

Annual report summary

2016/17

Your National Scheme: Regulating health practitioners in **Western Australia**

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



Aboriginal and Torres Strait
Islander health practice
Chinese medicine
Chiropractic
Dental
Medical
Medical radiation practice
Nursing and Midwifery

Occupational therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

Performance summary for 2016/17

This annual report summary offers a snapshot of our work regulating almost 70,000 registered health practitioners in Western Australia (WA) for the financial year to 30 June 2017.

For a national perspective, refer to the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards' 2016/17 annual report at www.ahpra.gov.au/annualreport/2017.



WA practitioners accounted for **10.2%** of all registered health practitioners in Australia¹

Largest practitioner contingent:

17.3% of all Aboriginal and Torres Strait Islander Health Practitioners in Australia were based in WA

Smallest practitioner contingent:

2.8% of all osteopaths in Australia were based in WA

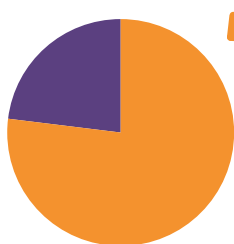


69,012 health practitioners were registered in WA in 2016/17, compared with 67,384 the previous year



7,017 new applications for registration were received in WA this year

That's an increase of 5.6% from 2015/16



Women comprised **77.8%** of the registered WA health workforce²



13% of all notifications (complaints or concerns) received by AHPRA during the year were about practitioners in WA, up from 11.9% in 2015/16

900 notifications were received about registrants with a principal place of practice in WA

That's a 25.3% increase in notifications, from 718 in 2015/16

651 health practitioners with a principal place of practice in WA were being monitored for compliance with restrictions on their registration³



162 new statutory offence complaints were received; up from 112 in 2015/16

AHPRA and the National Boards closed **859** notifications in WA this year, compared with 654 in the previous year

¹ This percentage has remained relatively consistent over the past five years.

² The national percentage of women in the registered health workforce is 75.8%.

³ Data as at 30 June 2017. See page 26 for more information about monitoring cases relating to compliance with restrictions on registration for practitioners in WA.

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About the National Scheme

Who

The National Registration and Accreditation Scheme (the National Scheme) regulates almost 680,000 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 14 National Boards are:

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

The National Scheme makes sure that only those practitioners who are suitably skilled and qualified to provide safe and ethical healthcare 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.

A searchable online database, the *Register of practitioners*, provides the community with information about the current registration status of all regulated health practitioners in Australia, including any restrictions on practice. A register of cancelled health practitioners is also published. Visit the registers on the AHPRA website at www.ahpra.gov.au/registration/registers-of-practitioners.

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

The National Scheme also sets a standardised 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 678,938 on 30 June 2017.

Where

The National Scheme operates across Australia with local offices in each capital city. Every state and territory parliament has passed a national 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 in most states and territories, and on 18 October 2010 in Western Australia.

Why

Public safety is the core focus of regulation. Other objectives and guiding principles of the National Scheme are set down in the National Law.

For more information on the National Law, visit www.ahpra.gov.au/about-ahpra/what-we-do/legislation.

Our regulatory principles

Eight regulatory principles underpin AHPRA and the Boards' work, and guide our decision-making in the public interest. These principles foster a responsive, risk-based approach to regulation. In brief, they are to:

Protect the public

Take timely and necessary action

Administer the National Law

Ensure registrants are qualified

Work with stakeholders

Uphold professional standards

Identify and respond to risk

Use appropriate regulatory force

Foreword from the AHPRA Chair and the CEO

This year the number of registered health practitioners in the National Scheme increased to almost 680,000. AHPRA and the 14 National Boards work through our local AHPRA offices and committees to regulate health practitioners in Australia under the National Law. We are committed to regulating health practitioners efficiently and effectively to protect the public.

In 2016/17, there was an increase of 2.4% registered health practitioners in WA, bringing the total number to 69,012. This represents 10.2% of all registered health practitioners in Australia. Members of the community can be safe in the knowledge that registered health practitioners must meet national registration standards and be adequately trained and qualified.

A focus of the past year was improving community awareness of both the online *Register of practitioners* and the National Scheme more widely. Greater engagement with our local community and stakeholders means we are better able to respond to issues relevant to the Western Australian community.

This year, AHPRA received more notifications about health practitioners than ever before, and we worked with the National Boards to respond to these promptly. WA received 900 notifications in the past year, and closed 859. We work closely with WA's Health and Disability Services Complaints Office and the Health Consumers Council in the management of these concerns.

We are committed to improving the timely and efficient handling of notifications. We recognise that the notifications process can be very stressful and we have also made improvements in our information and communication with both notifiers and health practitioners subject to a notification.

More widely, the WA office led work with various health complaints entities across Australia, working collaboratively to create informative pamphlets about how the public and other concerned parties can make a complaint about a health practitioner. This was shared widely nationally, and we thank everyone involved in promoting awareness of the complementary roles and responsibilities of the National Scheme and health complaints entities.

We would like to thank all the staff in our Perth office and local Boards and committees for their hard work and commitment. Everyone should take great pride in the accomplishments of the past year.



A stylized black ink signature of Mr Michael Gorton AM.

Mr Michael Gorton AM

Chair,
Agency Management
Committee, AHPRA



A stylized black ink signature of Mr Martin Fletcher.

Mr Martin Fletcher

Chief Executive Officer,
AHPRA

Foreword from the WA State Manager

The number of registered health practitioners in Western Australia (WA) grew to 69,012, assisting the state to maintain its health workforce for the benefit of all Western Australians.

Highlights for 2016/17:

- ▶ One of the benefits of the National Scheme is that it creates opportunities for AHPRA offices to work together to improve efficiencies and share resources. In the Northern Territory (NT), South Australia (SA) and WA offices, we have identified ways of working together that have resulted in better handling of registrations and notifications.
- ▶ Even though the number of notifications received in WA increased, the number of open notifications at the end of June 2017 was stable.
- ▶ We worked in collaboration with health complaints entities to develop a suite of 'How to make a complaint' brochures to broaden awareness of the notifications process.

Working in partnership with National Boards

The WA office works closely with local decision-makers on WA Boards and committees of the medical, nursing and midwifery, dental and psychology professions, as well as the national registration and notifications committees for other regulated professions. Local staff members also prepare the papers for local matters considered by the remaining 10 professions with national committees.

Building stakeholder relationships

During the year, AHPRA WA participated in about 150 stakeholder activities with over 45 organisations including the Health Consumers Council (WA), the Health and Disability Services Complaints Office (HaDSCO), public and private hospitals, education providers, and government and non-government agencies. This included a visit from the Vietnam Ministry of Health to learn about the National Scheme in Australia.

Continuing the work between AHPRA, National Boards and health complaints entities (HCEs) nationally, AHPRA WA worked in collaboration with HCEs to develop a suite of 'How to make a complaint' brochures. These documents outline the roles and responsibilities of AHPRA, the National Boards and the HCEs in WA, the Australian Capital Territory (ACT), NT, SA, Tasmania and Victoria.

To promote awareness of the WA brochure, AHPRA and HaDSCO conducted a joint mail-out to hospitals, health services and consumer advocacy groups in WA.

Managing local risks

The mechanisms for managing risk are consistent in each state and territory under the National Scheme, and may include some or all of the following: immediate action, imposing conditions, accepting undertakings, suspension or cancellation of registration, ongoing compliance monitoring of practitioners and/or audits. National Boards may also refuse or impose conditions on registration while making decisions on registration applications.

To prevent the public from being placed at serious risk of harm, all registered health practitioners, employers of practitioners and education providers must make a mandatory notification in situations defined in the National Law. These obligations apply to all practitioners, not just those within a practitioner's own health profession. Some exemptions apply in WA.

Local office, national contribution

The WA office made a national contribution by handling registration applications from all jurisdictions, including:

- ▶ managing all applications from overseas-qualified occupational therapists
- ▶ processing complex registration applications from practitioners with an international nursing and/or midwifery qualification, and
- ▶ managing the Medical Radiation Practitioner Supervised Practice Program for all graduates who have completed a three-year degree.

The WA office also participated in a new national physiotherapy team, cooperating with AHPRA offices in the NT and SA to process all applications for limited registration with the Physiotherapy Board of Australia.

I would like to thank the members of the regional and state Boards and committees for their diligence, expertise and commitment to the community of WA, and Dr Gerard Parkinson for his leadership as Chair of the WA Registration and Notification Committee of the Dental Board of Australia over the past six years.

As cluster lead for AHPRA NT, SA and WA offices, I extend my thanks to those offices for their professionalism and commitment to regulation excellence. New initiatives have arisen out of the regional relationships, which will result in improved management of registrations and notifications.



**Adjunct Associate Professor
Robyn Collins**

WA State Manager, AHPRA,
and Cluster Lead for the Adelaide,
Darwin and Perth AHPRA offices



Part 1

Decision-making in
Western Australia:
Board and committee
reports

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

The WA Registration and Notification Committee of the Dental Board of Australia (WA committee) is made up of practitioner and community members from WA and makes decisions about notifications and applications for registration from local graduates and overseas trained practitioners. The Dental Board of Australia sets the standards and policies that guide the WA Committee.

It has been a busy year, with the management of multiple high-risk notifications resulting in the WA committee referring practitioners to the State Administrative Tribunal (SAT). Outcomes from the tribunal have included findings of unprofessional conduct and professional misconduct on the basis of public interest, to reflect the high standards of the professions of dentistry. It is gratifying that there has been little requirement for immediate action¹ to be taken in this period.

We have continued to engage with our stakeholders during the year, including representatives of the WA branch of the Australian Dental Association, to discuss issues that are common to our work.

As my term as the Chair of the WA Committee ends with this report, I would like to acknowledge and thank my WA committee colleagues for their wisdom and input. The preparation for our meetings by all its members has made the chairmanship easy, and decision-making orderly and just. This year, we say special thanks to outgoing members Mr Michael Piu, Mr Graham Devenish and Ms Bronwyn Davies for their contributions to the WA committee over the years. I wish to congratulate the incoming Chair, Dr Simon Shanahan, who will continue to lead the important work of the WA Committee.

I thank the Dental Board of Australia (the National Board) for the opportunity to serve as Chair of the WA committee over the past six years under the leadership of National Board Chair Dr John Lockwood.

Thanks also go to the AHPRA staff for their advice and support, both at our meetings and at the tribunal level. The knowledge and expertise of the notifications and legal teams in dental matters is a clear affirmation, in my opinion, that a case-management model rather than a function-based model has assisted the WA Committee with its efficient decision-making.

Members of the WA Committee in 2016/17

Dr Gerard Parkinson (Chair)

Dr Susan Anderson

Mr Graham Devenish

Ms Bronwyn Davies

Mr Michael Piu (until 31 December 2016)

Dr Simon Shanahan



Dr Gerard Parkinson

Chair, WA Registration and Notification Committee, Dental Board of Australia



Dr John Lockwood AM

Chair, Dental Board of Australia

¹ Immediate action is a serious step that a National Board can take when it believes it is necessary to limit a practitioner's registration in some way to keep the public safe. It is an interim measure that a Board takes only in high-risk cases while it seeks further information.

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

As in previous years, the focus of the WA Board of the Medical Board of Australia (the WA Board) in 2016/17 has been on public safety as we made decisions about individual medical practitioners.

These decisions fall into two broad categories: either complex applications for registration that require detailed individual assessment; or what action is needed to manage risk to the public as a result of a notification.

We are a local Board making decisions about local practitioners. We are guided by the national standards and policies set by the Medical Board of Australia (the National Board) and are supported by the local AHPRA office.

This year, I attended the September 2016 International Association of Medical Regulatory Authorities (IAMRA) conference jointly hosted by the National Board and AHPRA in Melbourne. Nearly 500 delegates attended from more than 40 countries.

In December 2016, WA hosted a visit by Professor Le Quang Cuong, Vice Minister, Vietnam Ministry for Health, and a delegation of health administrators, academics and legislative advisors from Vietnam. The delegation received presentations from AHPRA staff, the National Board, the Australian Nursing and Midwifery Accreditation Council and the Australian Medical Council.

Representatives of the WA Board met with the Director, Health and Disability Services Complaints Office (HaDSCO) and attended the National Registration and Accreditation Scheme WA stakeholder consultation forum, Stage 1 amendment Bill. This was an opportunity to learn more about proposed changes to the National Law.

The WA Board has taken a proactive role in engaging and working with stakeholders in our state, and we invited representatives from the Postgraduate Medical Council and WA Medical Workforce team to Board and committee meetings throughout the year, to discuss issues that are common to our work.

I thank my colleagues on the WA Board for their energy and commitment to the people of WA. Our Board members contribute their time, energy and passion to protect the public. Their vigilance ensures that community confidence in the National Scheme is retained.



Professor Con Michael AO

Chair, Western Australia Board of the Medical Board of Australia



Dr Joanna Flynn AM

Chair, Medical Board of Australia

Members of the WA Board in 2016/17

Professor Con Michael AO (Chair)

Ms Maria Nicoletta Ciffolilli

Dr Mark Edwards

Dr Daniel Heredia

Dr Michael Levitt

Dr Michael McComish

Dr Kenneth Mark McKenna

Professor Stephan Millett

Mr John Pintabona

Ms Virginia Rivalland

Professor Bryant Stokes AM

Dr Peter Wallace OAM

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

In 2016/17, the WA Board of the Nursing and Midwifery Board of Australia (WA Board) 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, health issues relating to a practitioner or deciding to take action to manage any risk to the public as a result of a notification to AHPRA of concerns about a practitioner's practice.

The Nursing and Midwifery Board of Australia (National Board) sets the national standards and policies that guide the decisions we make in WA.

During the year, the WA Board has worked closely with our colleagues on the National Board and on other state and territory boards. Members of the WA Board attended the Nursing and Midwifery National Conference in March 2017. This partnership supports a nationally consistent approach to managing and making decisions about notifications and registration matters for nurses and midwives.

The WA Board hosted representatives from other agencies, such as the director of the Health and Disability Services Complaints Office and the WA Chief Nursing and Midwifery Officer. This provided for an exchange of information regarding the regulatory processes of AHPRA and identification of common areas of concern relating to the Nursing and Midwives workforce.

Also, this year, the WA Board introduced a series of education and professional development sessions to assist board members with their technical knowledge in regulatory decision-making.

I wish to acknowledge the high level of work that AHPRA staff members continue to provide to the WA Board in preparation for our meetings. Their input is invaluable to assist our decision-making.

This year we welcome Mr John (Kim) Laurence as a Community Member. Our Board members contribute their time, energy and passion to protecting the public and their vigilance ensures that community confidence in the system is retained.

Members of the WA Board in 2016/17

Ms Marie-Louise Macdonald (Chair)

Adjunct Associate Professor Marie Baxter

Associate Professor Karen Clark-Burg

Dr Margaret Crowley

Adjunct Associate Professor Karen Gullick

Mr John Kimberley Laurence (from 18 July 2016)

Ms Pamela Lewis

Ms Mary Miller

Mr Michael Piu



Ms Marie-Louise Macdonald

Chair, WA Board of the Nursing and Midwifery Board of Australia



Associate Professor Lynette Cusack RN

Chair, Nursing and Midwifery Board of Australia

Pharmacy Board of Australia: Chair's message

The Pharmacy Board of Australia (the National Board) makes decisions about all registered pharmacists in WA. Regulation of pharmacists at a state and territory level is guided by the standards and policies set by the National Board.

Practitioner membership on the Board from each state and territory helps to ensure consistency and transparency in its work to implement the National Scheme at a local level. This is supported by a public perspective which comes from community member representatives from four states. Mrs Rachel Carr is the WA practitioner member on the Board and Mr Michael Piu is a community member from WA on the Board.

To ensure local knowledge informs nationally consistent decisions, the Board has a notifications committee to make decisions about individual registered pharmacists in WA. In addition to five core members from the National Board, there are two representatives from each state and territory on this committee.

The representatives (jurisdictional members) from WA on the notifications committee are:

- Ms Anne Chew , and
- Ms Barbara Kirk.

Other external practitioners who continue to contribute to the work of the Board are the pharmacists who have assessed the competence of intern pharmacists in the oral examinations, which enables the Board to ensure that pharmacists who are registered are competent to practise.

Input throughout the year from stakeholders in WA has been valuable in helping the Board to complete significant work. For example, the finalisation of the Board's guidance on *Compounding of sterile injectable medicines* demonstrated essential and valuable engagement with stakeholders (for more on this, visit our website: www.pharmacyboard.gov.au).

Stakeholder engagement routinely extends to other aspects of the Board's work, such as our twice-yearly interstate Board meetings, which include engagement with local stakeholders and pharmacists.

The receipt and review of the report on the 'Pharmacist notifications analysis project' will provide helpful insights to inform the development of right-touch regulatory standards and approaches by the Board during the year ahead. In the coming year, the Board will also develop a series of communication tools to inform the profession, the public and other stakeholders of the outcomes of the research.

The Board developed a pilot survey of interns and preceptors to investigate issues relevant to the quality of the intern training experience. The pilot survey, which was developed by AHPRA with involvement from representatives of pharmacy stakeholders, was aimed at informing the development of a larger-scale study which the Board will conduct during the next year.

Pharmacy professional officers support the Board in its engagement with stakeholders in WA, which includes speaking each year to final-year pharmacy students and intern training providers about the Board's requirements for provisional registration and how to apply, the intern year and the national pharmacy examination.



Mr William Kelly

Chair, Pharmacy Board of Australia

NT, SA and WA Regional Board of the Psychology Board of Australia: Chair's message

The Regional Board of the Psychology Board of Australia (the Regional Board) serves communities in the NT, South Australia (SA) and Western Australia (WA).

This annual report summary details the work of the Psychology Board of Australia (the National Board) and provides a snapshot of the work the Regional Board does to regulate the psychology profession in Australia.

The Regional Board is the local face of psychology regulation in our region. It is made up of practitioner and community members from the NT, SA and WA. The National Board sets national standards and policies, which guide the decisions we make about psychologists in our region. We are supported by AHPRA's office in WA, with assistance from teams in SA and the NT.

The primary focus of the Regional Board is on public safety, as we make decisions about the registration of individual psychologists. Most of our work this year considered what action we needed to take to manage risk to the public as a result of a notification. Another priority was assessing complex applications for registration. Consistency has been ensured through regular teleconferences with the three other Regional Chairs and attendance at the National Registration and Accreditation Scheme combined meeting. The National Board has recently agreed that all registration matters requiring consideration by a Regional Board will be considered by the New South Wales Regional Board. The change will come into effect on 1 July 2017, and it is anticipated that this will achieve a more equitable distribution of the decision-making workload and improve consistency in decision-making.

Associate Professor Jennifer Thornton, Chair of the Regional Board, attended the WA National Scheme stakeholder consultation forum, Stage 1 amendment Bill, in February 2017. This was an opportunity to learn more about proposed changes to the National Law.

This year we say special thanks to outgoing member Emeritus Associate Professor David Leach for his valued contributions. We would like to thank all members of the Regional Board for their continued hard work and for their commitment to protecting the public by ensuring that psychologists in our region are suitably qualified and uphold the standards expected of the profession.



Associate Professor Jennifer Thornton

Chair, Regional Board of the Psychology Board of Australia



Professor Brin Grenyer

Chair, Psychology Board of Australia

Members of the Regional Board in 2016/17

Associate Professor Jennifer Thornton (Chair) (WA Member)

Ms Catherine Beaton (SA Member)

Ms Judith Dikstein (NT Member)

Mr Chris Franck (NT Member)

Emeritus Associate Professor David Leach (until 16 December 2016)

Mr Neil McLean (WA Member)

Mr Colby Pearce (SA Member)

Mr Theodore Sharp (WA Member)

Ms Claire Simmons (SA Member)

National Boards and committees making local decisions

The remaining nine National Boards of the National Scheme use national committees to make decisions about local practitioners.

National Boards of these professions appoint national committees to make decisions about registration and notifications in relation to individual practitioners. These national committees comprise representatives from each state and territory. Additional members may be appointed to these committees to bring specific professional or jurisdictional expertise when needed. Using national committees is an important way to minimise the cost of regulation for professions with proportionately fewer registrants than dental, medical, pharmacy, psychology and nursing and midwifery, while maintaining the benefits provided by the National Scheme.

The national committees are overseen by the National Boards to support consistent and robust decision-making to keep the public safe. See the 'Meet the Chairs' panel below to find out who is the Chair of each of these National Boards.

National Boards work closely with our network of AHPRA state and territory offices so that they can monitor and respond to any jurisdiction-specific issues for their professions.

In 2016/17, National Boards engaged with local stakeholders in a range of ways, 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 2016/17 annual report of AHPRA and the National Boards, at www.ahpra.gov.au/annualreport/2017.

Meet the Chairs



Mr Bruce Davis
Presiding Member,
Aboriginal and Torres
Strait Islander Health
Practice Board of
Australia



Professor Charlie Xue
Chair, Chinese
Medicine Board of
Australia



Dr Wayne Minter AM
Chair, Chiropractic
Board of Australia



Mr Mark Marcenko
Chair, Medical
Radiation Practice
Board of Australia



Ms Julie Brayshaw
Chair, Occupational
Therapy Board of
Australia



Mr Ian Bluntish
Chair, Optometry
Board of Australia



Dr Nikole Grbin
Chair, Osteopathy
Board of Australia



Dr Charles Flynn
Chair, Physiotherapy
Board of Australia



Ms Catherine Loughry
Chair, Podiatry Board
of Australia



Part 2

Regulating health
practitioners in
Western Australia

Western Australia data snapshot

Five local insights for 2016/17

As at 30 June 2017, there were 69,012 registered health practitioners with a principal place of practice in WA.

WA is the principal place of practice for 17.3% of all registered Aboriginal and Torres Strait Islander Health Practitioners in Australia.

7,017 new applications were received for registration in WA, an increase of 5.6% from the previous year.

Notifications about practitioners in WA increased by 25.3%, to 900 new complaints lodged with AHPRA this year.

Of the 2,297 new statutory offence complaints received by AHPRA nationally, 162 were made about practice in WA.

Background

Data in this annual report summary are drawn from the 2016/17 annual report published by AHPRA and the National Boards. WA data have been extracted from national source data to highlight the work we've undertaken over the past year to keep the public safe. All data were correct as at 30 June 2017.

Throughout, national figures are also provided to show how WA compares with national data. Where possible, we have included the previous year's data for comparison.

In the following pages, you'll find registration data, such as the number of practitioners in each profession whose principal place of practice (PPP) is in WA, including a breakdown by registration type, registration division (for professions with divisions), information about specialties (for dental, medical and podiatry practitioners), and endorsements or notations held. A gender breakdown of practitioners by profession is also included.

Notifications data (about complaints or concerns lodged with AHPRA) are also included, with details of notifications received and closed during the year, as well as those that remained 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 in the jurisdiction.

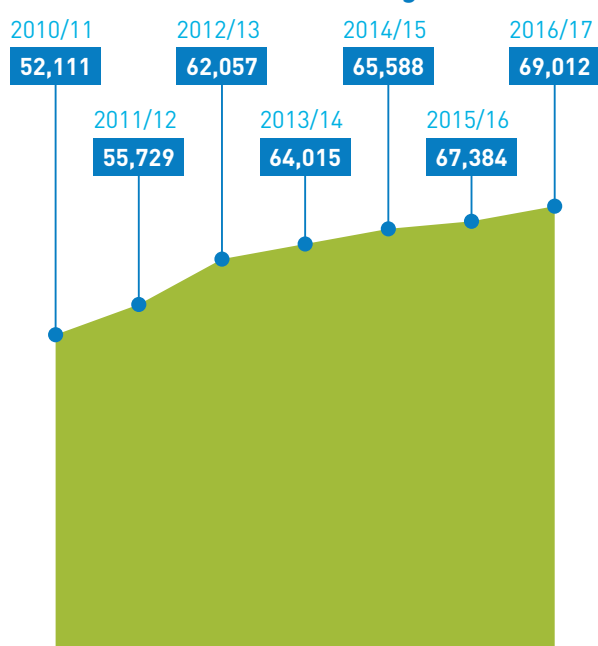
Data on statutory offence matters, tribunal and panel hearings, active monitoring cases and criminal history checks are also included.

To view the full 2016/17 annual report by AHPRA and the National Boards, visit www.ahpra.gov.au/annualreport/2017.

Annual report summaries for each of the eight jurisdictions and 14 National Boards are also published on the website.

Registration in Western Australia

Figure 1: WA registrant numbers, year by year, since the National Scheme began



Health practitioners who practise in any of the 14 professions regulated by the National Scheme must be registered to a principal place of practice (PPP). Their PPP is the location declared by the practitioner as the address at which they mostly practise the profession.

Tables 1–8 provide details of registered health practitioners with a PPP in WA. At 30 June 2017, the number of registered health practitioners in WA was 69,012, an increase of 1,628 (2.4%) from 2015/16. This jurisdiction represents 10.2% of all registered health practitioners in Australia.

The proportion of practitioners who had a principal place of practice in WA ranged from 2.8% of all registered osteopaths to 17.3% of all registered Aboriginal and Torres Strait Islander Health Practitioners. See Table 1.

Data also showed that in 2016/17 WA had:

- ▶ 9.8% of registered health practitioners with a recognised specialty nationally, and
- ▶ 11.1% of health practitioners with a recognised endorsement or notation nationally, which permits an expanded scope of practice within their profession.

In 2016/17, applications received for registration in WA increased by 5.6%, with 7,017 new applications. This equates to 10.2% of new applications received nationally during the year. Details of new registration applications received, with a breakdown of profession and registration type, are provided in Table 7. Registration application outcomes are detailed at Table 8.

Table 1: Registered practitioners with WA as the principal place of practice, by profession¹

Profession	WA	National total ⁴	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	105	608	17.3%
Chinese medicine practitioner	264	4,860	5.4%
Chiropractor	623	5,284	11.8%
Dental practitioner	2,608	22,383	11.7%
Medical practitioner	11,135	111,166	10.0%
Medical radiation practitioner	1,335	15,683	8.5%
Midwife	408	4,624	8.8%
Nurse	35,396	357,701	9.9%
Nurse and midwife ²	2,937	28,928	10.2%
Occupational therapist	2,766	19,516	14.2%
Optometrist	422	5,343	7.9%
Osteopath	63	2,230	2.8%
Pharmacist	3,219	30,360	10.6%
Physiotherapist	3,598	30,351	11.9%
Podiatrist	457	4,925	9.3%
Psychologist	3,676	34,976	10.5%
Total 2016/17	69,012	678,938	10.2%
Total 2015/16	67,384	657,621	10.2%
WA's population as a proportion of national population³	2,567,800	24,385,600	10.5%

Criminal history checks

As part of the registration process, AHPRA requested 70,544 domestic and international criminal history checks of practitioners nationally this year. Overall, 3.8% of the results indicated that the applicant had a disclosable court outcome.

In WA, 6,987 criminal history checks were carried out (compared with 6,547 in 2015/16). Of these, there were 444 disclosable court outcomes (compared with 459 in 2015/16).

In the majority of cases nationally, the applicant was granted registration because the nature of an individual's disclosable court outcome had little relevance to their ability to practise safely and competently.

No applicants had conditions imposed on their registration due to a disclosable court outcome this year, compared with 10 in 2015/16. No applicants were refused registration, compared with one in 2015/16.

See www.ahpra.gov.au/Registration/Registration-Standards/Criminal-history.

¹ Data are based on registered practitioners as at 30 June 2017 and are segmented from data in AHPRA and the National Boards' 2016/17 annual report.
² Registrants who hold dual registration as both a nurse and a midwife.
³ Based on Australian Bureau of Statistics (ABS) Demographics Statistics as at 30 December 2016.
⁴ National total also includes registrants who have no specified principal place of practice (PPPP), including practitioners with an overseas address.

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

Profession/registration type	WA	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	105	608	17.3%
General	104	605	17.2%
Non-practising	1	3	33.3%
Chinese medicine practitioner	264	4,860	5.4%
General	250	4,583	5.5%
General and non-practising	1	3	33.3%
Limited	0	2	0.0%
Non-practising	13	272	4.8%
Chiropractor	623	5,284	11.8%
General	602	4,967	12.1%
Limited	0	2	0.0%
Non-practising	21	315	6.7%
Dental practitioner	2,608	22,383	11.7%
General	2,366	20,053	11.8%
General and non-practising ¹	0	1	0.0%
General and specialist	184	1,655	11.1%
Limited	2	58	3.4%
Non-practising	51	576	8.9%
Specialist	5	40	12.5%
Medical practitioner	11,135	111,166	10.0%
General	3,883	38,798	10.0%
General (teaching and assessing)	1	40	2.5%
General (teaching and assessing) and specialist	0	1	0.0%
General and specialist	4,567	52,264	8.7%
Limited	331	2,473	13.4%
Non-practising	209	2,762	7.6%
Provisional	693	5,495	12.6%
Specialist	1,451	9,333	15.5%
Medical radiation practitioner	1,335	15,683	8.5%
General	1,310	15,010	8.7%
Limited	0	1	0.0%
Non-practising	18	235	7.7%
Provisional	7	437	1.6%
Midwife	408	4,624	8.8%
General	401	4,548	8.8%
Non-practising	7	73	9.6%
Provisional	0	3	0.0%

Profession/registration type	WA	National total	% of national total
Nurse	35,396	357,701	9.9%
General	34,923	352,011	9.9%
General and non-practising ¹	2	27	7.4%
General and provisional	1	5	20.0%
Non-practising	439	5,421	8.1%
Provisional	31	237	13.1%
Nurse and Midwife	2,937	28,928	10.2%
General	2,799	26,835	10.4%
General and non-practising ²	84	1,401	6.0%
General and provisional	0	8	0.0%
Non-practising	53	679	7.8%
Provisional	1	5	20.0%
Occupational therapist	2,766	19,516	14.2%
General	2,643	18,755	14.1%
Limited	10	69	14.5%
Non-practising	108	659	16.4%
Provisional	5	33	15.2%
Optometrist	422	5,343	7.9%
General	415	5,167	8.0%
Limited	1	4	25.0%
Non-practising	6	172	3.5%
Osteopath	63	2,230	2.8%
General	61	2,129	2.9%
Limited	0	1	0.0%
Non-practising	1	89	1.1%
Provisional	1	11	9.1%
Pharmacist	3,219	30,360	10.6%
General	3,011	27,544	10.9%
Limited	1	10	10.0%
Non-practising	56	1,097	5.1%
Provisional	151	1,709	8.8%
Physiotherapist	3,598	30,351	11.9%
General	3,481	29,114	12.0%
Limited	35	371	9.4%
Non-practising	82	866	9.5%
Podiatrist ³	457	4,925	9.3%
General	433	4,790	9.0%
General and specialist	17	30	56.7%
Non-practising	7	105	6.7%
Psychologist	3,676	34,976	10.5%
General	2,928	28,442	10.3%
Non-practising	167	1,695	9.9%
Provisional	581	4,839	12.0%
Total	69,012	678,938	10.2%

1 Practitioners holding general registration in one division and non-practising registration in another division.

2 Practitioners holding general registration in one profession and non-practising registration in the other profession.

3 Includes podiatric surgeons.

Table 3: Registered practitioners who hold an endorsement, with WA as the principal place of practice

Profession/endorsement	WA	National total	% of national total
Chiropractor	0	31	0.0%
Acupuncture	0	31	0.0%
Dental practitioner	10	96	10.4%
Area of practice - conscious sedation	10	96	10.4%
Medical practitioner	37	583	6.3%
Acupuncture	37	583	6.3%
Midwife ¹	46	333	13.8%
Midwife Practitioner	0	1	0.0%
Scheduled Medicines	46	332	13.9%
Nurse ¹	270	2,676	10.1%
Nurse Practitioner	246	1,559	15.8%
Scheduled Medicines - Rural and isolated practice	24	1117	2.1%
Optometrist	202	2,717	7.4%
Scheduled Medicines	202	2,717	7.4%
Osteopath	0	2	0.0%
Acupuncture	0	2	0.0%
Physiotherapist	0	7	0.0%
Acupuncture	0	7	0.0%
Podiatrist ²	27	82	32.9%
Scheduled Medicines	27	82	32.9%
Psychologist	1,429	11,702	12.2%
Area of Practice	1,429	11,702	12.2%
Total	2,021	18,229	11.1%

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

Profession/gender	WA	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	105	608	17.3%
Female	82	463	17.7%
Male	23	145	15.9%
Chinese medicine practitioner	264	4,860	5.4%
Female	161	2,683	6.0%
Male	103	2,177	4.7%
Chiropractor	623	5,284	11.8%
Female	274	2,064	13.3%
Male	349	3,220	10.8%

Profession/gender	WA	National total	% of national total
Dental practitioner	2,608	22,383	11.7%
Female	1,501	11,244	13.3%
Male	1,107	11,139	9.9%
Medical practitioner	11,135	111,166	10.0%
Female	4,750	46,751	10.2%
Male	6,385	64,415	9.9%
Medical radiation practitioner	1,335	15,683	8.5%
Female	915	10,664	8.6%
Male	420	5,019	8.4%
Midwife	408	4,624	8.8%
Female	408	4,608	8.9%
Male	0	16	0.0%
Nurse	35,396	357,701	9.9%
Female	32,087	315,993	10.2%
Intersex or indeterminate	0	2	0.0%
Male	3,309	41,706	7.9%
Nurse and midwife	2,937	28,928	10.2%
Female	2,892	28,419	10.2%
Male	45	509	8.8%
Occupational therapist	2,766	19,516	14.2%
Female	2,538	17,812	14.2%
Male	228	1,704	13.4%
Optometrist	422	5,343	7.9%
Female	196	2,819	7.0%
Male	226	2,524	9.0%
Osteopath	63	2,230	2.8%
Female	32	1,217	2.6%
Male	31	1,013	3.1%
Pharmacist	3,219	30,360	10.6%
Female	2,043	18,782	10.9%
Male	1,176	11,578	10.2%
Physiotherapist	3,598	30,351	11.9%
Female	2,559	20,489	12.5%
Male	1,039	9,862	10.5%
Podiatrist	457	4,925	9.3%
Female	281	2,952	9.5%
Male	176	1,973	8.9%
Psychologist	3,676	34,976	10.5%
Female	2,958	27,854	10.6%
Intersex or indeterminate	0	1	0.0%
Male	718	7,121	10.1%
Total	69,012	678,938	10.2%

¹ Nursing and midwifery registrants may hold dual nursing and midwifery registration and may have endorsements against each registration.

² Includes podiatric surgeons.

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

Profession/division	WA	National total	% of national total
Chinese medicine practitioner	264	4,860	5.4%
Acupuncturist	99	1,726	5.7%
Acupuncturist and Chinese herbal dispenser ¹	0	3	0.0%
Acupuncturist and Chinese herbal dispenser and Chinese herbal medicine practitioner ¹	37	833	4.4%
Acupuncturist and Chinese herbal medicine practitioner ¹	126	2,178	5.8%
Chinese herbal dispenser	2	45	4.4%
Chinese herbal dispenser and Chinese herbal medicine practitioner ¹	0	20	0.0%
Chinese herbal medicine practitioner	0	55	0.0%
Dental practitioner	2,608	22,383	11.7%
Dental hygienist	268	1,439	18.6%
Dental hygienist and dental prosthetist ¹	0	3	0.0%
Dental hygienist and dental prosthetist and dental therapist ¹	0	2	0.0%
Dental hygienist and dental therapist ¹	56	472	11.9%
Dental hygienist and dental therapist and dentist ¹	0	2	0.0%
Dental hygienist and dental therapist and oral health therapist ¹	0	3	0.0%
Dental hygienist and dentist ¹	0	4	0.0%
Dental hygienist and oral health therapist ¹	5	8	62.5%
Dental prosthetist	90	1,271	7.1%
Dental prosthetist and dental therapist ¹	0	1	0.0%
Dental prosthetist and dentist ¹	0	2	0.0%
Dental therapist	277	965	28.7%
Dental therapist and dentist ¹	0	1	0.0%
Dental therapist and oral health therapist ¹	6	6	100.0%
Dentist	1,777	16,732	10.6%
Dentist and oral health therapist ¹		2	0.0%
Oral health therapist	129	1,470	8.8%
Medical radiation practitioner	1,335	15,683	8.5%
Diagnostic radiographer	1,091	12,117	9.0%
Diagnostic radiographer and nuclear medicine technologist ¹	1	17	5.9%
Diagnostic radiographer and radiation therapist ¹	0	2	0.0%
Nuclear medicine technologist	67	1,145	5.9%
Radiation therapist	176	2,402	7.3%
Nurse	35,396	357,701	9.9%
Enrolled nurse (Division 2)	5,444	64,021	8.5%
Enrolled nurse (Division 2) and registered nurse (Division 1) ¹	639	7,264	8.8%
Registered nurse (Division 1)	29,313	286,416	10.2%
Nurse and midwife²	2,937	28,928	10.2%
Enrolled nurse and midwife ¹	0	70	0.0%
Enrolled nurse and registered nurse and midwife ¹	12	66	18.2%
Registered nurse and midwife ¹	2,925	28,792	10.2%
Total	42,540	429,555	9.9%

¹ Practitioners who hold dual or multiple registration.

² Refers to dual-registrant nurses and midwives. Note that there are no divisions within the midwifery profession.

Table 6: Health practitioners with specialties at 30 June 2017¹

Profession/area of specialty practice	WA	National total	% of national total
Dental practitioner	193	1,745	11.1%
Dento-maxillofacial radiology	3	10	30.0%
Endodontics	15	169	8.9%
Forensic odontology	6	25	24.0%
Oral and maxillofacial surgery	23	211	10.9%
Oral medicine	8	35	22.9%
Oral pathology	4	23	17.4%
Oral surgery	2	51	3.9%
Orthodontics	63	612	10.3%
Paediatric dentistry	15	134	11.2%
Periodontics	32	226	14.2%
Prosthodontics	21	216	9.7%
Public health dentistry (Community dentistry)	1	16	6.3%
Special needs dentistry	0	17	0.0%
Medical practitioner	6,503	66,659	9.8%
Addiction medicine	13	172	7.6%
Anaesthesia	549	4,929	11.1%
Dermatology	44	540	8.1%
Emergency medicine	234	2,059	11.4%
General practice	2,612	25,240	10.3%
Intensive care medicine	79	888	8.9%
Paediatric intensive care medicine	0	11	0.0%
No sub-specialty declared	79	877	9.0%
Medical administration	25	337	7.4%
Obstetrics and gynaecology	179	1,983	9.0%
Gynaecological oncology	4	47	8.5%
Maternal-fetal medicine	5	40	12.5%
Obstetrics and gynaecological ultrasound	3	73	4.1%
Reproductive endocrinology and infertility	2	54	3.7%
Urogynaecology	5	31	16.1%
No sub-specialty declared	160	1,738	9.2%
Occupational and environmental medicine	49	310	15.8%
Ophthalmology	82	1,016	8.1%
Paediatrics and child health	294	2,698	10.9%
Clinical genetics	1	31	3.2%
Community child health	4	62	6.5%
General paediatrics	188	1,880	10.0%

Profession/area of specialty practice	WA	National total	% of national total
Neonatal and perinatal medicine	29	181	16.0%
Paediatric cardiology	5	40	12.5%
Paediatric clinical pharmacology	0	1	0.0%
Paediatric emergency medicine	11	59	18.6%
Paediatric endocrinology	5	34	14.7%
Paediatric gastroenterology and hepatology	5	30	16.7%
Paediatric haematology	2	15	13.3%
Paediatric immunology and allergy	0	29	0.0%
Paediatric infectious diseases	4	26	15.4%
Paediatric intensive care medicine	0	6	0.0%
Paediatric medical oncology	7	34	20.6%
Paediatric nephrology	1	11	9.1%
Paediatric neurology	3	40	7.5%
Paediatric palliative medicine	0	4	0.0%
Paediatric rehabilitation medicine	1	8	12.5%
Paediatric respiratory and sleep medicine	6	34	17.6%
Paediatric rheumatology	3	11	27.3%
Paediatric nuclear medicine	0	1	0.0%
No sub-specialty declared	19	161	11.8%
Pain medicine	34	287	11.8%
Palliative medicine	33	329	10.0%
Pathology	235	2,116	11.1%
Anatomical pathology (including cytopathology)	100	914	10.9%
Chemical pathology	16	93	17.2%
Forensic pathology	5	51	9.8%
General pathology	6	112	5.4%
Haematology	45	538	8.4%
Immunology	19	117	16.2%
Microbiology	36	241	14.9%
No sub-specialty declared	8	50	16.0%
Physician	857	10,165	8.4%
Cardiology	89	1,366	6.5%
Clinical genetics	4	70	5.7%
Clinical pharmacology	5	56	8.9%
Endocrinology	55	688	8.0%
Gastroenterology and hepatology	70	874	8.0%

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

Table 6: Health practitioners with specialties at 30 June 2017 *(Continued from previous page)*

Profession/area of specialty practice	WA	National total	% of national total
General medicine	142	1,798	7.9%
Geriatric medicine	81	718	11.3%
Haematology	41	563	7.3%
Immunology and allergy	26	163	16.0%
Infectious diseases	37	434	8.5%
Medical oncology	42	667	6.3%
Nephrology	42	556	7.6%
Neurology	45	601	7.5%
Nuclear medicine	23	255	9.0%
Respiratory and sleep medicine	68	685	9.9%
Rheumatology	30	371	8.1%
No sub-specialty declared	57	300	19.0%
Psychiatry	330	3,689	8.9%
Public health medicine	43	433	9.9%
Radiation oncology	20	386	5.2%
Radiology	254	2,464	10.3%
Diagnostic radiology	220	2,097	10.5%
Diagnostic ultrasound	0	4	0.0%
Nuclear medicine	11	188	5.9%
No sub-specialty declared	23	175	13.1%
Rehabilitation medicine	14	517	2.7%
Sexual health medicine	7	127	5.5%
Sport and exercise medicine	10	121	8.3%
Surgery	506	5,853	8.6%
Cardio-thoracic surgery	15	203	7.4%
General surgery	159	2,024	7.9%
Neurosurgery	19	252	7.5%
Oral and maxillofacial surgery	14	133	10.5%
Orthopaedic surgery	136	1,436	9.5%
Otolaryngology - head and neck surgery	45	510	8.8%
Paediatric surgery	8	102	7.8%
Plastic surgery	48	461	10.4%
Urology	41	445	9.2%
Vascular surgery	18	238	7.6%
No sub-specialty declared	3	49	6.1%
Podiatrist	17	30	56.7%
Podiatric surgeon	17	30	56.7%
Total	6,713	68,434	9.8%

Table 7: Applications received, by profession and registration type

Profession/registration type	WA	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	33	141	23.4%
General	33	140	23.6%
Non-practising	0	1	0.0%
Chinese medicine practitioner	29	629	4.6%
General	14	446	3.1%
Limited	0	6	0.0%
Non-practising	15	177	8.5%
Chiropractor	67	388	17.3%
General	51	307	16.6%
Limited	0	2	0.0%
Non-practising	16	79	20.3%
Dental practitioner	177	1,652	10.7%
General	146	1,381	10.6%
Limited	5	30	16.7%
Non-practising	14	142	9.9%
Specialist	12	99	12.1%
Medical practitioner	2,003	16,953	11.8%
General	647	5,649	11.5%
Limited	200	1,540	13.0%
Non-practising	49	515	9.5%
Provisional	675	5,311	12.7%
Specialist	432	3,938	11.0%
Medical radiation practitioner	93	1,596	5.8%
General	82	1,130	7.3%
Non-practising	7	64	10.9%
Provisional	4	402	1.0%
Midwife	149	1,848	8.1%
General	128	1,557	8.2%
Non-practising	19	269	7.1%
Provisional	2	22	9.1%
Nurse	2,831	31,412	9.0%
General	2,657	29,687	9.0%
Non-practising	122	1,415	8.6%
Provisional	52	310	16.8%
Occupational therapist	337	2,282	14.8%
General	280	1,918	14.6%
Limited	13	102	12.7%
Non-practising	40	241	16.6%
Provisional	4	21	19.0%

Profession/registration type	WA	National total	% of national total
Optometrist	23	328	7.0%
General	23	294	7.8%
Limited	0	3	0.0%
Non-practising	0	31	0.0%
Osteopath	7	258	2.7%
General	4	205	2.0%
Limited	0	1	0.0%
Non-practising	1	39	2.6%
Provisional	2	13	15.4%
Pharmacist	294	3,321	8.9%
General	138	1,576	8.8%
Limited	2	24	8.3%
Non-practising	15	221	6.8%
Provisional	139	1,500	9.3%
Physiotherapist	334	2,695	12.4%
General	273	2,276	12.0%
Limited	34	251	13.5%
Non-practising	27	168	16.1%
Podiatrist	27	468	5.8%
General	24	434	5.5%
Limited	0	1	0.0%
Non-practising	3	33	9.1%
Psychologist	613	5,018	12.2%
General	230	1,892	12.2%
Non-practising	58	515	11.3%
Provisional	325	2,611	12.4%
Total 2016/17	7,017	68,989	10.2%
Total 2015/16	6,643	65,274	10.2%

Table 8: Outcome of applications for registration finalised in 2016/17

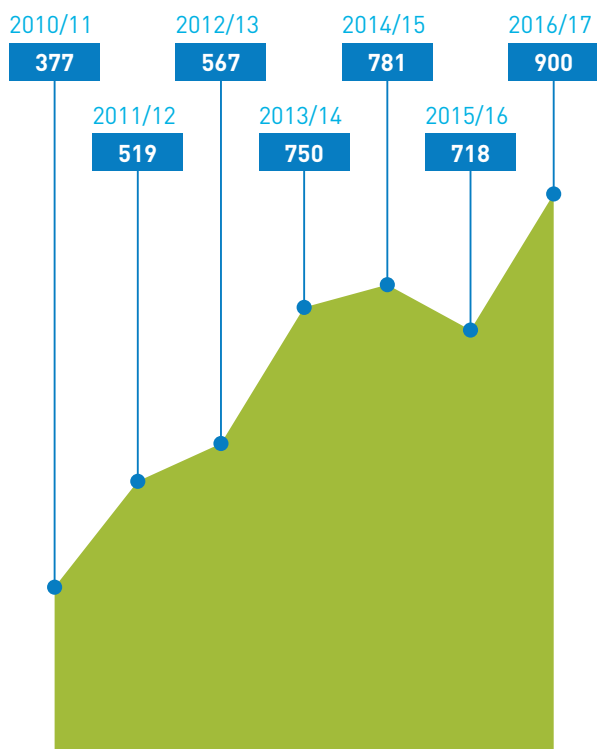
Outcome	WA	National total ²	% of national total
Register	6,042	59,559	10.1%
Register with conditions	206	1,505	13.7%
Register in a type other than applied for	7	117	6.0%
Register in a type other than applied for with conditions	16	130	12.3%
Refuse application	173	2,800	6.2%
Withdrawn	470	4,194	11.2%
Total 2016/17 ¹	6,914	68,305	10.1%

¹ Based on state and territory of the applicants' principal place of practice (PPP).

² National total figure includes overseas applicants and applicants who did not indicate their PPP.

Notifications in Western Australia

Figure 2: Total notifications received by AHPRA about practitioners with a principal place of practice in WA, year by year, since the National Scheme began



Notifications are complaints or concerns that are raised with AHPRA about registered health practitioners or students practising in Australia, excluding in NSW, where complaints are handled by the Health Professional Councils Authority (HPCA), and in Queensland, where complaints may be referred to AHPRA by the Office of the Health Ombudsman (OHO).

Tables 9-20 contain data relating to notifications about registered health practitioners with a principal place of practice (PPP) in WA. Some tables do not contain data from the HPCA in NSW, as indicated in the table headings.

Nationally, notifications received by AHPRA in 2016/17 increased by 13.9%. Notifications received about practitioners with a PPP in WA increased by 25.3%, to 900 complaints, compared with 718 in the previous year. This represents 13% of all notifications received by AHPRA nationally during the year.

Of the new notifications received, mandatory notifications in WA increased from 100 matters in 2015/16 to 111 matters in 2016/17. This represents 13.1% of mandatory notifications received by AHPRA nationally. See Table 9. Refer to Table 11 for the number of individual practitioners involved in mandatory notifications (noting that a practitioner may have more than one mandatory notification lodged about them in the reporting year).

There were 42 more open notifications in WA as at 30 June 2017 than the previous year (537, compared with 495 in 2015/16). This represents 13.4% of open matters nationally. See Table 9.

The percentage of the WA registrant base with notifications received in 2016/17 was 1.2%, which was 0.4% lower than the national percentage (1.6%).

The majority of notifications lodged about WA practitioners were about clinical care (373). See Table 12. Most complaints came to AHPRA directly from a patient (309) or from an employer (104). See Table 13.

There were 91 cases where immediate action was considered against practitioners in WA. Of those, 13 resulted in suspension of the practitioner's registration as an interim measure to protect the public while the matter was being investigated. See Table 14.

Tables 15-19 detail the outcomes of key stages in the notifications process during 2016/17. Please note that the national data in these tables do not include data for NSW because complaints in that jurisdiction are managed by the HPCA.

The majority of the 1,075 enquiries received about WA registrants in 2016/17 were considered to meet the criteria for a notification or statutory offence complaint (932) and an assessment commenced.

On completion of assessment of cases in 2016/17, 416 were closed and 437 were taken to a further stage. See Table 16. Refer to Table 17 for the outcomes of investigations finalised during the year.

Seventeen cases were closed following a panel hearing and 44 were closed following a tribunal hearing. See Tables 18 and 19.

In total, 859 matters were closed in WA in 2016/17. See Table 20.

Table 9: Notifications received or closed in 2016/17 or open at 30 June 2017, by profession (excluding HPCA)¹

Notifications	All received			Mandatory received			Closed			Open at 30 June		
	WA	National total	% of national total	WA	National total	% of national total	WA	National total	% of national total	WA	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	0	7	0.0%	0	2	0.0%	0	6	0.0%	0	2	0.0%
Chinese medicine practitioner	0	36	0.0%	0	0	0.0%	0	34	0.0%	0	16	0.0%
Chiropractor	24	103	23.3%	4	11	36.4%	23	88	26.1%	16	108	14.8%
Dental practitioner	66	526	12.5%	5	21	23.8%	79	485	16.3%	57	362	15.7%
Medical practitioner	476	3,617	13.2%	35	224	15.6%	447	3,557	12.6%	250	1,905	13.1%
Medical radiation practitioner	4	23	17.4%	0	6	0.0%	3	29	10.3%	1	17	5.9%
Midwife	10	75	13.3%	4	17	23.5%	11	86	12.8%	7	65	10.8%
Nurse	201	1,568	12.8%	57	471	12.1%	169	1,473	11.5%	116	992	11.7%
Occupational therapist	2	37	5.4%	0	4	0.0%	3	39	7.7%	1	17	5.9%
Optometrist	2	33	6.1%	1	1	100.0%	2	27	7.4%	1	17	5.9%
Osteopath	0	14	0.0%	0	0	0.0%	0	13	0.0%	0	8	0.0%
Pharmacist	37	373	9.9%	2	51	3.9%	33	355	9.3%	35	202	17.3%
Physiotherapist	9	80	11.3%		8	0.0%	12	83	14.5%	6	46	13.0%
Podiatrist	12	42	28.6%	1	4	25.0%	13	47	27.7%	2	17	11.8%
Psychologist	57	360	15.8%	2	27	7.4%	64	344	18.6%	45	241	18.7%
Not identified ²	0	4	0.0%	0	0	0.0%	0	3	0.0%	0	1	0.0%
Total 2016/17	900	6,898	13.0%	111	847	13.1%	859	6,669	12.9%	537	4,016	13.4%
Total 2015/16	718	6,056	11.9%	100	641	15.6%	654	5,227	12.5%	495	3,787	13.1%

Table 10: Percentage of registrant base with notifications received in 2016/17, by profession³

Profession	WA	National total
Aboriginal and Torres Strait Islander Health Practitioner	0.0%	1.2%
Chinese medicine practitioner	0.0%	1.2%
Chiropractor	3.4%	3.1%
Dental practitioner	2.1%	3.8%
Medical practitioner	3.8%	5.1%
Medical radiation practitioner	0.3%	0.3%
Midwife ⁴	0.3%	0.3%
Nurse ⁵	0.5%	0.6%
Occupational therapist	0.1%	0.3%
Optometrist	0.5%	1.1%
Osteopath	0.0%	1.1%
Pharmacist	1.1%	1.8%
Physiotherapist	0.3%	0.4%
Podiatrist	2.6%	1.3%
Psychologist	1.4%	1.6%
Total 2016/17	1.2%	1.6%
Total 2015/16	1.1%	1.5%

¹ All national totals include notifications managed by AHPRA only (excludes data from the HPCA in NSW).

² Profession of registrant is not always identifiable in the early stages of a notification.

³ 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 where 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.

⁴ The registrant base used for midwives includes registrants with midwifery or with nursing and midwifery registration.

⁵ The registrant base for nurses includes registrants with nursing registration or with nursing and midwifery registration.

Table 11: WA registrants involved in mandatory notifications

Practitioners	WA	National total
Number of practitioners ¹ 2016/17	102	1,023
Rate/10,000 practitioners ² 2016/17	14.8	15.1
Number of practitioners ¹ 2015/16	97	920
Rate/10,000 practitioners ² 2015/16	14.4	14.0

Table 12: Issues in notifications received in 2016/17 (excluding HPCA)

Issue	WA	National total	% of national total
Behaviour	37	257	14.4%
Billing	10	70	14.3%
Boundary violation	34	248	13.7%
Clinical care	373	2,950	12.6%
Communication	75	496	15.1%
Confidentiality	28	159	17.6%
Conflict of interest	1	15	6.7%
Discrimination	3	6	50.0%
Documentation	46	272	16.9%
Health impairment	53	581	9.1%
Infection/hygiene	9	71	12.7%
Informed consent	4	54	7.4%
Medico-legal conduct	23	64	35.9%
National Law breach	28	178	15.7%
National Law offence	2	45	4.4%
Offence	35	214	16.4%
Offence by student	0	3	0.0%
Other	49	282	17.4%
Pharmacy/medication	83	821	10.1%
Professional conduct	0	3	0.0%
Research/teaching/assessment	0	3	0.0%
Response to adverse event	3	22	13.6%
Teamwork/supervision	1	47	2.1%
Treatment	0	1	0.0%
Not recorded	3	36	8.3%
Total	900	6,898	13.0%

Table 13: Source of notifications received in 2016/17

Source	WA	National total (excluding HPCA) ³	% of national total (excluding HPCA)
Anonymous	27	141	19.1%
Drugs and poisons	1	20	5.0%
Education provider	3	26	11.5%
Employer	104	585	17.8%
Government department	15	169	8.9%
Health complaints entity	33	438	7.5%
Health advisory service	0	34	0.0%
Hospital	0	123	0.0%
HPCA/HCCC	0	1	0.0%
Insurance company	1	9	11.1%
Lawyer	12	44	27.3%
Medicare	2	3	66.7%
Member of the public	51	318	16.0%
Ombudsman	0	82	0.0%
Other Board	6	46	13.0%
Other practitioner	102	879	11.6%
Own motion	54	291	18.6%
Patient	309	2,406	12.8%
Police	6	56	10.7%
Relative	101	748	13.5%
Self	13	186	7.0%
Treating practitioner	7	57	12.3%
Unclassified	53	236	22.5%
Total	900	6,898	13.0%

1 Figures present the number of practitioners involved in the mandatory reports received.

2 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 national total rate.

3 The national total excludes Health Professional Councils Authority (HPCA) data as the categorisation of 'Source' differs between the HPCA and AHPRA.

Table 14: Immediate action cases about notifications received in 2016/17 (excluding HPCA)

Outcome	WA	National total	% of national total
Not take immediate action	6	76	7.9%
Accept undertaking	20	69	29.0%
Impose conditions	48	147	32.7%
Accept surrender of registration	0	1	0.0%
Suspend registration	13	103	12.6%
Decision pending	4	23	17.4%
Total	91	419	21.7%

Table 15: Outcomes of enquiries received in 2016/17 (excluding HPCA)

Outcome	WA	National total	% of national total
Moved to notification, complaint or offence	932	7,275	12.8%
Closed at lodgement	68	1,233	5.5%
Yet to be determined	75	1,497	5.0%
Total	1,075	10,005	10.7%

Table 16: Outcomes of assessments finalised in 2016/17

Outcome	WA	National total (excluding HPCA)	% of national total
Outcome of decisions to take the notification further			
Investigation	402	2,159	18.6%
Health or performance assessment	31	228	13.6%
Panel hearing	0	11	0.0%
Other stage	4	88	4.5%
Total	437	2,486	17.6%
Outcome of notifications closed following assessment			
No further action ¹	363	3,111	11.7%
Health complaints entity to retain	1	148	0.7%
Refer all or part of the notification to another body	1	29	3.4%
Dealt with as enquiry	0	10	0.0%
Caution	36	485	7.4%
Accept undertaking	1	44	2.3%
Impose conditions	14	200	7.0%
Total	416	4,027	10.3%

Table 17: Outcomes of investigations finalised in 2016/17

Outcome	WA	National total (excluding HPCA)	% of national total
Outcome of decisions to take the notification further			
Assessment	0	7	0.0%
Health or performance assessment	17	152	11.2%
Panel hearing	19	61	31.1%
Tribunal hearing	40	153	26.1%
Other stage	0	3	0.0%
Total	76	376	20.2%
Outcome of notifications closed following investigation			
No further action ¹	228	1,170	19.5%
Refer all or part of the notification to another body	0	25	0.0%
Caution	70	400	17.5%
Accept undertaking	1	64	1.6%
Impose conditions	55	261	21.1%
Total	354	1,920	18.4%

Table 18: Outcomes of panel hearings finalised in 2016/17

Outcome	WA	National total (excluding HPCA)	% of national total
No further action ¹	5	11	45.5%
Caution	8	28	28.6%
Reprimand	3	5	60.0%
Impose conditions	1	26	3.8%
Suspend registration	0	2	0.0%
Total	17	72	23.6%

¹ No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public.

Table 19: Outcomes of matters referred to tribunal finalised in 2016/17

Outcome	WA	National total (excluding HPCA)	% of national total
No further action ¹	9	15	60.0%
Caution	0	3	0.0%
Reprimand	4	16	25.0%
Fine registrant	9	11	81.8%
Accept undertaking	0	3	0.0%
Impose conditions	8	60	13.3%
Practitioner surrenders registration	0	1	0.0%
Suspend registration	5	27	18.5%
Cancel registration	6	34	17.6%
Not permitted to reapply for registration for 12 months or more	3	3	100.0%
Total	44	173	25.4%

Table 20: Notifications closed in WA in 2016/17, by profession and stage at closure

Profession	Assessment	Investigation	Health or performance assessment	Panel hearing	Tribunal hearing	Total 2016/17
Aboriginal and Torres Strait Islander Health Practitioner	0	0	0	0	0	0
Chinese medicine practitioner	0	0	0	0	0	0
Chiropractor	8	7	2		6	23
Dental practitioner	25	50	0	0	4	79
Medical practitioner	258	154	7	7	21	447
Medical radiation practitioner	1	2	0	0	0	3
Midwife	3	6	1	0	1	11
Nurse	79	67	11	6	6	169
Occupational therapist	1	0	0	2	0	3
Optometrist	1	1	0	0	0	2
Osteopath	0	0	0	0	0	0
Pharmacist	14	16	2	0	1	33
Physiotherapist	3	9	0	0	0	12
Podiatrist	8	5	0	0	0	13
Psychologist	22	34	1	2	5	64
Total 2016/17	423	351	24	17	44	859

¹ No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public.

Monitoring and compliance

On behalf of the National Boards, AHPRA monitors health practitioners who have had restrictions (conditions or undertakings) placed on their registration, and those with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports the National Boards to manage risk to public safety.

Monitoring can be for one or more of the following reasons:

- ▶ suitability/eligibility to be registered to practise
- ▶ compliance with restrictions on their registration – health, conduct, performance, or
- ▶ to make sure that any practitioner who was suspended or cancelled from the register did not practise.

The 666 active monitoring cases shown in Table 21 relate to 651 individuals with a principal place of practice in WA¹. The majority of these cases related to medical practitioners (240 cases) and nurses (184). See Table 22 for the breakdown by stream.

For more information on monitoring and compliance, visit the AHPRA website at www.ahpra.gov.au/Registration/Monitoring-and-compliance.

Table 21: Active monitoring cases at 30 June 2017, by profession (excluding HPCA)

Profession	WA	National total (excluding HPCA)	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	32	72	44.4%
Chinese medicine practitioner	75	945	7.9%
Chiropractor	13	49	26.5%
Dental practitioner	21	134	15.7%
Medical practitioner	240	1,620	14.8%
Medical radiation practitioner	8	88	9.1%
Midwife	20	155	12.9%
Nurse	184	1,553	11.8%
Occupational therapist	7	51	13.7%
Optometrist	2	15	13.3%
Osteopath	0	6	0.0%
Pharmacist	22	175	12.6%
Physiotherapist	10	64	15.6%
Podiatrist	1	14	7.1%
Psychologist	31	143	21.7%
Total	666	5,084	13.1%

Table 22: Active monitoring cases¹ at 30 June 2017, by stream

Stream	WA	National total ²	% of national total
Conduct ³	54	356	15.2%
Health ³	71	577	12.3%
Performance ³	78	552	14.1%
Prohibited practitioner/student	39	256	15.2%
Suitability/eligibility	424	3,343	12.7%
Total	666	5,084	13.1%

Statutory offence complaints

Breaches of the National Law by health practitioners, unregistered individuals or companies can put the community at risk. In order to protect the public, the National Law sets out the following types of statutory offences:

- ▶ unlawful use of protected titles
- ▶ performing restricted acts
- ▶ holding out (unlawful claims by individuals or organisations as to registration), and
- ▶ unlawful advertising.

Offences under the National Law are 'summary offences' and are prosecuted in the Magistrates' Court (or equivalent) of the relevant state or territory. All offences under the National Law carry penalties or fines that may be imposed by a court on a finding of guilt.

Nationally, AHPRA received 2,297 statutory offence complaints during 2016/17, which is significantly higher than in 2015/16. This significant increase was largely due to a series of bulk complaints made by a number of external organisations about alleged advertising breaches (these made up 82.5% of all complaints). Of the advertising complaints received nationally, 47.7% were about physiotherapy services, 13.2% were about osteopathy services and 10.8% were about dental services.

In 2016/17, 162 new statutory offence complaints were made about WA practice, an increase of 44.6% from 2015/16, which is consistent with the national pattern. WA received 7.1% of all offence complaints nationally in the year.

There were 114 statutory offence matters closed in WA in 2016/17, which was significantly more than in 2015/16 (see Table 23). This was largely due a new approach to the management of advertising matters (read about our advertising compliance and enforcement strategy on the next page). Almost all new matters in WA related to title protection or advertising concerns.

Download AHPRA and the National Boards' 2016/17 annual report for more data about statutory offences: www.ahpra.gov.au/annualreport/2017.

¹ A practitioner who has restrictions for more than one reason may be allocated more than one 'monitoring case'. For example, if a practitioner in WA has conditions imposed as a result of health concerns and conduct, they may be allocated two monitoring cases.

² Excludes cases monitored by the HPCA.

³ Includes cases to be transitioned from AHPRA to the Health Professional Councils Authority (HPCA) for Conduct, Health and Performance streams.

Table 23: Statutory offences received and closed in WA, by profession¹

Profession	WA		National total ²		% of national total	
	Received	Closed	Received	Closed	Received	Closed
Aboriginal and Torres Strait Islander Health Practitioner	0	0	3	2	0.0%	0.0%
Chinese medicine practitioner	2	1	72	38	2.8%	2.6%
Chiropractor	8	5	162	192	4.9%	2.6%
Dental practitioner	67	44	239	295	28.0%	14.9%
Medical practitioner	12	8	273	283	4.4%	2.8%
Medical radiation practitioner	0	1	4	9	0.0%	11.1%
Midwife	0	0	8	35	0.0%	0.0%
Nurse	7	8	76	80	9.2%	10.0%
Occupational therapist	0	0	9	13	0.0%	0.0%
Optometrist	1	0	23	24	4.3%	0.0%
Osteopath	9	0	252	24	3.6%	0.0%
Pharmacist	1	3	53	48	1.9%	6.3%
Physiotherapist	48	37	940	657	5.1%	5.6%
Podiatrist	6	4	20	19	30.0%	21.1%
Psychologist	1	3	116	110	0.9%	2.7%
Unknown ³	0	0	47	56	0.0%	0.0%
Total 2016/17⁴	162	114	2,297	1,885	7.1%	6.0%
Total 2015/16⁴	112	52	1,348	600	8.3%	8.7%

Launch of an advertising compliance and enforcement strategy

There was an unprecedented increase in the number of statutory offence complaints in 2016/17, largely due to a number of bulk complaints relating to advertising by registered health practitioners. In response to this increase, National Boards and AHPRA developed and launched an *Advertising compliance and enforcement strategy* for the National Scheme.

The strategy focuses on managing risks to keep the public safe from false or misleading advertising and to help them make informed choices about their healthcare. AHPRA has also established an advertising compliance team, which is responsible for the triaging of all offence complaints, the assessment of all advertising offence complaints, and the ongoing management of low and moderate risk advertising

complaints under the strategy. In applying the risk threshold, 1,390 advertising offence complaints across all professions nationally were transitioned to this team for ongoing management.

Responsible advertising is a professional and legal obligation. We recognise that most health practitioners want to comply with the law and their professional obligations, and we aim to make compliance as easy as possible. AHPRA continues to work with the National Boards to monitor the effectiveness of the new strategy.

For more information about advertising and the National Law, see www.ahpra.gov.au/Publications/Advertising-resources.

¹ This table captures offence complaints by principal place of practice (PPP) and includes all offences from sections 113–116 of the National Law, not only offences about advertising, title and practice protection.

² The national total includes offences managed about unregistered persons where there is no PPP recorded.

³ AHPRA also receives offence complaints about unregistered persons where there is no PPP recorded. Only registered practitioners have a designated PPP.

⁴ Based on state and territory of the practitioners' PPP.

This image shows a full page of blank handwriting practice paper. It features approximately 28 evenly spaced, horizontal light blue lines across the entire page. The background is a solid off-white color, providing a clean surface for writing practice. There are no margins, text, or other markings present.

Notes

This image shows a single sheet of white paper with horizontal blue lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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Notes

This image shows a single page of white paper with horizontal blue lines. The lines are evenly spaced and run across the width of the page, typical of notebook or lined paper. There are no margins, text, or other markings on the page.

Key data for 2016/17: A national view

This summary report contains jurisdictional data, which have been taken from AHPRA and the National Boards' 2016/17 annual report. Key national insights include:

There were **678,938** health practitioners registered in Australia, across the 14 regulated health professions. That's over 21,000 more registrants across Australia than last year.

5,374 health practitioners identify as Aboriginal and/or Torres Strait Islander, according to the workforce survey filled out by practitioners when they renewed their registration.

157,213 students were studying to be health practitioners through an approved program of study or clinical training program.

401,242 calls were made to AHPRA's customer service team. That's an average of **1,543** phone calls each day, with up to **5,000** calls a day in peak times.

54,925 web enquiries were received. That's an average of **211** web enquiries each day.

AHPRA and the National Boards' 15 websites received more than **12 million** visits and more than **60 million** page views.

82% of health practitioners responded with 'very satisfied' when asked to rate their interaction with our customer service team.

Download the report

The 2016/17 annual report, and summary reports for the 14 Boards and eight jurisdictions, are available to download at www.ahpra.gov.au/annualreport

Useful links

Register of practitioners: www.ahpra.gov.au/registration/registers-of-practitioners

Complaints portal: www.ahpra.gov.au/About-AHPRA/Complaints

Court and tribunal outcomes: www.ahpra.gov.au/Publications/Tribunal-Decisions

National restrictions library: www.ahpra.gov.au/Registration/Monitoring-and-compliance/National-Restrictions-Library

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Email

Via the online enquiry form at the AHPRA website at
www.ahpra.gov.au/About-AHPRA/Contact-Us/Make-an-Enquiry

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