

# Annual Report Summary

**2014/15**

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

## Local decisions – National Scheme

Regulating health  
practitioners in the  
**Australian Capital  
Territory**



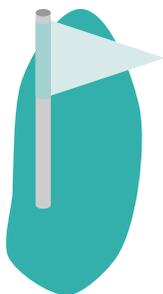
Australian Health Practitioner Regulation Agency

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



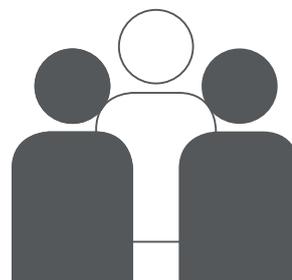
# Regulating health practitioners in the ACT

This annual report summary offers a snapshot of our work regulating nearly 11,000 health practitioners in the Australian Capital Territory (ACT). This short report complements the more detailed, national profile included in the AHPRA and National Boards' 2014/15 annual report.



ACT practitioners account for **1.7%** of Australia's registered health workforce

This proportion has not varied across the past three years



There are now

**10,978**

registered health practitioners in the ACT, compared with 10,723 in 2014

On 30 June 2015 there were **5,877** nurses and midwives, **1,977** medical practitioners, **874** psychologists, **511** physiotherapists, **482** pharmacists and **399** dental practitioners in the ACT

**75.6%** of registered health practitioners in the ACT are women

We received **194** notifications about health practitioners in the ACT during the year, including **20** mandatory notifications



There are **40** dental and **1,042** medical specialists in the ACT, and **one** podiatric specialist

**941** registration applications were received by AHPRA on behalf of National Boards in the ACT, including applications to change registration types



The number of mandatory notifications received has increased from **11** in 2013/14 to **20** in 2014/15



**1.7%** of health practitioners in the ACT are subject to a notification

**43%** of notifications were about clinical care, **12%** were about pharmacy/medication, **11%** raised concerns of health impairment, and **7%** were about communication. This is consistent with national trends

There has been a **27%**

decrease in the number of notifications received in the ACT, compared to a 16% national decrease since 2013/14



There were **13** notifications closed following panel hearings and a further **14** notifications closed following tribunal decisions

**26%** of notifications came direct from patients and **30%** were referred from the ACT Human Rights Commission

**ACT boards and committees considered 'immediate action' 27 times, limiting the practitioner's registration in some way in 18 cases (67%) as an interim step to keep the public safe**

AHPRA is monitoring conditions on registration or undertakings from **155** ACT practitioners

Notifications about practitioners in the dental, medical, nursing and midwifery and psychology professions account for **80%** of notifications in the ACT

# About the National Scheme

## Who

The National Registration and Accreditation Scheme regulates more than 637,000 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 practice across Australia within the scope of their registration, creating a more flexible and sustainable health workforce.

The [online national registers](#) provide a one-stop shop 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 637,218 on 30 June 2015 (including four professions that entered 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 core focus 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

**In 2015 we mark five years of the work of AHPRA and the National Boards in implementing the National Registration and Accreditation Scheme in the Australian Capital Territory.**

So much has changed since 2010 and this past year, in particular, has seen huge steps taken to ensure we are fulfilling our core purpose of protecting the public in the most effective and efficient ways possible. We now register almost 640,000 health practitioners in Australia, with 10,978 of those with a principal place of practice in the Australian Capital Territory (ACT).

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 Scheme is designed to protect patients and be fair to practitioners, while facilitating access to health services. In our regulatory work in the ACT and nationally, we are committed to striking this balance.

The National Scheme anchors local regulatory decision-making within a national policy and standards framework. It provides robust public protection and consistent national standards that practitioners must meet.

As part of our regulatory operations network nationally, the ACT AHPRA office is responsible for operational delivery and performance across our key regulatory functions of registration and notifications within the ACT and for continuously improving our processes to increase effectiveness, timeliness and efficiency.

The ACT AHPRA office works directly with a range of local stakeholders and supports the local boards and committees in their regulatory decision-making, drawing on national expertise from across AHPRA where needed. More about the work of the ACT AHPRA office, boards and committees during the year, along with territory-specific data, is detailed in this report.

We have made a significant investment this year to improve the experience of notifiers and practitioners in their contacts with us. The overall goal is to provide better information about how regulation works, what people can expect and how we manage notifications, and make it easier for people to interact with us. We have also worked this past year to refine our processes to ensure more timely outcomes for notifiers and practitioners, and we have seen a significant reduction in the time it takes to assess and manage notifications.

The scheduled, independent review of the National Scheme hit its stride this past year, with Mr Kim Snowball leading the review for the Australian Health Workforce Ministerial Council. The review considered the National Scheme as a whole, including the work of the National Boards, AHPRA, accrediting entities and the role of governments. The review aimed to identify what was working well in the National Scheme, and opportunities to improve and strengthen our work to protect the public and facilitate access to health services.

We value the ongoing support of the Minister for Health, Mr Simon Corbell, MLA, 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.

We thank the staff in the AHPRA ACT office for their hard work and commitment over the past year. We look forward to continuing to work in partnership with National Boards and their territory boards and committees to serve the community of the ACT.



  
**Mr Martin Fletcher**  
Chief Executive Officer



  
**Mr Michael Gorton AM**  
Chair, Agency  
Management  
Committee

# Foreword from AHPRA ACT Manager, Meredith Boroky

It has been a year of significant achievement and action in the ACT AHPRA office.

## Highlights for 2014/15:

- ▶ Implementation of the regulatory principles (launched in August 2014), including training for ACT board and committee members, and staff, to guide and support decision-making.
- ▶ The Pharmacy Board of Australia held its monthly meeting in Canberra and met with ACT stakeholders in September 2014.
- ▶ In October 2014 the Regional Board of the Psychology Board of Australia held a Psychologists Breakfast Forum to provide information about the National Scheme to ACT-based practitioners.
- ▶ In April 2015 the chairs of the ACT boards, the CEO of AHPRA and territory manager met with the newly appointed ACT Minister for Health, Mr Simon Corbell, MLA.
- ▶ Ongoing engagement with the ACT Civil and Administrative Tribunal, the ACT Health Services Commissioner and the Health Care Consumers' Association.
- ▶ The Nursing and Midwifery Board of Australia held a public forum for ACT practitioners and other stakeholders, such as professional associations, unions and nursing educators.
- ▶ New panel member training in which 43 ACT panel members participated.
- ▶ Long-standing investigations were finalised, longstanding panel and tribunal matters were heard and decisions handed down.

## Local decisions, national framework

More than 80% of notifications in the ACT are made about practitioners in four professions – medical, nursing and midwifery, dental and psychology. All these Boards have state, territory or regional boards or committees, which make all decisions about individual practitioners. Read more about the work of the local ACT boards and their committees in this report.

More generally, there are ACT practitioner and community members on a number of National Boards who provide insight into local issues that are brought to the attention of a National Board.

Through these and other mechanisms (including local delegations from Boards to AHPRA),

supported by local AHPRA offices in every state and territory, regulation in the National Scheme is delivered locally, supported by national policy, standards and systems.

## Improving notifications management

The notifications and complaints handling system builds on our close working relationships with the ACT Health Services Commissioner, who is part of the ACT Human Rights Commission, the ACT Civil and Administrative Tribunal (ACAT), territory and regional boards and committees and AHPRA to deliver effective and timely outcomes and protect the public.

There has been a 27% decrease in the number of notifications received by the ACT office during the year. Most other states and territories have also experienced a decrease in the number of notifications received in 2014/15. There may be many reasons for this, and we will monitor this trend closely.

We have robust processes in place to swiftly identify and manage serious risk to the public. In the ACT this year, boards considered immediate action 27 times, and took action in 18 cases (67%), limiting the practitioner's registration in some way as an interim step to keep the public safe.

We have focused a lot of effort during the year to improve our management of notifications and notifiers' and practitioners' experience of the National Scheme. We continue to implement key performance indicators to enable us to measure and manage the timeliness of our investigation of notifications as well as applying the regulatory principles. More detail on this is in the annual report of AHPRA and the National Boards.

The decrease in the number of notifications received, along with the focused effort to improve our management of notifications, has resulted in a reduction of almost 50% of open notifications over the year. The ACT office is also engaging in a trial of streamlined early management of medical notifications to maintain this reduction in open notifications.

## Registration highlights

The number of registered practitioners in the ACT has increased to 10,978, which is an increase of 255 (2.4%) from last year. Applications received for registration decreased by 28 to 941. This small

reduction in applications was more than offset by the ACT office managing a review of over 700 qualifications of registered specialist pathologists.

Information sessions for ACT graduates of health professions on registration requirements were delivered jointly by AHPRA staff and board members at ACT educational institutions.

## 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. The National Registration and Accreditation Scheme ACT Forum was held in September 2014 at the National Portrait Gallery and was attended by a wide range of stakeholders, providing a diverse range of input to the independent review of the National Scheme.

Our work with the community will be a priority focus in 2015/16. More widely through our national stakeholder engagement program, we engaged with social media, and expanded options to participate in National Board consultations. We continue to benefit from advice and challenge from our Community Reference Group, which includes a member from the ACT, and 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 and also includes members from the ACT.

## Local office, national contribution

I thank the members of the ACT boards and committees for their expertise and commitment to the people of the ACT. I also thank the staff of the AHPRA ACT office for their dedication to the regulation of health practitioners and in supporting the National Boards and committees throughout the year.



**Meredith Boroky**  
ACT Manager, AHPRA

**Part 1: Decision-making in the ACT:**  
**Board and committee reports**

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

**The ACT committee of the Dental Board of Australia has continued in 2014/15 to work to meet the objectives of the National Scheme in managing risk to patients.**

We make decisions about individual registered dentists after receiving a notification about them; and assess 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 (the National Board) is included in the 2014/15 annual report of AHPRA and the National Boards.

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

Our committee is in a position to provide invaluable feedback to the National Board on its standards and policies. I participated in the National Board's biennial dental conference in May 2015, where all committee members had a chance to discuss, reflect on and improve the quality of our decisions.

We have endeavoured to engage with our stakeholders during the year. The National Registration and Accreditation Scheme ACT Forum was successfully conducted in September 2014, with a wide range of stakeholders in attendance.

I thank my colleagues on the ACT Registration and Notification Committee for their energy and commitment to the people of the ACT during the year.

I would also like to thank the Chair of the National Board, Dr John Lockwood, the other members of the National Board and my fellow chairs of the state and territory registration and notification committees for their wisdom and guidance in assisting me in the execution of my role as committee chair.



**Dr Peter Wong**  
Chair, ACT Registration and Notification Committee, Dental Board of Australia



**Dr John Lockwood AM**  
Chair, Dental Board of Australia

## Members of the ACT Registration and Notification Committee in 2014/15

Dr Peter Wong (Chair)  
Dr Murray Thomas  
Mrs Tanya Fane  
Mr Don Malcolmson

# ACT Board of the Medical Board of Australia: Chair's message

As in previous years, the focus of the ACT Board of the Medical Board of Australia in 2014/15 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 which require detailed individual assessment; or what action is required 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, and are supported by the local AHPRA office.

The ACT Board has spent time this year working with the Medical Board nationally, with all other state and territory Medical Boards and with AHPRA, to further improve the experience of notifiers and practitioners. The overall goal is to improve our customer service, be clear about what people can expect and make it easier for people to interact with us. In particular, the ACT Board participated in a working group for the Medical Board's Notifications Taskforce. The ACT also joined South Australia and Western Australia in a notifications triage trial to reduce the time taken to consider notifications. The taskforce was established to improve the notifications decision-making process and the quality of decision-making.

We have endeavoured to engage with our stakeholders during the year. The National Registration and Accreditation Scheme ACT Forum was successfully conducted in September 2014, with a wide range of stakeholders in attendance.

In April 2015, with the ACT Manager, we met the new ACT Health Minister, Mr Simon Corbell MLA, and continued to engage with our ACT Health Services Commissioner, Ms Mary Durkin, about issues affecting local practitioners in the ACT.

I thank my colleagues on the ACT Board for their energy and commitment to the people of ACT during the year. I would like to thank retiring member Dr Tim McKenzie for his contribution to the ACT Board of the Medical Board over the past five years and the previous ACT Medical Board since 2006. I welcome Professor Peter Warfe and Dr Bryan Ashman to the ACT Board and look forward to their contributions.

This ACT report provides a snapshot of regulation at work in our territory over the last year. It complements the comprehensive, profession-specific information published in the annual report of AHPRA and the National Boards for 2014/15.



**Associate Professor  
Stephen Bradshaw**  
Chair, ACT Board of  
the Medical Board of  
Australia



**Dr Joanna Flynn AM**  
Chair, Medical Board of  
Australia

## Members of the ACT Board in 2014/15

Associate Professor Stephen Bradshaw (Chair)  
Dr Tobias Angstmann  
Dr Bryan Ashman (from 1 March 2015)  
Dr Kerrie Bradbury  
Ms Vicki Brown  
Mr Robert Little  
Dr Tim McKenzie  
Mr Don Malcolmson  
Dr Barbara (Sally) Somi  
Professor Peter Warfe

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

In 2014/15, the ACT Board of the Nursing and Midwifery Board of Australia continued to uphold our legislative responsibilities 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 is required to manage risk to the public as a result of a notification.

The decisions we make in the ACT are guided by the national standards and policies set by the Nursing and Midwifery Board of Australia (National Board). These policies and regulatory guidelines inform the decisions we make in the ACT about local practitioners, supported by AHPRA's ACT office.

During the year, the ACT Board has worked closely with our colleagues on the National Board and on other state and territory boards. These partnerships support a nationally consistent approach to managing and making decisions about notifications and registration issues for nurses and midwives.

Members of the ACT Board attended the inaugural Nursing and Midwifery Board conference in November 2014, and in May 2015 the ACT welcomed the National Nursing and Midwifery Board to Canberra. The ACT Chair appreciated the opportunity to attend a National Board meeting and to further understand the work and the Board's achievements, and share with local members. A public forum, attended by both national and ACT Board members, was a valuable opportunity for key informants from the professions and the community to meet members and raise issues regarding regulatory matters impacting both community and professionals. In April 2015, with the ACT Manager, we met the new ACT Health Minister, Mr Simon Corbell, and continued to engage with our ACT Health Services Commissioner, Ms Mary Durkin, about issues affecting local practitioners in the ACT.

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

This snapshot of regulation at work in our territory complements the comprehensive, profession-specific information published in the annual report of AHPRA and the National Boards for 2014/15.



**Ms Emma Baldock**  
Chair, ACT Board of the  
Nursing and Midwifery  
Board of Australia



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

## Members of the ACT Board in 2014/15

Ms Emma Baldock (Chair)  
Ms Alison Chandra  
Ms Felicity Dalzell  
Ms Jane Ferry  
Ms Kate Gauthier  
Ms Eileen Jerga AM  
Dr Carmel McQuellin  
Ms Alison Reardon  
Ms Natalie Robinson

# Pharmacy Board of Australia – local representation

**The Pharmacy Board of Australia (the National Board) makes decisions about all registered pharmacists in the ACT. Mr William (Bill) Kelly is the practitioner member from the ACT on the National Board.**

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.

The Board has a notifications committee to make decisions about individual registered pharmacists in the ACT, 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.

During the year, the Board continued its work with stakeholders in the ACT. 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. In September 2014 the Board held its monthly meeting in Canberra and met with ACT stakeholders.

This year, after conducting wide-ranging consultation, the National Board revised its registration standards on professional indemnity insurance arrangements, continuing professional development and related guidelines, recency of practice, supervised practice arrangements, and examinations for eligibility for general registration. The revisions took into account feedback from stakeholders.

Data showing the work of the Board in the ACT are detailed in this report. More comprehensive information about the work of the National Board nationally is included in the 2014/15 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 Regional Board of the Psychology Board of Australia serves communities in the ACT, Tasmania and Victoria.

The work of the Psychology Board of Australia (the National Board) is detailed in the annual report of AHPRA and the National Boards, which 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 our region. Our Board is made up of practitioner and community members from the ACT, Tasmania and Victoria. The decisions we make about psychologists in our region are guided by the national standards and policies set by the Psychology Board of Australia. Our Board is supported by AHPRA's office in the ACT, Tasmania and Victoria.

The main focus of the Regional Board has continued to be 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.

This year we worked with the National Board to support a smooth transition to the new overseas qualifications assessment framework. All regional psychology boards met with the National Board this year – this provided an opportunity to share and compare regional and rural resolutions with other jurisdictions. This complements our regular monthly teleconference meeting of all regional chairs with the National Board Chair, to discuss local problems and share solutions.

The Regional Board engaged with local stakeholders in a range of ways during the year, including holding stakeholder forums in Victoria, Tasmania and the ACT to meet local practitioners and community members, and discuss important issues for health practitioner regulation.

I would like to thank retiring Victorian member Associate Professor Kathryn Von Treuer (Deputy Chair) for her contribution to the Regional Board of the Psychology Board over recent years.

I hope you find this profile of our work interesting.



**Dr Cristian Torres**  
Chair, Regional Board of  
the Psychology Board of  
Australia



**Professor Brin Grenyer**  
Chair, Psychology Board  
of Australia

## Members of the ACT/Tas/Vic Regional Board in 2014/15

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 nine 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 AHPRA 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 2014/15 annual report of AHPRA and the National Boards.



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



**Ms Julie Brayshaw**  
Presiding Member,  
Occupational Therapy  
Board of Australia



**Mr Colin Waldron**  
Chair, Optometry Board  
of Australia



**Dr Nikole Grbin**  
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 the ACT**

# ACT data snapshot: registration and notifications

## Background

These data are drawn from the 2014/15 annual report of AHPRA and the National Boards. This summary looks at national data through an ACT lens, to tell more about our work in this territory to keep the public safe.

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

We provide national comparisons, to see how the ACT compares with the national average, and so that the relativity can be better seen. We provide two years of data so we can identify and track emerging trends over time.

We also include information about notifications in the ACT. These include 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 notification within the territory.

We publish the source of notifications, as there are different patterns across states and territories. Again, we offer two years of data where 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 2014/15 annual report of AHPRA and the National Boards, which also includes more comprehensive profession-specific information. In addition, each National Board will be publishing a summary report with greater detail of its work in 2014/15 and profession-specific data.

## Registration in the ACT

Tables 1–6 provide details of registered practitioners in the ACT. At 30 June 2015 there were 10,978 registered practitioners in the ACT, representing 1.7% of the practitioners registered nationally. This proportion has not varied over the past three years. At a profession level, the ACT proportion of registrants nationally ranges from 2.7% of psychologists and

midwives to 1% of Aboriginal and Torres Strait Islander health practitioners.

Details of registration applications received in 2014/15 are provided in Table 7. In 2014/15, 941 applications were received in the ACT, slightly less than the 969 received in 2013/14. This small reduction in applications was more than offset by the office managing a review of over 700 qualifications of registered specialist pathologists.

**Table 1: Registered practitioners with ACT as the principal place of practice, by profession<sup>1</sup>**

Profession	ACT	National total <sup>5</sup>	% of national total
Aboriginal and Torres Strait Islander Health Practitioner <sup>2</sup>	4	391	1.0%
Chinese Medicine Practitioner <sup>2</sup>	71	4,494	1.6%
Chiropractor	65	4,998	1.3%
Dental Practitioner	399	21,209	1.9%
Medical Practitioner	1,977	103,133	1.9%
Medical Radiation Practitioner <sup>2</sup>	255	14,866	1.7%
Midwife	101	3,682	2.7%
Nurse	5,193	336,099	1.5%
Nurse and Midwife <sup>3</sup>	583	30,522	1.9%
Occupational Therapist <sup>2</sup>	296	17,200	1.7%
Optometrist	73	4,915	1.5%
Osteopath	36	2,000	1.8%
Pharmacist	482	29,014	1.7%
Physiotherapist	511	27,543	1.9%
Podiatrist	58	4,386	1.3%
Psychologist	874	32,766	2.7%
<b>Total 2014/15</b>	<b>10,978</b>	<b>637,218</b>	<b>1.7%</b>
<b>Total 2013/14</b>	<b>10,723</b>	<b>619,509</b>	<b>1.7%</b>
<b>Population as a proportion of national population<sup>4</sup></b>	<b>387,600</b>	<b>23,625,600</b>	<b>1.6%</b>

Notes:

1. Data are based on registered practitioners as at 30 June 2015.
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 2014.
5. National total also includes registrants who have no specified principal place of practice.

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

Profession	ACT	National total	% of national total
<b>Aboriginal and Torres Strait Islander Health Practitioner</b>	<b>4</b>	<b>391</b>	<b>1.0%</b>
General	4	390	1.0%
Non-practising		1	0.0%
<b>Chinese Medicine Practitioner</b>	<b>71</b>	<b>4,494</b>	<b>1.6%</b>
General	70	4,314	1.6%
General and Non-practising		1	0.0%
Non-practising	1	179	0.6%
<b>Chiropractor</b>	<b>65</b>	<b>4,998</b>	<b>1.3%</b>
General	61	4,709	1.3%
Non-practising	4	289	1.4%
<b>Dental Practitioner</b>	<b>399</b>	<b>21,209</b>	<b>1.9%</b>
General	349	18,975	1.8%
General and Non-practising		1	0.0%
General and Specialist	40	1,614	2.5%
Limited	1	83	1.2%
Non-practising	8	510	1.6%
Specialist	1	26	3.8%
<b>Medical Practitioner</b>	<b>1,977</b>	<b>103,133</b>	<b>1.9%</b>
General	730	34,767	2.1%
General (Teaching and Assessing)	1	40	2.5%
General (Teaching and Assessing) and Specialist		2	0.0%
General and Specialist	890	49,199	1.8%
Limited	56	3,455	1.6%
Non-practising	36	2,663	1.4%
Provisional	112	4,697	2.4%
Specialist	152	8,310	1.8%
<b>Medical Radiation Practitioner</b>	<b>255</b>	<b>14,866</b>	<b>1.7%</b>
General	240	13,984	1.7%
Limited		1	0.0%
Non-practising	5	248	2.0%
Provisional	10	633	1.6%
<b>Midwife</b>	<b>101</b>	<b>3,682</b>	<b>2.7%</b>
General	101	3,616	2.8%
Non-practising		66	0.0%
<b>Nurse</b>	<b>5,193</b>	<b>336,099</b>	<b>1.5%</b>
General	5,122	331,232	1.5%
General and Non-practising	1	20	5.0%
Non-practising	70	4,847	1.4%

Profession	ACT	National total	% of national total
<b>Nurse and Midwife</b>	<b>583</b>	<b>30,522</b>	<b>1.9%</b>
General	545	28,616	1.9%
General and Non-practising	23	1,253	1.8%
Non-practising	15	653	2.3%
<b>Occupational Therapist</b>	<b>296</b>	<b>17,200</b>	<b>1.7%</b>
General	286	16,500	1.7%
Limited	7	89	7.9%
Non-practising	2	570	0.4%
Provisional	1	41	2.4%
<b>Optometrist</b>	<b>73</b>	<b>4,915</b>	<b>1.5%</b>
General	71	4,758	1.5%
Limited		2	0.0%
Non-practising	2	155	1.3%
<b>Osteopath</b>	<b>36</b>	<b>2,000</b>	<b>1.8%</b>
General	35	1,917	1.8%
Non-practising		66	0.0%
Provisional	1	17	5.9%
<b>Pharmacist</b>	<b>482</b>	<b>29,014</b>	<b>1.7%</b>
General	442	26,179	1.7%
Limited		14	0.0%
Non-practising	14	1,006	1.4%
Provisional	26	1,815	1.4%
<b>Physiotherapist</b>	<b>511</b>	<b>27,543</b>	<b>1.9%</b>
General	501	26,442	1.9%
Limited	1	276	0.4%
Non-practising	9	825	1.1%
<b>Podiatrist</b>	<b>58</b>	<b>4,386</b>	<b>1.3%</b>
General	57	4,260	1.3%
General and Specialist	1	30	3.3%
Non-practising		96	0.0%
<b>Psychologist</b>	<b>874</b>	<b>32,766</b>	<b>2.7%</b>
General	726	26,843	2.7%
Non-practising	39	1,571	2.5%
Provisional	109	4,352	2.5%
<b>Grand Total</b>	<b>10,978</b>	<b>637,218</b>	<b>1.7%</b>

Notes

1. Practitioners holding general or specialist registration and limited/provisional registration for a registration subtype 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 introduced a category of provisional registration in 2013-14.

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

Profession	ACT	National total	% of national total
<b>Chiropractor</b>		<b>33</b>	<b>0.0%</b>
Acupuncture		33	0.0%
<b>Dental Practitioner</b>	<b>4</b>	<b>91</b>	<b>4.4%</b>
Area of Practice	4	91	4.4%
<b>Medical Practitioner</b>	<b>4</b>	<b>486</b>	<b>0.8%</b>
Acupuncture	4	486	0.8%
<b>Midwife</b>	<b>5</b>	<b>487</b>	<b>1.0%</b>
Eligible Midwife	3	304	1.0%
Midwife Practitioner		1	0.0%
Scheduled Medicines	2	182	1.1%
<b>Nurse</b>	<b>42</b>	<b>2,229</b>	<b>1.9%</b>
Area of Practice		1	0.0%
Nurse Practitioner	37	1,247	3.0%
Scheduled Medicines	5	981	0.5%
<b>Optometrist</b>	<b>26</b>	<b>2,000</b>	<b>1.3%</b>
Scheduled Medicines	26	2,000	1.3%
<b>Osteopath</b>		<b>2</b>	<b>0.0%</b>
Acupuncture		2	0.0%
<b>Physiotherapist</b>		<b>8</b>	<b>0.0%</b>
Acupuncture		8	0.0%
<b>Podiatrist</b>	<b>1</b>	<b>68</b>	<b>1.5%</b>
Scheduled Medicines	1	68	1.5%
<b>Psychologist</b>	<b>262</b>	<b>10,643</b>	<b>2.5%</b>
Area of Practice	262	10,643	2.5%
<b>Grand Total</b>	<b>344</b>	<b>16,047</b>	<b>2.1%</b>

1. Nursing and midwifery 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 ACT as the principal place of practice, by profession and gender**

Profession	ACT	National total	% of national total
<b>Aboriginal and Torres Strait Islander Health Practitioner</b>	<b>4</b>	<b>391</b>	<b>1.0%</b>
Female	2	295	0.7%
Male	2	96	2.1%
<b>Chinese Medicine Practitioner</b>	<b>71</b>	<b>4,494</b>	<b>1.6%</b>
Female	38	2,415	1.6%
Male	33	2,079	1.6%
<b>Chiropractor</b>	<b>65</b>	<b>4,998</b>	<b>1.3%</b>
Female	32	1,877	1.7%
Male	33	3,121	1.1%
<b>Dental Practitioner</b>	<b>399</b>	<b>21,209</b>	<b>1.9%</b>
Female	219	10,331	2.1%
Male	180	10,878	1.7%
<b>Medical Practitioner</b>	<b>1,977</b>	<b>103,133</b>	<b>1.9%</b>
Female	888	42,189	2.1%
Male	1,089	60,944	1.8%
<b>Medical Radiation Practitioner</b>	<b>255</b>	<b>14,866</b>	<b>1.7%</b>
Female	165	10,064	1.6%
Male	90	4,802	1.9%
<b>Midwife</b>	<b>101</b>	<b>3,682</b>	<b>2.7%</b>
Female	100	3,666	2.7%
Male	1	16	6.3%
<b>Nurse</b>	<b>5,193</b>	<b>336,099</b>	<b>1.5%</b>
Female	4,574	297,792	1.5%
Male	619	38,307	1.6%
<b>Nurse and Midwife</b>	<b>583</b>	<b>30,522</b>	<b>1.9%</b>
Female	570	29,975	1.9%
Male	13	547	2.4%
<b>Occupational Therapist</b>	<b>296</b>	<b>17,200</b>	<b>1.7%</b>
Female	268	15,752	1.7%
Male	28	1,448	1.9%
<b>Optometrist</b>	<b>73</b>	<b>4,915</b>	<b>1.5%</b>
Female	39	2,491	1.6%
Male	34	2,424	1.4%
<b>Osteopath</b>	<b>36</b>	<b>2,000</b>	<b>1.8%</b>
Female	16	1,077	1.5%
Male	20	923	2.2%
<b>Pharmacist</b>	<b>482</b>	<b>29,014</b>	<b>1.7%</b>
Female	314	17,616	1.8%
Male	168	11,398	1.5%

Profession	ACT	National total	% of national total
<b>Physiotherapist</b>	<b>511</b>	<b>27,543</b>	<b>1.9%</b>
Female	356	18,911	1.9%
Male	155	8,632	1.8%
<b>Podiatrist</b>	<b>58</b>	<b>4,386</b>	<b>1.3%</b>
Female	30	2,677	1.1%
Male	28	1,709	1.6%
<b>Psychologist</b>	<b>874</b>	<b>32,766</b>	<b>2.7%</b>
Female	687	25,894	2.7%
Male	187	6,872	2.7%
<b>Total</b>	<b>10,978</b>	<b>637,218</b>	<b>1.7%</b>

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

Profession	ACT	National total	% of national total
<b>Chinese Medicine Practitioner</b>	<b>71</b>	<b>4,494</b>	<b>1.6%</b>
Acupuncturist <sup>1</sup>	27	1,688	1.6%
Acupuncturist and Chinese Herbal Dispenser <sup>1</sup>		2	0.0%
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner <sup>1</sup>	8	631	1.3%
Acupuncturist and Chinese Herbal Medicine Practitioner <sup>1</sup>	36	2,068	1.7%
Chinese Herbal Dispenser <sup>1</sup>		41	0.0%
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner <sup>1</sup>		14	0.0%
Chinese Herbal Medicine Practitioner <sup>1</sup>		50	0.0%
<b>Dental Practitioner</b>	<b>399</b>	<b>21,209</b>	<b>1.9%</b>
Dental Hygienist <sup>1</sup>	44	1,373	3.2%
Dental Hygienist and Dental Prosthetist <sup>1</sup>		3	0.0%
Dental Hygienist and Dental Prosthetist and Dental Therapist <sup>1</sup>		2	0.0%
Dental Hygienist and Dental Therapist <sup>1</sup>	9	483	1.9%
Dental Hygienist and Dentist <sup>1</sup>		2	0.0%
Dental Hygienist and Oral Health Therapist <sup>1</sup>		6	0.0%

Profession	ACT	National total	% of national total
Dental Prosthetist <sup>1</sup>	15	1,245	1.2%
Dental Prosthetist and Dental Therapist <sup>1</sup>		1	0.0%
Dental Prosthetist and Dentist <sup>1</sup>		1	0.0%
Dental Therapist <sup>1</sup>	18	1,063	1.7%
Dental Therapist and Oral Health Therapist <sup>1</sup>		2	0.0%
Dentist <sup>1</sup>	294	15,888	1.9%
Dentist and Oral Health Therapist <sup>1</sup>		1	0.0%
Oral Health Therapist <sup>1</sup>	19	1,139	1.7%
<b>Medical Radiation Practitioner</b>	<b>255</b>	<b>14,866</b>	<b>1.7%</b>
Diagnostic Radiographer <sup>1</sup>	173	11,496	1.5%
Diagnostic Radiographer and Nuclear Medicine Technologist <sup>1</sup>		15	0.0%
Diagnostic Radiographer and Radiation Therapist <sup>1</sup>		2	0.0%
Nuclear Medicine Technologist <sup>1</sup>	19	1,039	1.8%
Radiation Therapist <sup>1</sup>	63	2,314	2.7%
<b>Nurse</b>	<b>5,193</b>	<b>336,099</b>	<b>1.5%</b>
Enrolled Nurse (Division 2) <sup>1</sup>	694	61,880	1.1%
Enrolled Nurse (Division 2) and Registered Nurse (Division 1) <sup>1</sup>	56	5,585	1.0%
Registered Nurse (Division 1) <sup>1</sup>	4,443	268,634	1.7%
<b>Nurse and Midwife</b>	<b>583</b>	<b>30,522</b>	<b>1.9%</b>
Enrolled Nurse (Division 2) and Midwife <sup>1</sup>	4	62	6.5%
Enrolled Nurse (Division 2) and Registered Nurse (Division 1) and Midwife <sup>1</sup>	1	59	1.7%
Registered Nurse (Division 1) and Midwife <sup>1</sup>	578	30,401	1.9%
<b>Grand Total</b>	<b>6,501</b>	<b>407,190</b>	<b>1.6%</b>

Notes:

1. Practitioners who hold dual or multiple registration.

**Table 6: Health practitioners with specialties at 30 June 2015<sup>1</sup>**

Profession	ACT	National total	% of national total
<b>Dental Practitioner</b>	<b>41</b>	<b>1,693</b>	<b>2.4%</b>
Dento-maxillofacial radiology		10	0.0%
Endodontics	8	159	5.0%
Forensic odontology	2	27	7.4%
Oral and maxillofacial surgery	4	202	2.0%
Oral medicine		35	0.0%
Oral pathology		24	0.0%
Oral surgery		52	0.0%
Orthodontics	13	600	2.2%
Paediatric dentistry	2	119	1.7%
Periodontics	7	221	3.2%
Prosthodontics	5	212	2.4%
Public health dentistry (Community dentistry)		16	0.0%
Special needs dentistry		16	0.0%
<b>Medical Practitioner</b>	<b>1,155</b>	<b>62,490</b>	<b>1.8%</b>
Addiction medicine	3	167	1.8%
Anaesthesia	74	4,627	1.6%
Dermatology	6	507	1.2%
Emergency medicine	35	1,687	2.1%
General practice	410	23,993	1.7%
Intensive care medicine	20	815	2.5%
Paediatric intensive care medicine		2	0.0%
No subspecialty declared	20	813	2.5%
Medical administration	14	334	4.2%
Obstetrics and gynaecology	30	1,871	1.6%
Gynaecological oncology		43	0.0%
Maternal-fetal medicine		40	0.0%
Obstetrics and gynaecological ultrasound		77	0.0%
Reproductive endocrinology and infertility		53	0.0%
Urogynaecology	1	30	3.3%
No subspecialty declared	29	1,628	1.8%
Occupational and environmental medicine	14	302	4.6%
Ophthalmology	14	967	1.4%
Paediatrics and child health	36	2,442	1.5%
Paediatric intensive care medicine		5	0.0%
Clinical genetics		25	0.0%
Community child health	1	43	2.3%
General paediatrics	27	1,784	1.5%

Profession	ACT	National total	% of national total
Neonatal and perinatal medicine	5	164	3.0%
Paediatric cardiology		31	0.0%
Paediatric clinical pharmacology		1	0.0%
Paediatric emergency medicine		44	0.0%
Paediatric endocrinology		26	0.0%
Paediatric gastroenterology and hepatology		23	0.0%
Paediatric haematology		10	0.0%
Paediatric immunology and allergy	1	17	5.9%
Paediatric infectious diseases		16	0.0%
Paediatric medical oncology		25	0.0%
Paediatric nephrology		8	0.0%
Paediatric neurology		31	0.0%
Paediatric palliative medicine		2	0.0%
Paediatric rehabilitation medicine		6	0.0%
Paediatric respiratory and sleep medicine	1	25	4.0%
Paediatric rheumatology		12	0.0%
No subspecialty declared	1	144	0.7%
Pain medicine	3	260	1.2%
Palliative medicine	6	297	2.0%
Pathology	49	2,009	2.4%
Anatomical pathology (including cytopathology)	18	872	2.1%
Chemical pathology	2	90	2.2%
Forensic pathology		48	0.0%
General pathology	2	125	1.6%
Haematology	12	487	2.5%
Immunology	6	117	5.1%
Microbiology	6	222	2.7%
No subspecialty declared	3	48	6.3%
Physician	180	9,423	1.9%
Cardiology	21	1,251	1.7%
Clinical genetics		71	0.0%
Clinical pharmacology		53	0.0%
Endocrinology	11	630	1.7%
Gastroenterology and hepatology	22	802	2.7%
General medicine	31	1,772	1.7%
Geriatric medicine	8	609	1.3%
Haematology	10	507	2.0%

Profession	ACT	National total	% of national total
Immunology and allergy	7	154	4.5%
Infectious diseases	8	389	2.1%
Medical oncology	10	584	1.7%
Nephrology	11	507	2.2%
Neurology	9	546	1.6%
Nuclear medicine	9	257	3.5%
Respiratory and sleep medicine	9	631	1.4%
Rheumatology	8	349	2.3%
No subspecialty declared	6	311	1.9%
Psychiatry	55	3,432	1.6%
Public health medicine	28	432	6.5%
Radiation oncology	12	366	3.3%
Radiology	51	2,280	2.2%
Diagnostic radiology	40	1,951	2.1%
Diagnostic ultrasound		4	0.0%
Nuclear medicine	6	187	3.2%
No subspecialty declared	5	138	3.6%
Rehabilitation medicine	6	473	1.3%
Sexual health medicine	5	118	4.2%
Sport and exercise medicine	10	119	8.4%
Surgery	94	5,569	1.7%
Cardio-thoracic surgery	6	205	2.9%
General surgery	23	1,936	1.2%
Neurosurgery	7	238	2.9%
Oral and maxillofacial surgery	4	114	3.5%
Orthopaedic surgery	27	1,342	2.0%
Otolaryngology – head and neck surgery	9	486	1.9%
Paediatric surgery	4	104	3.8%
Plastic surgery	6	443	1.4%
Urology	5	418	1.2%
Vascular surgery	3	222	1.4%
No subspecialty declared		61	0.0%
<b>Podiatrist</b>	<b>1</b>	<b>30</b>	<b>3.3%</b>
Podiatric Surgeon	1	30	3.3%
<b>Grand Total</b>	<b>1,197</b>	<b>64,213</b>	<b>1.9%</b>

Notes:

- 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 7: Applications received, by profession and registration type**

Profession	ACT	National total	% of national total
<b>Aboriginal and Torres Strait Islander Health Practitioner</b>		<b>255</b>	<b>0.0%</b>
General		253	0.0%
Non-practising		2	0.0%
<b>Chinese Medicine Practitioner</b>	<b>18</b>	<b>1,812</b>	<b>1.0%</b>
General	18	1,673	1.1%
Non-practising		139	0.0%
<b>Chiropractor</b>	<b>2</b>	<b>371</b>	<b>0.5%</b>
General	2	304	0.7%
Limited		5	0.0%
Non-practising		62	0.0%
<b>Dental Practitioner</b>	<b>21</b>	<b>1,638</b>	<b>1.3%</b>
General	16	1,378	1.2%
Limited		32	0.0%
Non-practising	4	142	2.8%
Specialist	1	86	1.2%
<b>Medical Practitioner</b>	<b>314</b>	<b>15,861</b>	<b>2.0%</b>
General	120	5,134	2.3%
Limited	37	2,002	1.8%
Limited (Public Interest – Occasional Practice)		1	0.0%
Non-practising	5	480	1.0%
Provisional	112	5,311	2.1%
Specialist	40	2,933	1.4%
<b>Medical Radiation Practitioner</b>	<b>30</b>	<b>1,808</b>	<b>1.7%</b>
General	20	1,164	1.7%
Non-practising	4	115	3.5%
Provisional	6	529	1.1%
<b>Midwife</b>	<b>30</b>	<b>1,712</b>	<b>1.8%</b>
General	21	1,411	1.5%
Non-practising	9	301	3.0%
<b>Nurse</b>	<b>270</b>	<b>24,837</b>	<b>1.1%</b>
General	245	23,274	1.1%
Non-practising	25	1,563	1.6%
<b>Occupational Therapist</b>	<b>37</b>	<b>2,078</b>	<b>1.8%</b>
General	31	1,681	1.8%
Limited	4	82	4.9%
Non-practising	2	311	0.6%
Provisional		4	0.0%
<b>Optometrist</b>	<b>7</b>	<b>305</b>	<b>2.3%</b>
General	4	259	1.5%
Limited	1	3	33.3%
Non-practising	2	43	4.7%

Profession	ACT	National total	% of national total
<b>Osteopath</b>	<b>4</b>	<b>206</b>	<b>1.9%</b>
General	4	173	2.3%
Limited		1	0.0%
Non-practising		18	0.0%
Provisional		14	0.0%
<b>Pharmacist</b>	<b>60</b>	<b>3,340</b>	<b>1.8%</b>
General	31	1,604	1.9%
Limited	1	32	3.1%
Non-practising	3	173	1.7%
Provisional	25	1,531	1.6%
<b>Physiotherapist</b>	<b>40</b>	<b>2,540</b>	<b>1.6%</b>
General	35	2,140	1.6%
Limited	2	206	1.0%
Non-practising	3	194	1.5%
<b>Podiatrist</b>	<b>4</b>	<b>431</b>	<b>0.9%</b>
General	3	389	0.8%
Limited		1	0.0%
Non-practising		37	0.0%
Specialist	1	4	25.0%
<b>Psychologist</b>	<b>104</b>	<b>4,323</b>	<b>2.4%</b>
General	41	1,536	2.7%
Non-practising	16	563	2.8%
Provisional	47	2,224	2.1%
<b>Total 2014/15</b>	<b>941</b>	<b>61,517</b>	<b>1.5%</b>
<b>Total 2013/14</b>	<b>969</b>	<b>58,789</b>	<b>1.6%</b>

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 the ACT

Notifications within the ACT are detailed in Tables 8–20. In 2014/15, 194 notifications were lodged in the ACT, down from the 267 lodged the previous year. Most other states and territories also experienced a decrease in the number of notifications received in 2014/15. The decrease in incoming notifications, together with a concentrated effort within the ACT to progress notifications, has led to a reduction of almost 50% of open notifications over the year (121 open at the end of 2014/15 compared with 214 for 2013/14). The ACT office is also engaging in an ongoing trial of the triage of medical notifications

in an attempt to maintain this reduction in open notifications.

Conversely, and against the trend in most other states and territories, mandatory notifications received in the ACT increased from 11 in 2013/14 to 20 in 2014/15; this level is more consistent with the numbers received in the two years prior to 2013/14 (20 in 2012/13, 24 in 2011/12) and it would suggest that the decrease in 2013/14 was an exception.

A large proportion of notifications (83) were about clinical care (see Table 11), which is consistent with the national pattern. Notifications received came largely from the health complaints entity (HCE) (59) or directly from patients (51) (Table 12).

In 2014/15 there were 27 cases where immediate action was initiated against practitioners in the ACT (Table 13). In seven of these cases the registration of the practitioner was suspended, eight cases resulted in conditions imposed on registration and in a further three cases the Board accepted an undertaking given by the practitioner. In nine cases the Board determined that no further action was required.

There are no notifications open in the ACT that had been received before the National Law took effect in 2010 (Table 14).

Tables 15–19 detail the outcomes of key stages in the notifications process during 2014/15; note the national data in these tables do not include data for NSW. The vast majority of the 208 enquiries received in 2014/15 were considered to meet the criteria for a notification (194) and assessment commenced (see Table 15). On completion of assessment of cases in 2014/15, 127 cases were closed and 86 cases were taken to a further stage (Table 16). In 2014/15, 13 cases were closed following a panel hearing and 14 following a tribunal hearing (see Tables 18 and 19).

Table 20 details cases closed in 2014/15 in each profession by stage at closure. Of the 14 cases closed following a tribunal hearing, 12 cases related to medical practitioners.

Registrants under active monitoring at the end of the reporting year are detailed in Tables 21 and 22. The ACT accounted for 3.1% (155 registrants) of the registrants nationally under active monitoring; the majority of these registrants are medical practitioners (30) or nurses (57).

Table 23 provides an overview of cases where a criminal history check resulted in, or contributed to the imposition of conditions by a Board or undertakings given by a practitioner. There were three cases in ACT in 2014/15.

**Table 8: Notifications received or closed in 2014/15 or remaining open at 30 June 2015, by profession<sup>1</sup>**

Profession	All Received			Mandatory Received			Closed			Open at 30 June		
	ACT	National total	% of national total	ACT	National total	% of national total	ACT	National total	% of national total	ACT	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner <sup>5</sup>		7			2			5	0.0%		5	
Chinese Medicine Practitioner <sup>5</sup>		22	0.0%		1		3	27	11.1%		15	0.0%
Chiropractor	3	75	4.0%		4	0.0%	3	98	3.1%	1	76	1.3%
Dental Practitioner	27	766	3.5%		22	0.0%	34	849	4.0%	16	381	4.2%
Medical Practitioner	92	4,541	2.0%	8	212	3.8%	141	4,885	2.9%	61	2,212	2.8%
Medical Radiation Practitioner <sup>5</sup>	2	31	6.5%		6	0.0%	3	31	9.7%		17	0.0%
Midwife	3	74	4.1%		20	0.0%	6	92	6.5%	4	57	7.0%
Nurse	31	1,733	1.8%	8	472	1.7%	42	1,755	2.4%	21	1,053	2.0%
Occupational Therapist <sup>5</sup>	1	49	2.0%		4	0.0%	1	48	2.1%		19	0.0%
Optometrist		55	0.0%		1		1	53	1.9%		20	0.0%
Osteopath	1	13	7.7%		1		1	13	7.7%		12	0.0%
Pharmacist	19	490	3.9%	4	38	10.5%	11	528	2.1%	12	311	3.9%
Physiotherapist	1	97	1.0%		6	0.0%	1	115	0.9%		57	0.0%
Podiatrist		37	0.0%		2	0.0%		44	0.0%		21	0.0%
Psychologist	14	432	3.2%		42	0.0%	20	458	4.4%	6	273	2.2%
Not Identified <sup>2</sup>		4	0.0%					2	0.0%		2	0.0%
<b>Total 2014/15</b>	<b>194</b>	<b>8,426</b>	<b>2.3%</b>	<b>20</b>	<b>833</b>	<b>2.4%</b>	<b>267</b>	<b>9,003</b>	<b>3.0%</b>	<b>121</b>	<b>4,531</b>	<b>2.7%</b>
<b>Total 2013/14<sup>3,4</sup></b>	<b>267</b>	<b>10,047</b>	<b>2.7%</b>	<b>11</b>	<b>1145</b>	<b>1.0%</b>	<b>225</b>	<b>9,803</b>	<b>2.3%</b>	<b>214</b>	<b>5,237</b>	<b>4.1%</b>

**Notes:**

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

<b>Profession</b>	<b>ACT</b>	<b>National total</b>
Aboriginal and Torres Strait Islander Health Practitioner <sup>4</sup>	0.0%	1.8%
Chinese Medicine Practitioner <sup>4</sup>	0.0%	0.5%
Chiropractor	4.6%	1.5%
Dental Practitioner	6.8%	3.6%
Medical Practitioner	4.7%	4.4%
Medical Radiation Practitioner <sup>4</sup>	0.8%	0.2%
Midwife <sup>2</sup>	0.4%	0.2%
Nurse <sup>3</sup>	0.5%	0.5%
Occupational Therapist <sup>4</sup>	0.3%	0.3%
Optometrist	0.0%	1.1%
Osteopath	2.8%	0.7%
Pharmacist	3.9%	1.7%
Physiotherapist	0.2%	0.4%
Podiatrist	0.0%	0.8%
Psychologist	1.6%	1.3%
<b>Total 2014/15</b>	<b>1.8%</b>	<b>1.3%</b>
<b>Total 2013/14</b>	<b>2.2%</b>	<b>1.4%</b>

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.

<b>State</b>	<b>2014/15</b>		<b>2013/14</b>	
	<b>No. Practitioners<sup>1</sup></b>	<b>Rate / 10,000 practitioners<sup>2</sup></b>	<b>No. Practitioners<sup>1</sup></b>	<b>Rate / 10,000 practitioners<sup>2</sup></b>
Australian Capital Territory	19	17.31	10	9.3
<b>Total Australia</b>	<b>789</b>	<b>12.38</b>	<b>976</b>	<b>15.8</b>

Notes:

- 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.

Issue	ACT	National total	% of national total
Behaviour	4	312	1.3%
Billing	1	191	0.5%
Boundary violation	4	335	1.2%
Clinical care	83	3,442	2.4%
Communication	14	669	2.1%
Confidentiality	5	210	2.4%
Conflict of interest		19	0.0%
Discrimination	4	34	11.8%
Documentation	11	445	2.5%
Health impairment	22	848	2.6%
Infection/hygiene		86	0.0%
Informed consent	3	107	2.8%
Medico-legal conduct		51	0.0%
National Law Breach	2	241	0.8%
National Law Offence		94	0.0%
Offence	6	263	2.3%
Offence by student		1	0.0%
Other	7	172	4.1%
Pharmacy/medication	25	826	3.0%
Professional conduct		3	0.0%
Research/teaching/assessment		7	0.0%
Response to adverse event	1	22	4.5%
Teamwork/supervision		29	0.0%
Not recorded	2	19	10.5%
<b>Total</b>	<b>194</b>	<b>8,426</b>	<b>2.3%</b>

Source	ACT	National total (excluding NSW) <sup>1</sup>	% of national total (excluding NSW)
Anonymous	5	106	4.7%
Drugs and poisons		27	0.0%
Education provider	2	22	9.1%
Employer	16	543	2.9%
Government department		92	0.0%
HCE	59	688	8.6%
Health advisory service		10	0.0%
Hospital	2	25	8.0%
Insurance company		9	0.0%
Lawyer		34	0.0%
Medicare		1	0.0%
Member of Parliament		1	0.0%
Member of the public	10	323	3.1%
Ombudsman		41	0.0%
Other board	1	45	2.2%
Other practitioner	19	583	3.3%
Own motion	15	222	6.8%
Patient	51	1,408	3.6%
Police		52	0.0%
Relative	5	361	1.4%
Self	3	114	2.6%
Treating practitioner	1	80	1.3%
Unclassified	5	97	5.2%
<b>Total</b>	<b>194</b>	<b>4,884</b>	<b>4.0%</b>

Notes:

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

Outcomes	ACT	National total	% of national total
Not take immediate action	9	85	10.6%
Accept undertaking	3	77	3.9%
Impose conditions	8	285	2.8%
Accept surrender of registration		3	0.0%
Suspend registration	7	106	6.6%
Decision pending		22	0.0%
<b>Total</b>	<b>27</b>	<b>578</b>	<b>4.7%</b>

Profession	ACT	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner			
Chinese Medicine Practitioner			
Chiropractor		2	0.0%
Dental Practitioner		3	0.0%
Medical Practitioner		26	0.0%
Medical Radiation Practitioner			
Midwife			
Nurse		4	0.0%
Occupational Therapist			
Optometrist			
Osteopath		1	0.0%
Pharmacist		6	0.0%
Physiotherapist			
Podiatrist			
Psychologist		6	0.0%
Not identified			
<b>Total 2014/15<sup>1</sup></b>	<b>0</b>	<b>48</b>	<b>0.0%</b>
<b>Total 2013/14<sup>2</sup></b>	<b>0</b>	<b>91</b>	<b>0.0%</b>

Notes:

1. The majority of these matters are with the responsible tribunal awaiting hearing or decision.
2. 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.

Outcomes	ACT	National total (excl NSW)	% of national total
Moved to notification	194	4,884	4.0%
Closed at lodgement	14	1,097	1.3%
Yet to be determined			
<b>Total</b>	<b>208</b>	<b>5,981</b>	<b>3.5%</b>

Outcome of decisions to take the notification further	ACT	National total (excl NSW)	% of national total
Health or performance assessment	11	233	4.7%
Investigation	72	1,668	4.3%
Panel hearing		13	0.0%
Tribunal hearing	3	9	
<b>Total</b>	<b>86</b>	<b>1,923</b>	<b>4.5%</b>
<b>Outcome of notifications closed following assessment</b>		<b>Total</b>	
No further action	109	2,136	5.1%
HCE to retain		435	0.0%
Refer all or part of the notification to another body		10	0.0%
Caution	13	322	4.0%
Accept undertaking	1	59	1.7%
Impose conditions	4	104	3.8%
Practitioner surrenders registration		3	
<b>Total</b>	<b>127</b>	<b>3,069</b>	<b>4.1%</b>

Table 17: Outcome of investigations finalised in 2014/15 (excluding NSW)			
Outcome of decisions to take the notification further	ACT	National total (excl NSW)	% of national total
Assessment		2	
Health or performance assessment	17	145	11.7%
Panel hearing	7	166	4.2%
Tribunal hearing	10	114	8.8%
<b>Total</b>	<b>34</b>	<b>427</b>	<b>8.0%</b>
Outcome of notifications closed following investigation		Total	
No further action	69	1,052	6.6%
Refer all or part of the notification to another body		11	0.0%
Caution	12	391	3.1%
Accept undertaking	1	126	0.8%
Impose conditions	16	192	8.3%
Practitioner surrenders registration			
<b>Total</b>	<b>98</b>	<b>1,772</b>	<b>5.5%</b>

Table 18: Outcome of panel hearings finalised in 2014/15 (excluding NSW)			
Outcomes	ACT	National total (excl NSW)	% of national total
No further action	1	63	1.6%
Refer all of the notification to another body		1	0.0%
Caution	6	57	10.5%
Reprimand		13	0.0%
Impose conditions	6	130	4.6%
Practitioner surrenders registration		1	0.0%
Suspend registration		4	0.0%
<b>Total</b>	<b>13</b>	<b>269</b>	<b>4.8%</b>

Table 19: Outcome of tribunal hearings finalised in 2014/15 (excluding NSW)			
Outcomes	ACT	National total (excl NSW)	% of national total
No further action	1	13	7.7%
Caution	1	3	33.3%
Reprimand		14	0.0%
Fine registrant		10	0.0%
Accept undertaking		4	0.0%
Impose conditions	12	45	26.7%
Practitioner surrenders registration		5	0.0%
Suspend registration		31	0.0%
Cancel registration		24	0.0%
Tribunal order		30	0.0%
No permitted to reapply for registration for a period of 12 months			
Permanently prohibited from undertaking services relating to midwifery			
<b>Total</b>	<b>14</b>	<b>179</b>	<b>7.8%</b>

**Table 20: Notifications closed in 2014/15, by profession and stage at closure in ACT**

Profession	Assessment	Investigation	Health or performance assessment	Panel hearing	Tribunal hearing	Total 2014/15
Aboriginal and Torres Strait Islander Health Practitioner						0
Chinese Medicine Practitioner		1		2		3
Chiropractor	1	2				3
Dental Practitioner	20	12	1	1		34
Medical Practitioner	69	49	5	6	12	141
Medical Radiation Practitioner	2	1				3
Midwife		5	1			6
Nurse	17	14	8	3		42
Occupational Therapist	1					1
Optometrist		1				1
Osteopath	1					1
Pharmacist	7	3		1		11
Physiotherapist		1				1
Podiatrist						0
Psychologist	9	9			2	20
Not identified <sup>1</sup>						0
<b>Total 2014/15</b>	<b>127</b>	<b>98</b>	<b>15</b>	<b>13</b>	<b>14</b>	<b>267</b>

Notes:

1. Practitioner profession may not have been identified in notifications closed at an early stage.

**Table 21: Active monitoring cases at 30 June 2015, by profession (excluding NSW)**

Profession	ACT	National total (excl NSW)	% of national total
Aboriginal and Torres Strait Islander Health Practitioner		6	
Chinese Medicine Practitioner	23	882	2.6%
Chiropractor	1	60	1.7%
Dental Practitioner	8	165	4.8%
Medical Practitioner	30	1,697	1.8%
Medical Radiation Practitioner	9	533	1.7%
Midwife	6	108	5.6%
Nurse	57	1,013	5.6%
Occupational Therapist		71	0.0%
Optometrist		15	0.0%
Osteopath		15	0.0%
Pharmacist	5	187	2.7%
Physiotherapist	3	75	4.0%
Podiatrist		14	0.0%
Psychologist	13	150	8.7%
<b>Total</b>	<b>155</b>	<b>4,991</b>	<b>3.1%</b>

**Table 22: Active monitoring cases at 30 June 2015 in ACT and nationally, by stream**

Jurisdiction	Conduct	Health	Performance	Suitability / eligibility <sup>1</sup>	Total 2014/15
ACT	7	44	29	75	155
National 2014/15	775	1,153	691	3,083	5,702
<b>% of national total</b>	<b>0.9%</b>	<b>3.8%</b>	<b>4.2%</b>	<b>2.4%</b>	<b>2.7%</b>

Notes:

1. AHPRA performs monitoring of compliance cases in 'suitability/eligibility' matters for NSW registrations.
2. Includes cases to be transitioned from AHPRA to HPCA for Conduct, Health and Performance streams.
3. Principal place of practice

**Table 23: Domestic and international criminal history checks in ACT and nationally, by profession, and cases where a criminal history check resulted in, or contributed to, imposition of conditions or undertakings**

State/territory <sup>1</sup>	ACT				National 2014/15			
	Number of CHCs <sup>2</sup>	Number of DCOs <sup>3</sup>	CHCs resulted in conditions/ undertakings	% of national total CHCs resulted in conditions/ undertakings	Number of CHCs <sup>2</sup>	Number of DCOs <sup>3</sup>	% of DCOs resulting from CHCs	CHCs resulted in conditions/ undertakings
Aboriginal and Torres Strait Islander Health Practitioner	0	0	0	0.00%	266	111	41.73%	1
Chinese Medicine Practitioner	17	0	0	0.00%	1,187	78	6.57%	1
Chiropractor	8	2	1	50.00%	664	62	9.34%	2
Dental Practitioner	21	2	0	0.00%	1,764	106	6.01%	4
Medical Practitioner	153	12	0	0.00%	9,298	320	3.44%	6
Medical Radiation Practitioner	24	2	0	0.00%	1,989	102	5.13%	0
Midwife	28	2	0	0.00%	1,422	55	3.87%	0
Nurse	279	22	2	9.52%	24,328	1,738	7.14%	21
Occupational Therapist	29	2	0	0.00%	1,626	60	3.69%	0
Optometrist	8	1	0	0.00%	618	32	5.18%	1
Osteopath	6	0	0	0.00%	266	21	7.89%	0
Pharmacist	30	1	0	0.00%	2,264	105	4.64%	0
Physiotherapist	53	3	0	0.00%	2,645	96	3.63%	0
Podiatrist	5	1	0	0.00%	738	55	7.45%	0
Psychologist	62	8	0	0.00%	2,872	159	5.54%	1
<b>Total 2014/15</b>	<b>723</b>	<b>58</b>	<b>3</b>	<b>8.11%</b>	<b>51,947</b>	<b>3,100</b>	<b>5.97%</b>	<b>37</b>
<b>Total 2013/14<sup>4</sup></b>	<b>910</b>	<b>48</b>	<b>0</b>	<b>0.00%</b>	<b>61,000</b>	<b>3,597</b>	<b>6%</b>	<b>76</b>

Notes:

1. State or territory refers to the state/territory location of the preferred address as advised by the applicant/registrant. The team state is used if this information is not available.
2. Criminal history checks. Refers to both domestic and international criminal history checks submitted.
3. Disclosable court outcomes.
4. 2013/14 figures refer only to domestic criminal history checks. International criminal history checks started in 2014/15.

## 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 the practice of a health profession to occur only under the supervision of another health practitioner (usually registered in the same profession).

**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.

## CONTACT/COPIES

### Mail

Publications Manager  
AHPRA National Office  
GPO Box 9958  
Melbourne VIC 3000

### Phone

1300 419 495

### Email

Via the online enquiry form at the AHPRA website:  
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## PUBLISHED

Australian Health Practitioner Regulation Agency  
Melbourne, December 2015  
ISSN 2204-132X

## ACKNOWLEDGEMENTS

Thank you to all AHPRA contributors.

## PRINTED

Cover printed on Precision Offset 310 gsm  
Internals printed on Precision Offset 120 gsm



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# Australian Health Practitioner Regulation Agency

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GPO Box 9958 in your capital city

[www.ahpra.gov.au](http://www.ahpra.gov.au)

## Australian Capital Territory

Level 2  
103-105 Northbourne Ave  
Turner ACT 2612

## New South Wales

Level 51  
680 George St  
Sydney NSW 2000

## Northern Territory

Level 5  
22 Harry Chan Ave  
Darwin NT 0800

## Queensland

Level 18  
179 Turbot St  
Brisbane QLD 4000

## South Australia

Level 11  
80 Grenfell St  
Adelaide SA 5000

## Tasmania

Level 12  
86 Collins St  
Hobart TAS 7000

## Victoria

Level 8  
111 Bourke St  
Melbourne VIC 3000

## Western Australia

Level 1  
541 Hay St  
Subiaco WA 6008