

LOCAL DECISIONS – NATIONAL SCHEME

Regulating health practitioners
in Tasmania:

ANNUAL REPORT SUMMARY 2013/14

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



Australian Health Practitioner Regulation Agency

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

Regulating health practitioners in Tasmania

This year, for the first time, we offer this snapshot of our work regulating 13,500 health practitioners in Tasmania.

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



1,091 people applied for registration – for the first time as a health practitioner or for a change in registration type – in Tasmania in 2014

On 30 June 2014 there were **8,577** nurses and midwives, **2,155** medical practitioners, **679** pharmacists, **527** psychologists and **349** dental practitioners in Tasmania

There are **25** dental and **1,386** medical specialists in Tasmania

2% of health practitioners in Tasmania are subject to a notification, compared to **1.4%** nationally



We received **298** notifications about health practitioners in Tasmania during the year, including **51** mandatory notifications

AHPRA is monitoring conditions on registration or undertakings from **123** Tasmanian practitioners

There has been a **49%** increase in notifications in Tasmania, compared to a **16%** national increase



6 Tasmanian practitioners had their registration limited in some way after a criminal history check

There has been a **21%** increase in mandatory notifications in Tasmania, compared to a **13%** national increase

51% of notifications in Tasmania are about clinical care, **9%** about pharmacy/medication, and **6%** each about possible health impairment and documentation

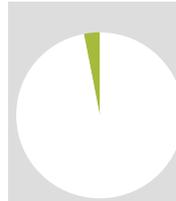
Tasmanian boards and committees took 'immediate action' **16** times, leading to a restriction on registration in **12** cases (75%)

42% of notifications were referred by the Health Complaints Commissioner, **15%** were made by patients, **12%** by other practitioners and **10%** by employers



There were **4** notifications finalised by a tribunal decision during the year, with **3** (75%) resulting in disciplinary action of some sort

There were **10** notifications finalised at panel hearings during the year, with **9** (90%) resulting in disciplinary action of some sort



Notifications about practitioners with **5** National Boards – dental, medical, nursing and midwifery, pharmacy and psychology – account for **97%** of notifications in Tasmania

76% of registered health practitioners in Tasmania are women

About the National Scheme

Who

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

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

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

What

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

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

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

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

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

When

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

Where

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

Why

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

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Foreword from the AHPRA Chair and CEO

One in every 20 working Australians is a registered health practitioner – or 13,572 of all 514,000 Tasmanians. All of us are patients from time to time. Directly or indirectly, regulation of health practitioners matters to us all.

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

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

Local decision-making

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

The vast majority of decisions about individual registered health practitioners are made locally. More than 92% of notifications are made about practitioners in four professions, which all have state, territory or regional boards or committees in place. This figure grows to 97% when including pharmacists who manage notifications through a national committee.

State board members are appointed by the Health Minister in Tasmania. The regional psychology board includes appointments from Victoria and the ACT. Board and committee members make decisions about local practitioners supported by the Tasmanian AHPRA office.

More widely, the notifications and complaints handling system relies on close working relationships with the Tasmanian Health Complaints Commissioner, the local Health Practitioners Tribunal, state and regional boards and committees and AHPRA to deliver effective and timely outcomes and protect the public.

Performance

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

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

We have robust processes in place to swiftly identify and manage serious risk to the public. In Tasmania this year, Boards took immediate action 16 times, limiting the practitioner's registration in some way in 12 cases (75%) as an interim step to keep the public safe.

During the year, there was a 49% increase in notifications in Tasmania compared to the national average increase of 16%. During the year, as part of a major investment in improving notifications management, AHPRA increased staff in our notifications teams, with one new investigator in our Tasmanian team.

Conclusion

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

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

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



Michael Gorton AM, AHPRA Chair



Martin Fletcher, AHPRA CEO

Foreword from AHPRA's Tasmanian State Manager, Catherine Miedecke

It's been a year of consolidation and action in the Tasmanian AHPRA office.

Local decisions, national framework

Most of our notifications are about practitioners registered with the four boards that have state, territory or regional boards or committees, which make all decisions about individual practitioners. Read more about the work of local Tasmanian boards and committees in this report. There are also Tasmanian members of some National Boards, who provide insight into local issues that are brought to national attention.

Through these and other mechanisms (including local delegations), supported by local AHPRA offices in every state and territory, regulation in the National Scheme is delivered locally, supported by a national policy, standards and systems.

Improving notifications management

The significant increase in notifications in Tasmania compares to a national 16% increase. After three years of consistent increase in notifications, this appears to be an established trend, consistent nationally and internationally in healthcare and across other sectors. We are monitoring this increase both locally and nationally, to better understand the cause and make sure we respond effectively.

We have focused a lot of effort during the year to improve our management of notifications and notifiers' experience of the National Scheme, and our initiatives appear to be paying off. These initiatives have included introducing KPIs to enable us to measure and manage the timeliness of our investigation of notifications. We will be introducing this approach to our management of registrations during 2015. More detail on this is in the 2013/14 annual report of AHPRA and the National Boards.

Working with our stakeholders

During the year, we have been in regular touch with many of our important stakeholders, listening to their ideas for ways we can improve, making opportunities to respond to feedback and talking about the National Scheme. This year, we held meetings with our local professional associations, and external stakeholders. We spoke regularly with representatives from the Department of Health and Human Services, the Office of the Health Complaints Commission and health practitioner recruitment agencies.

Our work with the community will be a priority focus in 2015. More widely, through our national stakeholder engagement program, we have ventured into social media initially by joining Twitter, expanded our options to participate in National Board consultations and are planning future work with non-English speaking communities.

We continue to benefit from advice and challenge from our Community Reference Group. One of the members is from Tasmania and makes sure the voice of regional and more remote Australians is heard.

We also distribute information about the National Scheme to our online community of interest. This group has grown from the initial community briefings we held around Australia in 2012/13.

Local office, national contribution

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

Tasmania hosts the newly established strategy and research team, led by Lisa Wardlaw-Kelly, National Director, Strategy and Research. This is a great example of local contribution to the National Scheme, with this team working to improve the capability of research and analysis of the data that AHPRA holds on behalf of the Boards. These data have regulatory, workforce-planning, demographic, commercial and research value. Use of these data is governed by the National Law and privacy laws and is managed closely.

Accommodating the national team in our Hobart office shows how we are maturing as an organisation, as increasingly we harness specialist skills in key areas and apply them nationally.



Catherine Miedecke
Tasmanian State Manager, AHPRA

PART 1:

Decision-making in Tasmania: Board and committee reports

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

The main focus of the Tasmanian Registration and Notification Committee of the Dental Board of Australia in 2014 was on managing risk to patients. We did this in two ways: making decisions about individual registered dentists after receiving a notification about them and assessing the most complex applications for registration, often from overseas trained practitioners.

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

As well as the National Board members from each jurisdiction, the Tasmanian committee is the local face of dental practitioner regulation in Australia. Our local committees are made up of practitioner and community members from Tasmania. We meet as required by the workload. The decisions the committee makes are guided by the national standards and policies set by the Dental Board of Australia. The local committee makes most decisions about dental practitioners in our region, supported by the local AHPRA office, in a national policy framework.

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

Along with the National Board and its committees, a core priority for the year ahead for the Tasmanian committee is to implement the regulatory principles. As Chair, I am also looking forward to participating in the National Board's biennial dental conference to be held in May 2015, when all committee members will have a chance to discuss, reflect and learn in order to improve the quality of our decisions.

With the Tasmanian State Manager, Catherine Miedecke, we have taken opportunities to engage with stakeholders, including presenting to the annual general meeting of the Dental Prosthetics Association. The National Board's visit to Tasmania also provided an opportunity to engage with our colleagues in the profession. We will be building on the current level of engagement as a priority in the coming year.

I thank my colleagues on the Tasmanian committee for their energy and commitment to the people of Tasmania during the year. I would particularly like to thank Dr Jeff Mount, who has recently finished his term as Chair. Dr Mount continues to share his regulatory knowledge as a Board member.



Dr Ioan Jones, Chair, Tasmanian Registration and Notification Committee, Dental Board of Australia



Dr John Lockwood AM, Chair, Dental Board of Australia

Tasmanian Registration and Notification Committee members

Dr Ioan Jones (Chair from 1 July 2014)

Dr Jeffery Mount (Chair until 1 July 2014)

Mr Leigh Gorringe

Dr Kylie McShane

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

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

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

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

During the year, the Tasmanian Board has spent a lot of time and effort working with the Medical Board nationally, all other state and territory medical boards and with AHPRA to improve our management of notifications. This has involved careful analysis of our current performance, and identifying opportunities for doing our work better and more effectively. We have looked very closely at the experience of notifiers, and how we can make our communication more straightforward, easy to understand, and more timely. I am looking forward to reporting on the benefits of this work in 2015.

Working with our stakeholders has been another priority during the year. With the Tasmanian State Manager, Catherine Miedecke, and senior AHPRA staff, we have:

- held regular monthly meetings with the Office of the Health Complaints Commissioner (OHCC)
- actively engaged with the Royal Australian College of General Practitioners (Tas) to improve Pre-employment Structured Clinical Interview (PESCI) reports so they can better support Board decisions
- presented to University of Tasmania medical students about both registration and notification processes help them prepare for life as a registered medical practitioner. We made one presentation jointly with the office of the Health Complaints Commissioner
- scheduled regular meetings with health recruitment agencies and the three health department recruitment teams, and
- welcomed and scheduled regular meetings with the new Australian Medical Association (AMA) president (Tas), Dr T M Greenaway.

I thank my colleagues on the Tasmanian Board for their energy and commitment to the people of Tasmania during the year. The Board saw a significant change of membership at the end of June and I extend thanks to the outgoing Chair, Dr Peter Sexton, practitioner members Professor Peter Mudge and Dr John O'Sullivan and community members Ms Dee Potter and Ms Christine Fraser.

This Tasmanian report provides a snapshot of regulation at work in our state over the last year. It complements the comprehensive, profession-specific information published in the annual report of AHPRA and the National Boards for 2014. I commend it to you.



Dr Andrew Mulcahy, Chair, Tasmanian Board of the Medical Board of Australia



Dr Joanna Flynn AM, Chair, Medical Board of Australia

Members of the Tasmanian Board

Associate Professor Peter Sexton (Chair to 30 June 2014)

Dr Andrew Mulcahy (Chair from 1 July 2014)

Dr Brian Bowring AM

Mr David Brereton

Ms Christine Fraser

Dr Fiona Joske

Ms Leigh Mackey

Dr Philip Moore

Professor Peter Mudge

Dr John O'Sullivan

Dr Kim Rooney

Ms Dee Potter

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

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

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

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

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

Our work with our stakeholders has also been priority. With the Tasmanian State Manager, Catherine Miedecke, we have held monthly meetings with the Director, Nursing and Midwifery, Department of Health and Human Services (DHHS), and regular monthly meetings with the OHCC.

To raise local awareness of the role of regulation in keeping patients safe, we have made a range of presentations to groups and individuals interested in our work, including:

- students at the University of Tasmania undertaking their bachelor of nursing across Tasmania and NSW campuses, discussing the National Law, obligations as students and registrants and on the National Board registration standards
- TasTAFE Diploma of Nursing students across all three Tasmanian campuses
- the 2013 Australian Nursing and Midwifery Federation Tasmania annual delegates conference
- Department of Health and Human Services staff, through a video link, about the Board's professional practice framework which

incorporates the competency standards, decision-making framework, professional boundaries and practitioner obligations, and

- practice nurses at Medicare Local Tasmania about professional practice and professional development.

The Tasmanian Board has continued to meet monthly throughout the year in undertaking its functions. I thank my colleagues on the Tasmanian Board for their energy and commitment to the people of Tasmania during the year. Thank you also to outgoing Board members Reverend Doug Edmonds, Ms Robin Hopcroft, Ms Liz van der Linde-Keep, Professor Andrew Robinson and Dr Helen Courtney Pratt who have finished their terms of office on the Tasmanian Board.

I would like also to offer a warm welcome to new members who will join the Board from 1 July 2014: Ms Emma Curnin, Ms Carol Baines, Mr Paul Brown, Dr Kylie McShane and Mr David Paton.

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



Ms Catherine Schofield, Chair,
Tasmanian Board of the Nursing and
Midwifery Board of Australia



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

Members of the Tasmanian Board

Ms Catherine Schofield (Chair)

Ms Kim Gabriel (Deputy Chair)

Reverend Douglas Edmonds

Mrs Robyn Hopcroft

Ms Susan Hughes

Dr Helen Courtney Pratt

Professor Andrew Robinson

Ms Christine Schokman

Ms Elizabeth van der Linde-Keep

Pharmacy Board of Australia: Chair's message

The Pharmacy Board of Australia (the National Board) makes decisions about the nearly 680 registered pharmacists in Tasmania. To make sure we have local knowledge informing our decisions, there are practitioner members of the Board from each state and territory and a community member from each of four states. Mr Ian Huett is the practitioner member appointed from Tasmania.

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

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

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

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



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

ACT, Tasmania and Victoria Regional Board of the Psychology Board of Australia: Chair's message

The year 2014 was a very busy one for the regional board of the Psychology Board of Australia, which serves communities in Victoria, Tasmania and the Australian Capital Territory (ACT).

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

The regional board is the local face of psychology regulation in Australia and is made up of practitioner and community members from the ACT, Tasmania and Victoria. The decisions the regional board makes are guided by the national standards and policies set by the Psychology Board of Australia (the National Board). We make all the decisions relating to notification and registration matters about psychologists in our region, supported by a local AHPRA office, in a national policy framework.

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

Along with our interstate and national colleagues, this year we reviewed the effectiveness of our current regional board structure in dealing with the day-to-day work of regulating the psychology profession. This involved analysing the consistency of decision-making across regional boards to make sure there was no unnecessary variation in outcomes, processes or policies needed to keep the public safe. We wanted to make sure we were using resources prudently, that we were communicating effectively with the National Board (and other regional boards) about serious conduct matters and making good decisions. As a result of the review, we will be maintaining a regional board structure and working with AHPRA to support consistent, robust decision-making that reflects the regulatory principles endorsed by all National Boards across the National Scheme.

A priority in the year ahead will be continuing work with the National Board to support a smooth transition to the new overseas qualifications assessment framework. In addition to local meetings and events during the year, an important development was the meeting of all regional psychology boards with the National Board. This provided an opportunity

to share and compare regional and rural resolutions with other jurisdictions. This has complemented our regular monthly teleconference meeting of all regional chairs with the National Board Chair, to discuss local problems and share solutions.

Working with our stakeholders in this region has been another feature of the year. Senior AHPRA managers have met with the Australian Psychological Society (APS) regularly to discuss collaborative strategies to allow the society and the profession to better understand the operation of the National Scheme. Our shared goal is to be clear about how we manage local registration and notification matters, and for the Board and AHPRA to be as transparent as possible, within the law and confidentiality requirements.

Regional board members met in Tasmania in April 2014 and in the ACT last year. An information forum held in Hobart in 2014 was well attended with more than 40 practitioners interested in learning more about the regulation of psychologists in our region.

Regional board members spoke at a number of stakeholder forums over the year.

- In August 2013, Associate Professor Jen Scott and Associate Professor Kathryn Von Treuer spoke at the APS Psychology Course Information Day to potential postgraduate psychology students at Monash University.
- In May 2014, I addressed the ACT Health Psychology Professional Development Day, which included a gathering of senior psychologists and managers from various parts of the ACT Health Service.
- In April 2014, Dr Simon Kinsella addressed postgraduate students at Monash University, providing an overview of national registration, the Psychology Board of Australia and AHPRA.

As well as our routine regional meetings and speaking engagements, the regional board hosted the National Board at a stakeholder forum in Melbourne in May 2014.

I thank my colleagues on the regional board for their energy and commitment to the people of the ACT, Tasmania and Victoria during the year.

I would also like to thank Ms Claire Shann (resigned Sept 2013) for her work on the Board and acknowledge Professor Barry Fallon who passed away in June 2013. Barry led the regional board from its

inception in 2010 and his passing was a sad loss for all of us. I would like to acknowledge his very significant efforts as Chair of the regional board over a very busy and tumultuous time of change.

I would also like to thank Associate Professor Jen Scott who chaired the Board from June-December 2013.

I hope you find this report on our work interesting.



Dr Cristian Torres, Chair, ACT/Tas/
Vic Regional Board of the Psychology
Board of Australia



Professor Brin Grenyer, Chair,
Psychology Board of Australia

Members of the ACT/Tas/Vic Regional Board as at 30 June 2014

Dr Cristian Torres (Chair)

Dr Simon Kinsella (Deputy Chair)

Associate Professor Kathryn Von Treuer (Deputy
Chair)

Mr Robin Brown

Dr Melissa Casey

Ms Anne Horner

Associate Professor Terry Laidler

Dr Patricia Mehegan

Ms Maree Riley

National Boards and committees making local decisions

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

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

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

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

to any state or territory-specific issues for their professions.

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

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

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

The National Board Chairs



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



Professor Charlie Xue
Chair, Chinese Medicine
Board of Australia



Dr Phillip Donato OAM
Chair, Chiropractic
Board of Australia



Mr Neil Hicks
Chair, Medical
Radiation Practice
Board of Australia



Dr Mary Russell
Chair, Occupational
Therapy Board of
Australia



Mr Colin Waldron
Chair, Optometry Board
of Australia



Dr Robert Fendall
Chair, Osteopathy Board
of Australia



Mr Paul Shinkfield
Chair, Physiotherapy
Board of Australia



Ms Catherine Loughry
Chair, Podiatry Board
of Australia

PART 2:

The National Scheme at work in Tasmania

Tasmanian data snapshot: registration and notifications

Background

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

This snapshot provides information about the number of practitioners in each profession in Tasmania, including a breakdown by registration type, registration division (for professions with divisions), information about specialities (for dental and medical practitioners), and endorsements or notations held. We also provide a gender breakdown of practitioners, by profession.

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

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

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

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

Registration in Tasmania

Tables 1–6 provide details of registered practitioners in Tasmania. On 30 June 2014, there were 13,572 registered practitioners in Tasmania, representing 2.2% of the practitioners registered nationally. This proportion has varied little over the last three years. By profession, the proportion of registrants in Tasmania ranges from nurses, pharmacists and podiatrists, each with 2.4% of the national registrant base, to midwives and Aboriginal and Torres Strait Islander health practitioners, each with 0.3% of the registrant base in TAS.

There are some interesting features of the data for professions with divisions (see Table 5) in registration

types. For example, Tasmania is the principal place of practice for 4% of practitioners registered as dental prosthetists and 4.7% of those registered as dental therapists, but only 1.4% of those registered as dentists.

Details of registration applications received in 2013/14 are provided in Table 7. In 2013/14, 1.9% of the applications received nationally were received in Tasmania. This includes first-time applications for registration as well as applications for changes in registration type. This proportion has varied little across the last three years but is slightly less than the 2.2% of practitioners who nominated Tasmania as their principal place of practice.

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

Profession	TAS	National Total ⁵	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner ²	1	343	0.3%
Chinese Medicine Practitioner ²	34	4,271	0.8%
Chiropractor	53	4,845	1.1%
Dental Practitioner	349	20,707	1.7%
Medical Practitioner	2,155	99,379	2.2%
Medical Radiation Practitioner ²	284	14,387	2.0%
Midwife	11	3,230	0.3%
Nurse	7,899	327,388	2.4%
Nurse and Midwife ³	667	31,832	2.1%
Occupational Therapist ²	263	16,223	1.6%
Optometrist	86	4,788	1.8%
Osteopath	40	1,865	2.1%
Pharmacist	679	28,282	2.4%
Physiotherapist	426	26,123	1.6%
Podiatrist	98	4,129	2.4%
Psychologist	527	31,717	1.7%
Total 2013-14	13,572	619,509	2.2%
Total 2012-13²	13,176	592,470	2.2%
Total 2011-12	12,489	548,528	2.3%
Population as a proportion of national population⁴	514,000	23,319,400	2.2%

Notes:

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

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

Profession	TAS	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner	1	343	0.3%
General	1	343	0.3%
Chinese Medicine Practitioner	34	4,271	0.8%
General	34	4,149	0.8%
Non-practising		122	
Chiropractor	53	4,845	1.1%
General	51	4,577	1.1%
Non-practising	2	268	0.7%
Dental Practitioner	349	20,707	1.7%
General	318	18,320	1.7%
General and Specialist	25	1,586	1.6%
Limited	1	324	0.3%
Non-practising	5	446	1.1%
Specialist		27	
General and Limited ¹		4	
Medical Practitioner	2,155	99,379	2.2%
General	626	32,389	1.9%
General (Teaching and Assessing)		34	
General (Teaching and Assessing) and Specialist		2	
General and Specialist	1,074	48,118	2.2%
Limited	107	4,347	2.5%
Limited (Public Interest - Occasional Practice)	1	399	0.3%
Non-practising	49	2,477	2.0%
Provisional	87	3,846	2.3%
Specialist	211	7,767	2.7%
Medical Radiation Practitioner	284	14,387	2.0%
General	274	13,500	2.0%
Limited		3	
Non-practising	1	197	0.5%
Provisional	9	687	1.3%
Midwife	11	3,230	0.3%
General	11	3,173	0.3%
Non-practising		57	
Nurse	7,899	327,388	2.4%
General	7,796	323,284	2.4%
General and Non-practising ²		13	
Non-practising	103	4,091	2.5%
Nurse and Midwife	667	31,832	2.1%
General	635	30,111	2.1%
General and Non-practising ³	24	1,122	2.1%
Non-practising	8	599	1.3%

Profession	TAS	National Total	% of National Total
Occupational Therapist	263	16,223	1.6%
General	258	15,599	1.7%
Limited		115	
Non-practising	5	471	1.1%
Provisional		38	
Optometrist	86	4,788	1.8%
General	86	4,654	1.8%
Limited		3	
Non-practising		131	
Osteopath	40	1,865	2.1%
General	39	1,791	2.2%
Non-practising	1	73	1.4%
Provisional ⁴		1	
Pharmacist	679	28,282	2.4%
General	624	25,455	2.5%
Limited		17	
Non-practising	7	964	0.7%
Provisional	48	1,846	2.6%
Physiotherapist	426	26,123	1.6%
General	416	25,093	1.7%
Limited	4	264	1.5%
Non-practising	6	766	0.8%
Podiatrist	98	4,129	2.4%
General	95	4,017	2.4%
General and Specialist		27	
Non-practising	3	85	3.5%
Psychologist	527	31,717	1.7%
General	443	26,219	1.7%
Non-practising	23	1,390	1.7%
Provisional	61	4,108	1.5%
Total	13,572	619,509	2.2%

Notes:

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

continued overleaf

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

Profession	TAS	National Total	% of National Total
Chiropractor		33	
Acupuncture		33	
Dental Practitioner	2	86	2.3%
Conscious sedation	2	86	2.3%
Medical Practitioner	11	412	2.7%
Acupuncture	11	412	2.7%
Nurse ¹	30	1,975	1.5%
Nurse Practitioner	25	1,087	2.3%
Scheduled Medicines	5	888	0.6%
Midwife ¹	9	364	2.5%
Eligible Midwife ²	7	247	2.8%
Midwife Practitioner		1	
Scheduled Medicines	2	116	1.7%
Optometrist	58	1,753	3.3%
Scheduled Medicines	58	1,753	3.3%
Osteopath		2	
Acupuncture		2	
Physiotherapist		9	
Acupuncture		9	
Podiatrist		64	
Scheduled Medicines		64	
Psychologist	186	9,221	2.0%
Area of Practice	186	9,221	2.0%
Total	296	13,919	2.1%

Notes:

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

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

Profession	TAS	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner	1	343	0.3%
Female	1	251	0.4%
Male		92	
Chinese Medicine Practitioner	34	4,271	0.8%
Female	22	2,279	1.0%
Male	12	1,992	0.6%
Chiropractor	53	4,845	1.1%
Female	14	1,799	0.8%

Profession	TAS	National Total	% of National Total
Male	39	3,046	1.3%
Dental Practitioner	349	20,707	1.7%
Female	149	9,932	1.5%
Male	200	10,775	1.9%
Medical Practitioner	2,155	99,379	2.2%
Female	875	39,963	2.2%
Male	1,280	59,416	2.2%
Medical Radiation Practitioner	284	14,387	2.0%
Female	195	9,694	2.0%
Male	89	4,693	1.9%
Midwife	11	3,230	0.3%
Female	11	3,219	0.3%
Male		11	
Nurse	7,899	327,388	2.4%
Female	6,982	290,178	2.4%
Male	917	37,210	2.5%
Nurse and Midwife	667	31,832	2.1%
Female	649	31,242	2.1%
Male	18	590	3.1%
Occupational Therapist	263	16,223	1.6%
Female	239	14,872	1.6%
Male	24	1,351	1.8%
Optometrist	86	4,788	1.8%
Female	31	2,404	1.3%
Male	55	2,384	2.3%
Osteopath	40	1,865	2.1%
Female	26	986	2.6%
Male	14	879	1.6%
Pharmacist	679	28,282	2.4%
Female	376	17,015	2.2%
Male	303	11,267	2.7%
Physiotherapist	426	26,123	1.6%
Female	309	18,082	1.7%
Male	117	8,041	1.5%
Podiatrist	98	4,129	2.4%
Female	63	2,515	2.5%
Male	35	1,614	2.2%
Psychologist	527	31,717	1.7%
Female	422	24,996	1.7%
Male	105	6,721	1.6%
Total	13,572	619,509	2.2%

continued overleaf

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

Profession	TAS	National Total	% of National Total
Chinese Medicine Practitioner	34	4,271	0.8%
Acupuncturist	21	1,630	1.3%
Acupuncturist and Chinese Herbal Dispenser ¹		5	
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹	1	503	0.2%
Acupuncturist and Chinese Herbal Medicine Practitioner ¹	11	2,019	0.5%
Chinese Herbal Dispenser		41	
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹		14	
Chinese Herbal Medicine Practitioner	1	59	1.7%
Dental Practitioner	349	20,707	1.7%
Dental Hygienist	19	1,298	1.5%
Dental Hygienist and Dental Prosthetist ¹		3	
Dental Hygienist and Dental Prosthetist and Dental Therapist ¹		2	
Dental Hygienist and Dental Therapist ¹	2	493	0.4%
Dental Hygienist and Oral Health Therapist ¹		1	
Dental Prosthetist	48	1,209	4.0%
Dental Prosthetist and Dental Therapist ¹		1	
Dental Therapist	51	1,093	4.7%
Dentist	219	15,638	1.4%
Dental Hygienist and Dentist ¹		6	
Oral Health Therapist	10	963	1.0%
Medical Radiation Practitioner	284	14,387	2.0%
Diagnostic Radiographer	209	11,103	1.9%
Diagnostic Radiographer and Nuclear Medicine Technologist ¹	1	16	6.3%
Diagnostic Radiographer and Radiation Therapist ¹		2	
Nuclear Medicine Technologist	19	1,012	1.9%
Radiation Therapist	55	2,254	2.4%
Nurse	7,899	327,388	2.4%
Enrolled Nurse	1,423	61,301	2.3%
Enrolled Nurse and Registered Nurse ¹	46	5,022	0.9%
Registered Nurse	6,430	261,065	2.5%
Nurse and Midwife	667	31,832	2.1%
Enrolled Nurse and Midwife ¹		55	
Enrolled Nurse and Registered Nurse and Midwife ¹		54	
Registered Nurse and Midwife ¹	667	31,723	2.1%
Total	9,233	398,585	2.3%

Notes:

1. Practitioners who hold dual or multiple registration.

Table 6: Health practitioners with specialties at 30 June 2014 ¹

Profession	TAS	National Total	% of National Total
Dental Practitioner	25	1,667	1.5%
Dento-maxillofacial radiology		11	
Endodontics	4	154	2.6%
Forensic odontology	2	27	7.4%
Oral and maxillofacial surgery	4	201	2.0%
Oral medicine		36	
Oral pathology		25	
Oral surgery		48	
Orthodontics	12	597	2.0%
Paediatric dentistry		114	
Periodontics	3	214	1.4%
Prosthodontics		207	
Public health dentistry (Community dentistry)		16	
Special needs dentistry		17	
Medical Practitioner	1,386	61,171	2.3%
Addiction medicine	9	166	5.4%
Anaesthesia	111	4,495	2.5%
Dermatology	6	489	1.2%
Emergency medicine	41	1,567	2.6%
General practice	617	23,624	2.6%
Intensive care medicine	16	796	2.0%
Paediatric intensive care medicine		2	
No subspecialty declared	16	794	2.0%
Medical administration	4	331	1.2%
Obstetrics and gynaecology	38	1,814	2.1%
Gynaecological oncology	1	43	2.3%
Maternal-fetal medicine		39	
Obstetrics and gynaecological ultrasound		80	
Reproductive endocrinology and infertility	1	53	1.9%
Urogynaecology		30	
No subspecialty declared	36	1,569	2.3%
Occupational and environmental medicine	6	300	2.0%
Ophthalmology	20	935	2.1%
Paediatrics and child health	40	2,315	1.7%
Clinical genetics		22	
Community child health		35	
General paediatrics	31	1,744	1.8%
Neonatal and perinatal medicine	3	145	2.1%
Paediatric cardiology		22	
Paediatric clinical pharmacology		1	

Profession	TAS	National Total	% of National Total
Paediatric emergency medicine		37	
Paediatric endocrinology		20	
Paediatric gastroenterology and hepatology		19	
Paediatric haematology		7	
Paediatric immunology and allergy		11	
Paediatric infectious diseases		15	
Paediatric intensive care medicine		5	
Paediatric medical oncology		18	
Paediatric nephrology		5	
Paediatric neurology	1	28	3.6%
Paediatric palliative medicine		2	
Paediatric rehabilitation medicine		5	
Paediatric respiratory and sleep medicine		23	
Paediatric rheumatology		11	
No subspecialty declared	5	140	3.6%
Pain medicine	8	251	3.2%
Palliative medicine	12	275	4.4%
Pathology	51	2,276	2.2%
Anatomical pathology (including cytopathology)	17	821	2.1%
Chemical pathology	2	89	2.2%
Forensic pathology	2	43	4.7%
General pathology	13	502	2.6%
Haematology	12	460	2.6%
Immunology	1	111	0.9%
Microbiology	4	211	1.9%
No subspecialty declared		39	
Physician	166	9,089	1.8%
Cardiology	20	1,200	1.7%
Clinical genetics		70	
Clinical pharmacology		51	
Endocrinology	11	582	1.9%
Gastroenterology and hepatology	13	763	1.7%
General medicine	36	1,753	2.1%
Geriatric medicine	9	574	1.6%
Haematology	9	485	1.9%
Immunology and allergy	1	143	0.7%
Infectious diseases	7	368	1.9%
Medical oncology	9	553	1.6%
Nephrology	10	482	2.1%
Neurology	7	526	1.3%
Nuclear medicine	6	249	2.4%

Profession	TAS	National Total	% of National Total
Respiratory and sleep medicine	12	610	2.0%
Rheumatology	7	347	2.0%
No subspecialty declared	9	333	2.7%
Psychiatry	60	3,329	1.8%
Public health medicine	11	435	2.5%
Radiation oncology	8	358	2.2%
Radiology	48	2,220	2.2%
Diagnostic radiology	43	1,902	2.3%
Diagnostic ultrasound		4	
Nuclear medicine	4	184	2.2%
No subspecialty declared	1	130	0.8%
Rehabilitation medicine	6	454	1.3%
Sexual health medicine	1	115	0.9%
Sport and exercise medicine	2	115	1.7%
Surgery	105	5,422	1.9%
Cardio-thoracic surgery	3	200	1.5%
General surgery	35	1,895	1.8%
Neurosurgery	4	226	1.8%
Oral and maxillofacial surgery	1	105	1.0%
Orthopaedic surgery	22	1,313	1.7%
Otolaryngology - head and neck surgery	9	474	1.9%
Paediatric surgery	2	98	2.0%
Plastic surgery	13	428	3.0%
Urology	10	399	2.5%
Vascular surgery	6	215	2.8%
No subspecialty declared		69	
Podiatrist		27	
Podiatric Surgeon		27	
Total	1,411	62,865	2.2%

Notes:

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

continued overleaf

Table 7: Applications received by profession and registration type

Profession	TAS	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner ¹		85	
General		84	
Non-practising		1	
Chinese Medicine Practitioner ¹	5	696	0.7%
General	5	624	0.8%
Limited		1	
Non-practising		71	
Chiropractor	4	370	1.1%
General	3	318	0.9%
Limited		7	
Non-practising	1	45	2.2%
Dental Practitioner	16	1,907	0.8%
General	12	1,399	0.9%
Limited	1	291	0.3%
Non-practising	2	133	1.5%
Specialist	1	84	1.2%
Medical Practitioner	329	15,425	2.1%
General	116	5,152	2.3%
General (Teaching and Assessing)		6	
Limited	66	3,289	2.0%
Limited (Public Interest - Occasional Practice)		1	
Non-practising	12	439	2.7%
Provisional	89	3,842	2.3%
Specialist	46	2,696	1.7%
Medical Radiation Practitioner ¹	24	1,700	1.4%
General	19	1,042	1.8%
Limited		2	
Non-practising	1	85	1.2%
Provisional	4	571	0.7%
Midwife	27	1,704	1.6%
General	17	1,377	1.2%
Non-practising	10	327	3.1%
Nurse	480	24,147	2.0%
General	450	22,879	2.0%
Non-practising	30	1,268	2.4%
Occupational Therapist ¹	20	2,204	0.9%
General	18	1,807	1.0%
Limited		79	
Non-practising	2	313	0.6%
Provisional		5	
Optometrist	7	262	2.7%
General	7	235	3.0%

Profession	TAS	National Total	% of National Total
Limited		4	
Non-practising		23	
Osteopath	2	211	0.9%
General	1	167	0.6%
Limited		7	
Non-practising		31	
Provisional	1	6	16.7%
Pharmacist	82	3,313	2.5%
General	33	1,609	2.1%
Limited	1	46	2.2%
Non-practising	3	130	2.3%
Provisional	45	1,528	2.9%
Physiotherapist	22	2,332	0.9%
General	16	2,003	0.8%
Limited	6	184	3.3%
Non-practising		145	
Podiatrist	4	380	1.1%
General	3	348	0.9%
Non-practising	1	29	3.4%
Provisional		1	
Specialist		2	
Psychologist	69	4,053	1.7%
General	28	1,645	1.7%
Limited		2	
Non-practising	7	394	1.8%
Provisional	34	2,012	1.7%
Total 2013-14	1,091	58,789	1.9%
Total 2012-13	1,282	63,113	2.0%
Total 2011-12 ¹	1,436	79,355	1.8%

Notes:

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

Notifications in Tasmania

Notifications in Tasmania are detailed in Tables 8–13. In 2013/14, 298 notifications were lodged in Tasmania. Proportionally, this is 3% of the notifications received nationally, and is a slight increase on the 2.3% of national notifications in 2013. Importantly, there was a 49% increase in notifications received (compared to a 16% increase nationally) and a 21% increase in mandatory notifications in Tasmania, compared to a 13% increase nationally.

The 51 mandatory notifications received in Tasmania represent 4.5% of the mandatory notifications received nationally. At 33.9 per 10,000 practitioners, the rate

of mandatory notifications is higher than the national average of 15.8 notifications per 10,000 practitioners and is the highest in Australia.

There are 2% of practitioners in Tasmania who are subject to a notification, slightly higher than the national average of 1.4%.

A large proportion of notifications received (153) were about clinical care (see Table 11), which is consistent with the national pattern. Other common concerns were about pharmacy/medication (9%), and 6% each about possible health impairment and documentation.

Notifications received in Tasmania came mainly from the health complaints entity (HCE), the patient, other practitioners, or the employer (see Table 12). The number of notifications from HCEs as a proportion of the national total (excluding NSW) at 6.3% is slightly higher than with the proportion of notifications (excluding NSW) received in Tasmania (4.4%), but the

proportion of notifications received from patients, at 2.9%, is lower.

In 2013/14, Tasmanian boards took immediate action in 16 cases, representing 2.4% of the national total. This action led to a restriction on registration in 75% of cases, to manage risk to the public as an interim step, pending other inquiries. In four of these cases the registration of the practitioner was suspended, five cases resulted in conditions imposed on registration and in a further three cases the Board accepted an undertaking given by the practitioner. In four cases the Board determined that no further regulatory action was required to keep the public safe at this stage of the process.

There were three notifications still open at the end of the financial year and received before the start of the National Scheme in 2010. This is 3.3% of the national total.

Table 8: Notifications received or closed in 2013/14 or remaining open at 30 June 2014, by profession ¹

Profession	All Received			Mandatory Received			Closed			Open at 30 June		
	TAS	National Total	% of National Total	TAS	National Total	% of National Total	TAS	National Total	% of National Total	TAS	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner ⁵		6						5			3	
Chinese Medicine Practitioner ⁵		26						28			15	
Chiropractor	3	111	2.7%	7			2	89	2.2%	1	97	1.0%
Dental Practitioner	23	951	2.4%	3	26	11.5%	23	1,015	2.3%	7	441	1.6%
Medical Practitioner	173	5,585	3.1%	17	351	4.8%	180	5,515	3.3%	93	2,631	3.5%
Medical Radiation Practitioner ⁵	1	28	3.6%	8				28		1	15	6.7%
Midwife	1	110	0.9%	34			1	103	1.0%	1	87	1.1%
Nurse	67	1,900	3.5%	24	590	4.1%	56	1,774	3.2%	42	1,118	3.8%
Occupational Therapist ⁵		43		9			1	41	2.4%		20	
Optometrist		66		2				66			18	
Osteopath		11						14			13	
Pharmacist	14	514	2.7%	5	55	9.1%	15	464	3.2%	12	365	3.3%
Physiotherapist	2	134	1.5%	1	14	7.1%		104		2	73	2.7%
Podiatrist	3	54	5.6%	1	4	25.0%	2	58	3.4%	2	28	7.1%
Psychologist	11	487	2.3%	45			12	484	2.5%	8	313	2.6%
Not identified ²		21						15				
2014 Total ^{3,4}	298	10,047	3.0%	51	1,145	4.5%	292	9,803	3.0%	169	5,237	3.2%
2013 Total ⁵	200	8,648	2.3%	42	1,013	4.1%	187	8,014	2.3%	141	5,099	2.8%
2012 Total ⁶	219	7,594	2.9%	18	775	2.3%	180	6,209	2.9%	104	4,521	2.3%

Notes:

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

Table 9: Percentage of registrant base with notifications received in 2013/14, by profession¹

Profession	TAS	2014 Total
Aboriginal and Torres Strait Islander Health Practitioner ⁴		1.7%
Chinese Medicine Practitioner ⁴		0.6%
Chiropractor	3.8%	2.0%
Dental Practitioner	6.0%	4.0%
Medical Practitioner	7.2%	4.9%
Medical Radiation Practitioner ⁴	0.4%	0.2%
Midwife ²	0.1%	0.3%
Nurse ³	0.8%	0.5%
Occupational Therapist ⁴		0.3%
Optometrist		1.3%
Osteopath		0.6%
Pharmacist	2.1%	1.7%
Physiotherapist	0.5%	0.5%
Podiatrist	3.1%	1.2%
Psychologist	1.7%	1.4%
2014 Total	2.0%	1.4%
2013 Total⁴	1.4%	1.3%
2012 Total	1.6%	1.2%

Notes:

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

Table 10: Registrants involved in mandatory notifications by jurisdiction

	2013/14		2012/13 ¹		2011/12	
	No. practitioners ² Rate / 10,000 33practitioners ³		No. practitioners ² Rate / 10,000 practitioners ³		No. practitioners ² Rate / 10,000 practitioners ³	
Tasmania	46	33.9	37	28.1	18	14.4
Total Australia	976	15.8	951	16.1	732	13.3

Notes:

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

Table 11: Issues in notifications received in 2013/14

Issue	TAS	National Total	% of National Total
Behaviour	13	392	3.3%
Billing	2	240	0.8%
Boundary violation	6	308	1.9%
Clinical care	153	4,049	3.8%
Communication	17	894	1.9%
Confidentiality	7	233	3.0%
Conflict of interest		19	
Discrimination		16	
Documentation	17	445	3.8%
Health impairment	18	885	2.0%
Infection/hygiene	1	50	2.0%
Informed consent	6	77	7.8%
Medico-legal conduct		88	
National Law breach	4	201	2.0%
National Law offence		139	
Offence	11	300	3.7%
Other	7	240	2.9%
Pharmacy/medication	26	904	2.9%
Research/teaching/assessment		16	
Response to adverse event		14	
Teamwork/supervision	1	60	1.7%
Not recorded	9	477	1.9%
Total	298	10,047	3.0%

continued overleaf

Table 12: Source of notifications received in 2013/14

Issue	TAS	National Total (excluding NSW) ¹	% of National Total (excluding NSW)
Anonymous	1	171	0.6%
Drugs and poisons		53	
Education provider	3	23	13.0%
Employer	31	639	4.9%
Government department	3	74	4.1%
HCE	125	1,995	6.3%
Health advisory service		14	
Hospital		14	
Insurance company		9	
Lawyer		30	
Member of Parliament		2	
Member of the public	13	308	4.2%
Ombudsman		1	
Other board	3	38	7.9%
Other practitioner	37	679	5.4%
Own motion	12	285	4.2%
Patient	45	1,529	2.9%
Police		36	
Relative	9	492	1.8%
Self	11	189	5.8%
Treating practitioner	4	87	4.6%
Unclassified	1	143	0.7%
Total	298	6,811	4.4%

Notes:

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

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

Outcomes	TAS	National Total	% of National Total
Not take immediate action	4	140	2.9%
Accept undertaking	3	93	3.2%
Impose conditions	5	309	1.6%
Accept surrender of registration		3	
Suspend registration	4	110	3.6%
Decision pending		8	
Total	16	663	2.4%

Tables 14 –18 detail the outcomes of key stages in the notifications process during 2013/14. The national data in these tables do not include data for NSW.

Most enquiries received (274 of 302) met the criteria and were progressed as a notification (see Table 14).

There were 292 cases in the year in which assessments were finalised. Of these, in 91 cases

boards considered further regulatory action was needed and boards closed the matters in 201 cases after assessment. The proportion of cases referred for further action is similar to national proportions (31%) as are the 201 cases closed following assessment (69%) (see Table 15).

Of the cases referred for further regulatory action, 75 of 91 or 82% were referred to investigation. Of the cases closed at assessment, 93 or 46% were referred to the Health Complaints Commission; in 39% of cases boards decided no further regulatory action was needed to manage risk to the public and took no further regulatory action; and in 13% of cases boards took disciplinary action of some kind.

Of the 92 investigations finalised during the year (see Table 16), boards closed 66 cases (4.5% of national total) and referred 26 notifications for further regulatory action (5.5% of national total). Most of these were referred to a panel hearing (15) or tribunal hearing (6). Of the matters closed after investigation, boards decided no more regulatory action was needed to keep the public safe in 31 cases (47%) and took some form of disciplinary action in 35 cases (53%).

There were 10 notifications finalised at panel hearings during the year, with 90% resulting in disciplinary action of some sort. Panel decisions in Tasmania account for 4.4% of the national total (see Table 18).

There were four notifications finalised by tribunal decisions during the year, with 75% resulting in disciplinary action of some sort. This represents 3.4% of all tribunal decisions nationally (see Table 19).

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

Profession	TAS	National Total	% of National Total
Chinese Medicine Practitioner		5	
Chiropractor		2	
Dental Practitioner		3	
Medical Practitioner	1	49	2.0%
Medical Radiation Practitioner		2	
Nurse		9	
Osteopath		1	
Pharmacist		7	
Physiotherapist		2	
Psychologist	2	11	18.2%
Total 2014 ¹	3	91	3.3%
Total 2013	4	242	1.7%
Total 2012	10	517	1.9%

Notes:

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

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

Outcomes	TAS	National Total (excl NSW)	% of National Total
Moved to notification	274	6,621	4.1%
Closed at lodgement	18	1,196	1.5%
Yet to be determined	10	227	4.4%
Total	302	8,044	3.8%

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

Outcome of decisions to take the notification further	TAS	National Total (excl NSW)	% of National Total
Health or performance assessment	14	324	4.3%
Investigation	75	2,055	3.6%
Panel hearing	2	27	7.4%
Tribunal hearing		16	
Total	91	2,422	3.8%

Outcome of notifications closed following assessment	TAS	Total	% of National Total
No further action	78	2,550	3.1%
Health complaints entity to retain	93	1,342	6.9%
Refer all of the notification to another body	3	10	30.0%
Caution	20	366	5.5%
Accept undertaking	2	58	3.4%
Impose conditions	3	58	5.2%
Practitioner surrenders registration	2	3	66.7%
Total	201	4,387	4.6%

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

Outcomes	TAS	National Total (excl NSW)	% of National Total
Health or performance assessment	5	41	12.2%
Panel hearing	15	242	6.2%
Tribunal hearing	6	190	3.2%
Total	26	473	5.5%

Outcome of notifications closed following investigation	TAS	Total	% of National Total
No further action	31	989	3.1%
Refer all or part of the notification to another body		12	
Caution	30	304	9.9%
Accept undertaking	1	67	1.5%

Outcomes	TAS	National Total (excl NSW)	% of National Total
Impose conditions	3	96	3.1%
Practitioner surrender	1	1	100.0%
Total	66	1,469	4.5%

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

Outcomes	TAS	National Total (excl NSW)	% of National Total
No further action	1	55	1.8%
Caution	4	57	7.0%
Reprimand	1	26	3.8%
Accept undertaking		2	
Impose conditions	4	82	4.9%
Practitioner surrenders registration		2	
Suspend registration		4	
Total	10	228	4.4%

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

Outcomes	TAS	National Total (excl NSW)	% of National Total
No further action	1	14	7.1%
Caution		1	
Reprimand	1	35	2.9%
Fine registrant		7	
Accept undertaking		6	
Impose conditions	1	25	4.0%
Practitioner surrenders registration		2	
Suspend registration	1	12	8.3%
Cancel registration		12	
Not permitted to re-apply for registration for a period of 12 months		1	
Permanently prohibited from undertaking services relating to midwifery		1	
Total	4	116	3.4%

Practitioners under active monitoring at the end of the reporting year are detailed in Table 20. The 123 registrants under monitoring in Tasmania accounted for 4.4% of all registrants. Most are medical practitioners (42) or nurses (52).

Table 21 provides an overview of cases when a criminal history check undertaken resulted in, or contributed to, the imposition of conditions by a Board or undertakings given by a practitioner. There were six cases in Tasmania in 2013/4.

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

Profession	TAS	National Total (excl NSW)	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner		17	
Chinese Medicine Practitioner		124	
Chiropractor		34	
Dental Practitioner	5	150	3.3%
Medical Practitioner	42	987	4.3%
Medical Radiation Practitioner	5	106	4.7%
Midwife	1	35	2.9%
Nurse	52	908	5.7%
Occupational Therapist	3	87	3.4%
Optometrist		8	
Osteopath		10	
Pharmacist	5	145	3.4%
Physiotherapist	4	66	6.1%
Podiatrist	1	19	5.3%
Psychologist	5	131	3.8%
Total	123	2,827	4.4%

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

Profession	TAS	National Total (excl NSW)	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner		1	
Chinese Medical Practitioner			
Chiropractor		1	
Dental Practitioner		1	
Medical Practitioner	3	11	27.3%
Midwife		1	
Nurse	3	48	6.3%
Pharmacist		8	
Physiotherapist		2	
Podiatrist		1	
Psychologist		2	
Total 2013/14	6	76	7.9%
Total 2012/13		27	

Keeping the public safe: monitoring

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

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

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

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

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

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

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

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

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

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

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

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

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