are counted from the date that a case is opened by Ahpra's National Legal Practice following referral of the practitioner to a panel or tribunal.
2. Tribunal proceedings are conducted in accordance with timetables set by the responsible tribunal in each jurisdiction.

Outcomes

There are several possible outcomes for notifications (see Tables 21, 22 and 23).

Table 21. Notifications closed, by outcome, Ahpra

Profession	No further regulatory action[1]			Action taken[1]								Total 2024/25	Total 2023/24
	No regulatory action taken	Practitioner has taken steps to address subject matter	Referred to or retained by another organisation[2]	Accept undertaking	Caution or reprimand	Fine registrant	Impose conditions	Accept surrender of registration	Suspend registration	Cancel registration	Disqualified from applying for registration		
Aboriginal and Torres Strait Islander Health Practitioner	11	3	1									**15**	**9**
Chinese medicine practitioner	21	3	1				3			1	1	**30**	**14**
Chiropractor	54	2	12	2	1	2	13		2	2	3	**93**	**88**
Dental practitioner	342	38	334	4	14		66		4	4	3	**809**	**704**
Medical practitioner	3,945	368	2,346	21	100	1	206		19	15	18	**7,039**	**6,356**
Medical radiation practitioner	27	4	10		6		11		3	1		**62**	**31**
Midwife	80	8	26	1	7		4					**126**	**116**
Nurse	1,157	189	356	2	66		114		13	21	16	**1,934**	**2,058**
Occupational therapist	74	8	29	2	2		14					**129**	**111**
Optometrist	14	5	10	1			5					**35**	**34**
Osteopath	23	5	8		1	1	2		2	1		**43**	**33**
Paramedic	84	12	61		10		6				5	**178**	**148**
Pharmacist	272	82	136	1	42		16		1	2	2	**554**	**446**
Physiotherapist	97	15	38	2	12		12				5	**181**	**196**
Podiatrist	25	4	14	5	1		5		2			**56**	**47**
Psychologist	493	58	148	4	20		59		4	6	10	**802**	**765**
Total 2024/25	**6,719**	**804**	**3,530**	**45**	**282**	**4**	**536**	**0**	**50**	**53**	**63**	**12,086**	
Total 2023/24	**6,129**	**1,309**	**2,281**	**64**	**394**	**1**	**752**	**0**	**53**	**88**	**85**		**11,156**

1. A matter may result in more than one outcome. Only the most serious outcome from each closed notification has been included.
2. Includes health complaints organisations.

Restrictions on the practice of a health practitioner can only be imposed if they are necessary to ensure that health services are safe and of an appropriate quality. Actions taken by practitioners, workplaces, and other regulators or entities can contribute to an outcome of 'no further regulatory action'.

Of the notifications closed this year, just 1.4% resulted in the practitioner losing their registration or being disqualified from applying for registration.

Table 22. Closed notifications by seriousness of outcome

Outcome	Total 2023/24		Total 2024/25	
	Number	Percentage	Number	Percentage
Disqualified from applying for registration	30	0.3%	63	0.5%
Registration suspended, cancelled or surrendered	89	0.8%	103	0.9%
Subtotal no longer registered	**119**	**1.1%**	**166**	**1.4%**
Conditions imposed, undertaking accepted	910	8.6%	581	4.8%
Fined	3	0.0%	4	0.0%
Cautioned or reprimanded	554	5.2%	282	2.3%
Subtotal practising with safeguards	**1,467**	**13.8%**	**867**	**7.2%**
Referred to or retained by another organisation[1]	2,395	22.5%	3,530	29.2%
Practitioner addressed issue	1,398	13.1%	804	6.7%
No regulatory action taken	5,280	49.5%	6,719	55.6%
Subtotal no further regulatory action	**9,073**	**85.1%**	**11,053**	**91.5%**
Total	**10,659**	**100.0%**	**12,086**	**100.0%**

1. Includes health complaints organisations.

Table 23. Notifications closed, by outcome, HPCA

Outcome	Aboriginal and Torres Strait Islander Health Practitioner	Chinese medicine practitioner	Chiropractor	Dental practitioner	Medical practitioner	Medical radiation practitioner	Midwife	Nurse	Occupational therapist	Optometrist	Osteopath	Paramedic	Pharmacist	Physiotherapist	Podiatrist	Psychologist	Total 2024/25	Total 2023/24
No further action[1]	1	4	5	96	184	6	7	167	7	1	4	30	22	12	10	50	**606**	**872**
No jurisdiction[2]	2	3		5	44		2	29	6	1	1	9	4	5	2	24	**137**	**251**
Discontinued	4	10	20	216	2,413	20	20	466	40	20	2	52	274	35	19	224	**3,835**	**3,501**
Withdrawn	1		5	19	128		4	45	4	1	5	10	26	4	3	33	**288**	**268**
Make a new complaint																	**0**	**0**
Refer all or part of the notification to another body		1	1	3	39		2	14				1	1	3	1	6	**72**	**240**
Caution				4	3			1					1				**9**	**3**
Reprimand				2	18			1					17				**38**	**30**
Orders – no conditions																	**0**	**0**
Finding – no orders			1					1									**2**	**3**
Counselling/interview	2	1	1	13	25		4	40	4			1	10	16	2	20	**139**	**153**
Resolution/ conciliation by HCCC																	**0**	**0**
Fine																	**0**	**0**
Refund/payment/ withhold fee/re-treat																	**0**	**0**
Conditions by consent		1	3	3	18			25	1			1	13		1	9	**75**	**135**
Order – impose conditions; would be conditions if registered			1	5	74			60				5	22	1	2	9	**179**	**315**
Accept surrender					10		2	9				1					**22**	**23**
Accept registration type change to non-practising		1	1		3			6				7					**18**	**8**
Suspend			1		5								7				**13**	**10**
Cancelled registration/ disqualified from registering		3	5	7	14			25	2			7	7	1		4	**75**	**65**
Total 2024/25	**10**	**24**	**44**	**373**	**2,978**	**26**	**41**	**889**	**64**	**23**	**12**	**124**	**404**	**77**	**40**	**379**	**5,508**	
Total 2023/24	**1**	**31**	**44**	**509**	**3,143**	**16**	**68**	**969**	**41**	**33**	**15**	**109**	**380**	**69**	**36**	**413**		**5,877**

Source: HPCA. NSW legislation provides for a range of outcomes for complaints in NSW. Some of these map to outcomes available under the National Law; others are specific to the NSW jurisdiction. Note that each notification may have more than one outcome; all outcomes have been included.

1. Includes: Resolved before assessment, Apology, Advice, Council letter, Comments by Health Care Complaints Commission (HCCC), Deceased, Interview.
2. Includes practitioners who failed to renew.

Joint consideration in Queensland

The Office of the Health Ombudsman (OHO) receives notifications about registered and unregistered practitioners in Queensland. Ahpra and OHO work together to manage Queensland notifications. Together we responded to 3,975 notifications, and 33.3% were referred to Ahpra and the National Boards to manage (Table 24).

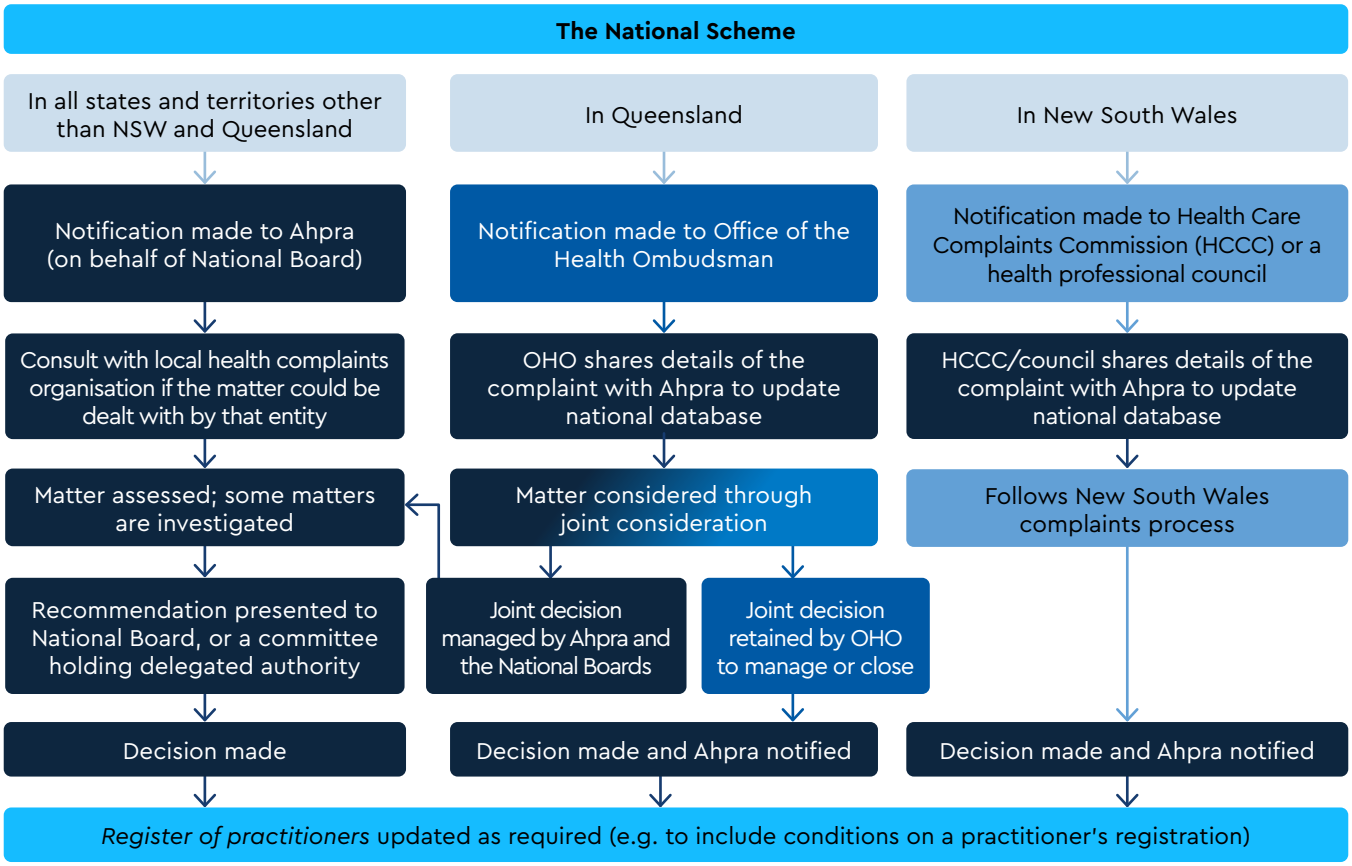
OHO closed 1,936 notifications about registered health practitioners following joint consideration, after agreeing with Ahpra that they did not require regulatory action. A further 714 notifications were retained by OHO for further action (for example, investigation or other complaints-resolution processes). The average time to complete the joint consideration process was 7.2 days from the date Ahpra received the concerns to the decision. This is consistent with the timeframes for last year.

The notification process for New South Wales, Queensland, and the other states and territories is outlined in Figure 95.

Table 24. Initial joint consideration with the Office of the Health Ombudsman

Profession	Outcome of completed initial joint consideration			Total 2024/25	Total 2023/24
	Retained by OHO for further assessment	Accepted by Ahpra for further assessment	Retained by OHO, no further regulatory action		
Aboriginal and Torres Strait Islander Health Practitioner			1	**1**	**2**
Chinese medicine practitioner	2	2	3	**7**	**6**
Chiropractor	5	20	6	**31**	**33**
Dental practitioner	39	98	100	**237**	**279**
Medical practitioner	341	769	1,321	**2,431**	**2,516**
Medical radiation practitioner	7	5	9	**21**	**15**
Midwife	14	24	9	**47**	**60**
Nurse	194	230	241	**665**	**622**
Occupational therapist	10	16	29	**55**	**36**
Optometrist	2	7	9	**18**	**11**
Osteopath				**0**	**6**
Paramedic	26	15	12	**53**	**70**
Pharmacist	26	41	33	**100**	**123**
Physiotherapist	12	19	24	**55**	**46**
Podiatrist	3	6	7	**16**	**12**
Psychologist	33	73	132	**238**	**243**
Total 2024/25	**714**	**1,325**	**1,936**	**3,975**	
Total 2023/24	**833**	**1,738**	**1,509**		**4,080**

Figure 95. Notification process in each state and territory



Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy

We continued implementing the Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025, now in its fifth year, and again made significant progress across all priority areas.

Eliminating racism from healthcare

We launched Australia's first Aboriginal and Torres Strait Islander Anti-Racism Policy on National Close the Gap Day, during the same week as the International Day for the Elimination of Racial Discrimination. Wakaya man Distinguished Professor Yin Paradies, a leading scholar in racism and cultural safety, led the development, which centres Aboriginal and Torres Strait Islander voices from our staff, Board and committee members.

The policy strengthens accountability and sets clear expectations for culturally safe, anti-racist practice across healthcare regulation.

Culturally safe notifications in focus

Aboriginal and Torres Strait Islander practitioner and community members continue making regulatory decisions through the medical and nursing and midwifery Indigenous National Special Issues Committees.

Our ongoing work to create a culturally safe notifications process was featured by the National Indigenous Health Leadership Alliance in this year's Close the Gap report.

Building partnerships for impact

We showcased our anti-racism and cultural safety work at conferences, drawing on collective strengths with inspiring Indigenous co-presenters on topics including:

- the development of our Aboriginal and Torres Strait Islander Anti-Racism Policy with Professor Yin Paradies
- health practitioner workforce insights with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) and the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)
- embedding a culturally safe notifications process with Yardhura Walani of the Australian National University
- Cultural Safety Accreditation and Continuing Professional Development Upskilling Framework and Strategy co-design with Weenthunga Health Network.

Celebrating excellence

Ahpra's Mob Meet Up brought together Aboriginal and Torres Strait Islander staff, and Board and committee members, alongside National Indigenous Health Leadership Alliance representatives. The national gathering celebrated black excellence and Indigenous ways of knowing, being and doing.

Indigenous leadership in action

The National Scheme Combined Meeting in May featured an impressive line-up of Indigenous keynote and guest speakers including:

- Jamaican and Guyanese UK-based anti-racism expert Dr Shereen Daniels
- Bardi, Jabirr Jabirr woman Ms Iris Raye, ATSIHPBA Chair
- Kuku Yalanji man Karl Briscoe, CEO of NAATSIHWP and co-Chair of the Aboriginal and Torres Strait Islander Health Strategy Group (Strategy Group)
- Professor Yin Paradies
- Gumulgal woman Associate Professor Lisa Whop, Yardhura Walani epidemiologist and Strategy Group member
- Waywurru woman Sam Paxton, CEO of Weenthunga Health Network.

International recognition

The Council on Licensure, Enforcement and Regulation (CLEAR) selected Ahpra's Aboriginal and Torres Strait Islander Health Strategy Unit (HSU) to deliver the keynote speech at their Annual Education Conference in Baltimore in the USA, where they spoke on the topic of 'Anti-racism approaches in regulatory decision making: moving beyond the performative'. The HSU also presented on the topic of 'Regulating in the colonies: Australia, New Zealand and British Columbia' with First Nations partners.

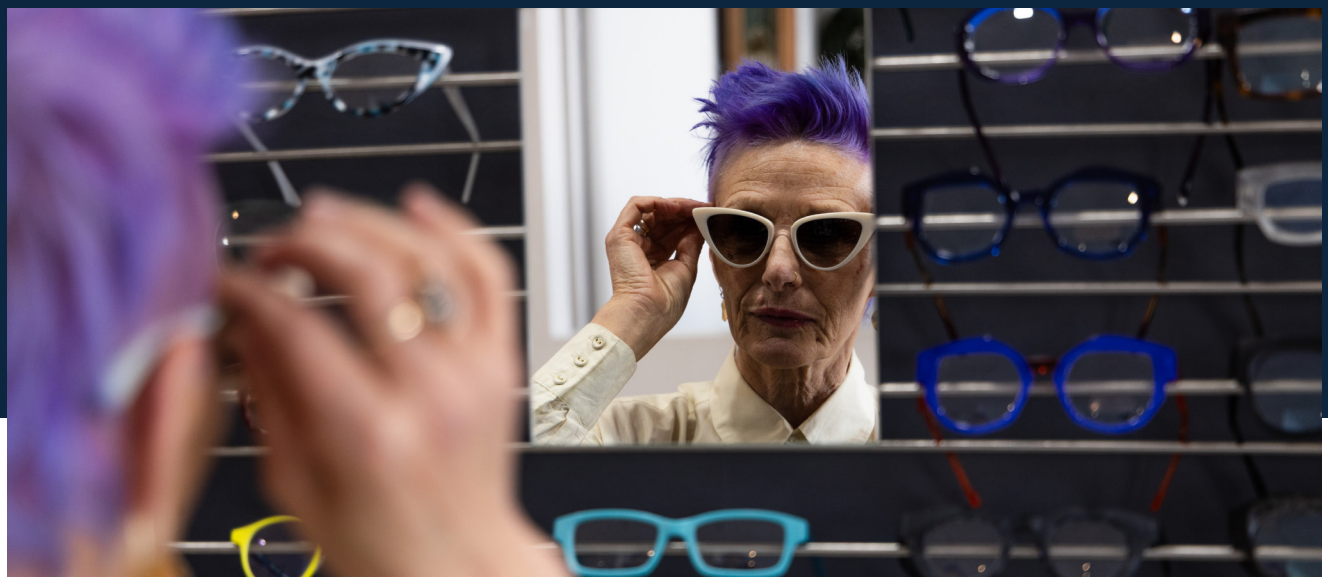
Gamilaraay woman Jayde Fuller, National Director of the HSU, now co-chairs CLEAR's Diversity, Equity and Inclusion committee, expanding our international influence.

Growing representation

Aboriginal and Torres Strait Islander workforce participation in the National Scheme and within Ahpra continues to expand. The total number of Aboriginal and/or Torres Strait Islander Ahpra staff is up to 30, seven more than last year.

Targeted recruitment led to the appointment of nine new Aboriginal and Torres Strait Islander Board and committee members, increasing the current total to 45.

For information about Aboriginal and Torres Strait Islander practitioners in all professions, and about the engagement and support team that supports those registrants, see page 59.



Compliance

Placing restrictions on a practitioner's registration allows them to start or continue providing healthcare while keeping the public safe.

We monitor any restrictions that are placed on a practitioner's registration.

The year in summary

- 4,478 cases involving 4,475 practitioners were being actively monitored by Ahpra at 30 June.
- When combined with the 1,063 cases being monitored by the HPCA in New South Wales and OHO in Queensland, this is less than 1% of all registered health practitioners being monitored nationally.

There was a 0.2% increase in cases being monitored from 2023/24. We have opened eight more cases than we closed in 2024/25.

Of the 4,478 cases at 30 June (see Tables 25 and 26):

- 2,946 cases (65.8%) were about suitability or eligibility for registration
- 1,195 cases (26.7%) were about conduct, health or performance
  - 418 for conduct
  - 335 for health
  - 442 for performance
- 337 cases (7.5%) related to prohibited practitioners or students.

Monitoring enables safe practice

We monitor five streams:

- conduct
- health
- performance
- prohibited practitioner/student
- suitability/eligibility.

When we receive a notification that raises serious concerns about a practitioner's conduct or performance, Boards consider whether there are additional things that a practitioner can do, or if there are checks and balances that can be put in place so that they can practise safely.

Only a small number of notifications are so serious that the practitioner is not permitted to practise.

Where a Board needs additional assurance, it may impose restrictions on the practitioner's registration. For example, a practitioner who is the subject of an allegation of sexual misconduct for conducting a physical examination that is not clinically indicated, or that the patient has not consented to, may be prohibited from contact with patients of a particular assigned sex or gender.

A practitioner with this restriction must not practise until we determine that there are systems in place at their practice location that will ensure their compliance. The restrictions are published on the *Register of practitioners*. The practitioner must report regularly about all the patients they have had contact with. We then monitor the practitioner's compliance by checking that the:

- practice location is suitable and has sufficient systems in place to monitor compliance
- practice staff and a senior person at each practice location understand the requirements of the restriction
- practitioner's information about the practice location is accurate; for example, by visiting practice locations
- practitioner has not had prohibited contact with patients of the assigned sex or gender.

Where applicable, we also receive reports from Services Australia and the Pharmaceutical Benefits Scheme about patients seen by the practitioner.

We recognise that having to comply with restrictions can be confusing and stressful for practitioners. We publish additional guidance to help practitioners understand our processes.

Conditions, undertakings and restrictions

Where a Board imposes the requirements, we use the term 'conditions'.

In other cases, a practitioner is aware of what they need to do and provides an enforceable 'undertaking' that they will meet additional requirements.

We use the term 'restrictions' to include both conditions and undertakings.

How we monitor

We gather information to monitor health practitioners and students with restrictions on their registration or whose registration has been suspended or cancelled.

Our monitoring activities are guided by the requirements of the restrictions on each individual practitioner's registration. We gather information to confirm that the practitioner has complied with the requirements. We place greater weight on independent sources of information and avoid relying on self-reported compliance.

We provide practitioners with a monitoring plan that outlines how we will monitor their compliance and what they need to provide us with and when (see Figure 96).

Updating our National Restrictions Library

We have a National Restrictions Library and we use the same wording about restrictions for similar cases. This ensures that the restrictions are achieving the desired outcome, that they are understood by practitioners and that we monitor restrictions consistently.

We launched an updated library in September, which aims to:

- reduce the complexity and length of restrictions
- improve information for practitioners about what the restrictions require them to do or not do
- improve information for the public and employers about what restrictions mean
- remove unnecessary barriers to practitioners complying with the requirements.

For the most commonly imposed types of restrictions, there is now a protocol that supports the restriction wording and contains detailed information to help the practitioner understand:

- what they are required to do
- how we will assess any nominations they provide
- what information we will gather to confirm they are complying.

Only practitioners who have had restrictions imposed since the launch of the updated library have the newly formulated restrictions published on the *Register of practitioners*. Until practitioners achieve unrestricted registration, or their restrictions are replaced, their restrictions will continue to reflect the previous library wording. This means that, over time, the register will become more consistent and easier to understand.

Figure 96. How monitoring works

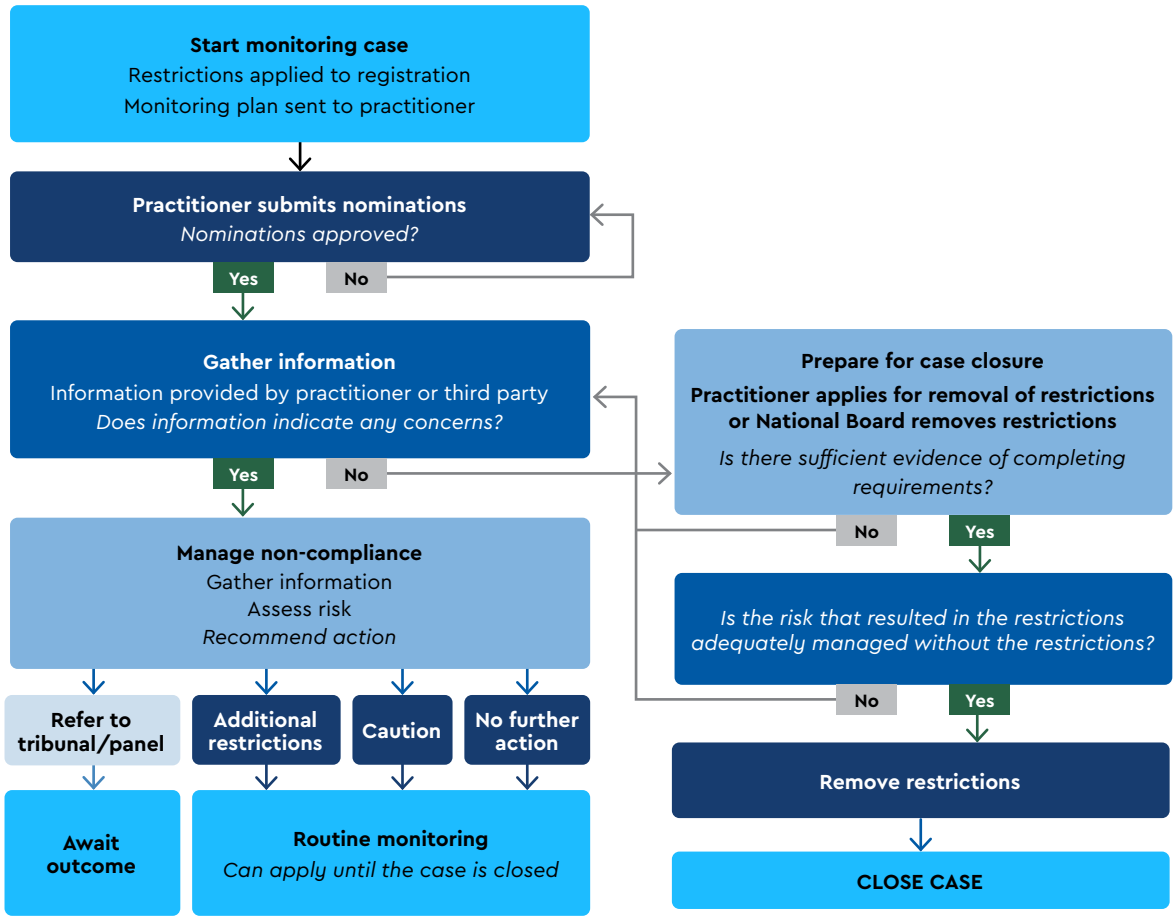


Table 25. Active monitoring cases at 30 June, by profession

Profession	Conduct			Health			Performance			Prohibited practitioner /student	Suitability /eligibility[1]	Total 2024/25			Total 2023/24		
	Ahpra	HPCA	OHO	Ahpra	HPCA	OHO	Ahpra	HPCA	OHO	Ahpra	Ahpra	Ahpra[2]	HPCA	OHO[3]	Ahpra[2]	HPCA	OHO[3]
Aboriginal and Torres Strait Islander Health Practitioner	1				1						9	10	1	0	6	1	0
Chinese medicine practitioner	4	4	3	1	1		2	5		4	660	671	10	3	697	12	4
Chiropractor	19	1	1	1	1		14	2		8	11	53	4	1	57	8	1
Dental practitioner	18	11		7	9		71	18		7	26	129	38	0	125	52	0
Medical practitioner	142	136	30	107	110		213	209		99	754	1,315	455	30	1,224	506	31
Medical radiation practitioner	7	1	2	2	2		1	1		6	45	61	4	2	47	3	1
Midwife	2	1	2	2	1		9				32	45	2	2	47	7	1
Nurse	136	94	41	160	128	1	57	72	1	146	859	1,358	294	43	1,450	261	40
Occupational therapist	7	1		2	1		7			1	215	232	2	0	225	3	0
Optometrist	2	2	1	2			2			1	6	13	2	1	17	2	1
Osteopath	5	1		1	1		1			1	14	22	2	0	19	2	0
Paramedic	3	11	5	14	6		2			6	113	138	17	5	151	20	5
Pharmacist	14	25	5	14	9		9	19		25	43	105	53	5	111	73	7
Physiotherapist	8	12	5	5	5		12	3		9	78	112	20	5	84	18	4
Podiatrist	7	2	1	3	3		6	1		1	10	27	6	1	26	6	1
Psychologist	43	27	1	14	15		36	12		23	71	187	54	1	184	50	10
Total 2024/25	**418**	**329**	**97**	**335**	**293**	**1**	**442**	**342**	**1**	**337**	**2,946**	**4,478**	**964**	**99**			
Total 2023/24	**428**	**344**	**95**	**424**	**319**	**6**	**404**	**361**	**5**	**351**	**2,863**				**4,470**	**1,024**	**106**

1. Ahpra monitors compliance cases in the 'suitability/eligibility' stream in NSW.
2. Ahpra reports by monitoring cases established rather than by registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one profession, division or stream. The 4,478 Ahpra monitoring cases relate to 4,475 registrants. The data provided by the HPCA report the number of registrants being monitored.
3. In Queensland, Ahpra monitors all cases except where the restrictions are imposed by OHO as immediate registration actions. OHO counts each of these actions separately, and not by practitioner under monitoring. In a small number of circumstances, one practitioner may be monitored in relation to more than one immediate registration action. A single immediate registration action may relate to more than one stream. These cases have been categorised according to the stream that comprises the bulk of the immediate registration action. Interim prohibition orders about registered practitioners who are currently being monitored are excluded.

Table 26. Active monitoring cases at 30 June, by state or territory

Stream	Ahpra									Ahpra subtotal[3]	HPCA[4]	OHO[5]	Total 2024/25	Total 2023/24
	ACT	NSW[1]	NT	QLD	SA	TAS	VIC	WA	No PPP[2]					
Conduct	10	2	2	87	54	20	140	72	31	418	329	97	844	867
Health	12	2	2	119	39	14	88	47	12	335	293	1	629	749
Performance	10	3	7	136	44	8	144	71	19	442	342	1	785	770
Prohibited practitioner/student	7	2	8	45	43	20	138	49	25	337			337	351
Suitability/eligibility[6]	35	707	22	446	132	51	573	259	721	2,946			2,946	2,863
Total 2024/25	**74**	**716**	**41**	**833**	**312**	**113**	**1,083**	**498**	**808**	**4,478**	**964**	**99**	**5,541**	
Total 2023/24	**79**	**1,071**	**40**	**890**	**352**	**125**	**1,172**	**544**	**197**	**4,470**	**1,024**	**106**		**5,600**

1. Includes cases to be transitioned from Ahpra to the HPCA for conduct, health and performance streams.
2. No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
3. Ahpra reports by monitoring cases established rather than by registrants being monitored. This is because a registrant may have a set of restrictions in more than one profession, division or stream. The 4,470 Ahpra monitoring cases relate to 4,461 registrants.
4. The data provided by the HPCA report the number of registrants being monitored. The HPCA monitors practitioners in relation to health, performance and conduct in NSW.
5. OHO counts by immediate registration action, and not by practitioner being monitored. In a small number of circumstances, one practitioner may be monitored in relation to more than one immediate registration action. A single immediate registration action may relate to more than one stream. These cases have been categorised according to the stream that comprises the bulk of the immediate registration action. Interim prohibition orders about registered practitioners who are currently being monitored are excluded.
6. Ahpra monitors compliance cases in the 'suitability/eligibility' stream in NSW.

Managing non-compliance

Where a practitioner does not do what the restrictions require, we first seek an explanation from them. The Board that placed the restrictions may choose to take additional action, such as issuing a caution or imposing further restrictions, to ensure the public remains protected.

Prohibited practitioners

We also monitor practitioners who are not permitted to practise because they have had their registration cancelled or suspended, have surrendered their registration, or are otherwise restricted from practising.

We may ensure that practitioners have ceased practising by:

- informing the practitioner's employer that the practitioner is not permitted to practise
- accessing information from Services Australia or the Pharmaceutical Benefits Scheme
- visiting the practitioner's known practice locations.

If a practitioner is found to have practised while they were not permitted to do so, the Board may choose to take further regulatory action. This can include referring the practitioner to a tribunal or commencing criminal proceedings against the practitioner.

Case study: Failure to nominate education

The Medical Board of Australia imposed conditions on a practitioner requiring them to undergo further education on prescribing drugs of dependence and managing challenging patient behaviours. The practitioner was required to nominate education of a minimum of six hours and tell us within 60 days. The education was required to be completed within six months of the conditions being imposed.

Despite repeated requests, the practitioner failed to nominate education within 60 days. In their response to Ahpra about the failure to comply, the practitioner said that they were not able to find appropriate education due to their time commitments managing a busy general practice.

The Board proposed to take regulatory action by cautioning the practitioner. The practitioner made submissions in response to the proposed caution, stating that they had already learned from their mistakes and that they had been too busy. The Board did not find this to be a sufficient reason for not complying with the conditions. It cautioned the practitioner and directed them to nominate appropriate education within 30 days.

Most common restrictions

Each restriction on a practitioner's registration is assigned a restriction category. The most common restriction categories are in line with previous years, and include:

- a requirement that a practitioner is supervised
- restrictions on a practitioner's practice or scope of practice
- a requirement to complete further education
- a prohibition from practising
- a requirement to attend a treating practitioner due to a health condition.

A majority of restrictions relate to suitability or eligibility for registration rather than coming from a notification. Around 70% of restrictions in the most common categories are imposed following an assessment of a practitioner's application for registration or a renewal of their registration. The remaining restrictions are imposed because of a finding made by a National Board, panel or tribunal about a practitioner's health, performance or conduct.

Outcomes from monitoring cases

When a practitioner has completed the requirements, the Board can decide that the restrictions are no longer needed or the practitioner can apply to the Board to remove the restrictions. The case is closed when the Board removes the restrictions. Monitoring cases may also be closed because the practitioner is no longer registered, or for other reasons, such as transferring monitoring for practitioners located in New South Wales to the HPCA.

When we close the case, we retain important information to ensure that we consider the practitioner's regulatory history for any subsequent applications for registration and notifications we may receive.

During the year, we closed 2,148 monitoring cases.

Legal action

Legal action by or against the National Boards or Ahpra is conducted by Ahpra's National Legal Practice.

The Legal Practice comprises:

- Professional Misconduct Unit, which handles tribunal referrals for alleged professional misconduct
- Panels, Appeals and Advice Unit, which handles appeals against National Board decisions and referrals to panels, and provides general legal advice
- Criminal Offences Unit, which investigates and prosecutes allegations of criminal offences under the National Law
- National Information Release Unit, which handles freedom of information requests and other releases of information in accordance with summonses, subpoenas etc.
- Corporate Legal, which handles all of Ahpra's governance and compliance responsibilities as well as advising on all contracts Ahpra enters into
- Legal Support Service, which provides paralegal and other support to all legal units.

The year in summary

- Matters about 229 notifications (involving 199 practitioners) were closed at tribunal stage.
- 94.3% of tribunal matters resulted in disciplinary action.
- 90 appeals were lodged about decisions made by National Boards and 101 were finalised.
- There were 15 criminal prosecutions.
- For the first time, Ahpra issued a statement naming a suspended practitioner in the interests of public safety.

Tribunals

The National Boards refer allegations of professional misconduct to tribunals in each state and territory. Only a tribunal can cancel a practitioner's registration, disqualify a person from applying for registration for a time, prohibit a person from using a specified title or prohibit them from providing a specified health service.

One tribunal matter can include multiple notifications about the same practitioner. There may have been multiple complaints about the same or similar misconduct, or multiple complaints relating to different concerns about the same practitioner, which can all be included in the one tribunal referral.

There were 395 practitioners with open referral matters in tribunals at 30 June, compared with 392 practitioners last year. The National Boards referred fewer practitioners to a tribunal, with 196 practitioners referred this year, compared with 235 last year.

During the year, matters about 229 notifications (involving 199 practitioners) were closed after referral to a tribunal. Of these:

- Matters about 219 notifications (involving 190 practitioners) were decided by a tribunal.
- Matters about 10 notifications were withdrawn or did not proceed to a tribunal:
  - Two of these matters did not proceed because the practitioner was deceased.
  - Two did not proceed due to practitioner ill health.
  - Two did not proceed due to evidentiary issues that arose during proceedings; namely, crucial witnesses were unable to give evidence in the tribunal proceedings.
  - Four were referred by the Board and then the decision to refer was repealed prior to a referral being filed in the tribunal.
- 94.3% resulted in disciplinary action.

The National Boards continue to appropriately identify the thresholds for referring a matter to a tribunal to protect the public.

Figure 97. Matters decided by tribunals

- **94.3%** Disciplinary action
- **5.7%** No further regulatory action, withdrawn or did not proceed

Tribunal decisions

Matters included findings of professional misconduct involving:

- convictions for family violence offences and other serious criminal offences including sexual assault and drug offences
- sexual boundary breaches and other general boundary breaches, such as inappropriate relationships with patients and/or former patients
- sexual harassment of colleagues and patients
- failing to obtain informed consent for intimate examinations
- misappropriating medications, falsifying prescriptions, and inappropriate and/or improper prescribing and dispensing
- inadequate clinical management and/or medical mismanagement, and/or providing treatment that was not clinically justified or evidence based
- failing to hold or maintain appropriate professional indemnity insurance
- use of unreasonable or excessive force in an aged care setting
- provision of false and misleading information to the Board and/or Ahpra
- interference with the evidence of a witness
- failing to maintain client confidentiality and/or inappropriate access to health records.

Significant periods of disqualification were imposed in some matters, including in matters involving:

- sex offences against a child (convictions) (20 years)
- sexual offending in relation to two patients (convictions) (10 years)
- a volunteer doctor at a football club who inappropriately touched the genitals of three young male players under the guise of providing massage treatment (convictions) (10 years)
- holding out employees as being registered health practitioners when they were not and directing employees to provide health services when they knew or ought to have known the employees did not hold registration (convictions) (7 years)
- multiple dishonesty and drug convictions (5 years).

We include links to published adverse tribunal (disciplinary) decisions and court outcomes in the *Register of practitioners*, unless the name of the practitioner has been suppressed by the court or tribunal.

When a court or tribunal cancels a practitioner's registration or disqualifies them from applying for registration, using a specified title or providing a specified health service, this is recorded in the *Register of cancelled practitioners*.

When a tribunal reprimands, suspends or places conditions on the registration of a practitioner, this is recorded in the *Register of practitioners*.

Changes to the way we publish information about tribunal decisions

Ahpra and the National Boards publish information about tribunal decisions involving registered practitioners on the Ahpra website.

We do this to meet our obligations in the National Law to publish a record of decisions and to educate health practitioners, students and the public about regulatory outcomes.

At the start of 2025, we changed the way we publish information about tribunal decisions to make it more timely and more effective as an educational tool.

We have replaced full news items for each tribunal decision with a wide range of case studies. These cover the full breadth of possible notification outcomes, which can range from no further action or a caution, through to conditions being applied or tribunal referrals.

A record of each tribunal decision is published in a table on a dedicated notifications outcomes webpage. We still publish full news items in cases that we consider to be of public interest.

The new approach provides better opportunities for education and understanding about the notifications process for both practitioners and the public, by giving a more accurate and balanced view of the likely outcomes.

This may also contribute to reducing practitioner distress associated with prominent and permanent publication of news stories about tribunal decisions.

First public statement

We issued our first ever public statement in June, naming a suspended practitioner in the interests of public safety.

Amendments to the National Law made in 2023 allow Ahpra and the National Boards to make a public statement in certain circumstances where it is reasonably believed the person poses a serious risk and it is necessary to issue a public statement to protect public health or safety.

The practitioner concerned had been suspended from practising in February. An investigation revealed that he may have been continuing to present himself as a registered practitioner despite being suspended. After a full natural justice process, a public statement was made warning the public that the practitioner was not registered and encouraging anyone with relevant information to contact Ahpra's Criminal Offences Unit.

Panels

Panels are established by the Boards and include members from the community and the relevant health profession. Health panels must include a medical practitioner.

Matters involving three practitioners were decided by panels, resulting in regulatory action against each of these practitioners.

Appeals

There were 90 appeals lodged about decisions made by the National Boards (see Table 27).

- This was lower than in 2023/24, when there were 111 lodged.
- The majority were from professions that have a higher number of regulatory decisions, such as medical practitioners (56) and nurses (12).
- 101 were finalised.
- 57 were not yet decided at 30 June.

Table 27. Appeals lodged, by profession and jurisdiction

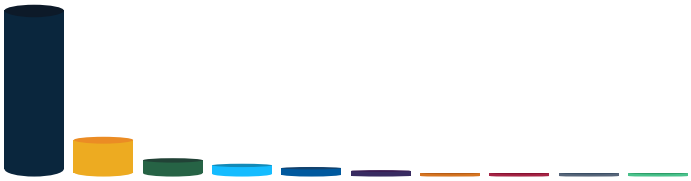
Profession	Ahpra[1]									Ahpra subtotal	HPCA[2]	Total 2024/25	Total 2023/24
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP				
Aboriginal and Torres Strait Islander Health Practitioner										**0**		**0**	**0**
Chinese medicine practitioner							1			**1**		**1**	**0**
Chiropractor	1					1	1			**3**		**3**	**3**
Dental practitioner				2	1					**3**		**3**	**3**
Medical practitioner	2	8	1	10	8		21	6		**56**	**7**	**63**	**74**
Medical radiation practitioner				1						**1**		**1**	**0**
Midwife				1			1			**2**		**2**	**0**
Nurse		1	1	2	1		6	1		**12**	**3**	**15**	**21**
Nurse and midwife[3]										**0**		**0**	**0**
Occupational therapist				1			1			**2**		**2**	**0**
Optometrist										**0**		**0**	**0**
Osteopath										**0**		**0**	**1**
Paramedic				1						**1**		**1**	**1**
Pharmacist				1						**1**	**2**	**3**	**6**
Physiotherapist							1			**1**	**1**	**2**	**10**
Podiatrist				1				1		**2**		**2**	**0**
Psychologist				2	1	1		1		**5**		**5**	**8**
Total 2024/25	**3**	**9**	**2**	**22**	**11**	**2**	**32**	**9**	**0**	**90**	**13**	**103**	
Total 2023/24	**2**	**7**	**1**	**30**	**12**	**8**	**35**	**16**	**0**	**111**	**16**		**127**

1. Based on state and territory of the practitioner's principal place of practice.
2. Matters managed by the HPCA in NSW.
3. Registrants who hold dual registration as both a nurse and a midwife.

Figure 98. Appeals lodged, by nature of decision

- **42.2%** Decision to impose or change a condition on a person's registration or endorsement
- **21.1%** Decision to suspend registration
- **2.2%** Decision to refuse to change or remove a condition imposed on a person's registration or the endorsement of a person's registration
- **2.2%** Decision to refuse registration
- **32.2%** Other decisions (including judicial review and decisions made by a tribunal)

Figure 99. Appeals finalised, by profession



- **67.3%** Medical practitioner
- **13.9%** Nurse
- **5.9%** Psychologist
- **4.0%** Chiropractor
- **3.0%** Physiotherapist
- **2.0%** Dental practitioner
- **1.0%** Pharmacist
- **1.0%** Paramedic
- **1.0%** Osteopath
- **1.0%** Medical radiation practitioner

Table 28. Outcome of appeals finalised

Nature of decision appealed	Original decision confirmed		Original decision amended		Original decision substituted for a new decision		Withdrawn		Dismissed – Administrative		Total 2024/25		Total 2023/24	
	Ahpra[1]	HPCA[2]	Ahpra	HPCA	Ahpra	HPCA	Ahpra	HPCA	Ahpra	HPCA	Ahpra	HPCA	Ahpra	HPCA
Appeal against a tribunal decision	1				1	2	4		7	1	**13**	**3**	**9**	**1**
Decision to impose conditions on a person's registration under section 178	2		1		1		14		3		**21**	**0**	**34**	**0**
Decision to impose or change a condition on a person's registration or the endorsement of the person's registration							6	2	1		**7**	**2**	**4**	**4**
Decision to refuse to change or remove a condition imposed on the person's registration or the endorsement of the person's registration						1	4			1	**4**	**2**	**4**	**3**
Decision to refuse to revoke an undertaking									1		**1**	**0**	**0**	**0**
Decision to refuse to endorse a person's registration					1		1				**2**	**0**	**2**	**0**
Decision to refuse to register a person	4				1				1		**6**	**0**	**9**	**4**
Decision to refuse to renew a person's registration or endorsement	1	1					2				**3**	**1**	**4**	**0**
Decision to suspend a person's registration	2	2			5	1	17	3	1		**25**	**6**	**29**	**5**
Other	1				1				9		**11**	**0**	**9**	**0**
Not an appellable decision							1		1		**2**	**0**	**1**	**0**
Judicial review							2		4		**6**	**0**	**8**	**0**
Total 2024/25	**11**	**3**	**1**	**0**	**10**	**4**	**51**	**5**	**28**	**2**	**101**	**14**		
Total 2023/24	**16**	**3**	**7**	**5**	**5**	**0**	**59**	**3**	**26**	**6**			**113**	**17**

1. Ahpra manages appeals of decisions about NSW registrations.
2. Matters managed by the HPCA in NSW.

Criminal offences

One way we ensure access to safe, professional healthcare is to investigate and, where appropriate, prosecute people alleged to have committed criminal offences. All complaints and information received about alleged offences are assessed to determine the risk to the public and the response necessary to protect the public. We focus resources on alleged offences that present the highest risk to public health or safety, or that undermine trust and confidence in the National Scheme.

These offences include:

- unlawful use of protected titles
- unlawful claims that a person is a health practitioner
- performing a restricted act
- unlawful advertising.

Only registered practitioners can use protected titles for their profession. It is also an offence to falsely claim to be qualified to practise in a health profession or hold yourself out as a registered health practitioner.

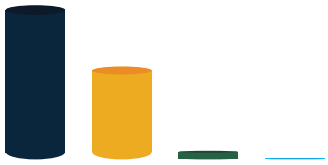
Prosecutions can be necessary to maintain the public's trust and confidence in the National Scheme, and deter non-compliance. In most cases we take an educative approach to achieve compliance quickly. Penalties of up to three years' imprisonment and/or a $60,000 fine can be imposed on individuals who commit these offences, and a fine of up to $120,000 for companies.

During the year:

- 474 criminal offence complaints were received, a 13.3% decrease on the number of complaints received last year (see Table 29)
  - 74.1% related to alleged unlawful use of title and unlawful claims to registration.
- 416 criminal offence complaints were considered and closed
- 356 open criminal offence complaints were still under review at 30 June
- 107 new complaints about advertising were considered. Most related to the advertising of corporate entities or unregistered persons, a 23.6% decrease on the number of matters considered last year
- 77 advertising complaints were closed.

See pages 50–51 for information about checks of advertising compliance.

Figure 100. Offence complaints open, 30 June



- **61.0%** Title protection offences
- **36.0%** Advertising offences by corporate entities or unregistered persons
- **2.8%** Title protection and advertising offences
- **0.3%** Failing to cooperate with investigators and inspectors

Table 29. Criminal offence complaints received and closed, by type of offence and profession

Profession	Title protections (ss.113–120)		Practice protections (ss.121–123)		Advertising breach (s.133)		Directing or inciting unprofessional conduct/ professional misconduct (s.136)		Other offence		Total 2024/25[1]		Total 2023/24[1]	
	Received	Closed	Received	Closed	Received	Closed	Received	Closed	Received	Closed	Received	Closed	Received	Closed
Aboriginal and Torres Strait Islander Health Practitioner	1										**1**	**0**	**2**	**0**
Chinese medicine practitioner	13	5	1		1	1					**15**	**6**	**8**	**5**
Chiropractor	12	15	3	3	2	1				1	**17**	**20**	**14**	**11**
Dental practitioner	14	16	2	5	4	2	1			1	**21**	**24**	**26**	**24**
Medical practitioner	75	69	2	1	68	45			2	6	**147**	**121**	**176**	**123**
Medical radiation practitioner	2	2									**2**	**2**	**4**	**3**
Midwife	7	7									**7**	**7**	**6**	**4**
Nurse	71	64	2		13	19			1	3	**87**	**86**	**105**	**82**
Occupational therapist	11	7			5	4					**16**	**11**	**11**	**17**
Optometrist	1	1				1					**1**	**2**	**7**	**3**
Osteopath	2	2			2	1					**4**	**3**	**3**	**2**
Paramedic	10	13									**10**	**13**	**14**	**9**
Pharmacist	8	6	1		1						**10**	**6**	**14**	**16**
Physiotherapist	22	19			4	1					**26**	**20**	**30**	**29**
Podiatrist	5	5			1						**6**	**5**	**2**	**2**
Psychologist	97	87	1	1	6	2					**104**	**90**	**125**	**103**
Total 2024/25	**351**	**318**	**12**	**10**	**107**	**77**	**1**	**0**	**3**	**11**	**474**	**416**		
Total 2023/24	**381**	**319**	**16**	**14**	**140**	**88**	**3**	**2**	**7**	**10**			**547**	**433**

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

Criminal prosecutions

Ahpra successfully prosecuted several people found to have committed criminal offences (see Table 30), including:

- 'fake' practitioners with no relevant formal qualifications, who held themselves out to patients and employers as registered practitioners
- practitioners who continued to practise after their registration was suspended by tribunals or a National Board
- practitioners who continued to practise after surrendering their registration
- practitioners who continued to practise after they failed to renew their registration, even after they realised they were not registered
- a company which failed to comply with a compulsory notice to produce information
- a person who obstructed an inspector executing a search warrant.

Significant prosecutions like these demonstrate the importance of criminal offence provisions for the protection of the public.

Outcomes show that Ahpra continues to identify appropriate thresholds for referring offence complaints for prosecution.

- 15 proceedings were completed in the courts for offences.
  - 14 prosecutions resulted in a finding of guilt against the defendant.
  - One prosecution resulted in a finding of not guilty after a trial.
- 12 prosecutions were ongoing at 30 June.

Using alternative names

Sometimes, practitioners use different names for registration than the name they are commonly known by. In July, we published the *Common policy – Nomination of an alternative name and prohibited names*, which requires practitioners to nominate any alternative names used and have them available on the *Register of practitioners*. This policy provides flexibility for practitioners while also benefiting public safety by making it easier for consumers to verify a practitioner's registration. We have already requested that 24 practitioners nominate an alternative name they had used in advertising.

> **Significant criminal prosecutions demonstrate the importance of criminal offence provisions for the protection of the public**

Table 30. Completed prosecutions

Date	Relevant Board	Jurisdiction	Type of offence	Outcome
2 July 2024	ChiroBA	Victoria	Four counts of holding out as a chiropractor while suspended and two counts of using a description to indicate they were a chiropractor while suspended	Defendant pleaded guilty. Fined $7,500 without conviction and ordered to pay $10,000 legal costs.
8 August 2024	MBA	Victoria	One count of holding out as a medical practitioner while not registered	Defendant pleaded guilty. Fined $10,000 without conviction and ordered to pay $10,000 legal costs.
12 August 2024	ChiroBA	Queensland	Nine counts of holding out as a chiropractor while registration suspended	Defendant pleaded guilty. Fined $5,000 for the first period of offending and a further $10,000 for the second period of offending. No conviction recorded and ordered to pay $2,000 legal costs.
12 August 2024	NMBA	Queensland	One count of holding out as an enrolled nurse for two years after registration lapsed	Defendant pleaded guilty. Fined $5,000 without conviction and ordered to pay $1,750 legal costs.
25 November 2024	NMBA	Queensland	One count of holding out as a registered midwife and one count of using the description 'midwife' and 'midwifery' on social media after surrendering registration	Defendant pleaded not guilty and the matter went to trial. Defendant found not guilty of holding themself out as a registered midwife on the basis that the magistrate was not satisfied beyond reasonable doubt that the charges were proven.
11 December 2024	ParaBA	New South Wales	One count of holding out as a registered paramedic and two counts of describing themself as qualified to practise as a paramedic when never registered and not qualified	Defendant pleaded guilty. Convicted and ordered to serve a 24-month community corrections order and to pay $5,000 legal costs.
10 January 2025	ChiroBA	Victoria	Two counts of failure to comply with a schedule 6 notice	Defendant company pleaded guilty. Fined $8,000.
10 January 2025	ChiroBA	Victoria	Four counts of holding out as a registered chiropractor after their registration was suspended	Defendant pleaded guilty. Ordered to serve a 12-month community corrections order requiring 120 hours of unpaid community service, and to pay $15,000 legal costs.
24 January 2025	NMBA	Victoria	One count of holding out as a registered nurse after surrendering their registration	Defendant pleaded guilty. Convicted, fined $5,000 and ordered to pay $21,421 legal costs.
5 February 2025	MBA	New South Wales	Three counts of holding out as a medical practitioner when only a medical student	Defendant pleaded guilty. Convicted of all charges. Three community corrections orders of 12 months, 18 months and 18 months, respectively, were imposed. Fined $5,000 and ordered to pay legal costs of $7,500.
14 February 2025	NMBA	Victoria	Two counts of describing themself as a registered nurse, one count of holding out as a registered nurse and one count of claiming to be qualified to practise as a nurse when not qualified	Defendant pleaded guilty. Convicted and fined $4,000.
25 March 2025	MBA	Victoria	One count of obstructing an inspector during the execution of a search warrant	Defendant pleaded not guilty. Found guilty and fined $500 with no conviction recorded.
1 May 2025	PsyBA	New South Wales	One count of holding out as a psychologist and one count of describing themself as a psychologist	Defendant pleaded guilty. Convicted and sentenced to an 18-month intensive corrections order. Ordered to pay $2,000 legal costs and a compensation order of $800 to refund the cost of a report provided to the complainant.
12 May 2025	PodBA	Queensland	One count of holding out as a registered podiatrist	Defendant pleaded guilty. Fined $3,000 and ordered to pay $1,500 in legal costs. No conviction recorded.
17 June 2025	PsyBA	New South Wales	One count of recklessly using a title that indicates another person is a health practitioner	Defendant pleaded guilty. Convicted, fined $5,500 and ordered to pay $6,500 in legal costs.

Improving health practice

We collaborate across the National Scheme and with other organisations to make sure that our standards, codes and guidelines are supported by strong evidence.

Research, consultation and collaboration help us respond to the rapidly evolving nature of health practice, improve our services, and strengthen the trust and confidence that the public, health practitioners and other stakeholders have in the scheme.

The year in summary

This year, we:

- worked with the Australian Government Department of Health, Disability and Ageing to begin a review of the National Prescribing Competencies Framework, which sets the standard for appropriate, safe and effective prescribing across all relevant health professions
- implemented a revised common English language skills registration standard for 13 National Boards
- continued to strengthen our engagement with consumer and community representatives
- provided input into several government policy consultations and reviews
- continued, where appropriate, to share our data and insights with key stakeholders.

Collaboration and consultation

Consulting the professions

The Professions Reference Group (PRG) met six times. It was chaired by Ms Julianne Bryce from the Australian Nursing and Midwifery Federation from July to December 2024, and by Dr Zena Burgess from the Australian Psychological Society from February to June 2025.

The PRG brings together professional associations for each of the regulated health professions. It provided feedback on our strategies to proactively respond to emerging public safety concerns, implementation of our new operating system, and our review of parental leave and registration fees.

Ahpra also updated PRG members on our work to identify and minimise distress for practitioners involved in a notifications process, the development of National Law amendments, graduate registration and practitioner renewal campaigns, and our accreditation work.

Strengthening consumer voices

We continued to strengthen our engagement with communities across Australia. Central to this effort was the Community Advisory Council (CAC), which remained our primary source of consumer and community representation.

CAC members provided advice on how and where consumer voices should be heard, with a particular focus on communities who, for different reasons, have difficulty accessing health services. CAC members participated in recruitment panels for the National Boards; contributed to committees, reference groups and stakeholder events; and supported the development of standards, codes, guidelines and policies.

The CAC presented feedback on a wide range of initiatives, including:

- Ahpra's notifications process webpage and explanatory videos
- the Medical Training Survey consultative forum
- expedited pathways for international medical, nursing and allied health graduates
- the National Health Practitioner Ombudsman's own-motion investigation into delays and procedural fairness
- outcome-based accreditation safeguards and a range of patient safety reforms
- the *Independent review of complexity in the National Registration and Accreditation Scheme* (the Dawson review).

Members also actively contributed to the National Scheme Combined Meeting program, championing the inclusion of public perspectives in health regulation and promoting meaningful engagement by inviting and involving diverse viewpoints.

The CAC met eight times during the year. We thank Ms Patricia Hall for her leadership as Chair, which concluded on 30 June. Meeting communiqués are published on our website.

Shared policy issues

The National Boards and Ahpra regularly collaborate on shared policy issues that affect the health professions similarly. This supports effective interprofessional care, helps to simplify regulation, and makes it easier for the public, practitioners and employers to know what to expect of registered health practitioners.

Our areas of focus this year included:

- implementing a revised common English language skills registration standard for 13 National Boards which incorporates key recommendations of the Kruk review and aims to improve flexibility for applicants to meet the standard at initial registration, while maintaining public protection. This was supported by new online resources, including a pathway selection tool to help applicants understand how they can meet the standard
- beginning a program of work to build health workforce capability in family, domestic and sexual violence, at the request of health ministers.

Family, domestic and sexual violence

As trusted members of their communities, Australia's registered health practitioners have a unique opportunity to recognise and respond to family, domestic and sexual violence (FDSV). Health practitioners play an important role in the early detection, support, referral and documentation of incidents, and in enabling access to effective healthcare for victim-survivors, people who use violence, and their families and carers.

In August, health ministers requested that we implement a suite of initiatives aimed at building health workforce capability to recognise and respond to FDSV. Our action plan is focused on three streams of work:

- Building the capability of the health workforce to recognise and respond to FDSV.
- Regulatory responses to health practitioners who use violence.
- Building our capacity to understand the dynamics of FDSV and engage with victim-survivors in a trauma-informed way.

We are committed to taking action to help end FDSV in our communities. This work is being undertaken progressively, with an initial focus on work we can achieve within existing regulatory frameworks that will set the foundation for future work. Over the past year, we have:

- published a joint statement from Ahpra, the National Boards and co-regulatory authorities in Queensland and New South Wales declaring that perpetrating family violence is unacceptable and can lead to regulatory action for registered health practitioners
- rolled out a mandatory training module on FDSV for Ahpra staff
- published guidance, with the independent Accreditation Committee, on developing professional capabilities
- worked closely with the Domestic, Family and Sexual Violence Commission. This included consulting with its Lived Experience Advisory Council in the development of the joint statement and work on exploring the potential to expand our Notifier Support Service to support victim-survivors of FDSV making a complaint to us about a health practitioner's conduct or performance.

Policy consultations

Throughout the year, the National Boards and Ahpra together provided input to the following external policy consultations and reviews:

- Australian Bureau of Statistics review of the *Australian and New Zealand Standard Classification of Occupations*
- Occupation Standard Classification for Australia (OSCA) review of *OSCA Maintenance Strategy*
- Parliamentary Committee on the Health Care Complaints Commission (NSW) review of the HCCC's 2021/22 and 2022/23 annual reports
- NSW Health review of the Health Practitioner Regulation (NSW) Regulation 2016
- Department of Health and Aged Care consultations on:
  - *Safe and Responsible Artificial Intelligence in Health Care – Legislation and Regulation Review*
  - draft *National Allied Health Workforce Strategy*
- Therapeutic Goods Administration (TGA) consultation on:
  - *Clarifying and strengthening the regulation of Artificial Intelligence (AI)*
  - targeted external consultation: *Institution of legal provisions to share Special Access Scheme and Authorised Prescriber Scheme information with specified external stakeholders*
- Australian Medicinal Cannabis Association review of *Draft Code of Conduct* and *Guidance document for medical cannabis prescribers*
- Jobs and Skills Australia (JSA) consultation on *Occupation Shortage List*
- NSW Ministry of Health consultations on:
  - *Review of Part 8 of the NSW National Law and the operation of the complaints process in NSW*
  - Draft Health Practitioner Regulation (NSW) Regulation 2025
- The Treasury review of *Tax regulator secrecy exceptions*
- Queensland Health consultation on *Medical Cannabis in Queensland*
- Parliament of Australia, Community Affairs Legislation Committee consultation on *Health Legislation Amendment (Improved Medicare Integrity and Other Measures) Bill 2025 [Provisions]*.

National Law amendments

Ahpra and the National Boards are implementing the next group of changes to the National Law over the next 12 months. The *Health Practitioner Regulation National Law and Other Legislation Amendment Bill* was passed by Queensland Parliament and became law on 9 April. The key changes include:

Permanently publishing information on the *Register of practitioners* if a tribunal finds a practitioner engaged in professional misconduct involving sexual misconduct

Stronger protections against reprisal for people who raise concerns with us

Requiring all practitioners to get a reinstatement order before they can seek re-registration after being cancelled or disqualified

Making it clear that non-disclosure agreements cannot stop a person from raising their concerns about a practitioner with us

These changes align with the range of reforms that we are progressing as part of our actions to improve public safety regarding sexual misconduct in healthcare.

It is important that sufficient time is taken to explain these changes to practitioners and the public. They also have an impact on our operations. The changes will start nationally on a date, or dates, to be decided by governments.

Government relations

Ahpra maintains strong relationships with national, state and territory health departments. A key part of this is the Jurisdictional Advisory Committee, which meets quarterly to advise on routine National Scheme matters requiring decisions by health ministers.

We continued to participate by invitation in Senate budget estimates hearings. This is an important opportunity to inform senators about our work and performance, and to address any questions or concerns.

Over the past 12 months, we have made significant contributions to the *Independent review of complexity in the National Registration and Accreditation Scheme*, also known as the Dawson review. The final report by independent reviewer Ms Sue Dawson is expected to be delivered to health ministers later in 2025.

Contributing internationally

Ahpra is a designated World Health Organization (WHO) Collaborating Centre for Health Workforce Regulation. We collaborate to strengthen the regulatory capacity and professional competencies of health workforce regulators across the WHO Western Pacific Region. We lead the Western Pacific Regional Network of Health Workforce Regulators, which includes representatives from more than 20 countries.

Over the past year, we hosted four regional webinars on regulatory challenges and welcomed several international delegations to exchange insights on health practitioner regulation.

We also deepened our global partnerships with leading regulatory bodies, including the International Association of Medical Regulatory Authorities and the Council on Licensure, Enforcement and Regulation, fostering shared learning and collaboration.

Research and data

Projects

We rely on research, evaluation and data to inform our work in health practitioner regulation. To support the ethical conduct of research, we established relationships with two additional Human Research Ethics Committees. We continued to build our research portfolio through a variety of projects, including those that investigate practitioners' and the public's trust and confidence in our work, and identified ways we can improve.

Our research and evaluation projects (with information on Human Research Ethics Committee approvals) included:

- exploring factors associated with the retention and attrition of nine health professions, and analysing workforce demographic snapshots (Metro North Health, approved)
- exploring notifier and practitioner experiences with Ahpra regulatory processes over time (Metro North Health, approved)
- exploring trends in communication-related notifications (ACT Health, exempted)
- surveying practitioners for Project REACH to understand trust and confidence in the National Scheme (ACT Health, approved)
- exploring English language skills required for registration as a health practitioner in Australia (SA Health, approved)
- a case study of the Australian Nursing and Midwifery Accreditation Council on embedding registration requirements for English language skills in accreditation standards (SA Health, approved)
- a study to improve the regulatory experience of regional, remote and overseas-trained practitioners (SA Health, approved)
- evaluating the Notifier Support Service (Metro North Health, approved)
- evaluating the impact of the Health Management Team (Metro North Health, approved)
- conducting multiple literature reviews, including:
  - contemporary evidence on enhancing English language standards for internationally qualified health practitioners (scoping review)
  - language attrition after English language skills test validity period (rapid review)
  - consumer navigator services (rapid review)
  - managing high-risk practitioners with substance use disorder (rapid review)
  - support for victim-survivors of family violence during a regulatory process – international comparison (rapid review).

Publications

We wrote or contributed to four publications in peer-reviewed journals:

- Evans J, Piech K, Saar E et al (2024) 'Supporting victim-survivors during investigations of health practitioner misconduct: early learnings from a trauma-informed service', *BMJ Open Quality*, doi.org/10.1136/bmjoq-2024-002765
- Fuller J, Browning M, Evans J et al (2024) 'How to attract, retain and grow the Aboriginal and Torres Strait Islander health workforce in Australia: A self-determined approach', *Asia Pacific Journal of Health Management*, doi.org/10.24083/apjhm.v19i3.4163
- Fletcher M, Stark S, Balvin N et al (2025) 'Holding up the crystal ball: using regulatory intelligence insights to support quality in healthcare', *International Journal for Quality in Health Care*, doi.org/10.1093/intqhc/mzaf001
- Tan J, Divakar R, Barclay L et al (2025) 'Trends in retention and attrition in nine regulated health professions in Australia', *Australian Health Review*, doi.org/10.1071/AH24268.

Access to data for research

The comprehensive national data that Ahpra collects have demographic, commercial and research value and value for workforce planning. Our data access and research policy and the information on our website set out the data already available and how to access them, and the processes for requesting data that are not publicly available. We are not able to meet all requests for information, as both the National Law and the *Privacy Act 1988* (Cth) impose strict limits on the use of our data.

A summary of the requests we received is shown in Table 31.

We also provide a data-matching service to Australian universities wishing to track graduate outcomes. Ahpra can match a graduate's student number to their registration number so the university does not have to manually search the *Register of practitioners*. This enables universities to determine whether they are meeting their funding requirements and the intended outcomes of their rural training programs by determining how many of their health students are working in regional and rural locations. Some universities also use the register to assess graduate outcomes more broadly in metropolitan and rural areas. We received and fulfilled nine requests for student data matching in 2024/25.

Each year, Ahpra provides an extract of medical practitioner data from the *Register of practitioners* to Medical Deans, who combine it with their own data from surveys of final-year medical students. Including Ahpra's data with their own allows Medical Deans to display information about medical practitioners that is broken down by a range of demographic factors, such as gender, rurality, specialty and graduates' preferred versus actual work locations.

Table 31. Requests for access to data for research

Type of data access request	Number of requests	Information able to be provided	Approved for release
Copies or extracts of the *Register of practitioners*	36	36	36
Quantitative statistics (regulatory data)	19	18	18
Request to contact or survey practitioners	4	1	1
Graduate student outcomes	9	9	9
Other[1]	24		
Total	**92**	**64**	**64**

1. General queries that were referred to external data sources or where we did not hear back from the requester.

Organisation

Communications

Media

Media coverage helps build our public profile and develops trust and confidence in the National Scheme.

We published 392 news items, including 39 media releases. There was an 18% increase in views of Ahpra news items compared with the previous year. We also responded to 546 media enquiries.

There was significant media coverage of the proactive and data-informed approach to risk identification and harm prevention being led by our Rapid Regulatory Response Unit. For example, in June we announced new guidelines for performing and advertising non-surgical cosmetic procedures. These guidelines were widely broadcast on national news services across television and radio, as well as online news publications.

In June, we also issued our first ever public statement naming a suspended practitioner in the interests of public safety.

Ahpra was mentioned more than 5,000 times in Australian media this year and more than 1,000 times in international media.

We also published 51 National Board newsletters, with an average open rate of 67.2%.

Customer service

Our national team handled an average of 761 telephone calls and 500 web enquiries each business day. Compared with last year, call volumes increased by 35.7% and web enquiries by 78.1%. These increases were driven by the introduction of a new operating system which includes an additional step for multifactor authentication. Our capacity to handle customer enquiries was also increased in response to the added demand.

Our social media strategy

Social media allows us to engage with practitioners and the general public directly, on the platforms they use, in a format they are accustomed to.

Through social media, we can deliver timely messaging for practitioners and empower the public by providing accessible, credible information to help support safer healthcare choices.

Our posts were seen 3.14 million times and received 234,000 interactions (likes, shares and comments); an increase of 172% from last year. Traffic from our social accounts to our website doubled from the previous year.

Overall, we grew our social media following by 15.7%. We have:

- 189,730 LinkedIn followers
- 42,500 Facebook followers
- 12,025 Twitter/X followers
- 7,175 Instagram followers.

The image below is a screenshot from a social media campaign about safe prescribing of medicinal cannabis. The video was viewed more than 25,000 times.

Transformation Program

In March, Ahpra launched a new case management operating system for faster, more secure online applications.

Our former operating system had been in place since the National Registration and Accreditation Scheme began in 2010. Since then, the number of registered health practitioners in Australia has nearly doubled and will soon surpass one million.

The new system provides greater capacity for our regulatory work and serves practitioners, applicants, students and notifiers better through a range of improvements.

Easier registration

The new platform includes a digital portal for practitioners and applicants to manage their registration. It provides a one-stop shop where applicants and practitioners can track their application, communicate directly and securely with their case officer, and make requests, such as asking for a certificate of registration.

Improved 'Raise a concern' form

An improved 'Raise a concern' form means the process of making a notification is now easier. Better information capture also helps us identify high-risk situations faster and support vulnerable people sooner.

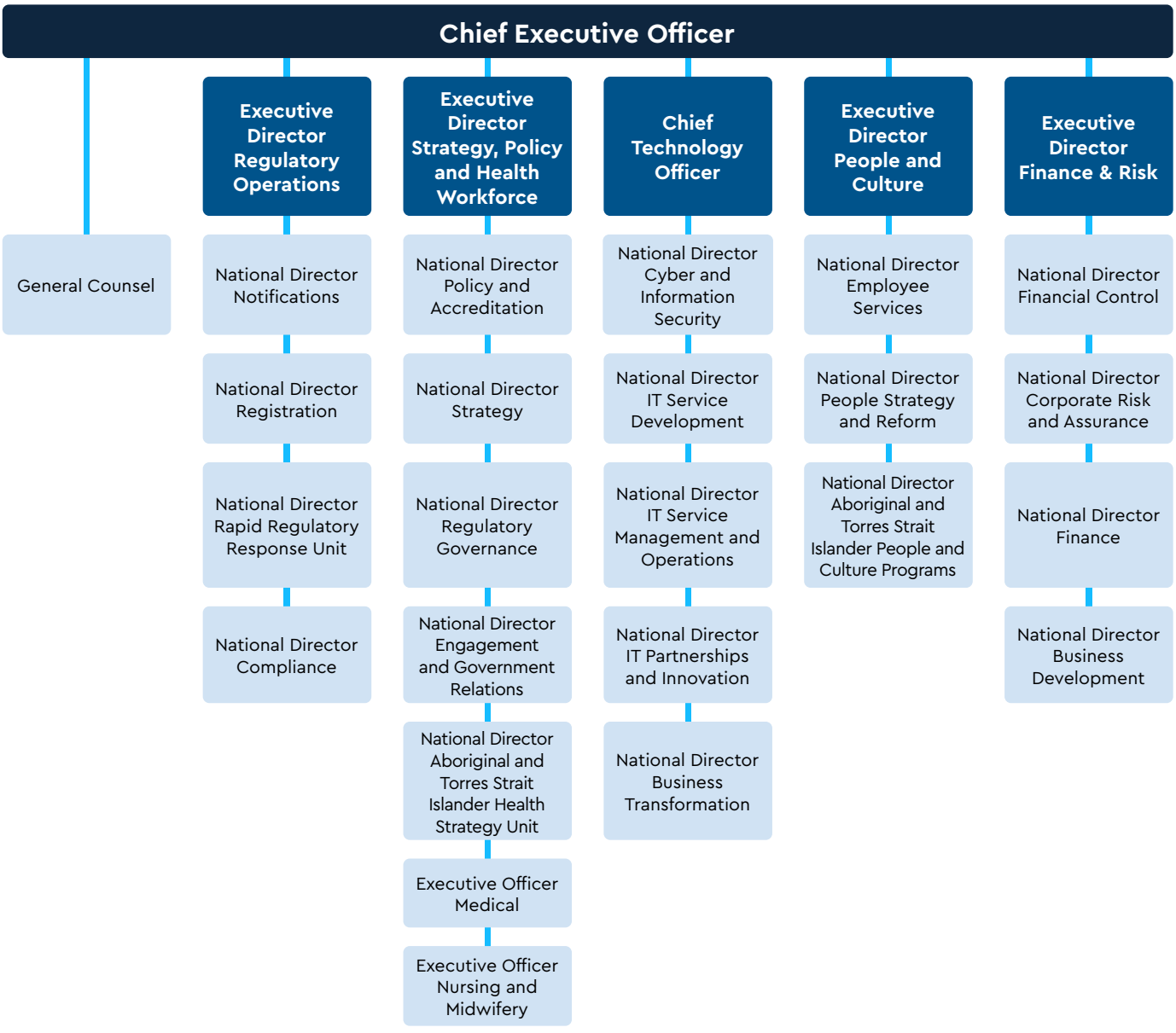
Stronger security

To protect sensitive information, the Ahpra portal includes an extra layer of security in the form of multi-factor authentication, or two-step verification, using an authenticator app.

Applicants and practitioners who need to verify their identity as part of an application process do so through an online biometric identification service. This has replaced the manual verification that was previously in place and makes the registration process faster, particularly for international applicants.

Ongoing improvements

We will continue to refine and improve the operating system based on user feedback. This includes adding new features and supporting new registration pathways as they are developed.



Leadership and people

Ahpra Board

Ahpra's governing body met 11 times. The board publishes a communiqué of meetings that summarises issues discussed and decisions made. It has four committees, which each met quarterly:

- The Accreditation Committee provides advice on accreditation governance, reform, accountability and transparency issues, and a whole-of-scheme perspective on accreditation performance.
- The Finance, Audit and Risk Management Committee oversees risk and advises on the effectiveness of the corporate assurance framework, risk management, financial strategy, sustainability and internal audits. It also oversees the external audit process.
- The Regulatory Performance Committee provides advice, oversight and scrutiny of regulatory performance measures and data.
- The People and Remuneration Committee provides governance oversight of strategy and performance in relation to people, capability and culture.

National Executive

Ahpra's national leadership group:

- Mr Justin Untersteiner – Chief Executive Officer (from 14 Apr)
- Mr Martin Fletcher – Chief Executive Officer (to 20 Dec)
- Ms Kym Ayscough – Executive Director, Regulatory Operations (and acting Chief Executive Officer)
- Ms Liz Davenport – Executive Director, Finance and Risk
- Mr Mark Edwards – Executive Director, People and Culture (and acting Chief Executive Officer)
- Mr Chris Robertson – Executive Director, Strategy, Policy and Health Workforce
- Mr Mike Rillstone – Chief Technology Officer

State and territory managers

Our senior leaders in each jurisdiction, based at each of our offices:

- Australian Capital Territory: Mr Krister Partel
- New South Wales: Ms Carol Nader
- Northern Territory: Ms Claudia Manu-Preston
- Queensland: Ms Heather Edwards
- South Australia: Mr Patrick Maher
- Tasmania: Mr David Clements
- Victoria: Mx Joe Goddard-Williams
- Western Australia: Ms Jodie Holbrook

Project highlights for our state and territory managers included issuing our first joint position statement on family violence with co-regulators in New South Wales and Queensland; delivering webinars to consumers, employers, recruiters and practitioners across Australia; and supporting Ahpra's response to the Dawson review. They also coordinated the production of Ahpra's quarterly community newsletter, which is distributed to more than 1,500 peak bodies and health and social service providers, and played a leading role in strengthening our relationships with LGBTIQA+ and multicultural communities.

Directorates

Regulatory Operations: Carries out Ahpra's core functions of registration, notifications and compliance. The directorate applies risk-based approaches to regulatory matters so we can focus our efforts on matters of high risk and high complexity and, wherever possible, resolve other matters more quickly.

Strategy and Policy: Produces effective and responsive strategy and policy to deliver on National Scheme objectives in partnership with the National Boards and in collaboration with key partners.

Technology: Delivers secure, innovative digital solutions that support health practitioner regulation in Australia. In partnership with stakeholders, it enables proactive, insight-driven, service-focused regulation aligned with Ahpra's vision for enhanced performance and improved access.

People and Culture: Leads and delivers whole-of-organisation strategies that foster a positive, high-performing, and inclusive workplace aligned with Ahpra's vision and values. This includes shaping and sustaining organisational culture, building workforce capability, and supporting employee wellbeing to enable our people to thrive and contribute meaningfully to Ahpra's purpose of protecting the public.

Finance and Risk: Responsible for efficient and effective financial strategy and management, procurement, risk management and assurance, and audit programs.

Our National Legal Practice was part of the Regulatory Operations directorate until 1 October. It was moved outside of this directorate for reasons of professional independence, and now reports to the Office of the CEO.

Table 32. Staff, 30 June

Directorate	Full-time equivalent staff
Regulatory Operations	896
Strategy and Policy	198
Technology	137
People and Culture	63
Finance and Risk	49
Office of the CEO	106[1]
Total	**1,449**

1. Ahpra's National Legal Practice moved from the Regulatory Operations directorate to the Office of the CEO on 1 October.

Gender, diversity and inclusion

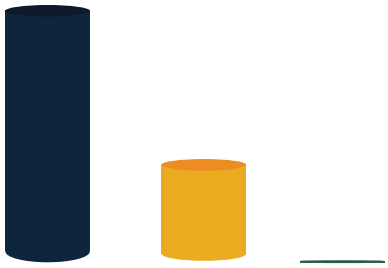
The gender composition of Ahpra's staff is 72.9% female, 26.8% male and 0.3% non-binary. Female representation in manager and people leader roles across the organisation is 67.5%, while the Ahpra Board is 60% female.

Having a diverse workforce brings many benefits including new skills, different ways of thinking, and lived experiences. This helps to ensure that, as a regulator, we can respond better to the diverse needs of the communities in which we operate and serve.

We are developing a diversity and inclusion strategy and action plan in partnership with the Victorian Equal Opportunity and Human Rights Commission. In addition, we have partnered with the Australian Disability Network to develop a disability access and inclusion plan for Ahpra. This will identify current barriers for people with a disability within our workplaces, and will create opportunities to improve access and participation. Finally, a working group of LGBTQIA+ employees and Board members are working on the development of an LGBTQIA+ equity and inclusion strategy for the National Scheme.

These strategies and plans will be finalised in 2025/26.

Figure 101. Gender of staff, 30 June



- **72.9%** Female
- **26.8%** Male
- **0.3%** Non-binary

Improving access to information

Since we redesigned our website's homepage in February 2023, we have continued to work on making information easier to access. As a result, we have seen a 57% increase in traffic (78 million views) and a consistently high level of engagement across Ahpra and the National Boards' websites. The *Register of practitioners* continues to be the most popular webpage, with almost 8 million unique visits.

Most users are on desktop or laptop (66%), with 34% on mobile. Continued search engine optimisation work has meant that 70% of our website traffic now comes from search.

Freedom of information requests

During the year, Ahpra received:

- 377 valid applications for access to documents under the *Freedom of Information Act 1982* (FOI Act)
- 20 applications for internal review of an FOI decision.

The National Health Practitioner Ombudsman and Privacy Commissioner (NHPO) notified Ahpra that:

- 11 applications for external review of an Ahpra FOI decision had been undertaken
- 11 external review applications had been closed. The NHPO provided notice that Ahpra's FOI decision had been affirmed in three matters, seven matters were discontinued by the NHPO, and one was withdrawn by the applicant.

During the year, 385 FOI applications were finalised. Outcomes are shown in Table 33. At 30 June, there were 61 open FOI matters.

Evidentiary certificates

Ahpra issued 101 evidentiary certificates, most in response to requests from our co-regulatory partners, health complaints organisations and police, to help them perform their functions in the community.

Production of documents

We responded to 175 subpoenas and orders to produce documents issued by courts, tribunals and law enforcement bodies about proceedings in which neither Ahpra nor a National Board was a party.

Table 33. Finalised FOI applications

Application outcome	Number
Granted in full	46
Granted in part	165
Access refused	78
Withdrawn	96
Total	**385**
Internal review	18
External review (NHPO)	11
External review (tribunal)	0

Table 34 describes the nature of the documents sought by FOI applicants.

Table 34. Documents sought in finalised applications

Document type	Number of applications
Notifications/complaints	242
Registration applications and decisions	68
Statistics and general data	18
Policy procedure, guidelines	25
Finance	3
Monitoring and compliance of registration restrictions	3
Criminal offences	2
Other	24
Total	**385**

Administrative complaints

When people raise concerns about Ahpra and the National Boards, we aim to listen, to respond promptly, empathetically and fairly, and to learn from the issues raised.

Administrative complaints relate to concerns about the service delivery, policies, procedures and decisions of Ahpra, the National Boards and committees, and the Ahpra Board. They are divided into three types:

- **Stage 1** (straightforward) complaints are handled by the Ahpra area that receives them.
- **Stage 2** (complex) complaints are managed by a National Complaints team.
- **Stage 3** complaints are investigated or reviewed externally by the National Health Practitioner Ombudsman (NHPO).

Table 35 outlines who raised complaints. This year, the number of complaints we received (1,544) was substantially higher than last year (660).

This increase is largely due to complaints received from health practitioners about their application for, or renewal of, registration (1,053 compared to 276). Shortly after we launched our new operating system in March, the registration renewal period for nurses and midwives opened. As with any large-scale system change, some practitioners experienced challenges in setting up their portal and required additional support. We expanded our customer service team and hotline hours to handle the increased demand, and more than 510,000 nurses and midwives managed to successfully renew their registration during the renewal period. Some nurses and midwives still had difficulty contacting us, however, and we received 723 complaints from this cohort of health practitioners.

Table 35. Source of administrative complaints

Who made the complaint	2023/24	2024/25
Health practitioner (registration application and renewal)	276	1,053
Notifier	191	188
Health practitioner (other)	49	113
Member of the public	31	79
Health practitioner (notification)	78	66
Public campaign	19	22
Employer	12	17
Other	4	6
Total	**660**	**1,544**

Issues raised

A complaint may include more than one issue. The 1,544 complaints we received were about 2,203 issues.

Table 36 includes all issues raised. Table 37 shows more detail about the main issues raised for each profession.

As outlined above, challenges experienced by health practitioners transitioning to our new operating system heavily affected the nature of the complaints we received this year. We responded to 403 complainants requiring technical assistance and 307 complainants who expressed concern about the new system.

Table 36. All issues raised in complaints

Issues raised	2023/24	2024/25
Communication	194	489
Technical assistance required	0	403
Timeliness/delay	128	364
Business transformation	0	307
Dissatisfied with regulatory outcome	103	282
Other	70	147
Process/policy	236	139
Fees	46	62
Privacy breach	4	10
English language skills standard	23	0
COVID-19	14	0
Vexatious notification	10	0
Cosmetic surgery	8	0
Total	**836**	**2,203**

Table 37. Administrative complaints, by profession and service area

	Complaints received			Service area[1]						
Profession	Stage 1	Stage 2	Total	Registration	Notifications	Customer service interactions	Compliance	Legal	IT/website issues	Other
Aboriginal and Torres Strait Islander Health Practitioner		1	1	1						
Chinese medicine practitioner	9	2	11		9			1	1	
Chiropractor	3	1	4	1				1		2
Dental practitioner	11	23	34	8	21	2			3	1
Medical practitioner	195	184	379	127	159	39	10	8	46	26
Medical radiation practitioner	7	6	13	8	2				1	2
Midwife	12	3	15	7	1				7	
Nurse	530	78	608	166	21	110	4	2	413	2
Nurse and midwife[2]	88	12	100	19	6	28	2		70	1
Occupational therapist	11	4	15	9	3	1	1		2	1
Optometrist	2	1	3	1						2
Osteopath	1	1	2	2						
Paramedic	3	4	7	5	1	1				1
Pharmacist	29	7	36	19	5	12			5	2
Physiotherapist	15	6	21	14	3	4		1	2	2
Podiatrist	2	1	3	1	2					
Psychologist	90	58	148	99	28	17	5	1	19	7
Unknown	128	16	144	15	14	50	1	1	53	25
Total	1,136	408	1,544	502	275	264	23	15	622	72

1. Issues related to each profession and service area; not all issues raised.
2. Registrants who hold dual registration as both a nurse and a midwife.

Issues about registration

In the 502 complaints received about registration, communication was raised 204 times, perceived delay in our management of applications was raised 170 times, dissatisfaction with a regulatory outcome was raised 69 times and process and policies were raised 64 times.

Of the complaints received from practitioners about how we managed their application for registration, there was an increase in concerns raised about communication during the application process (mentioned 182 times, up from 82 last year) and the time taken to assess an application (mentioned 151 times, up from 68 last year).

Issues about notifications

We received 275 complaints about notifications, down from 338 last year. Of these complaints, dissatisfaction with the outcome of a notification was raised 199 times, policies or processes were raised 58 times, communication 56 times, and the time taken to finalise a notification 42 times.

For complaints received from practitioners regarding our management of a notification made about them, there was a decrease in concerns raised about the notifications process (mentioned 12 times, down from 36 last year). There was also a decrease in complaints about communication during the notifications process and time to finalise a notification; mentioned 18 times (down from 25) and 11 times (down from 15), respectively.

Resolving complaints

We responded to 1,279 complaints. When we receive a complaint, we look carefully at the information provided and how people would like their complaint resolved. We then conduct a review of the information we hold and endeavour to respond in a way that meaningfully addresses the concerns.

Table 38 outlines the actions we took to resolve complaints this year. We may take more than one action to address a complaint.

Case study: Resolving a complaint about our new operating system

A practitioner submitted a complaint to Ahpra about their issues trying to renew their registration as a nurse through the new operating system. The practitioner said they had tried to call Ahpra but didn't have the time to wait to speak with someone. They expressed frustration, stating that there was no help or instructions available for nurses having trouble navigating the new system.

We contacted the complainant quickly, apologised for the difficulties they had encountered, and thanked them for their feedback. We provided them with a link to online resources, including a step-by-step guide to setting up their account through the digital portal. We invited the practitioner to let us know if they continued to have issues renewing their registration, and that we would request that our customer service team assist them further.

The practitioner responded to us the following day to thank us for providing information about setting up their account. They advised that they had forgotten their password and were having difficulty resetting this because their email address had changed. With this new information, we identified that they needed individual technical assistance from our customer service team to resolve their issue. Our customer service team called the practitioner, reset their password over the phone, and guided the practitioner through the steps to successfully set up their account and renew their registration.

Table 38. Action taken to resolve issues

Action taken	Number of actions
Provided further explanation	752
Offered apology	369
Other	365
Provided update	309
Referred for technical assistance	173
Review feedback about process/policy	62
Corrected an error	7

Engaging with the NHPO

The NHPO receives complaints and helps people who think they may have been treated unfairly in administrative processes by the national agencies in the National Scheme. We engage collaboratively with the NHPO to resolve complaints and value its contribution.

Under our early resolution transfer process with the NHPO, 108 complaints were handed to us to resolve directly.

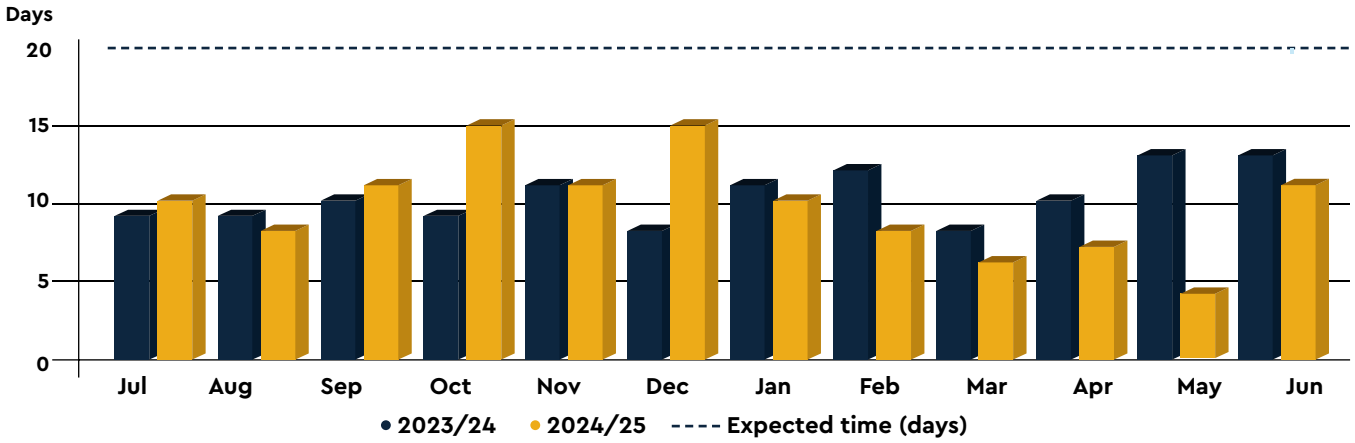
We responded to 71 enquiries received from the NHPO seeking preliminary information about a complaint. We also provided documents and other information in response to eight notices of investigation from the NHPO.

A complaint can be reported more than once if a person complains to both Ahpra and the NHPO.

Our performance

We aim to respond to complaints within 20 business days. Figure 102 shows that, despite the increase in administrative complaints, our average time to respond was still faster than this expected timeframe.

Figure 102. Time taken to finalise complaints



Financial management

Ahpra and the National Boards work in partnership to ensure the National Scheme operates efficiently, effectively and economically. The financial statements section of the annual report describes the scheme's position and performance in more detail.

In accordance with the *Health Practitioner Regulation National Law Act 2009* (the National Law), Ahpra's financial statements are prepared under Australian Accounting Standards and audited by the auditor-general of a participating jurisdiction. Since Ahpra is headquartered in Melbourne, the Victorian Auditor-General's Office (VAGO) was appointed to undertake the audit.

Financial overview

Key financial information for the past five years is summarised in Table 39. Income and expenses have increased in each of these years in line with growth of and continuing investment in the scheme.

The comprehensive result for each period fluctuates to meet the demand from increased regulatory activity and planned investment in health workforce and public safety objectives. Accounting for other economic flows, the comprehensive result of $3.6 million deficit for 2024/25 is a decrease of $11.0 million from a $7.4 million surplus in 2023/24.

Table 39. Financial summary 2020/21 to 2024/25

Five-year financial summary	2024/25 (million)	2023/24 (million)	2022/23 (million)	2021/22 (million)	2020/21 (million)
Revenue from government grants	$0.2	$0.6	$1.4	$2.6	$4.6
Income from operating activities	$342.4	$306.1	$265.9	$243.1	$228.0
Income from investing activities	$15.5	$10.7	$7.4	$4.0	$2.6
Total income from transactions	**$358.1**	**$317.4**	**$274.7**	**$249.7**	**$235.2**
Total expenses from transactions	**$362.4**	**$312.8**	**$285.0**	**$232.0**	**$217.8**
Other economic flows included in net result	$0.6	$2.8	$3.7	($2.8)	($0.9)
Comprehensive result for the year	**($3.6)**	**$7.4**	**($6.6)**	**$14.9**	**$17.3**
Net cash flow from operating activities	$43.5	$29.6	$10.8	$37.4	$37.7
Collections on behalf of government agencies	$51.9	$48.5	$45.5	$41.1	$39.3
Total assets	**$359.8**	**$327.7**	**$307.6**	**$303.5**	**$284.8**
Total liabilities	**$260.8**	**$225.2**	**$212.5**	**$201.8**	**$197.9**

Financial performance

An operating deficit of $3.6 million was favourable to the planned budget for 2024/25, as costs associated with the growth in regulatory activity and technology investment were met from within the budget.

The income of $358.1 million is an increase of $40.7 million from 2023/24. This is the result of health workforce growth and improved returns on financial assets.

The fees for each National Board for 2024/25 were set to recover the full costs of regulation for each profession. In some cases, these fees were indexed up to 5% in line with higher inflation. For professions with very strong equity balances, fees were not increased.

Total expenses from transactions of $362.4 million is an increase of $49.6 million from 2023/24. Increased expenditure was required to meet wage inflation, organisation growth, cybersecurity investments, and in accounting for technology development costs.

Financial position

Assets

Total assets of $359.8 million were held at 30 June. This is a net increase of $32.1 million in line with scheme growth and investment performance. Prepayment assets decreased by $7.1 million in 2024/25. This reduction includes expensing configuration and customisation costs associated with cloud-based technology solutions in line with the applicable accounting policy and the terms of the underlying contracts.

Intangible technology assets declined to $22.0 million from $25.4 million in 2023/24 as systems came into use and were expensed.

Property lease assets increased to $40.6 million with the amortisation of existing leases offset by the recognition of new property lease agreements.

Liabilities

Liabilities increased to $260.8 million, up from $225.2 million in the previous year. This change reflects $9.2 million in higher registration and examination fees held in advance, $7.1 million in prepaid service income to fund projects arising from the *Independent review of Australia's regulatory settings relating to overseas health practitioners* (the Kruk review), $4.4 million growth in employee benefit provisions, and recognition and remeasurement of property lease agreements.

Equity

Scheme equity decreased to $99.0 million in line with the $3.6 million operating deficit for the year. Equity is vital to the financial sustainability of the scheme. Its purposes include:

- mitigating against unexpected loss not covered by our comprehensive insurance
- funding capital and strategic projects that support the effective and efficient operation of the scheme
- offsetting the impact to the financial position due to variance in the operating result.

At 30 June 2025, the scheme remains in a strong financial position, having invested in a significant technology program, external reviews, and other strategic initiatives to advance public safety outcomes.

The year ahead

In 2025/26, an operating deficit is planned, which will draw upon equity reserves. This reflects strategic investment in regulatory reform, our technology program, elimination of racism in healthcare, and actions arising from the *Independent review of complexity in the National Registration and Accreditation Scheme* (the Dawson review). Regulatory activities are projected to be self-funding, with break-even results anticipated in line with the five-year financial plan.

Corporate risk, compliance and assurance

Risk management

Risk exposure is managed in accordance with the Australian and New Zealand Standard (AS/NZS ISO 31000:2018). Ahpra's *Risk management framework* aims to provide sufficient, continuous and reliable assurance on the management of major risks to continuously improve regulatory services. During 2024/25, the scheme managed its risks, both strategically and operationally, within the following themes:

- regulatory effectiveness and partnerships
- business transformation outcomes
- financial sustainability
- actions to eliminate racism for Aboriginal and Torres Strait Islander Peoples within healthcare
- public confidence and trust
- digital capability and cybersecurity
- people, culture and experience
- health practitioner workforce sustainability.

Insurable risk is managed through the ongoing maintenance of Ahpra's insurance portfolio, which includes policies to adequately mitigate the risk of financial losses arising from an (insured) event.

Corporate assurance

Ahpra operates an Integrated Assurance Model, whereby assurance is provided through both the internal audit and quality assurance functions. The internal audit program provides independent, objective assurance and advice regarding risk management to the Finance Audit and Risk Management Committee and the Ahpra Board. The quality assurance program provides assurance to stakeholders of the efficacy of Ahpra's operational processes. Assurance activities help identify and mitigate risks, and determine whether processes assist Ahpra to achieve its objectives, produce required outputs and outcomes, and identify good practices and opportunities for improvement.

Corporate compliance management

In 2024/25, Ahpra completed the first phase of a major uplift to the compliance program based on AS ISO 37301:2023 *Compliance management systems – Requirements with guidance for use*. As part of this approach, internal and external compliance obligations are identified and assigned to various business units for ongoing assessment and management, including the response to legislative or regulatory change. This work has improved oversight and strengthened Ahpra's ability to monitor, assess and manage compliance risks.

Ahpra's compliance environment is monitored year-round, and an annual assessment program tests both the applicability of, and compliance with, relevant obligations. Insights from the compliance program support continuous improvement and inform strategic decision making.

Modern slavery

Ahpra remains committed to upholding human rights and addressing modern slavery risks within its operations and supply chains. We enhanced our governance framework through strengthened procurement procedures, supplier due diligence, and integration of modern slavery risk screening tools. We reinforced ethical recruitment practices and fair work standards. Ongoing staff training and continuous monitoring support our commitment to transparency, accountability and continuous improvement. These measures reflect Ahpra's dedication to ethical conduct and compliance with the *Modern Slavery Act 2018* (Cth).

Financial statements for the year ended 30 June 2025

Australian Health Practitioner Regulation Agency

Declaration by Chair of the Board, Chief Executive Officer and Executive Director, Finance and Risk

The attached financial statements for the Australian Health Practitioner Regulation Agency (Ahpra) have been prepared in accordance with Part 3 of Schedule 3 to the *Health Practitioner Regulation National Law Act 2009* (the National Law), as in force in each state and territory, Australian Accounting Standards and Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the Statement of comprehensive income, Statement of financial position, Statement of changes in equity, Statement of cash flow, and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2025 and financial position of the Australian Health Practitioner Regulation Agency as at 30 June 2025.

At the time of signing, we are not aware of any circumstance that would render any particulars included in the financial statements to be misleading or inaccurate.

Gill Callister PSM
Chair, Ahpra Board
21 August 2025

Justin Untersteiner
Chief Executive Officer
21 August 2025

Liz Davenport FCPA
Executive Director, Finance and Risk
21 August 2025

VAGO
Victorian Auditor-General's Office

Independent Auditor's Report

To the Board of the Australian Health Practitioner Regulation Agency

Opinion	I have audited the financial report of the Australian Health Practitioner Regulation Agency (the agency) which comprises the: • statement of financial position as at 30 June 2025 • statement of comprehensive income for the year then ended • statement of changes in equity for the year then ended • statement of cash flows for the year then ended • notes to the financial statements, including material accounting policy information • declaration by chair of the board, chief executive officer and executive director, finance and risk. In my opinion the financial report presents fairly, in all material respects, the financial position of the agency as at 30 June 2025 and its financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 3 of Schedule 3 of the *Health Practitioner Regulation National Law Act 2009* and applicable Australian Accounting Standards.
Basis for Opinion	I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. My independence is established by the *Constitution Act 1975.* My staff and I are independent of the agency in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.
Board's responsibilities for the financial report	The Board of the agency is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the *Health Practitioner Regulation National Law Act 2009*, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error. In preparing the financial report, the Board is responsible for assessing the agency's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

Level 31 / 35 Collins Street, Melbourne Vic 3000
T 03 8601 7000 enquiries@audit.vic.gov.au www.audit.vic.gov.au

Auditor's responsibilities for the audit of the financial report

As required by the *Audit Act 1994,* my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the agency's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board
- conclude on the appropriateness of the Board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the agency's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the agency to cease to continue as a going concern.
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

MELBOURNE
26 August 2025

Sanchu Chummar
as delegate for the Auditor-General of Victoria

Statement of comprehensive income for the year ended 30 June 2025

Continuing operations	Note	2025 $'000	2024 $'000
Revenue and income from transactions			
Regulatory fees	*A1.1*	315,766	289,057
Investment income	*A2*	15,516	10,719
Grant revenue	*A3*	164	630
Other income and revenue	*A4*	26,701	16,963
Total revenue and income from transactions		**358,147**	**317,369**
Expenses from transactions			
Employee costs	*B1.1*	218,551	193,285
Board and committee sitting fees		6,127	5,993
Legal and notification costs	*B*	15,974	14,937
Other operating expenses	*B2*	107,555	83,694
Depreciation and amortisation	*C4.1*	14,016	14,300
Finance costs – leases	*E1.2*	171	602
Total expenses from transactions		**362,394**	**312,811**
Net result from transactions		**(4,247)**	**4,558**
Other economic flows included in net result			
Net (loss) on non-financial assets	*B3*	(84)	(295)
Net gain on financial instruments at fair value	*B3*	828	2,901
Other (loss)/gain from other economic flows	*B3*	(132)	230
Total other economic flows included in net result		**612**	**2,836**
Net result for the year		**(3,635)**	**7,394**
Other comprehensive income		0	0
Comprehensive result for the year		**(3,635)**	**7,394**

This statement should be read in conjunction with the accompanying notes.

Statement of financial position as at 30 June 2025

	Note	2025 $'000	2024 $'000
Assets			
Financial assets			
Cash and cash equivalents	*E2*	35,371	19,455
Receivables	*D1*	11,113	7,171
Prepayments	*D3*	9,869	17,020
Investments and other financial assets	*C1*	240,739	225,464
Total financial assets		**297,092**	**269,110**
Non-financial assets			
Property, plant and equipment	*C2*	40,619	33,236
Intangible assets	*C3*	22,017	25,400
Total non-financial assets		**62,636**	**58,636**
Total assets		**359,728**	**327,746**
Liabilities			
Payables and accruals	*D2*	26,605	21,937
Contract liabilities	*A1.2*	154,691	138,543
Employee related provisions	*B1.2*	39,297	34,984
Lease liability	*E1.2*	39,063	28,960
Other provisions	*D4*	1,177	792
Total liabilities		**260,833**	**225,216**
Net assets		**98,895**	**102,530**
Equity			
Contributed capital		43,895	43,895
Accumulated surplus		55,000	58,635
Total equity		**98,895**	**102,530**
Commitments	*E3*		
Contingent assets and liabilities	*F3*		

This statement should be read in conjunction with the accompanying notes.

Statement of changes in equity for the year ended 30 June 2025

	Note	Contributed capital $'000	Accumulated surplus $'000	Total equity $'000
Balance at 1 July 2023		**43,895**	**51,241**	**95,136**
Net result for the year		0	7,394	**7,394**
Balance at 30 June 2024		**43,895**	**58,635**	**102,530**
Net result for the year		0	(3,635)	**(3,635)**
Balance at 30 June 2025		**43,895**	**55,000**	**98,895**

This statement should be read in conjunction with the accompanying notes.

Statement of cash flows for the year ended 30 June 2025

	Note	2025 $'000	2024 $'000
Cash flows from operating activities			
Receipts			
Receipts relating to regulatory fees		330,965	302,154
Receipts from government grant	*A3*	0	825
Goods and Services Tax (GST) recovered from the Australian Taxation Office (ATO)		12,093	11,536
Other receipts		27,032	17,003
Interest received		7,908	6,888
Total receipts		**377,998**	**338,406**
Payments			
Payments to suppliers, employees and others		(334,291)	(308,197)
Interest paid		(171)	(602)
Total payments		**(334,462)**	**(308,799)**
Net cash flows from operating activities	***E2***	**43,536**	**29,607**
Cash flows from investing activities			
Payments for plant and equipment, intangibles and work in progress		(9,263)	(13,401)
Purchase of investments and other financial assets		(158,000)	(124,000)
Proceeds from investments		148,000	119,000
Net cash flows (used) in investing activities		**(19,263)**	**(18,401)**
Cash flows from financing activities			
Repayment of principal portion of lease liabilities		(8,357)	(8,347)
Net cash flows used in financing activities		**(8,357)**	**(8,347)**
Net increase in cash and cash equivalents		**15,916**	**2,859**
Cash and cash equivalents at the beginning of the year		19,455	16,596
Total cash and cash equivalents at end of the year	***E2***	**35,371**	**19,455**

All amounts are inclusive of GST.

This statement should be read in conjunction with the accompanying notes.

About this report

Reporting entity

The Australian Health Practitioner Regulation Agency (Ahpra) is a statutory body governed by the *Health Practitioner Regulation National Law* (the National Law), which came into effect in most states and territories on 1 July 2010 and in Western Australia on 18 October 2010. This law means that registered health professions are regulated by nationally consistent legislation.

Ahpra works in partnership with 15 National Boards to regulate registered health practitioners in Australia. National Boards are responsible for regulating their respective health professions. The primary role of the National Boards is to protect the public and set standards and policies that all registered health practitioners must meet.

The Ahpra Board oversees the work of Ahpra. The Chair of the Ahpra Board is Ms Gill Callister PSM. The Chief Executive Officer is Mr Justin Untersteiner.

The financial statements include activities of Ahpra and National Boards.

Ahpra's corporate address is Level 9/222 Lonsdale Street, Melbourne, Victoria, 3000.

Basis of accounting preparation and measurement

The financial statements have been prepared on a going-concern basis.

These financial statements are in Australian dollars and the historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured on a different basis.

The accrual basis of accounting has been applied in preparing these financial statements, except for the cash flow information, whereby assets, liabilities, equity, income or expenses are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

Judgements, estimates and assumptions are required to be made about financial information being presented. The significant judgements made in the preparation of these financial statements are disclosed in the notes where amounts affected by those judgements are disclosed. Estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates. The estimates and underlying assumptions used in preparing these financial statements are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in future periods that are affected by the revision. Judgements and assumptions made by management in the application of Australian Accounting Standards (AAS) that have significant effects on the financial statements and estimates have been disclosed under each relevant note of the financial statements.

All amounts in the financial statements have been rounded to the nearest thousand dollars unless otherwise stated.

Regulatory fees do not constitute a supply and are therefore exempt from GST. Revenue, expenses and assets are recognised net of GST except where the amount of GST incurred is not recoverable, in which case it is recognised as part of the cost of acquisition of an asset or part of an item of expense or revenue. GST receivable from or payable to the Australian Taxation Office (ATO) is included in the Statement of financial position. The GST component of a receipt or payment is recognised on a gross basis in the Statement of cash flows in accordance with AASB 107 *Statement of Cash Flows*.

Income 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*.

Statement of compliance

These financial statements are referred to as general purpose financial statements which have been prepared in accordance with Australian Accounting Standards and Interpretations and other mandatory requirements.

The financial statements have also been prepared in accordance with the relevant requirements of the National Law, as in force in each state and territory.

For the purpose of preparing the financial statements, Ahpra is a not-for-profit entity.

Accounting policies selected and applied in preparing the financial statements for the year ended 30 June 2025 ensure that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is appropriately reported.

These financial statements were authorised to be issued by the Ahpra Board on 21 August 2025.

Note A:

Funding delivery of our services

A1. Regulatory fees

A2. Investment income

A3. Grant revenue

A4. Other income and revenue

Introduction

Ahpra works in partnership with 15 National Boards to regulate registered health practitioners in Australia. National Boards are responsible for regulating their respective health professions. The primary role of the National Boards is to protect the public and set standards and policies that all registered health practitioners must meet.

Judgement required

Ahpra has made the judgement assessing whether there is an enforceable contract with specific performance obligations to recognise revenue or income.

Revenue and income are recognised to the extent that it is probable that the economic benefits will flow to Ahpra and it can be reliably measured. Revenue and income over which Ahpra does not have control is disclosed as administered revenue and income (see *Note G7*).

Note A1: Regulatory fees

AASB 15 *Revenue from Contracts with Customers*, AASB 1058 *Income of Not-for-Profit Entities*, and the related guidance came into effect for not-for-profit entities for annual reporting periods beginning on or after 1 January 2019. Ahpra adopted these standards in the 2019/20 financial year.

Ahpra collects registration fees and in return provides eligible registrants rights to practise and provide suitable healthcare to the public. Ahpra has determined it has an enforceable contract with sufficiently specific performance obligations to recognise registration fees in accordance with AASB 15.

AASB 15 recognition exemption permits accounting for short-term licences or low-value licences with two options:

- recognise the revenue associated with those licences at the point in time the licence is issued
- on a straight-line basis over the licence term or another systematic basis.

When a person pays a registration fee, the fee is recognised over the term of the registration.

When a person pays an application fee, the fee is recognised at the point in time the fee is received.

Registrations are payable periodically in advance. Only the portion of registration fees that are attributable to the current financial year are recognised as revenue. Consideration received in advance of recognising the associated revenue from registrants is recorded as a contract liability.

A1.1: Regulatory fees

	2025 $'000	2024 $'000
Registration fees	277,689	255,241
Application fees	37,128	32,652
Accreditation	601	836
Application for registrar program	348	328
Total regulatory fees revenue	**315,766**	**289,057**

Registration fees that relate to future periods are recorded as contract liabilities in the Statement of financial position.

A1.2 Contract liabilities

Contract liabilities	Note	2025 $'000	2024 $'000
Registration fees received in advance			
Total registration fees received in advance		**140,531**	**132,326**
Other contract liabilities			
Examination fee received in advance		7,017	6,022
Service income received in advance		7,143	-
Government grant received in advance	*A3*	-	195
Total contract liabilities		**154,691**	**138,543**
Represented by:			
Current liabilities		154,691	138,543
		154,691	**138,543**

Registration fees received in advance	2025 $'000	2024 $'000
Opening balance	**132,326**	**120,176**
Add: Registration fees received during the year	285,894	267,391
Less: Revenue recognised from performance obligations satisfied	(277,689)	(255,241)
Total payments received for performance obligations yet to be completed	**140,531**	**132,326**

Note A2: Investment income

Interest income is accrued by reference to the principal of a financial asset at the effective interest rate when earned.

Distribution from investment in managed funds is recognised as income when the right to receive payment is established. It represents the income arising from Ahpra's investments in managed funds consistent with Ahpra's investment policy.

Net unrealised gains and losses on the revaluation of investments do not form part of income from transactions, but are reported as other economic flows in the net result.

	2025 $'000	2024 $'000
Interest on term deposits	7,381	7,193
Distribution from investments in managed funds	8,135	3,526
Total investment income	**15,516**	**10,719**

Note A3: Grant revenue

Revenue from grants that are enforceable and with sufficiently specific performance obligations is accounted for under AASB 15, with revenue recognised as these performance obligations are met.

The Australian Government provided a grant of $0.195 million to review and update the Prescribing Competencies Framework to support quality use of medicine. The grant includes performance obligations, with the majority of work undertaken in 2024/25 and a remaining balance of $0.031 million to be delivered in 2025/26.

Other contract liabilities – government grant received in advance	2025 $'000	2024 $'000
Opening balance	**195**	**0**
Add: Grant consideration for sufficiently specific performance obligations received during the year	0	825
Less: Revenue recognised from performance obligations satisfied	(164)	(630)
Total payments received for performance obligations yet to be completed	**31**	**195**
Represented by:		
Current liabilities	31	195
	31	**195**

Note A4: Other income and revenue

Other income and revenue include legal fee recoveries, fees received for examinations and revenue from providing the practitioner information service to external parties.

Legal fee recoveries and fines are recognised when an invoice is issued, which establishes the entitlement to payment.

Practitioner Information Exchange and examinations are recognised when invoices are issued and services are received by customers. Examination income includes income from the internationally qualified nurse and midwife (IQNM) exam and the objective structured clinical examination (OSCE).

Ahpra received $9.6 million from the Department of Health and Aged Care to support regulatory reforms under the *Independent review of Australia's regulatory setting relating to overseas health practitioners* (the Kruk review). In 2024/25, $2.9 million was recognised as revenue in accordance with AASB 15, based on delivery of agreed milestones. The initial contract term ends 31 December 2025, with a possible extension to 30 June 2026 under consideration.

In 2024/25, the Australian Medical Council (AMC) made a one-off contribution of $4.0 million to the Medical Board of Australia (MBA). This contribution, made under Principle 8 of the Accreditation Agreement 2025–2029, supports the MBA's regulatory functions, with allocation determined by the Board.

	2025 $'000	2024 $'000
Certificate of registration status	353	374
Legal fee recoveries and fines	1,277	1,885
Examinations	15,653	12,018
Practitioner Information Exchange (PIE)	2,242	1,997
Other	7,176	689
Total other income and revenue	**26,701**	**16,963**

Note B:

The cost of providing regulatory operations and delivering services

B1. Employee benefits

B2. Other operating expenses

B3. Other economic flows

Introduction

This section provides an account of the expenses incurred by Ahpra in providing regulatory operations and delivering services.

Judgement required

Ahpra has applied judgement in the calculations of employee benefits provisions such as likely tenure of staff, historical patterns of leave claims, future salary movements and discount rates.

Expenses from transactions are recognised in the Statement of comprehensive income when they are incurred.

Expenses from transactions	Note	2025 $'000	2024 $'000
Employee costs	*B1.1*	218,551	193,285
Board and committee sitting fees		6,127	5,993
Legal and notification costs		15,974	14,937
Other operating expenses	*B2*	107,555	83,694

Board and committee sitting fees

Board and committee sitting fees include costs related to meetings held by the the National Boards and their committees as well as those held by the Ahpra Board.

Legal and notification costs

Legal costs include external costs relating to managing Ahpra's 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 nor the cost of legal staff employed by Ahpra.

Note B1: Employee benefits

Employee costs relate to all Ahpra employment costs, including wages and salaries, fringe benefits tax, leave entitlements and on-costs, termination payments, workers compensation premiums, superannuation and contractor costs.

B1.1 Employee costs

	Note	2025 $'000	2024 $'000
Salaries and related on-costs		165,602	149,245
Leave entitlements		18,523	14,592
Superannuation expenses	*B1.3*	20,143	17,411
Termination benefits		390	791
Contractors		12,890	10,096
Staff development and amenities		1,003	1,150
Total employee costs		**218,551**	**193,285**

B1.2 Employee benefits in the Statement of financial position

Provision is made for benefits accruing to employees in respect of annual leave and long service leave for services rendered to the reporting date and recorded as an expense during the period the entitlements are consumed.

Current employee benefits provisions	2025 $'000	2024 $'000
Annual leave		
Unconditional and expected to be settled within 12 months	10,626	9,282
Unconditional and expected to be settled after 12 months	2,698	3,150
Long service leave		
Unconditional and expected to be settled within 12 months	2,340	2,407
Unconditional and expected to be settled after 12 months	12,820	10,212
Provision for on-costs		
Unconditional and expected to be settled within 12 months	2,367	2,034

Current employee benefits provisions	2025 $'000	2024 $'000
Unconditional and expected to be settled after 12 months	2,863	2,360
Total current provisions for employee benefits and on-costs	**33,714**	**29,445**
Non-current employee benefits provisions		
Conditional long service leave entitlements expected to be settled after 12 months	4,130	4,191
On-costs	1,453	1,348
Total non-current provisions for employee benefits and on-costs	**5,583**	**5,539**
Total provisions for employee benefits and on-costs	**39,297**	**34,984**

Reconciliation of movement in provisions and on-costs

	Annual leave $'000	Long service leave $'000	On-costs $'000
Carrying amount at 1 July 2024	**12,433**	**16,809**	**5,742**
Additional provisions recognised	13,232	5,121	3,650
Reductions arising from payments	(12,451)	(1,872)	(2,611)
Reductions resulting from settlement without cost	0	(526)	(98)
Effect of changes in the discount rate	110	(242)	0
Carrying amount at 30 June 2025	**13,324**	**19,290**	**6,683**
Current	10,626	15,160	4,740
Non-current	2,698	4,130	1,943
Total	**13,324**	**19,290**	**6,683**

(a) Annual leave

Liabilities for annual leave are recognised in the provision for employee benefits as current liabilities, because Ahpra does not have an unconditional right to defer settlements of these liabilities.

When the annual leave is expected to wholly settle within 12 months of the reporting date, it is measured at its nominal value. Those liabilities not expected to be wholly settled within 12 months of the reporting date are measured at the present value of the amounts expected to be paid when the liabilities are settled using remuneration rates expected to apply at the time of settlement.

(b) Sick leave and parental leave

No provision has been made for sick leave and parental leave as all sick leave and parental leave is non-vesting. An expense is recognised in the Statement of comprehensive income as it is taken.

(c) Long service leave

The long service leave entitlement is recognised from an employee's start date and becomes payable according to the employment arrangements in place. Long service leave is classified as a current liability for those employees who have met the conditions of service to take long service leave, while for those employees still to meet the conditions of service, it is classified as a non-current liability.

The part of the current liability that is expected to wholly settle within 12 months of the reporting date is measured at its nominal value. When liabilities are not expected to wholly settle within 12 months of the reporting date, they are measured at the present value of the expected future payments to 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 the Reserve Bank of Australia's 10-year rate for semi-annual coupon bonds, which is 4.203% as of 30 June 2025 (4.348% as of 30 June 2024).

(d) Employee benefits on-costs

Employee benefits on-costs such as payroll tax and workers compensation insurance premiums are not employee benefits. They are recognised as liabilities when the employee benefits to which they relate are recognised.

(e) Termination benefits

Termination benefits are payable when employment is terminated before the normal retirement date or when an employee accepts voluntary redundancy in exchange for these benefits. Ahpra recognises termination benefits when it is demonstrably committed to either terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal, or when providing termination benefits as a result of an offer made to encourage voluntary redundancy.

B1.3 Superannuation contributions

The amount expensed for superannuation represents Ahpra contributions for members of both defined benefit and defined contribution superannuation plans that are paid or payable during the reporting period.

Ahpra employees and statutory appointees are entitled to receive superannuation benefits and Ahpra contributes to both defined benefit and defined contribution plans. The defined benefit plans provide benefits based on years of service and final average salary.

Contributions to defined contribution and defined benefit superannuation plans are expensed when incurred.

Superannuation contributions paid or payable for the reporting period are included as part of staffing costs in Ahpra's Statement of comprehensive income.

The reported contributions reflect gross superannuation payments to each of the funds, inclusive of superannuation guarantee contributions.

The name, details and amounts expensed to the major employee and statutory appointees' superannuation funds and contributions by Ahpra are as follows:

	Paid contribution for the year		Contribution outstanding at year end	
Fund	2025 $'000	2024 $'000	2025 $'000	2024 $'000
Defined benefit plans:				
Southern State Superannuation Scheme	210	236	0	0
QSuper	90	85	0	1
Other (5 funds)	76	88	0	0
Defined contribution plans:				
Australian Super	7,788	6,680	0	0
Aware Super	1,609	1,389	0	0
Hesta	785	661	0	0
Hostplus	934	785	0	0
QSuper accumulation	921	856	0	0
Rest Super	759	666	0	0
Sunsuper	615	598	0	0
UniSuper	1,093	885	0	0
Other (2025: 245 funds, 2024: 224 funds)	5,029	4,433	234	48
Total	**19,909**	**17,362**	**234**	**49**

Note B2: Other operating expenses

	2025 $'000	2024 $'000
Regulatory expenses	25,490	22,422
Professional and contracted services	29,004	16,200
Health and risk programs	6,802	6,760
Travel and accommodation	11,334	9,223
Operational and administrative expenses	32,275	26,560
Other	2,650	2,529
Total other operating expenses	**107,555**	**83,694**

Regulatory expenses

Regulatory expenses include funding for accreditation authorities and oversight bodies such as the National Health Practitioner Ombudsman and Privacy Commissioner (NHPO), which provides independent complaint resolution on Ahpra's handling of notifications, and the Office of the Health Ombudsman in Queensland (OHO), which jointly manages concerns about registered practitioners with Ahpra. These costs support practitioner standards and regulatory accountability. Accreditation expenses, which were previously reported as a separate cost category, are now included under regulatory fees.

Professional and contracted services

Expenditure for specialist advice, outsourced services, compliance audits, and mandatory background checks for practitioner registration and governance.

In FY2024/25, a $9.574m adjustment was made from prepayments (*Note D3*) to external contract services, reflecting management's reassessment of costs from configuration and customisation activities undertaken in implementing software as a service (SaaS) arrangements.

Health and risk programs

Health and risk programs expenses include costs for national health support programs funded by the National Boards, which provide telephone and online services to support practitioner wellbeing and public safety, as well as insurance expenses related to operational and professional risk coverage.

Travel and accommodation

Travel and accommodation expenses include costs for flights, taxis and accommodation incurred by Ahpra, National Boards and committees for attending meetings and supporting examination activities such as OSCE and IQNM exams across multiple sites.

Operational and administrative expenses

Operational and administrative expenses include core operating costs such as banking fees, publications, property-related outgoings and technology systems. Property expenses cover maintenance, offsite storage and variable lease payments not captured under AASB 16 *Leases*. Systems and communications costs reflect ongoing technology improvements and increased cyber security.

Other

Other expenses include costs associated with administering examinations, advertising, external audit services, professional memberships and affiliations, recruitment activities and venue hire.

Note B3: Other economic flows

Other economic flows are changes in the value of an asset or liability that do not result from transactions.

Net gain/(loss) on financial instruments at fair value includes:

- realised and unrealised gains and losses from revaluations of financial instruments at fair value
- disposals of financial assets
- bad and doubtful debts impairments and reversals of impairment.

Other gain/(loss) from other economic flows includes the revaluation of the present value of the long service leave liability due to changes in the bond interest rates.

	2025 $'000	2024 $'000
Net gain/(loss) on financial instruments at fair value		
Net gain arising from revaluation of financial assets at fair value through profit and loss	828	2,901
Net doubtful debts recoveries/(write-off)	(84)	(295)
Total net gain on financial instruments at fair value	**744**	**2,606**
Other gain/(loss) from other economic flows		
Net (loss)/gain arising from revaluation of leave liability	(132)	230
Total other gain/(loss) from other economic flows	**(132)**	**230**
Total gain from other economic flows	**612**	**2,836**

Note C:

Key assets available to support delivery of services

C1. Investments and other financial assets

C2. Property, plant and equipment (PPE)

C3. Intangible assets

C4. Depreciation, amortisation and impairment

Introduction

Ahpra controls property, plant and equipment that are used in fulfilling our objectives and conducting our activities. Along with financial assets, they represent a key resource we used in the delivery of services.

Judgement required

Financial assets such as units held in the managed investment scheme are measured at fair value. Non-financial assets such as property, plant and equipment and intangible assets are carried at cost less accumulated depreciation and impairment. Judgement has been applied in assessing the useful lives of plant and equipment.

Note C1: Investments and other financial assets

Ahpra manages its investments and other financial assets in accordance with the investment policy approved by the Ahpra Board.

Investments include both managed funds and term deposits that Ahpra has the positive intent and ability to hold to maturity at fixed or repricing interest rates.

Investments are recognised when Ahpra enters a contract to purchase the investment. They are measured at fair value through net result.

Term deposits are classified as current assets with maturing dates of three to 12 months, while term deposits with maturing dates in excess of 12 months are classified as non-current. Investment in managed investment schemes (funds) are classified as current or non-current based on Ahpra's intention at balance date with respect to the timing of redemption of each asset.

	2025 $'000	2024 $'000
Current		
Bank term deposits maturing in less than 90 days	20,000	43,000
Bank term deposits maturing in more than 90 days but less than 1 year	65,000	55,000
Total current investments	**85,000**	**98,000**
Non-current		
Bank term deposits maturing in more than 1 year	40,000	35,000
Managed investment schemes	115,739	92,464
Total non-current investments	**155,739**	**127,464**
Total investments and other financial assets	**240,739**	**225,464**

Note C2: Property, plant and equipment (PPE)

	Right-of-use property $'000	Leasehold improvements $'000	Furniture and fittings $'000	Computer equipment $'000	Office equipment $'000	Work in progress $'000	Total property, plant and equipment $'000
At cost							
Balance at 1 July 2023	58,209	16,814	1,839	9,475	401	0	**86,738**
Additions	0	0	0	0	0	6993	**6,993**
Disposals/adjustments	0	(3,943)	(388)	(283)	(188)	0	**(4,802)**
Transfer to additions	113	28	3	842	26	(1,012)	**0**
Balance at 30 June 2024	**58,322**	**12,899**	**1,454**	**10,034**	**239**	**5,981**	**88,929**
Additions	18,843	0	0	14	0	7,455	**26,312**
Disposals/adjustments	(7,497)	(5,299)	0	(5)	0	(2,557)	**(15,358)**
Transfer from (+) to (-) additions	32	5,946	1,470	2,423	110	(9,895)	**86**[1]
Balance at 30 June 2025	**69,700**	**13,546**	**2,924**	**12,466**	**349**	**984**	**99,969**
Accumulated depreciation							
Balance at 1 July 2023	(29,104)	(11,822)	(1,076)	(7,670)	(276)	0	**(49,948)**
Depreciation charge during the year	(7,486)	(1,356)	(211)	(1,354)	(40)	0	**(10,447)**
Disposals/adjustments	0	3,938	330	282	151	0	**4,701**
Balance at 30 June 2024	**(36,590)**	**(9,240)**	**(957)**	**(8,742)**	**(165)**	**0**	**(55,694)**
Depreciation charge during the year	(5,733)	(1,345)	(308)	(1,545)	(29)	0	**(8,960)**
Disposals/adjustments	0	5,299	0	5	0	0	**5,304**
Balance at 30 June 2025	**(42,323)**	**(5,286)**	**(1,265)**	**(10,282)**	**(194)**	**0**	**(59,350)**
Net book value							
At 30 June 2024	**21,732**	**3,659**	**497**	**1,292**	**74**	**5,981**	**33,235**
At 30 June 2025	**27,377**	**8,260**	**1,659**	**2,184**	**155**	**984**	**40,619**

1. This includes $86k transferred in from work in progress from the intangible assets group.

Items of plant, equipment and leasehold improvements are measured at cost less accumulated depreciation and impairment.

C2.1: Right-of-use assets

For any contracts entered into or changed, Ahpra considers whether a contract is, or contains, a lease. A contract is, or contains, a lease if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration. To apply this definition, Ahpra assesses whether the contract meets three key criteria:

- the contract involves the use of an identified asset
- Ahpra has the right to obtain substantially all of the economic benefits from use of the asset throughout the period of use
- Ahpra has the right to direct the use of the asset.

As a lessee, Ahpra recognises a right-of-use asset and a lease liability at the lease commencement date. The right-of-use asset is initially measured at cost, which comprises the initial amount of the lease liability adjusted for:

- *less* any lease payments made at or before the commencement date
- *plus* any initial direct costs incurred
- *plus* any estimate of costs to dismantle and remove the underlying asset or to restore the underlying asset or the site the asset is located on
- *less* any lease incentive received.

The right-of-use asset is subsequently measured at cost less accumulated depreciation and impairment. It is depreciated using the straight-line method from the commencement date to the earlier of the end of the useful life of the right-of-use asset or the end of the lease term, ranging from two to 12 years. The estimated useful lives of right-of-use assets are determined on the same basis as those of property, plant and equipment. In addition, the right-of-use asset is periodically reduced by impairment losses, if any, and adjusted for certain remeasurements of the lease liability.

During FY2024/25, two key lease changes affected the right-of-use asset and lease liability balances:

- The previous Melbourne office lease expired, and a new lease commenced in September 2024, resulting in derecognition of the old lease and recognition of a new right-of-use asset and liability.
- The original lease of the South Australian office included a five-year extension option, previously assessed as likely to be exercised. This year, management decided not to extend it, and a new lease is being negotiated. The lease was reassessed, leading to a reduction in both lease asset and lease liability.

Note C3: Intangible assets

Purchased intangible assets are initially recognised at cost. When the recognition criteria in AASB 138 *Intangible Assets* are met, internally generated intangible assets are recognised and measured at cost less accumulated amortisation and accumulated impairment.

An internally generated intangible asset arising from development (or from the development phase of an internal project) is recognised if, and only if, all of the following are demonstrated:

1. the technical feasibility of completing the intangible asset so that it will be available for use or sale
2. an intention to complete the intangible asset and use it
3. the ability to use the intangible asset
4. the intangible asset will generate probable future economic benefits
5. the availability of adequate technical, financial and other resources to complete the development and to use the intangible asset
6. the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Expenditure on research activities is recognised as an expense in the period in which it is incurred.

	Computer software $'000	Work in progress $'000	Total $'000
At cost			
Balance at 1 July 2023	29,447	12,529	**41,976**
Additions	0	8,623	**8,623**
Disposals/adjustments	0	(2,103)	**(2,103)**
Completed projects	2,296	(2,296)	**0**
Balance at 30 June 2024	**31,743**	**16,753**	**48,496**
Additions	0	2,007	**2,007**
Disposals/adjustments	(9,745)	(259)	**(10,004)**
Completed projects	18,501	(18,501)	**0**
Balance at 30 June 2025	**40,499**	**0**	**40,499**
Accumulated amortisation			
Balance at 1 July 2023	(19,243)	0	**(19,243)**
Amortisation charge during the year	(3,853)	0	**(3,853)**
Disposals/adjustments	0	0	**0**
Balance at 30 June 2024	**(23,096)**	**0**	**(23,096)**
Amortisation charge during the year	(5,056)	0	**(5,056)**
Disposals/adjustments	9,670	0	**9,670**
Balance at 30 June 2025	**(18,482)**	**0**	**(18,482)**
Net book value			
At 30 June 2024	**8,647**	**16,753**	**25,400**
At 30 June 2025	**22,017**	**0**	**22,017**

Note C4: Depreciation, amortisation and impairment

Plant and equipment are measured at cost less accumulated depreciation and impairment. These assets are depreciated at rates based on their expected useful lives, using the straight-line method, which is reviewed annually.

Leasehold improvements and right-of-use assets are depreciated over the shorter of the remaining term of the lease or their estimated useful lives.

Work in progress is not depreciated until it reaches service delivery capacity.

The annual depreciation rates and estimated assets' useful lives used for major assets in each class for current and prior years are included in the table below:

	2025		2024	
Furniture and fittings	13%	7.7 years	13%	7.7 years
Computer equipment	20–40%	2.5–5 years	20–40%	2.5–5 years
Office equipment	15%	7 years	15%	7 years
Intangibles	20–40%	2.5–5 years	20–40%	2.5–5 years

C4.1: Depreciation and amortisation charged for the reporting period

	2025 $'000	2024 $'000
Depreciation		
Leasehold improvements	1,345	1,356
Furniture and fittings	308	211
Computer equipment	1,545	1,354
Office equipment	30	39
Right-of-use assets	5,732	7,486
Amortisation		
Computer software	5,056	3,854
Total depreciation and amortisation	**14,016**	**14,300**

C4.2: Impairment

All non-financial assets are assessed annually for indications of impairment. If there is an indication of impairment, the asset concerned is tested as to whether its carrying amount exceeds its possible recoverable amount. Any difference is written off as an expense (other operating expenses – other).

The net gain or loss arising from the sale of non-financial assets is included as revenue (other income and revenue) or expenses (other operating expenses – other) at the date control passes to the buyer, usually when an unconditional contract of sale is signed.

The net gain or loss on disposal is calculated as the difference between the carrying amount of the asset at the time of the disposal and the net proceeds on disposal.

Written-down value of non-financial assets disposed	2025 $'000	2024 $'000
Computer equipment	0	(1)
Office equipment	0	(37)
Furniture and fittings	0	(58)
Leasehold improvement	0	(5)
Intangible assets	(74)	0
Total written-down value of non-financial assets disposed	**(74)**	**(101)**
Net gain/(loss) on disposal of non-financial assets	**2025 $'000**	**2024 $'000**
Proceeds from disposal of non-financial assets		
Computer equipment	1	0
Total proceeds from disposal	**1**	**0**
Less: Written down value of assets disposed		
Computer equipment	0	0
Net gain/(loss) on disposal	**1**	**0**

Note D:

Other assets and liabilities

D1: Receivables

D2: Payables and accruals

D3: Prepayments

D4: Other provisions

Introduction

This section sets out other financial and non-financial assets arising from Ahpra's operations. It also includes information on Ahpra's financial liability towards external suppliers.

Judgement required

Judgement is exercised in estimating provision and prepayments.

Judgement is provided on the provision for expected credit losses, and to determine the present value of Ahpra's obligation to restore leased assets to their original condition at the end of a lease term.

Judgement is provided on determining prepayment of configuration and customisation services, which is significant and distinct from SaaS access.

Note D1: Receivables

	Note	2025 $'000	2024 $'000
Contractual			
Trade receivables		4,787	3,758
Credit loss allowance	*F2*	(1,915)	(1,941)
Accrued investment income		7,051	3,892
Statutory			
GST receivable		1,190	1,462
Total receivables		**11,113**	**7,171**
Represented by:			
Current receivables		11,113	7,171
		11,113	**7,171**

Movement in the credit loss allowance for contractual receivables	2025 $'000	2024 $'000
Balance at beginning of year	1,941	1,775
Increase in allowance recognised in net result for the year	99	367
Reversal of provision of receivables written off during the year	(33)	(88)
Decrease in amounts written off as uncollectable	(93)	(113)
Balance at end of year	**1,914**	**1,941**

Contractual receivables are classified as financial instruments and categorised as 'financial assets at amortised costs'. They are initially recognised at fair value plus any directly attributable transaction costs. Ahpra holds the contractual receivables with the objective to collect the contractual cash flows and thereafter measure them at amortised cost using the effective interest method, less any impairment.

Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments for disclosure purposes. Ahpra applies AASB 9 *Financial Instruments* for initial measurement of the statutory receivables and, as a result, statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

Details about Ahpra's impairment policies, its exposure to credit risk and the calculation of the credit loss allowance are set out in *Note F1.2*.

Note D2: Payables and accruals

	2025 $'000	2024 $'000
Contractual		
Trade creditors	3,349	1,106
Accrued expenses	20,407	20,195
Statutory		
Payroll tax and other payables	2,849	636
Total payables and accruals	**26,605**	**21,937**
Represented by:		
Current payables	26,443	21,775
Non-current payables	162	162
	26,605	**21,937**

Contractual payables are classified as financial instruments and measured at amortised cost. Accounts payable represent liabilities for goods and services provided to Ahpra prior to the end of the financial year that are unpaid.

Statutory payables are recognised and measured similarly to contractual payables, but are not classified as financial instruments and not included in the category of financial liabilities at amortised cost because they do not arise from contracts.

Payables for suppliers and services have an average credit period of 30 days. No interest is charged on the trade creditors.

Terms and conditions of amounts payable to the government and agencies vary according to the particular agreements.

Note D3: Prepayments

	2025 $'000	2024 $'000
Current other assets		
Prepayments	9,562	16,648
Total current prepayments	**9,562**	**16,648**
Non-current other assets		
Prepayments	307	372
Total non-current prepayments	**307**	**372**
Total prepayments	**9,869**	**17,020**

Prepayments represent payments made in advance of receipt of goods or services or expenditure made in one accounting period that covers a term extending beyond that period. It is then recognised as expenditure in the period to which the service relates.

Determination whether configuration and customisation services are distinct from SaaS access

Implementation costs, including costs to configure or customise the cloud provider's application software, are recognised as operating expenses when the services are received. Where the SaaS arrangement supplier provides both configuration and customisation services, judgement has been applied to determine whether each of these services are distinct or not from the underlying use of the SaaS application.

Specifically, where the configuration and customisation activities significantly modify or customise the cloud software, these activities are not distinct from access to the cloud software over the contract term. Judgement has been applied in determining whether the degree of customisation and modification of the cloud-based software is significant. Ahpra assessed these activities as not distinct from access to the SaaS platform over the contract term.

Note D4: Other provisions

	2025 $'000	2024 $'000
Current provisions		
Other contractual provisions	92	0
Make-good provisions	195	340
Total current provisions	**287**	**340**
Non-current provisions		
Make-good provisions	891	452
Total non-current provisions	**891**	**452**
Total other provisions	**1,178**	**792**

Provisions are recognised when Ahpra has a present obligation, the future sacrifice of economic benefits is probable and the amount of the provision can be measured reliably. The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at the reporting date, taking into account the risks and uncertainties surrounding the obligation.

Make-good provisions are recognised when Ahpra has contractual obligations to remove leasehold improvements from leased properties and restore the leased premises to their original condition at the end of the lease term. This year, Ahpra undertook a revaluation of make-good provisions in line with current market conditions. Judgement was applied to determine the appropriate level of provision required for each office.

During the calculation process, assumptions and estimations have been applied to determine the average make-good cost per square metre. These were based on factors such as the extent of ongoing maintenance and updates committed to, and the prevailing local market conditions—particularly in relation to renegotiating lease incentives upon expiration.

The make-good provision is recognised in accordance with the lease agreement over the offices' leases.

Reconciliation of movements in provisions	Other $'000	Make-good $'000	Total $'000
Opening balance at 1 July 2024	**0**	**792**	**792**
Additional provisions recognised	92	696	**788**
Reductions arising from payments	0	(340)	**(340)**
Reductions due to reversal of provision not required	0	(62)	**(62)**
Closing balance at 30 June 2025	**92**	**1,086**	**1,178**
Current	92	195	**287**
Non-current	0	891	**891**
Total	**92**	**1,086**	**1,178**

Note E:
Financing our operations

E1. Leases

E2. Cash flow information and balances

E3. Commitments

Introduction

This section provides information on the sources of finance utilised by Ahpra during its operations and other information related to financing activities of Ahpra.

Judgement required

Ahpra applies judgement to determine if a contract is or contains a lease and whether the lease meets the short-term or low-value asset lease exemption. Ahpra estimates the discount rate applied to future lease payments and assesses the lease term when there is an option to extend or terminate leases.

Note E1: Leases

A lease is a contract that gives Ahpra the right to use an identified asset for a period of time in exchange for payment. To qualify, the asset must be clearly identified, and Ahpra must have the right to obtain its economic benefits and direct its use.

Ahpra's leases include office properties across states and territories, typically for fixed terms of two to 12 years, with renewal options. All leases are recognised on the balance sheet, except for low-value leases (under $10,000) and short-term leases (less than 12 months), which are expensed on a straight-line basis over the lease term.

E1.1 Right-of-use assets

Right-of-use assets are presented in *Note C2.1*.

E1.2 Other presentation of leases in financial statements

The following amounts are recognised in the Statement of comprehensive income relating to leases:

	2025 $'000	2024 $'000
Interest expense on lease liabilities	171	602
Variable lease payments, not included in the measurement of lease liabilities	1337	1,784
Total amount recognised in the Statement of comprehensive income	**1,508**	**2,386**

The following amounts are recognised in the Statement of cash flows relating to leases:

	2025 $'000	2024 $'000
Interest paid	171	602
Repayment of principal portion of lease liabilities	8,357	8,347
Total cash outflow for leases	**8,528**	**8,949**

The following amounts are recognised as lease liabilities in the Statement of financial position at 30 June:

Lease liabilities	2025 $'000	2024 $'000
Current	6,137	6,031
Non-current	32,926	22,929
Total lease liabilities recognised in the Statement of financial position[1]	**39,063**	**28,960**

1. Lease liabilities include fit-out incentives of $9.54 million (FY2023/24: $3.203 million) and $29.53 million (FY2023/24: $25.757 million) from lease accounting implementation, both to be amortised over lease terms.

E1.3 Recognition and measurement of leases as a lessee

Under AASB 16, Ahpra recognises a right-of-use asset and lease liability at the lease commencement date—when the asset is made available for use. Lease liabilities are initially measured at the present value of unpaid lease payments, discounted using Ahpra's incremental borrowing rate. This includes fixed payments (net of incentives) and extension options reasonably certain to be exercised, but excludes variable payments.

Lease terms consider economic incentives to extend; for example, office leases can include five-year extensions deemed reasonably certain. Lease liabilities are subsequently adjusted for payments, interest, and reassessments, with corresponding changes to the right-of-use asset or profit/loss if the asset is fully depreciated.

Ahpra recognised a right-of-use asset and lease liability for its new 11-year Melbourne office lease, commencing 1 September 2024, in FY2024/25.

Minimum future lease payments (undiscounted)		
Repayments in relation to leases are payable as follows:	**2025 $'000**	**2024 $'000**
Less than one year	7,148	6,517
One to five years	23,618	18,629
More than five years	13,704	5,467
Total undiscounted lease liabilities as at 30 June	**44,470**	**30,613**

Note E2: Cash flow information and balances

Cash and cash equivalents include cash on hand and cash at bank, deposits held at call, and other short-term liquid deposits with an original maturity of three months or less, which are readily convertible to known amounts of cash with an insignificant risk of changes in value.

	2025 $'000	2024 $'000
Cash and cash equivalents, at bank	35,371	19,455
Total cash and cash equivalents	**35,371**	**19,455**

Reconciliation of net result for the period to cash flow from operating activities

	2025 $'000	2024 $'000
Net result for the year	**(3,635)**	**7,394**
Non-cash movements		
Depreciation and amortisation	14,016	14,300
Loss on disposal of non-financial assets	74	101
(Gain) on revaluation of financial assets	(5,275)	(5,222)
Distribution income from managed funds reinvested	(3,686)	(1,205)
Work in progress write-back to expenses	2,549	0
Credit (gain)/loss allowance	(26)	167
Movements in assets and liabilities		
(Increase) in receivables	(748)	(1,638)
Decrease/(Increase) in prepayments	7,151	(5,463)
Increase in contract liabilities	16,148	14,261
Increase in payables and accruals	5,186	4,369
Increase in employee benefits	4,313	2,543
(Decrease) in other provisions	(248)	0
Increase in lease liability	7,717	0
Net cash flows from operating activities	**43,536**	**29,607**

Note E3: Commitments

Commitments represent future operating expenditure under non-cancellable contracts or statutory obligations. Ahpra's commitments include information technology (IT) and enterprise resource planning (ERP) service contracts, as well as a new 10-year lease for Ahpra's South Australian office. These commitments do not yet meet recognition criteria under AASB 16. These are disclosed below at nominal value, inclusive of GST, and are removed from disclosure once recognised in the Statement of financial position.

Nominal amounts	Not later than 1 year $'000	1–5 years $'000	5+ years $'000	Total $'000
Non-cancellable:				
2025				
Other commitments payable (inclusive of GST)	8,139	19,387	7,660	**35,186**
Less: GST recoverable	(740)	(1,762)	(696)	**(3,198)**
Total commitments (exclusive of GST)	**7,399**	**17,625**	**6,964**	**31,988**
2024				
Other commitments payable (inclusive of GST)	10,057	31,897	22,017	**63,971**
Less: GST recoverable	(914)	(2,900)	(2,002)	**(5,816)**
Total commitments (exclusive of GST)	**9,143**	**28,997**	**20,015**	**58,155**

Note F:
Risks, contingencies and valuation

F1. Financial instruments

F2. Financial risk management

F3. Contingent assets and liabilities

Introduction

Ahpra is exposed to risk from its activities and outside factors. In addition, it is often necessary to make judgements and estimates associated with recognition and measurement of items in the financial statements. This section sets out financial-instrument-specific information, including exposures to financial risks, as well as those items that are contingent in nature or require a higher level of judgement to be applied, which for Ahpra related mainly to fair value determination.

Note F1: Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Certain financial assets and financial liabilities arise under statute rather than contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*.

F1.1: Categories of contractual financial instruments

Categories of contractual financial instruments under AASB 9 include:

Financial assets at amortised cost

Financial assets in this category are held by Ahpra to collect the contractual cash flows, and the assets' contractual terms give rise to cash flows that are solely payments of principal and interest. These assets are initially recognised at fair value plus any directly attributable transaction costs and are subsequently measured at amortised costs using the effective interest method less any impairment.

Ahpra recognises the following financial assets at amortised cost:

- cash and cash equivalents
- term deposit investments
- contractual receivables
- accrued interest income on term deposit investments.

Financial assets at fair value through profit and loss

Financial assets in this category are held by Ahpra to achieve its objective by collecting both:

- the distributions based on the earnings from the fund's assets over the period and may include income from share dividends, distribution income from units held in fund investment, rent from property or interest from cash investments less any costs, and
- capital growth from the revaluation of the units held in managed fund investments.

Ahpra recognises the following financial asset at fair value through profit and loss:

- managed fund investments.

Financial liabilities at amortised cost

Financial liabilities are recognised on the date they are incurred and initially measured at fair value plus directly attributable transaction costs. They are subsequently measured at amortised cost, with interest expense recognised over the life of the liability using the effective interest rate method. This method calculates the internal rate of return that discounts expected future cash flows to the initial carrying amount. Liabilities are derecognised when the obligation is discharged, cancelled, or expires. Ahpra recognises contractual payables and lease liabilities as financial liabilities measured at amortised cost.

F1.2: Impairment of financial assets

Ahpra records the allowance for expected credit loss for the relevant financial instruments applying AASB 9's *Expected Credit Loss* (ECL) approach. Subject to AASB 9, impairment assessment includes Ahpra's contractual receivables. Cash and cash equivalents are also subject to the impairment requirements of AASB 9, but the identified impairment loss was immaterial.

Credit loss allowance is classified as other economic flows in the net result. Contractual receivables are written off when there is no reasonable expectation of recovery and impairment losses are classified as a transaction expense. Subsequent recoveries of amounts previously written off are credited against the same account.

Ahpra applies the AASB 9 simplified approach for contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates. The loss allowance is measured in the same period as an asset is recognised. Ahpra has grouped contractual receivables on shared credit risk characteristics and days past due and selected the expected credit loss rate based on the agency's history and existing market conditions, as well as forward-looking estimates at the end of the financial year.

Note F2: Financial risk management

Ahpra holds financial instruments to prudently manage financial risks—primarily credit, liquidity, and interest rate risks—under its investment and risk management policies. Exposure to foreign exchange and equity price risks is managed through sourcing contracts and investment schemes.

(a) Credit risk exposure

Credit risk is the potential for financial loss if a counterparty fails to meet its obligations. Ahpra's maximum exposure to credit risk is the carrying amount of financial assets, net of any impairment provisions, as disclosed in the financial statements. This risk is minimal, as Ahpra primarily holds term deposits and cash at bank with institutions rated AA- or above, and no more than 40% of term deposits are held with any single bank. Exposure also exists through units in managed investment schemes, measured at fair value. Except as noted, the carrying amounts represent Ahpra's maximum exposure to credit risk.

Credit quality of contractual financial assets

2025	Financial institutions (AA- credit rating)[1] $'000	Other $'000	Total $'000
Financial assets			
Financial assets with loss allowance measured at 12-month expected credit loss:			
Cash and cash equivalents	35,371	0	**35,371**
Term deposits investments	125,000	0	**125,000**
Accrued interest and investment income	1,366	5,685	**7,051**
Statutory receivables (with no impairment loss recognised)	0	1,190	**1,190**
Financial assets with loss allowance measured at lifetime expected credit loss:			
Contractual receivables	0	2,872	**2,872**
Total financial assets	**161,737**	**9,747**	**171,484**

1. Standard & Poor's rated AA-. Moody's Investors Service rated Aa3. Fitch rated A+.

Credit quality of contractual financial assets

2024	Financial institutions (AA- credit rating)[1] $'000	Other $'000	Total $'000
Financial assets			
Financial assets with loss allowance measured at 12-month expected credit loss:			
Cash and cash equivalents	19,455	0	**19,455**
Term deposit investments	133,000	0	**133,000**
Accrued interest and investment income	1,893	1,999	**3,892**
Statutory receivables (with no impairment loss recognised)	0	1,462	**1,462**
Financial assets with loss allowance measured at lifetime expected credit loss:			
Contractual receivables	0	1,817	**1,817**
Total financial assets	**154,348**	**5,278**	**159,626**

1. Standard & Poor's rated AA-. Moody's Investors Service rated Aa3. Fitch rated A+.

Ahpra determines the loss allowance at end of the financial year as follows:

30 June 2025	Current $'000	Less than 1 month $'000	1–3 months $'000	3–12 months $'000	More than 1 year $'000	Total $'000
Expected loss rate						
Fines and legal fee recoveries	0%	10%	10–50%	60%	92%	
Others	0%	0–5%	0–25%	20–45%	50–60%	
Contractual receivables	46	2485	194	68	1,994	**4,787**
Loss allowance	**0**	**(7)**	**(51)**	**(41)**	**(1,816)**	**(1,915)**

30 June 2024	Current $'000	Less than 1 month $'000	1–3 months $'000	3–12 months $'000	More than 1 year $'000	Total $'000
Expected loss rate						
Fines and legal fee recoveries	0%	15%	20–50%	60%	93%	
Others	0%	4–5%	20–50%	40%	50%	
Contractual receivables	0	682	913	431	1,732	**3,758**
Loss allowance	**0**	**(39)**	**(69)**	**(258)**	**(1,575)**	**(1,941)**

Reconciliation of the movement in the loss allowance for contractual receivables can be found in *Note D1*.

Contractual receivables are written off when there is no reasonable expectation of recovery and impairment losses are classified as a transaction expense. Subsequent recoveries of amounts previously written off are credited against the same line item.

Ahpra's statutory receivable relates to GST input tax receivables. No loss allowance was recognised at 30 June 2025 under AASB 9.

b) Liquidity risk exposure

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities as they fall due. Ahpra manages liquidity risk by monitoring cash flows' forecast and ensuring that adequate liquid funds are available to meet current obligations.

Ahpra's exposure to liquidity risk is deemed insignificant based on prior period's data and current assessment of risk. Cash for unexpected events is generally sourced from liquidation of available-to-recall term deposits.

These tables disclose the maturity analysis of Ahpra's financial liabilities

	Carrying amount $'000	Maturity dates: Less than 1 month $'000	1–3 months $'000	3 months–1 year $'000	1–5 years $'000	More than 5 years $'000
2025						
Payables[a]						
Trade creditors	3,349	3,125	169	55	0	0
Accrued expenses	20,407	20,407	0	0	0	0
Lease liabilities[b]	34,934	0	0	5,823	18,507	10,604
Total	**58,690**	**23,532**	**169**	**5,878**	**18,507**	**10,604**
2024						
Payables[a]						
Trade creditors	1,106	975	61	70	0	0
Accrued expenses	20,195	20,195	0	0	0	0
Lease liabilities[b]	27,410	0	0	5,717	16,794	4,899
Total	**48,711**	**21,170**	**61**	**5,787**	**16,794**	**4,899**

(a) The total amount disclosed here excludes statutory amounts (e.g. payroll tax payable).

(b) Contractual amounts disclosed in the maturity analysis are the contractual undiscounted cash flows. For lease liabilities, it is gross lease obligation before deducting finance costs.

The maximum exposure to liquidity risk is the total carrying amount of the financial liabilities as shown above.

(c) Performance risk exposure

Investing in managed funds provides access to different asset classes and industry sectors; however there is always a risk that the managed fund investments may underperform or decline in value. Ahpra is exposed to fluctuations in the performance of the underlying financial assets held within managed funds in which Ahpra holds units. Ahpra monitors the managed funds' investment strategy and asset allocation against Ahpra's own investment policy risk tolerances.

Interest rate risk

Exposure to interest rate risk is limited to assets bearing variable interest rates. Ahpra has a combination of deposits with floating and fixed interest rates. Exposure to variable interest rate risk is with financial institutions with AA- credit rating.[1]

Interest rate exposure of financial instruments

2025	Weighted average interest rate	Non-interest bearing $'000	Floating interest rate $'000	Fixed interest rate $'000	Total $'000
Financial assets					
Cash and cash equivalents	3.58%	0	35,371	0	**35,371**
Investments in term deposits	4.91%	0	0	125,000	**125,000**
Investments in managed fund	0.00%	115,739	0	0	**115,739**
Receivables	0.00%	4,787	0	0	**4,787**
Accrued income	0.00%	7,051	0	0	**7,051**
Total financial assets		**127,577**	**35,371**	**125,000**	**287,948**
Financial liabilities					
Payables[(a)]	0.00%	3,349	0	0	**3,349**
Accrued expenses	0.00%	20,407	0	0	**20,407**
Lease liabilities[(b)]	1.28–4.05%	0	0	29,527	**29,527**
Total financial liabilities		**23,756**	**0**	**29,527**	**53,283**

2024	Weighted average interest rate	Non-interest bearing $'000	Floating interest rate $'000	Fixed interest rate $'000	Total $'000
Financial assets					
Cash and cash equivalents	4.30%	0	19,455	0	**19,455**
Investments in term deposits	4.71%	0	0	133,000	**133,000**
Investments in managed fund	0.00%	92,464	0	0	**92,464**
Receivables	0.00%	3,758	0	0	**3,758**
Accrued income	0.00%	3,892	0	0	**3,892**
Total financial assets		**100,114**	**19,455**	**133,000**	**252,569**
Financial liabilities					
Payables[1]	0.00%	1,106	0	0	**1,106**
Accrued expenses	0.00%	20,195	0	0	**20,195**
Lease liabilities[2]	1.28–4.05%	0	0	25,757	**25,757**
Total financial liabilities		**21,301**	**0**	**25,757**	**47,058**

1. Standard & Poor's rate AA-. Moody's Investors Service rate Aa3. Fitch ratings A+.

(a) The total amount disclosed here excludes statutory amounts (e.g. payroll tax payable).

(b) Lease liabilities subject to interest rate risk excludes lease fit-out incentive of $9.699m (2024 $3.203m).

Sensitivity analysis

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, Ahpra can't predict market rates and the below is for illustrative purpose only:

A parallel shift of +0.25% and -0.75% (2024: +0.25% and -0.75%) in market interest rates (AUD) from year-end rates of 4.91% and 3.58%, reflecting the Reserve Bank's intention to manage inflation within its target range of 2% and 3% while continuing to support economic growth and maintain stability.

The table below outlines the impact on Ahpra's net operating result and equity for each financial instrument category at year end. Fixed-rate investments maturing beyond 12 months are not affected by interest rate changes, while those maturing within 12 months or with floating rates are assessed for potential impacts.

Financial assets	Carrying amount $'000	At +0.25% $'000 Surplus	At +0.25% $'000 Equity	At −0.75% $'000 Surplus	At −0.75% $'000 Equity
2025					
Cash and cash equivalents	35,371	88	88	(265)	(265)
Investments	125,000	687	687	(2,062)	(2,062)
Total		**775**	**775**	**(2,327)**	**(2,327)**

Financial assets	Carrying amount $'000	At +0.25% $'000 Surplus	At +0.25% $'000 Equity	At −0.75% $'000 Surplus	At −0.75% $'000 Equity
2024					
Cash and cash equivalents	19,455	49	49	(146)	(146)
Investments	133,000	141	141	(424)	(424)
Total		**190**	**190**	**(570)**	**(570)**

F2.1: Fair value determination

Fair value represents the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. To ensure consistency and comparability, inputs used to determine fair value are classified into three levels:

- Level 1 – quoted prices in active markets for identical assets or liabilities.
- Level 2 – inputs other than quoted prices that are observable, either directly or indirectly.
- Level 3 – unobservable inputs, typically based on valuation models and assumptions.

Ahpra's managed fund investments, facilitated by Victoria Funds Management Corporation in its Conservative Fund, are valued using Level 2 inputs. The daily net asset value (NAV), which reflects the fund's assets minus liabilities per unit, is used as a reliable measure of fair value.

For other financial instruments, Ahpra considers the carrying amounts to approximate fair value due to their short-term nature and full settlement expectation.

The following table confirms that the fair values of Ahpra's financial assets and liabilities align with their carrying amounts.

Comparison between carrying amount and fair value

	Note	Carrying amount 2025 $'000	Fair value 2025 $'000	Carrying amount 2024 $'000	Fair value 2024 $'000
Contractual financial assets					
Cash and cash equivalents		35,371	35,371	19,455	19,455
Investments – bank term deposits		125,000	125,000	133,000	133,000
Investments – managed fund		115,739	115,739	92,464	92,464
Receivables	*D1*	2,872	2,872	1,817	1,817
Accrued income		7,051	7,051	3,892	3,892
Total contractual financial assets		**286,033**	**286,033**	**250,628**	**250,628**
Contractual financial liabilities					
Payables	*D2*	3,349	3,349	1,106	1,106
Accrued expenses		20,407	20,407	20,195	20,195
Lease liabilities[(a)]		29,527	29,527	25,757	25,757
Total contractual financial liabilities		**53,283**	**53,283**	**47,058**	**47,058**

(a) Excluding lease incentives

Note F3: Contingent assets and liabilities

Contingent assets	2025 $'000	2024 $'000
Legal proceedings and disputes	0	0

No claim for damages was lodged during the year.

Contingent liabilities	2025 $'000	2024 $'000
Legal proceedings and disputes	0	0

No claim for damages was lodged during the year.

Contingent assets and liabilities are not recognised in the Statement of financial position, but are disclosed in the notes at nominal value, if measurable, inclusive of GST. They arise from past events and depend on uncertain future outcomes not wholly within Ahpra's control. Some legal claims were lodged during the year and are being defended with insurer involvement. While liabilities have been disclaimed, there remains a possibility of costs exceeding insurance coverage if outcomes are less favourable than expected.

Note G:

Other disclosures

G1. Related party disclosures

G2. Remuneration of executives

G3. Remuneration of external auditor for the audit of the financial statements

G4. Australian Accounting Standards issued that are not yet effective

G5. Change in intepretation of accounting policies

G6. Events occurring after the balance sheet date

G7. NSW Health Professional Councils Authority

Introduction

This section includes additional material disclosures required by accounting standards or otherwise, for the understanding of this financial report.

Note G1: Related party disclosures

Key management personnel (KMP) of Ahpra include the responsible minister in each jurisdiction that forms part of the Ministerial Council under the National Law, members of the Ahpra Board, the Chief Executive Officer and members of the National Executive team.

(a) Ministerial Council

The Ministerial Council comprises ministers of the governments of the participating jurisdictions and the Commonwealth with portfolio responsibility for health. The following ministers were members of the Ministerial Council (formally known as the Australian Health Workforce Ministerial Council) during the year 1 July 2024 to 30 June 2025, unless otherwise noted.

Name	Portfolio	Jurisdiction
Ms Rachel Stephen-Smith MLA	Minister for Health Minister for Mental Health Minister for Finance Minister for the Public Service	Australian Capital Territory
The Hon Mark Butler MP	Minister for Minister for Health and Aging Minister for Disability and the National Disability Insurance Scheme Deputy Leader of the House	Commonwealth
The Hon Ryan Park MP	Minister for Health Minister for Regional Health Minister for the Illawarra and the South Coast	New South Wales
The Hon Selena Uibo MLA (to August 2024)	Minister for Health Minister for Mental Health and Suicide Prevention Minister for Remote Housing and Homelands Minister for Parks and Rangers Minister for Local Decision Making Minister for Public Employment Minister for Corporate and Digital Development	Northern Territory
The Hon Steven Edgington, MLA (from August 2024)	Minister for Health Minister for Mental Health Minister for Alcohol Policy Minister for Aboriginal Affairs Minister for Housing, Local Government and Community Development Minister for Essential Services	Northern Territory
The Hon Shannon Fentiman MP (to October 2024)	Minister for Health, Mental Health and Ambulance Services Minister for Women	Queensland
The Hon Timothy Nicholls MP (from November 2024)	Minister for Health and Ambulance Services	Queensland
The Hon Chris Picton MP	Minister for Health and Wellbeing	South Australia
The Hon Guy Barnett MP (to October 2024)	Attorney-General Minister for Justice Minister for Health, Mental Health and Wellbeing Minister for Veterans' Affairs	Tasmania
The Hon Jacqueline Petrusma MP (from October 2024)	Minister for Health Minister for Aboriginal Affairs Minister for Veterans' Affairs	Tasmania
The Hon Mary-Anne Thomas MP	Minister for Health Minister for Ambulance Services	Victoria
The Hon Amber-Jade Sanderson MLA (to March 2025)	Minister for Health Minister for Mental Health	Western Australia
The Hon Meredith Hammat MLA (from March 2025)	Minister for Health Minister for Mental Health	Western Australia

Amounts relating to responsible ministers' remuneration are reported in the financial statements of the relevant minister's jurisdiction.

(b) Ahpra Board members

	Period
Ms Gill Callister PSM, Chair	1/07/2024–30/06/2025
Ms Barbara Yeoh AM	1/07/2024–30/06/2025
Emeritus Professor Arie Freiberg AM	1/07/2024–30/06/2025
Mr Lynton Norris	1/07/2024–30/06/2025
Mr Jeffrey Moffet	1/07/2024–30/06/2025
Hon Associate Professor Carmen Parter	1/07/2024–30/06/2025
Mr Andrew Brown	1/07/2024–30/06/2025
Professor Patricia Davidson AM	1/07/2024–30/06/2025
Ms Tanya McGregor	1/07/2024–30/06/2025
Ms Leanne O'Shannessy PSM	1/07/2024–30/06/2025

(c) Chief Executive Officer and National Executive team

- Chief Executive Officer, Mr Martin Fletcher (1/07/2024–20/12/2024)
- Acting Chief Executive Officer, Mr Mark Edwards (23/12/2024–20/01/2025)
- Acting Chief Executive Officer, Ms Kym Ayscough (21/01/2025–11/04/2025)
- Chief Executive Officer, Mr Justin Untersteiner (14/04/2025–30/06/2025)
- Executive Director, Regulatory Operations, Ms Kym Ayscough
- Executive Director, Strategy and Policy, Mr Chris Robertson
- Executive Director, People and Culture, Mr Mark Edwards
- Executive Director, Finance and Risk, Ms Liz Davenport
- Chief Technology Officer, Mr Michael Rillstone

(d) Remuneration of KMP

Other than the responsible ministers, the remuneration for KMP is disclosed as follows.

	2025 $	2024 $
Short-term employee benefits	2,608,172	2,475,771
Long-term employee benefits	32,944	48,952
Post-employment benefits	202,066	183,699
Termination benefits	0	143,005
Total	**2,843,182**	**2,851,427**

Outside of normal citizen-type transactions with Ahpra, there were no related party transactions that involved KMP, their close family members and their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties.

There were no transactions involving the Ministerial Council during 2024/25 (2023/24: Nil).

Note G2: Remuneration of executives

Remuneration of Chief Executive Officer and Executive Directors

The Chief Executive Officer (CEO) was Mr Martin Fletcher who held the position throughout the period 1 July to 20 December 2024. Justin Untersteiner was appointed to the CEO role from 14 April 2025.

The aggregate compensation made to the CEO and National Executive team is set out below:

	2025 $	2024 $
Short-term employee benefits	2,460,437	2,355,749
Long-term employee benefits	32,944	48,952
Post-employment benefits	185,076	170,496
Termination benefits	0	143,005
Total	**2,678,457**	**2,718,202**
Total number of executives	7	8
Total annualised employee equivalents	5.71	6.04

Note G3: Remuneration of external auditor for the audit of the financial statements

	2025 $'000	2024 $'000
Victorian Auditor-General's Office	186	175
Total	**186**	**175**

Note G4: Australian Accounting Standards issued that are not yet effective

AASB 108 *Accounting Policies, Changes in Accounting Estimates and Errors* mandates disclosure of the potential financial impact arising from accounting pronouncements issued but not yet effective for the 2024/25 financial year. An assessment by Ahpra has determined that no such pronouncements are expected to have an impact in future reporting periods.

Note G5: Changes in interpretation of accounting policies

There have been no changes in accounting policies applicable in the preparation of Ahpra's 2024/25 financial statements.

Note G6: Events occurring after the balance sheet date

Assets, liabilities, income or expenses arise from past transactions or other past events.

Where the transactions result from an agreement between Ahpra and other parties, the transactions are only recognised when the agreement is irrevocable at or before the end of the reporting period.

For events that occur between the end of the reporting period and the date when the financial statements are authorised for issue, where those events provide information about conditions that existed at the reporting date, adjustments are made to amounts recognised in the financial statements.

No disclosure is made about events between the end of the reporting period and the date the financial statements are authorised for issue where the events relate to conditions that arose after the end of the reporting period, and which are considered to be of material interest.

No subsequent events are identified for disclosure in this report.

Note G7: NSW Health Professional Councils Authority

Transactions relating to the Health Professional Councils Authority (HPCA) are reported as administered (non-controlled) items in the following table.

In New South Wales, the health minister informs Ahpra and the National Boards of the amount to be collected per registrant on behalf of the HPCA, for the purpose of handling notifications related to NSW-based practitioners. Ahpra collects these amounts and passes them on to the various Health Professional Councils, via the HPCA. As this amount is set per registrant and collected by Ahpra and remitted to the HPCA within seven days after the end of the month, it is treated as an administered item in these financial statements. These amounts are not recorded within the Statement of comprehensive income or Statement of comprehensive income.

Total registration fees collected on behalf of NSW Health Professional Councils Authority for Health Professional Councils of NSW

In FY2024/25, the total registration fees collected on behalf of the HPCA for NSW's Health Professional Councils was $51.901 million. In FY2023/24, this figure was $48.591 million.

Common abbreviations

National Boards

ATSIHPBA
Aboriginal and Torres Strait Islander Health Practice Board of Australia

ChiroBA
Chiropractic Board of Australia

CMBA
Chinese Medicine 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

OptomBA
Optometry Board of Australia

OsteoBA
Osteopathy Board of Australia

OTBA
Occupational Therapy Board of Australia

ParaBA
Paramedicine Board of Australia

PharmBA
Pharmacy Board of Australia

PhysioBA
Physiotherapy Board of Australia

PodBA
Podiatry Board of Australia

PsyBA
Psychology Board of Australia

Organisations

Ahpra
Australian Health Practitioner Regulation Agency
www.ahpra.gov.au

HCCC
Health Care Complaints Commission (NSW)
www.hccc.nsw.gov.au

HCEF
Health Chief Executives Forum www.health.gov.au/committees-and-groups/health-chief-executives-forum-hcef

HCO
Health complaints organisation www.ahpra.gov.au/notifications/further-information/health-complaints-organisations

HPCA
Health Professional Councils Authority (NSW)
www.hpca.nsw.gov.au

NHPO
National Health Practitioner Ombudsman
www.nhpo.gov.au

OHO
Office of the Health Ombudsman (Qld)
www.oho.qld.gov.au

Glossary

More definitions are available at www.ahpra.gov.au/support/glossary.

accreditation

Accreditation ensures that the education and training leading to registration as a health practitioner meets approved standards and prepares graduates to practise a health profession safely and competently. The accreditation authority may be a committee established by a National Board, or a separate organisation.

adjudication body

A health panel, a performance and professional standards panel, a responsible tribunal, a court or an entity in a co-regulatory jurisdiction that is declared to be an adjudication body.

appeal

A person may appeal to a tribunal against a decision by a National Board, a health panel or a performance and professional standards panel. Decisions may also be judicially reviewed if there is a perceived flaw in the administrative decision-making process, as opposed to a concern about the merits of the individual decision itself.

breach of non-offence provision under the National Law

Ahpra receives notifications alleging that a practitioner has breached a registration standard or endorsement, breached a condition on registration or an undertaking accepted by a National Board, or provided care beyond scope of practice. In these matters, the Board has the option to take regulatory action. They are not offences under 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 *Register of practitioners*; however, a National Board can require a caution to be recorded on the *Register of practitioners*.

condition

A National Board or an adjudication body can impose a condition on the registration of a practitioner or student, or on an endorsement of registration. A condition aims to restrict practice in some way, to protect the public.

Current conditions are published on the *Register of practitioners*. When a National Board or adjudication body decides the conditions are no longer required to ensure safe practice, they are removed and no longer published.

Examples include requiring a practitioner to:

- complete specified further education or training within a specified period
- complete 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
- 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*.

criminal offence

Criminal offences under the National Law by a person (including registered health practitioners and unregistered individuals) and/or corporate entity predominantly relate to breaching prohibition orders, inappropriate use of protected titles, unlawful claims about registration, performing restricted acts and advertising of regulated health services.

Ahpra also receives notifications about practitioners who have been charged or convicted of an offence contained in a law other than the National Law, such as a criminal law. A Board may take action if the nature of the offence may affect the practitioner's suitability to practise the profession.

disciplinary action

Regulatory action taken by a performance and professional standards panel or a tribunal after it decides that:

- a practitioner has engaged in unprofessional conduct, unsatisfactory professional performance or professional misconduct
- a practitioner's registration was improperly obtained.

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, refer to the list published at www.ahpra.gov.au/registration/registers-of-practitioners/professions-and-divisions.

education provider

A 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 many types of endorsement available, including:

- scheduled medicines
- nurse practitioner
- acupuncture
- approved area of practice.

In psychology, these are divided into 'subtypes' that describe additional qualifications and expertise. An endorsement can include more than one subtype.

health complaints organisation (HCO)

National Boards are provided with copies of all concerns about registered health practitioners that are made to an HCO.

A National Board may talk to the HCO about the complaint and refer it to the HCO if they are the appropriate entity to deal with it.

HCO decisions, made on receipt of concerns, are not defined as regulatory action and are counted and reported on separately in the report.

The HCOs in each state and territory are listed at www.ahpra.gov.au/Notifications/Further-information/Health-complaints-organisations. They are also known as health complaints entities (HCEs).

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 do clinical training.

immediate action

Also referred to as interim action. This can be taken as an interim step to restrict a practitioner's registration while a complaint is investigated. Immediate actions include:

- the suspension of, or imposition of a condition on, a registered health practitioner's or student's registration
- accepting an undertaking from a registered health practitioner or student
- accepting the surrender of a registered health practitioner's or student's registration.

mandatory notification

It is mandatory that colleagues, treating practitioners, employers or education providers of a registered practitioner or student submit a notification about them if they have behaved in a way that constitutes notifiable conduct. Refer to each Board's website for *Guidelines for mandatory notifications*.

Ministerial Council

Defined in the National Law as 'the COAG [Council of Australian Governments] Health Council or a successor of the Council by whatever name called, constituted by Ministers of the governments of the participating jurisdictions and the Commonwealth with portfolio responsibility for health'.

National Board

Appointed by the Ministerial Council to regulate a profession in the public interest and meet the responsibilities set down in the National Law. Comprising practitioner members and community members, National Boards and/or state boards and/or committees 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 is generally consistent in all states and territories. New South Wales did not adopt Part 8 of the National Law.

National Registration and Accreditation Scheme

The National Scheme for registered health practitioners was established by the Council of Australian Governments (COAG) under the National Law. The scheme began on 1 July 2010 (or 18 October 2010 in Western Australia). In 2010, 10 professions became nationally regulated by a corresponding National Board. In 2012, four additional professions joined the National Scheme. In 2017, the Paramedicine Board of Australia was established and the regulation of paramedics began in late 2018.

National Restrictions Library (NRL)

Lists common restrictions (conditions or undertakings) used across the regulatory functions of the National Boards to support:

- clear requirements that practitioners are able to comply with
- consistency in recommendations from Ahpra to the National Boards and delegates
- consistency in the restrictions appearing on the *Register of practitioners*
- a best-practice approach to monitoring compliance with restrictions.

The NRL requires practitioners to comply with related protocols or standards when meeting the requirements of their restrictions.

The NRL is available at www.ahpra.gov.au/registration/monitoring-and-compliance/national-restrictions-library.

no conviction recorded

An outcome that is available to a court after a plea or finding of guilt. This is a common outcome for first offenders for 'low level' offences, which reflects the willingness of the legislature and the community to give first offenders, in certain circumstances, a second chance to maintain a reputation of good character.

no further action

No further action is taken when, based on the available information, the Board determines there is no risk to the public that requires regulatory action.

notation

Records a limitation on the practice of a registrant. Used by the National Boards to describe and explain the scope of a practitioner's practice by noting the limitations on that practice. The notation does not change the practitioner's scope of practice but may reflect the requirements of a registration standard.

notifiable conduct

When a registered health practitioner has:

- practised their profession while intoxicated by alcohol or drugs
- engaged in sexual misconduct in connection with the practice of their profession
- placed the public at risk of substantial harm in the practice of their profession because they have 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

Any person or organisation can raise a concern about a registered health practitioner's behaviour or health with Ahpra on behalf of a National Board.

A notification is a concern about a practitioner or student relating to a matter that is a ground for a notification under the National Law.

National Boards gather information contained in notifications to help identify risks in the way an individual practitioner is practising a health profession.

Concerns can be raised by contacting Ahpra on 1300 361 041 (within Australia), or +61 3 9125 3010 (outside Australia) or at www.ahpra.gov.au/notifications.

In response to a notification, a Board may:

- store the information provided in a notification, and take no further action on that occasion, or
- make further enquiries in relation to a practitioner, by investigating the practitioner or requiring the practitioner to attend a health or performance assessment.

After making necessary enquiries in response to a notification and considering the information, a National Board or independent adjudication body may decide to take regulatory action.

notifier

A person or entity who makes a notification to Ahpra.

practice

The definition of *practice* used in a number of National Board registration standards means any role, whether remunerated or not, in which an individual uses their skills and knowledge as a practitioner in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients; working in management, administration, education, research, advisory, regulatory or policy development roles; and any other roles that affect the safe, effective delivery of health services in the health profession.

Some National Boards have also issued guidance about when practitioners need to be registered.

principal place of practice

The location declared by a practitioner as the address at which they mostly practise their profession. If the practitioner is not practising, or not practising mostly at one address, then the practitioner's principal place of residence is used.

If the location of the principal place of practice is in Australia, the following information is displayed on the *Register of practitioners:*

- suburb
- state
- postcode.

If the location is outside Australia, the following information is displayed on the *Register of practitioners*:

- international state/province
- international postcode
- country.

In rare cases, when a practitioner has demonstrated that their health and safety or that of their family members or associates may be at risk from the publication of information about their principal place of practice, a National Board may choose to not publish this information.

prohibited practitioner/student

A person who is being monitored because they are subject to a cancellation order, suspension or a restriction not to practise. Alternatively, as an outcome of a notification they may have surrendered their registration or changed to non-practising registration.

qualification

Professional qualifications that a practitioner must have to meet the requirements for registration.

Undergraduate and postgraduate Australian qualifications recognised by National Boards are published on their websites. Individual practitioners' approved qualifications are published on the *Register of practitioners*.

Register of practitioners

A publicly accessible database of all health practitioners currently registered in Australia. Ahpra also maintains a list of cancelled practitioners and a list of practitioners who have given an undertaking not to practise. You can search these databases at www.ahpra.gov.au/registration/registers-of-practitioners.

registered health practitioner

An individual who is registered under the National Law to practise a health profession, other than as a student, or who holds a non-practising registration in a health profession.

registration expiry date

The 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 of practitioners*, they are registered and can practise within the scope of their registration, consistent with any conditions or undertakings that apply.

During the renewal period, practitioners remain registered for one month after their registration expiry date where they fail to lodge an application for renewal. Registrants who apply to renew can continue to practise while their application is being assessed.

registration number

Since March 2012, practitioners have been allocated a 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.

registration status

The status of a registration can be:

- Registered: The practitioner is registered. The practitioner's name is published on the *Register of practitioners*.
- Suspended: 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

A National Board can grant various types of registration to an eligible practitioner. Examples include:

- general registration
- limited registration
- non-practising registration
- provisional registration
- specialist registration.

regulatory action

Action taken by a National Board that affects a practitioner's registration. It can be taken if a Board reasonably believes that a practitioner:

- has practised in a way that is or may be below the standard reasonably expected
- has behaved in a way that is or may be below the standard reasonably expected of the practitioner by the public or the practitioner's peers
- has or may have an impairment that could detrimentally affect a practitioner's ability to practise safely.

The regulatory actions that can be taken by a National Board are:

- cautioning a practitioner
- accepting an undertaking
- imposing a condition.

Regulatory action can also be taken by a health panel, a performance and professional standards panel (PPSP) or a tribunal after it decides that:

- a practitioner has an impairment
- a practitioner has engaged in unprofessional conduct or unsatisfactory professional performance
- a practitioner has engaged in professional misconduct (tribunal only)
- a practitioner's registration was improperly obtained (tribunal only).

The regulatory actions that can be taken by a health panel, PPSP or a tribunal are:

- imposing a condition
- cautioning a practitioner (PPSP or tribunal)
- reprimanding a practitioner for practising or behaving in a certain way (PPSP or tribunal)
- requiring a practitioner to pay a fine (tribunal only)
- suspending a practitioner's registration for a period of time (health panel or tribunal)
- cancelling a practitioner's registration, either temporarily or permanently (tribunal only)
- disqualifying a person from applying for registration for a specified time (tribunal only)
- prohibiting the person from providing a health service or using a title (tribunal only).

reprimand

A chastisement for conduct; a formal rebuke. Reprimands issued since the start of the National Scheme are published on the *Register of practitioners*.

specialty

There are currently three professions with specialist registration: dental, medical and podiatry. 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. The National Boards decide the requirements for specialist registration in their profession.

spent conviction order

A court order that a criminal conviction is spent immediately. This means that the conviction does not need to be disclosed in many circumstances and the conviction will never appear on a standard National Police Clearance. However, the conviction still needs to be disclosed in some circumstances; for example, Working with Children Checks and when applying for registration as a health practitioner.

standard

Registration standards define the requirements that applicants, registrants or students need to meet to be registered as a health practitioner.

student

A person whose name is entered in a student register as being currently registered as a student practitioner under the National Law.

suspension

If a practitioner's registration is suspended, they are not eligible to practise. A tribunal has the power to suspend a practitioner's registration as a result of a hearing. A National Board also has the power to suspend a practitioner's registration pending other assessment or action, if it believes:

- there is serious risk to the health and safety of the public from the practitioner's continued practice of the profession, and that suspension is necessary to protect the public from that risk, or
- there are public interest grounds for suspending a practitioner's registration; for example, when the practitioner has been charged with serious criminal conduct.

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

The National Boards can accept an undertaking from a practitioner to limit their 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 that restrict a practitioner's practice of the profession are published on the *Register of practitioners*. Current undertakings that relate to a practitioner's health are mentioned on the register but details are not provided. When a National Board or adjudication body decides the undertakings are no longer required to ensure safe practice, they are revoked and are no longer published.

An undertaking is voluntary (but enforceable), whereas a condition is imposed on a practitioner's registration.

unprofessional conduct

Conduct that is of a lesser standard than that which might reasonably be expected of a health practitioner by the public or the practitioner's professional peers. A more extensive definition is available under section 5 of the National Law.

Each profession has a set of standards and guidelines that clarify the acceptable standard of professional conduct.

unsatisfactory professional performance

This is when the knowledge, skill or judgement possessed, or care exercised, by a practitioner in the practice of the health profession in which they are registered is below the standard reasonably expected for a health practitioner with an equivalent level of training or experience.

voluntary notification

A notification that is not mandatory. The grounds for a voluntary notification are set out in section 144 of the National Law.

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Not indexed: people's names and titles, financial statements, glossary, tabulated data

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Acknowledgements

Thank you to all Ahpra, National Board and co-regulatory partner contributors.

Images of paramedics on the front cover and page 57 supplied courtesy of the ACT Ambulance Service.

Image of a paramedic on page 87 supplied courtesy of SA Ambulance Service.

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