

LOCAL DECISIONS – NATIONAL SCHEME

Regulating health practitioners in
South Australia:

ANNUAL REPORT SUMMARY 2013/14

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



Australian Health Practitioner Regulation Agency

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

Regulating health practitioners in South Australia

This year, for the first time, we offer this snapshot of our work regulating 51,352 health practitioners in South Australia (SA).

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



4,738 people applied to the boards for registration as a health practitioner or for a change in registration type in SA in 2014

On 30 June 2014 there were **32,690** nurses and midwives, **7,554** medical practitioners, **2,175** physiotherapists, **2,033** pharmacists and **1,708** dental practitioners in SA

There are **145** dental and **4,945** medical specialists in SA

1.4% of health practitioners in SA are subject to a notification

We received **793** notifications about health practitioners in SA during the year, including **180** mandatory notifications

AHPRA is monitoring conditions on registration or undertakings from **494** SA practitioners

There has been a **29%** increase in notifications in SA, compared to a **16%** national increase

36% of notifications were about clinical care, **11%** about possible health impairment and **9%** about pharmacy/medications

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

27% of notifications were made by patients, **21%** were referred by the Health and Community Services Complaints Commissioner, **14%** by other practitioners and **11%** by employers

SA boards and committees took 'immediate action' **51** times as an interim step to manage risk to public safety during the year, leading to a restriction on registration in **48** cases (94%)

There were **14** panel hearings finalised, with **93%** leading to disciplinary action of some kind and **5** closed after a tribunal hearing during the year, with **100%** leading to disciplinary action

Notifications about practitioners with **5** National Boards - dental, medical, nursing and midwifery, pharmacy and psychology - account for **94%** of notifications in SA

77% of registered health practitioners in SA are women

About the National Scheme

Who

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

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

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

What

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

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

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

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

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

When

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

Where

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

Why

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

Contents

Regulating health practitioners in South Australia	1
About the National Scheme	2
Foreword from the AHPRA Chair and CEO	4
Foreword from AHPRA's SA State Managers, Dr Richenda Webb and Ms Diana Newcombe	5
<hr/>	
PART 1: Decision-making in SA: Board and committee reports	7
SA Registration and Notification Committee, Dental Board of Australia	8
SA Board of the Medical Board of Australia	9
SA Board of the Nursing and Midwifery Board of Australia	10
NT, SA and WA Regional Board of the Psychology Board of Australia	11
Pharmacy Board of Australia	12
National Boards and committees making local decisions	13

PART 2: The National Scheme at work in SA	14
SA data snapshot: registration and notifications	15

List of tables

Table 1: Registered practitioners with SA as the principal place of practice	15
Table 2: Registered practitioners with SA as the principal place of practice, by registration type	16
Table 3: Registered practitioners who hold an endorsement or notation with SA as the principal place of practice	17
Table 4: Registered practitioners with SA as the principal place of practice by profession and gender	17
Table 5: Registered Chinese medicine, dental, medical radiation practitioners and nurses and midwives with SA as principal place of practice, by division	18
Table 6: Health practitioners with specialties at 30 June 2014 1	18
Table 7: Applications received by profession and registration type	20
Table 8: Notifications received or closed in 2013/14 or remaining open at 30 June 2014, by profession	21
Table 9: Percentage of registrant base with notifications received in 2013/2014, by profession	22
Table 10: Registrants involved in mandatory notifications by jurisdiction	22
Table 11: Issues in notifications received in 2013/14	22
Table 12: Source of notifications received in 2013/14	23
Table 13: Immediate action cases about notifications received in 2013/14	23
Table 14: Notifications under previous legislation open at 30 June 2014, by profession	23
Table 15: Outcomes of enquiries received in 2013/14 (excluding NSW)	24
Table 16: Outcomes of assessments completed in 2013/14 (excluding NSW)	24
Table 17: Outcomes of investigations finalised in 2013/14 (excluding NSW)	24
Table 18: Outcome of panel hearings finalised in 2013/14 (excluding NSW)	24
Table 19: Outcome of tribunal hearings finalised in 2013/14 (excluding NSW)	24
Table 20: Active monitoring cases at 30 June 2014 by profession (excluding NSW)	25
Table 21: Cases in 2013/14 where a criminal history check resulted in, or contributed to, imposition of conditions or undertakings, by profession	25

Foreword from the AHPRA Chair and CEO

One in every 20 working Australians is a registered health practitioner – and about 51,000 of all 1,677,300 South Australians. All of us are patients from time to time. Directly or indirectly, regulation of health practitioners matters to us all.

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

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

Local decision-making

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

The vast majority of decisions about individual registered health practitioners are made locally. More than 90% of notifications are made about practitioners registered with Boards that have state, territory or regional boards or committees in place. This figure grows to 93% when including pharmacists who manage notifications through a national committee.

State board members are appointed by the Health Minister in South Australia. The regional psychology board includes appointments from SA, the Northern Territory and Western Australia. Board and committee members make decisions about local practitioners supported by the SA AHPRA office.

More widely, the complaints handling system relies on the [Health and Community Services Complaints Commissioner \(HCSCC\)](#), the Health Practitioners Tribunal, state, territory and regional boards and committees and AHPRA to deliver effective and timely outcomes and protect the public.

Performance

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

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

we receive, this will remain a critical challenge for us to meet. We have robust processes in place to swiftly identify and manage serious risk to the public. In SA this year, National Boards took immediate action 51 times, limiting the practitioner's registration in some way in 48 cases (94%) as an interim step to keep the public safe.

During the year, the increase in notifications in SA was 29%, higher than the national average increase of 16%. To help manage this increase, we have recruited 15 new investigators and lawyers to our South Australian team.

Conclusion

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

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

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



Michael Gorton AM, AHPRA Chair



Martin Fletcher, AHPRA CEO

Foreword from AHPRA's SA State Managers, Dr Richenda Webb and Ms Diana Newcombe

It's been a year of significant achievement and action in the SA AHPRA office.

In 2013/14, SA boards and committees:

- made decisions about 1,887 registration and notification matters related to individual practitioners
- took 'immediate action' 51 times, when there was evidence of immediate risk to patients, and
- increased the frequency of meetings to keep pace with the increase in notifications made to the SA office about registered practitioners. The SA Medical Board now meets weekly and the Nursing and Midwifery Board now meets fortnightly to meet this demand.

The SA Medical Board considered 999 matters; the SA Nursing and Midwifery Board considered 728 matters; and the SA Dental Committee considered 160 matters.

Local decisions, national framework

In SA, 90% of all notifications 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. More generally, all National Boards must have one member from SA to provide insight into local issues that are brought to the attention of a National Board.

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

Improving notifications management

There has been a 29% increase in the number of notifications received in SA during the year, compared to the national increase of 16%.

After three years consistent increase in notifications received, this appears to be an established trend, consistent nationally and internationally in healthcare and across other sectors. We are monitoring this, both locally and nationally, to better understand the causes and make sure we respond effectively.

We have focused a lot of effort during the year to improve our management of notifications and notifiers' experience of the National Scheme and our initiatives appear to be paying off. These initiatives have included introducing KPIs to enable us to measure and manage the timeliness of our

investigation of notifications. We will be introducing this approach into our management of registrations during 2015. More detail on this is in the annual report of AHPRA and the National Boards for 2013/14.

SA has trialled and introduced a number of new approaches to notification management including:

- 'triage' of medical notifications to make sure serious matters are escalated and dealt with swiftly to keep the public safe, and that straightforward matters are managed quickly so we can focus more time on cases that pose potential risk to the public
- review of all of our long-term investigations to make sure they were well-directed, focused and prioritised to reflect risk to patients, and
- appointment of a coordinator to progress health assessments for potentially impaired practitioners.

Working with our stakeholders

During the year, we have been in regular touch with many of our stakeholders through listening to their ideas for ways we can improve, making opportunities to respond to feedback and talking about the National Scheme. This year we held regular meetings with the HCSCC and our local professional associations, and spoke regularly with senior officers of the SA Department of Health and Ageing.

Our work with the community will be a priority focus in 2015. More widely through our national stakeholder engagement program, we have ventured into social media initially by joining Twitter, expanded our options to participate in National Board consultations and are planning future work with non-English speaking communities. We continue to benefit from advice and challenge from our Community Reference Group and distribute information about the National Scheme with our online community of interest. This group has grown from the initial community briefings we held around Australia in 2012/13 and is chaired by Paul Laris, community member of the SA Medical Board and of the Medical Board of Australia.

Presentations to groups of clinicians and students continue to be popular on a range of notification and registration topics. More than 40 formal presentations were delivered during the year, in addition to attendance at graduation ceremonies and similar functions on behalf of the National Scheme.

The SA medical registration team devoted a lot of effort to visiting public sector employers to listen to issues and improve knowledge and understanding of registration requirements for international medical graduates. We changed our processes and created a

new coordination role in response to feedback from these groups, so we could manage applications more efficiently.

Local office, national contribution

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

Since 1 July 2014, AHPRA's new senior leadership team has been decentralised, with key members based around Australia. The SA office is 'home' to Diana Newcombe, National Director, Legal Services (and former SA State Manager) and Samantha Clausen, National Director, Registration.

South Australia is pleased to be home to four Chairs of National Boards: Dr Lynette Cusack RN of the Nursing and Midwifery Board of Australia, Dr Phillip Donato of the Chiropractic Board of Australia, Ms Catherine Loughry of the Podiatry Board of Australia and Dr Mary Russell of the Occupational Therapy Board of Australia. Later in 2014 Dr Donato will complete his term as Chair after five years' tireless service to the community and the profession through the National Scheme. He will continue to serve as a Board member on the Chiropractic Board of Australia. South Australian Dr Nikole Grbin will also take up her appointment as Chair of the Osteopathy Board of Australia in August 2014.

The SA office hosted meetings of the Occupational Therapy Board of Australia in July 2013 and the Psychology Board of Australia in November 2013.

AHPRA SA staff raised more than \$2,200 for charity during the year on 'Casual for a Cause' Fridays.

We'd like to thank the hard-working team in the SA office for their continued commitment to keeping the community in SA safe, and working hard to meet the objectives of the National Scheme.



Dr Richenda Webb, Acting SA State Manager, AHPRA from 1 July 2014



Ms Diana Newcombe, SA State Manager, AHPRA to 30 June 2014

PART 1:

Decision-making in SA: Board and committee reports

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

The main focus of the SA Registration and Notification Committee of the Dental Board of Australia in 2013/14 was on managing risk to patients. We did this in two ways: making decisions about individual registered dental practitioners after receiving a notification about them; and assessing the most complex applications for registration, often from overseas-trained practitioners.

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

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

The SA committee provides important feedback to the National Board on its standards and policies. As Chair of the SA committee, I attended a number of National Board meetings throughout the year. These create opportunities to discuss how the National Board policies influence our local decision-making. In turn, our decision-making experience supports the national policy framework. I also sit on other committees of the National Board including the Recency of Practice/Return to Practice Working Group and the Expert Reference Group – Therapeutics. I chair the Expert Reference Group – Specialists, which has spent considerable time this year developing a framework around competencies for each of the dental specialties. This has been a joint project with the Dental Council of New Zealand.

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

I thank my colleagues on the SA committee for their energy and commitment to the people of SA during the year. I particularly acknowledge the hard work and commitment of Dr Steve Oppes, who completed his term on the committee during the year.



Professor Richard Logan, Chair, SA Registration and Notification Committee, Dental Board of Australia



Dr John Lockwood AM, Chair, Dental Board of Australia

Members of the SA Registration and Notification Committee

Professor Richard Logan (Chair)

Ms Josephine Bradley

Dr Heidi Munchenberg

Mrs Jennifer Miller

Mrs Joanna Richardson

Dr Steve Oppes (until 1 January 2014)

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

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

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

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

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

Working with our stakeholders has been another priority during the year. With Richenda Webb, our AHPRA SA State Manager, I have attended meetings with the President and CEO of the Australian Medical Association (AMA) SA; the Chief Medical Officer of the SA Department of Health and Ageing; and the Chair of the committee which oversees SA Medical Education and Training in its accreditation function.

I thank my colleagues on the SA Board for their energy and commitment to protecting the safety of the people of SA during the year. I wish to acknowledge the hard work of the members who chair notification and registration committees, and in particular to thank Phil Henschke, whose term ended in August 2013. His contribution before and after transition to the National Scheme, and especially his tenure as Chair, were invaluable. I also record my thanks to John Turnidge, Mark Bodycoat and Peter Joseph whose terms on the Board finished this year, and whose wise counsel and commitment will be missed.

This SA report provides a snapshot of regulation at work in our state over the last year. It complements the comprehensive, profession-specific information published in the annual report of AHPRA and the National Boards for 2013/14. I commend it to you.



Professor Anne Tonkin, Chair, SA Board, Medical Board of Australia



Dr Joanna Flynn AM, Chair, Medical Board of Australia

Members of the SA Board

Professor Anne Tonkin (Chair from September 2013)

Dr Philip Henschke (Chair to August 2013)

Mr Mark Bodycoat

Dr Peter Joseph AM

Mr Paul Laris

Professor Guy Maddern

Dr Rakesh Mohindra

Dr Christine Putland

Dr Lynne Rainey

Dr Catherine (Cathy) Reid

Ms Katherine (Kate) Sullivan

Professor John Turnidge (to February 2014)

Dr Mary White

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

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

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

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

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

Our work with stakeholders has been another priority during the year. To raise awareness of mandatory reporting responsibilities in SA, I briefed delegates to an Australian Nursing and Midwifery Federation (SA) seminar on this important issue. With Dr Richenda Webb, the AHPRA SA State Manager, we will be meeting with professional associations and the Chief Nursing and Midwifery Officer of the Department of Health and Ageing.

SA Board members started their continuing professional development sessions with a site visit to aged care facilities. This was also attended by AHPRA staff and provided a very good opportunity for mutual understanding of the nursing challenges in that sector.

I thank my colleagues on the SA Board for their energy and commitment to the people of SA during the year. I particularly recognise long-serving members Jen Byrne and Michael Salt, who have completed their terms on the Board, and I thank them for their hard work and commitment. I welcome the new members

who will take up their positions on the Board shortly, and look forward to another busy and productive year.

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



Associate Professor Linda Starr, Chair, SA Board of the Nursing and Midwifery Board of Australia



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

Members of the SA Board

Associate Professor Linda Starr (Chair)

Ms Cathy Beaton

Mr Mark Bodycoat

Ms Jennifer Byrne

Dr Sheryl de Lacey

Ms Sally Hampel

Ms Eugenia Koussidis

Ms Melanie Ottaway

Mr Michael Salt

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

The year 2014 was a very busy one for the regional board of the Psychology Board of Australia, which serves communities in the Northern Territory (NT), SA and Western Australia (WA).

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

The regional board is the local face of psychology regulation in our region. Our board is made up of practitioner and community members from the NT, SA and WA. The decisions we make about psychologists in our region are guided by the national standards and policies set by the Psychology Board of Australia (the National Board). Our board is supported by AHPRA's office in WA, with assistance from teams in SA and the NT.

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

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

Another priority in the year ahead will be continuing work with the National Board to support a smooth transition to the new overseas qualifications assessment framework. In addition to local meetings and events during the year, an important development was the meeting of all regional psychology boards with the National Board. This provided an opportunity to share and compare regional and rural resolutions with other jurisdictions. This has complemented our regular monthly teleconference meeting of all regional chairs with the National Board Chair, to discuss local problems and share solutions.

Working with our stakeholders in this region has been another feature of the year. With AHPRA's state and territory managers in the NT, SA and WA, we have continued to build local relationships. The NT/SA/WA Regional Board meeting was held in Adelaide in May 2014 and in Darwin in July 2014. These meetings provided further opportunities to discuss local issues. As well as our routine regional meetings and speaking engagements, we hosted the National Board forum in Adelaide in November 2013.

I thank my colleagues on the NT/SA/WA Regional Board for their energy and commitment to the people of the NT, SA and WA during the year, in particular, my Deputy Chairs Ms Janet Stephenson (SA) and Dr Shirley Grace (NT). Dr Alison Bell (SA) completed her term on the Board and I wish to thank her for her hard work and support.

I hope you find this report on our work in the region interesting.



Associate Professor Jennifer Thornton, Chair, NT/SA/WA Regional Board of the Psychology Board of Australia



Professor Brin Grenyer, Chair, Psychology Board of Australia

Members of the NT/SA/WA Regional Board

Associate Professor Jennifer Thornton (Chair)

Ms Alison Bell

Ms Judith Dikstein

Dr Shirley Grace

Associate Professor David Leach

Dr Neil McLean

Mr Theodore Sharp

Ms Claire Simmons

Mrs Janet Stephenson

Pharmacy Board of Australia: Chair's message

The Pharmacy Board of Australia (the National Board) makes decisions about the 2,000 registered pharmacists in SA. 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 the four states. Mr Trevor Draysey is the SA practitioner on the National Board.

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

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

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

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



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

National Boards and committees making local decisions

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

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

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

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

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

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

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

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

The National Board Chairs



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



Professor Charlie Xue
Chair, Chinese Medicine Board of Australia



Dr Phillip Donato OAM
Chair, Chiropractic Board of Australia



Mr Neil Hicks
Chair, Medical Radiation Practice Board of Australia



Dr Mary Russell
Chair, Occupational Therapy Board of Australia



Mr Colin Waldron
Chair, Optometry Board of Australia



Dr Robert Fendall
Chair, Osteopathy Board of Australia



Mr Paul Shinkfield
Chair, Physiotherapy Board of Australia



Ms Catherine Loughry
Chair, Podiatry Board of Australia

PART 2:

The National Scheme at work in SA

SA data snapshot: registration and notifications

Background

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

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

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

We also include information about notifications in SA. 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 SA.

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

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

Registration in South Australia

Tables 1–6 provide details of registered practitioners in SA. On 30 June 2014 there were 51,352 registered practitioners in SA, representing 8.3% of all practitioners registered nationally. This proportion has varied very little over the last three years. By profession, the proportion of registrants in SA range from osteopaths with 1.8% of the registrant base in SA, to midwives with 14.2% of the registrant base in SA.

When registrant data is considered by registration type (Table 2), the pattern in relation to several of the professions with larger numbers of registrants with limited registration is interesting. SA has a higher

proportion of the national total of practitioners with limited registration than it does for the practitioners with general registration. This includes dental practitioners (12.3% of limited registrants, 8.2% of general registrants), medical practitioners (9.1% of limited, 7.1% of general) and physiotherapists (15.9% of limited, 8.4% of general).

Details of registration applications received in 2013/14 are provided in Table 7. In 2013/14, 8.1% of the applications received nationally were received in SA. This is consistent with the 8.3% of practitioners who name SA as their principal place of practice.

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

Profession	SA	National Total ⁵	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner ²	12	343	3.5%
Chinese Medicine Practitioner ²	164	4,271	3.8%
Chiropractor	364	4,845	7.5%
Dental Practitioner	1,708	20,707	8.2%
Medical Practitioner	7,554	99,379	7.6%
Medical Radiation Practitioner ²	1,107	14,387	7.7%
Midwife	459	3,230	14.2%
Nurse	29,949	327,388	9.1%
Nurse and Midwife ³	2,282	31,832	7.2%
Occupational Therapist ²	1,298	16,223	8.0%
Optometrist	246	4,788	5.1%
Osteopath	34	1,865	1.8%
Pharmacist	2,033	28,282	7.2%
Physiotherapist	2,175	26,123	8.3%
Podiatrist	394	4,129	9.5%
Psychologist	1,573	31,717	5.0%
Total 2013-14	51,352	619,509	8.3%
Total 2012-13²	49,857	592,470	8.4%
Total 2011-12	46,397	548,528	8.5%
Population as a proportion of national population⁴	1,677,300	23,319,400	7.2%

Notes:

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

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

Profession	SA	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner	12	343	3.5%
General	12	343	3.5%
Chinese Medicine Practitioner	164	4,271	3.8%
General	164	4,149	4.0%
Non-practising		122	
Chiropractor	364	4,845	7.5%
General	352	4,577	7.7%
Non-practising	12	268	4.5%
Dental Practitioner	1,708	20,707	8.2%
General	1,510	18,320	8.2%
General and Specialist	142	1,586	9.0%
Limited	40	324	12.3%
Non-practising	13	446	2.9%
Specialist	3	27	11.1%
General and Limited ¹		4	
Medical Practitioner	7,554	99,379	7.6%
General	2,295	32,389	7.1%
General (Teaching and Assessing)	5	34	14.7%
General (Teaching and Assessing) and Specialist		2	
General and Specialist	3,907	48,118	8.1%
Limited	394	4,347	9.1%
Limited (Public Interest - Occasional Practice)		399	
Non-practising	121	2,477	4.9%
Provisional	310	3,846	8.1%
Specialist	522	7,767	6.7%
Medical Radiation Practitioner	1,107	14,387	7.7%
General	1,091	13,500	8.1%
Limited		3	
Non-practising	12	197	6.1%
Provisional	4	687	0.6%
Midwife	459	3,230	14.2%
General	452	3,173	14.2%
Non-practising	7	57	12.3%
Nurse	29,949	327,388	9.1%
General	29,628	323,284	9.2%
General and Non-practising ²	1	13	7.7%
Non-practising	320	4,091	7.8%
Nurse and Midwife	2,282	31,832	7.2%
General	2,219	30,111	7.4%
General and Non-practising ³	37	1,122	3.3%
Non-practising	26	599	4.3%

Profession	SA	National Total	% of National Total
Occupational Therapist	1,298	16,223	8.0%
General	1,212	15,599	7.8%
Limited	7	115	6.1%
Non-practising	76	471	16.1%
Provisional	3	38	7.9%
Optometrist	246	4,788	5.1%
General	246	4,654	5.3%
Limited		3	
Non-practising		131	
Osteopath	34	1,865	1.8%
General	31	1,791	1.7%
Non-practising	2	73	2.7%
Provisional ⁴	1	1	100.0%
Pharmacist	2,033	28,282	7.2%
General	1,855	25,455	7.3%
Limited		17	
Non-practising	45	964	4.7%
Provisional	133	1,846	7.2%
Physiotherapist	2,175	26,123	8.3%
General	2,107	25,093	8.4%
Limited	42	264	15.9%
Non-practising	26	766	3.4%
Podiatrist	394	4,129	9.5%
General	382	4,017	9.5%
General and Specialist	4	27	14.8%
Non-practising	8	85	9.4%
Psychologist	1,573	31,717	5.0%
General	1,320	26,219	5.0%
Non-practising	72	1,390	5.2%
Provisional	181	4,108	4.4%
Total	51,352	619,509	8.3%

Notes:

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

continued overleaf

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

Profession	SA	National Total	% of National Total
Chiropractor		33	
Acupuncture		33	
Dental Practitioner	2	86	2.3%
Conscious sedation	2	86	2.3%
Medical Practitioner	18	412	4.4%
Acupuncture	18	412	4.4%
Nurse ¹	97	1,975	4.9%
Nurse Practitioner	91	1,087	8.4%
Scheduled Medicines	6	888	0.7%
Midwife ¹	30	364	8.2%
Eligible Midwife ²	19	247	7.7%
Midwife Practitioner		1	
Scheduled Medicines	11	116	9.5%
Optometrist	119	1,753	6.8%
Scheduled Medicines	119	1,753	6.8%
Osteopath		2	
Acupuncture		2	
Physiotherapist		9	
Acupuncture		9	
Podiatrist	7	64	10.9%
Scheduled Medicines	7	64	10.9%
Psychologist	626	9,221	6.8%
Area of Practice	626	9,221	6.8%
Total	899	13,919	6.5%

Notes:

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

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

Profession	SA	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner	12	343	3.5%
Female	10	251	4.0%
Male	2	92	2.2%
Chinese Medicine Practitioner	164	4,271	3.8%
Female	84	2,279	3.7%
Male	80	1,992	4.0%
Chiropractor	364	4,845	7.5%

Profession	SA	National Total	% of National Total
Female	125	1,799	6.9%
Male	239	3,046	7.8%
Dental Practitioner	1,708	20,707	8.2%
Female	923	9,932	9.3%
Male	785	10,775	7.3%
Medical Practitioner	7,554	99,379	7.6%
Female	2,948	39,963	7.4%
Male	4,606	59,416	7.8%
Medical Radiation Practitioner	1,107	14,387	7.7%
Female	821	9,694	8.5%
Male	286	4,693	6.1%
Midwife	459	3,230	14.2%
Female	459	3,219	14.3%
Male		11	
Nurse	29,949	327,388	9.1%
Female	26,613	290,178	9.2%
Male	3,336	37,210	9.0%
Nurse and Midwife	2,282	31,832	7.2%
Female	2,227	31,242	7.1%
Male	55	590	9.3%
Occupational Therapist	1,298	16,223	8.0%
Female	1,158	14,872	7.8%
Male	140	1,351	10.4%
Optometrist	246	4,788	5.1%
Female	108	2,404	4.5%
Male	138	2,384	5.8%
Osteopath	34	1,865	1.8%
Female	22	986	2.2%
Male	12	879	1.4%
Pharmacist	2,033	28,282	7.2%
Female	1,216	17,015	7.1%
Male	817	11,267	7.3%
Physiotherapist	2,175	26,123	8.3%
Female	1,441	18,082	8.0%
Male	734	8,041	9.1%
Podiatrist	394	4,129	9.5%
Female	236	2,515	9.4%
Male	158	1,614	9.8%
Psychologist	1,573	31,717	5.0%
Female	1,178	24,996	4.7%
Male	395	6,721	5.9%
Total	51,352	619,509	8.3%

continued overleaf

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

Profession	SA	National Total	% of National Total
Chinese Medicine Practitioner	164	4,271	3.8%
Acupuncturist	91	1,630	5.6%
Acupuncturist and Chinese Herbal Dispenser ¹		5	
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹	7	503	1.4%
Acupuncturist and Chinese Herbal Medicine Practitioner ¹	61	2,019	3.0%
Chinese Herbal Dispenser	1	41	2.4%
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹	3	14	21.4%
Chinese Herbal Medicine Practitioner	1	59	1.7%
Dental Practitioner	1,708	20,707	8.2%
Dental Hygienist	230	1,298	17.7%
Dental Hygienist and Dental Prosthetist ¹		3	
Dental Hygienist and Dental Prosthetist and Dental Therapist ¹		2	
Dental Hygienist and Dental Therapist ¹	67	493	13.6%
Dental Hygienist and Oral Health Therapist ¹		1	
Dental Prosthetist	53	1,209	4.4%
Dental Prosthetist and Dental Therapist ¹		1	
Dental Therapist	94	1,093	8.6%
Dentist	1,146	15,638	7.3%
Dental Hygienist and Dentist ¹		6	
Oral Health Therapist	118	963	12.3%
Medical Radiation Practitioner	1,107	14,387	7.7%
Diagnostic Radiographer	880	11,103	7.9%
Diagnostic Radiographer and Nuclear Medicine Technologist ¹	1	16	6.3%
Diagnostic Radiographer and Radiation Therapist ¹		2	
Nuclear Medicine Technologist	72	1,012	7.1%
Radiation Therapist	154	2,254	6.8%
Nurse	29,949	327,388	9.1%
Enrolled Nurse	7,914	61,301	12.9%
Enrolled Nurse and Registered Nurse ¹	535	5,022	10.7%
Registered Nurse	21,500	261,065	8.2%
Nurse and Midwife	2,282	31,832	7.2%
Enrolled Nurse and Midwife ¹	5	55	9.1%

Profession	SA	National Total	% of National Total
Enrolled Nurse and Registered Nurse and Midwife ¹		54	
Registered Nurse and Midwife ¹	2,277	31,723	7.2%
Total	35,210	398,585	8.8%

Notes:

1. Practitioners who hold dual or multiple registration.

Table 6: Health practitioners with specialties at 30 June 2014¹

Profession	SA	National Total	% of National Total
Dental Practitioner	145	1,667	8.7%
Dento-maxillofacial radiology		11	
Endodontics	16	154	10.4%
Forensic odontology	4	27	14.8%
Oral and maxillofacial surgery	15	201	7.5%
Oral medicine		36	
Oral pathology	3	25	12.0%
Oral surgery		48	
Orthodontics	54	597	9.0%
Paediatric dentistry	9	114	7.9%
Periodontics	16	214	7.5%
Prosthodontics	22	207	10.6%
Public health dentistry (Community dentistry)	2	16	12.5%
Special needs dentistry	4	17	23.5%
Medical Practitioner	4,945	61,171	8.1%
Addiction medicine	15	166	9.0%
Anaesthesia	357	4,495	7.9%
Dermatology	39	489	8.0%
Emergency medicine	101	1,567	6.4%
General practice	1,899	23,624	8.0%
Intensive care medicine	67	796	8.4%
Paediatric intensive care medicine		2	
No subspecialty declared	67	794	8.4%
Medical administration	16	331	4.8%
Obstetrics and gynaecology	134	1,814	7.4%
Gynaecological oncology	4	43	9.3%
Maternal-fetal medicine	3	39	7.7%
Obstetrics and gynaecological ultrasound	4	80	5.0%
Reproductive endocrinology and infertility	6	53	11.3%
Urogynaecology	1	30	3.3%
No subspecialty declared	116	1,569	7.4%
Occupational and environmental medicine	29	300	9.7%

Profession	% of National		% of National Total
	SA	Total	
Ophthalmology	71	935	7.6%
Paediatrics and child health	166	2,315	7.2%
Clinical genetics		22	
Community child health	2	35	5.7%
General paediatrics	128	1,744	7.3%
Neonatal and perinatal medicine	8	145	5.5%
Paediatric cardiology		22	
Paediatric clinical pharmacology		1	
Paediatric emergency medicine	4	37	10.8%
Paediatric endocrinology	1	20	5.0%
Paediatric gastroenterology and hepatology	1	19	5.3%
Paediatric haematology		7	
Paediatric immunology and allergy	3	11	27.3%
Paediatric infectious diseases	1	15	6.7%
Paediatric intensive care medicine		5	
Paediatric medical oncology	1	18	5.6%
Paediatric nephrology		5	
Paediatric neurology	1	28	3.6%
Paediatric palliative medicine		2	
Paediatric rehabilitation medicine	1	5	20.0%
Paediatric respiratory and sleep medicine	1	23	4.3%
Paediatric rheumatology	1	11	9.1%
No subspecialty declared	13	140	9.3%
Pain medicine	30	251	12.0%
Palliative medicine	22	275	8.0%
Pathology	190	2,276	8.3%
Anatomical pathology (including cytopathology)	63	821	7.7%
Chemical pathology	8	89	9.0%
Forensic pathology	4	43	9.3%
General pathology	55	502	11.0%
Haematology	35	460	7.6%
Immunology	10	111	9.0%
Microbiology	15	211	7.1%
No subspecialty declared		39	
Physician	818	9,089	9.0%
Cardiology	110	1,200	9.2%
Clinical genetics	9	70	12.9%
Clinical pharmacology	9	51	17.6%
Endocrinology	33	582	5.7%
Gastroenterology and hepatology	62	763	8.1%

Profession	% of National		% of National Total
	SA	Total	
General medicine	246	1,753	14.0%
Geriatric medicine	48	574	8.4%
Haematology	37	485	7.6%
Immunology and allergy	12	143	8.4%
Infectious diseases	26	368	7.1%
Medical oncology	42	553	7.6%
Nephrology	26	482	5.4%
Neurology	33	526	6.3%
Nuclear medicine	26	249	10.4%
Respiratory and sleep medicine	52	610	8.5%
Rheumatology	36	347	10.4%
No subspecialty declared	11	333	3.3%
Psychiatry	283	3,329	8.5%
Public health medicine	30	435	6.9%
Radiation oncology	22	358	6.1%
Radiology	167	2,220	7.5%
Diagnostic radiology	151	1,902	7.9%
Diagnostic ultrasound		4	
Nuclear medicine	11	184	6.0%
No subspecialty declared	5	130	3.8%
Rehabilitation medicine	35	454	7.7%
Sexual health medicine	7	115	6.1%
Sport and exercise medicine	4	115	3.5%
Surgery	443	5,422	8.2%
Cardio-thoracic surgery	11	200	5.5%
General surgery	157	1,895	8.3%
Neurosurgery	15	226	6.6%
Oral and maxillofacial surgery	9	105	8.6%
Orthopaedic surgery	116	1,313	8.8%
Otolaryngology - head and neck surgery	42	474	8.9%
Paediatric surgery	9	98	9.2%
Plastic surgery	39	428	9.1%
Urology	29	399	7.3%
Vascular surgery	16	215	7.4%
No subspecialty declared		69	
Podiatrist	4	27	14.8%
Podiatric Surgeon	4	27	14.8%
Total	5,094	62,865	8.1%

Notes:

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

continued overleaf

Table 7: Applications received by profession and registration type

Profession	SA	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner ¹	9	85	10.6%
General	9	84	10.7%
Non-practising		1	
Chinese Medicine Practitioner ¹	30	696	4.3%
General	30	624	4.8%
Limited		1	
Non-practising		71	
Chiropractor	9	370	2.4%
General	9	318	2.8%
Limited		7	
Non-practising		45	
Dental Practitioner	177	1,907	9.3%
General	145	1,399	10.4%
Limited	16	291	5.5%
Non-practising	6	133	4.5%
Specialist	10	84	11.9%
Medical Practitioner	1,140	15,425	7.4%
General	366	5,152	7.1%
General (Teaching and Assessing)		6	
Limited	255	3,289	7.8%
Limited (Public Interest - Occasional Practice)	1	1	100.0%
Non-practising	26	439	5.9%
Provisional	282	3,842	7.3%
Specialist	210	2,696	7.8%
Medical Radiation Practitioner ¹	120	1,700	7.1%
General	102	1,042	9.8%
Limited		2	
Non-practising	13	85	15.3%
Provisional	5	571	0.9%
Midwife	109	1,704	6.4%
General	94	1,377	6.8%
Non-practising	15	327	4.6%
Nurse	2,177	24,147	9.0%
General	2,062	22,879	9.0%
Non-practising	115	1,268	9.1%
Occupational Therapist ¹	200	2,204	9.1%
General	161	1,807	8.9%
Limited	6	79	7.6%
Non-practising	33	313	10.5%
Provisional		5	
Optometrist	27	262	10.3%
General	26	235	11.1%

Profession	SA	National Total	% of National Total
Limited	1	4	25.0%
Non-practising		23	
Osteopath	3	211	1.4%
General	2	167	1.2%
Limited		7	
Non-practising		31	
Provisional	1	6	16.7%
Pharmacist	255	3,313	7.7%
General	120	1,609	7.5%
Limited	5	46	10.9%
Non-practising	13	130	10.0%
Provisional	117	1,528	7.7%
Physiotherapist	247	2,332	10.6%
General	196	2,003	9.8%
Limited	36	184	19.6%
Non-practising	15	145	10.3%
Podiatrist	19	380	5.0%
General	18	348	5.2%
Non-practising	1	29	3.4%
Provisional		1	
Specialist		2	
Psychologist	216	4,053	5.3%
General	82	1,645	5.0%
Limited	1	2	50.0%
Non-practising	20	394	5.1%
Provisional	113	2,012	5.6%
Total 2013-14	4,738	58,789	8.1%
Total 2012-13	5,198	63,113	8.2%
Total 2011-12 ¹	6,001	79,355	7.6%

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 South Australia

Notifications in SA are detailed in Tables 8–19. In 2013/14, 793 notifications were lodged in SA, representing 7.9% of all notifications received nationally. This is slightly more than the 7.1% of national notifications in the previous year. It also represents a 29% increase in the number of notifications received in SA.

The 180 mandatory notifications received in SA in 2013/14 represent 15.7% of the national figure. This is marginally fewer than the number of mandatory notifications received last year and a slightly smaller proportion of all mandatory notifications received nationally (from 18.3% in 2013 to 15.7% of the

national total in 2014). However, the rate of mandatory notifications (28.8 per 10,000 practitioners) is higher than the national average of 15.8 notifications per 10,000 practitioners, and is one of the highest in Australia. In SA, 1.4% of practitioners were the subject of a notification; the same as the national average.

A large proportion of notifications received (285) were about clinical care (see Table 11). This is consistent with the national pattern. Notifications received in SA came predominantly from the health complaints entity (see Table 12), other practitioners or the treating practitioner, or the patient. As a proportion of the national total (excluding NSW), the 8.2% of notifications received in SA from the HCSCC is slightly lower than with the proportion of notifications received in SA (11.6%). However, the proportion of notifications received from other practitioners (15.9%), treating practitioners (29.9%) and patients (13.9%) is higher than national rates.

In 2013/14, there were 51 cases when boards took immediate action about practitioners, representing 7.7% of the national total. In 94% of cases, this action led to a Board restricting the practitioner's registration in some way. In 12 of these cases the Board suspended the registration of the practitioner; in 13 cases the Board imposed conditions on registration; and in a further 23 cases the Board accepted an undertaking from the practitioner. In three cases the Board determined that no further action was required.

There were six notifications still open at the end of the reporting year that had been received before the National Law took effect in 2010. This represents 6.6% of the national total. Under specific SA transition provisions, these cases were managed under the National Law. They have been identified and reported separately this year, as part of our focus on expediting matters that have taken a long time to resolve.

Table 8: Notifications received or closed in 2013/14 or remaining open at 30 June 2014, by profession¹

Profession	All Received			Mandatory Received			Closed			Open at 30 June		
	SA	National Total	% of National Total	SA	National Total	% of National Total	SA	National Total	% of National Total	SA	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner ⁵		6						5			3	
Chinese Medicine Practitioner ⁵	1	26	3.8%				1	28	3.6%	2	15	13.3%
Chiropractor	18	111	16.2%	1	7	14.3%	10	89	11.2%	31	97	32.0%
Dental Practitioner	45	951	4.7%	3	26	11.5%	55	1,015	5.4%	27	441	6.1%
Medical Practitioner	421	5,585	7.5%	51	351	14.5%	339	5,515	6.1%	244	2,631	9.3%
Medical Radiation Practitioner ⁵	1	28	3.6%		8		2	28	7.1%		15	0.0%
Midwife	15	110	13.6%	8	34	23.5%	8	103	7.8%	15	87	17.2%
Nurse	201	1,900	10.6%	98	590	16.6%	176	1,774	9.9%	138	1,118	12.3%
Occupational Therapist ⁵	5	43	11.6%	2	9	22.2%	7	41	17.1%	6	20	30.0%
Optometrist	6	66	9.1%	1	2	50.0%	7	66	10.6%	1	18	5.6%
Osteopath	1	11	9.1%					14	0.0%	1	13	7.7%
Pharmacist	26	514	5.1%	8	55	14.5%	16	464	3.4%	25	365	6.8%
Physiotherapist	14	134	10.4%	2	14	14.3%	15	104	14.4%	10	73	13.7%
Podiatrist	7	54	13.0%		4		6	58	10.3%	3	28	10.7%
Psychologist	29	487	6.0%	6	45	13.3%	31	484	6.4%	22	313	7.0%
Not identified ²	3	21	14.3%				3	15	20.0%			
2014 Total^{3,4}	793	10,047	7.9%	180	1,145	15.7%	676	9,803	6.9%	525	5,237	10.0%
2013 Total⁵	616	8,648	7.1%	185	1,013	18.3%	549	8,014	6.9%	403	5,099	7.9%
2012 Total⁶	497	7,594	6.5%	122	775	15.7%	471	6,209	7.6%	365	4,521	8.1%

Notes:

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

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

Profession	SA	2014 Total
Aboriginal and Torres Strait Islander Health Practitioner ⁴		1.7%
Chinese Medicine Practitioner ⁴	0.6%	0.6%
Chiropractor	3.0%	2.0%
Dental Practitioner	2.4%	4.0%
Medical Practitioner	5.0%	4.9%
Medical Radiation Practitioner ⁴	0.1%	0.2%
Midwife ²	0.5%	0.3%
Nurse ³	0.6%	0.5%
Occupational Therapist ⁴	0.4%	0.3%
Optometrist	2.4%	1.3%
Osteopath	2.9%	0.6%
Pharmacist	1.2%	1.7%
Physiotherapist	0.6%	0.5%
Podiatrist	1.8%	1.2%
Psychologist	1.8%	1.4%
2014 Total	1.4%	1.4%
2013 Total⁴	1.1%	1.3%
2012 Total	1.0%	1.2%

Notes:

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

Table 10: Registrants involved in mandatory notifications by jurisdiction

	2013/14		2012/13 ¹		2011/12	
	No. practitioners ² Rate / 10,000 33practitioners ³		No. practitioners ² Rate / 10,000 practitioners ³		No. practitioners ² Rate / 10,000 practitioners ³	
South Australia	148	28.8	180	36.1	115	24.8
Total Australia	976	15.8	951	16.1	732	13.3

Notes:

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

Table 11: Issues in notifications received in 2013/14

Issue	SA	National Total	% of National Total
Behaviour	30	392	7.7%
Billing	8	240	3.3%
Boundary violation	36	308	11.7%
Clinical care	285	4,049	7.0%
Communication	74	894	8.3%
Confidentiality	14	233	6.0%
Conflict of interest	2	19	10.5%
Discrimination	3	16	18.8%
Documentation	29	445	6.5%
Health impairment	84	885	9.5%
Infection/hygiene	8	50	16.0%
Informed consent	10	77	13.0%
Medico-legal conduct	3	88	3.4%
National Law breach	13	201	6.5%
National Law offence	9	139	6.5%
Offence	18	300	6.0%
Other	6	240	2.5%
Pharmacy/medication	70	904	7.7%
Research/teaching/assessment	4	16	25.0%
Response to adverse event	3	14	21.4%
Teamwork/supervision		60	
Not recorded	84	477	17.6%
Total	793	10,047	7.9%

continued overleaf

Table 12: Source of notifications received in 2013/14

Issue	SA	National Total (excluding NSW) ¹	% of National Total (excluding NSW)
Anonymous	16	171	9.4%
Drugs and poisons		53	
Education provider	2	23	8.7%
Employer	85	639	13.3%
Government department	5	74	6.8%
HCE	164	1,995	8.2%
Health advisory service	1	14	7.1%
Hospital	4	14	28.6%
Insurance company		9	
Lawyer	3	30	10.0%
Member of Parliament	1	2	50.0%
Member of the public	57	308	18.5%
Ombudsman		1	
Other board	3	38	7.9%
Other practitioner	108	679	15.9%
Own motion	38	285	13.3%
Patient	213	1,529	13.9%
Police	6	36	16.7%
Relative	47	492	9.6%
Self	9	189	4.8%
Treating practitioner	26	87	29.9%
Unclassified	5	143	3.5%
Total	793	6,811	11.6%

Notes:

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

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

Outcomes	SA	National Total	% of National Total
Not take immediate action	3	140	2.1%
Accept undertaking	23	93	24.7%
Impose conditions	13	309	4.2%
Accept surrender of registration		3	
Suspend registration	12	110	10.9%
Decision pending		8	
Total	51	663	7.7%

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

Profession	SA	National Total	% of National Total
Chinese Medicine Practitioner		5	
Chiropractor	2	2	100.0%
Dental Practitioner		3	
Medical Practitioner	3	49	6.1%
Medical Radiation Practitioner		2	
Midwife			
Nurse	1	9	11.1%
Osteopath		1	
Pharmacist		7	
Physiotherapist		2	
Psychologist		11	
Not identified			
Total 2014¹	6	91	6.6%
Total 2013		242	
Total 2012		517	

Notes:

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

Tables 15–19 detail the outcomes of key stages in the notifications process during 2013/14. The national data in these tables do not include data for NSW. Most enquiries received (782 of 853 or 92%) were considered to meet the criteria to be progressed as a notification (see Table 15). There were 374 cases assessed during the year that National Boards decided required further action. This represents 15.4% of all assessments nationally. Of these, 96% were referred for investigation, 4% for a health or performance assessment, and one matter was referred directly to the tribunal. There were a further 411 cases closed after assessment, which is 9.4% of the national total (see Table 16). Of these, boards decided no further regulatory action was needed to manage risk to patients in 69% of matters; 20% of matters were referred to the HCSCC; and in 11% the Board took disciplinary action.

Of the 274 investigations finalised during the year (see Table 17), 216 cases were closed (14.7% of the national total) and 58 notifications were taken further. Most of these were referred to a panel hearing (20) or tribunal hearing (35). Of the 216 matters closed after investigation, boards decided no further regulatory action was needed to manage risk to the public in 65% of cases, and took disciplinary action in 34% of cases.

The 14 cases finalised in SA after a panel hearing accounted for 6.1% of the national total (see Table 18). In 13 cases (93%), panels took disciplinary action.

Five cases closed after a tribunal hearing, representing 4.3% of the national total (see Table 19). In all cases, the tribunal took disciplinary action.

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

Outcomes	SA	National Total (excl NSW)	% of National Total
Moved to notification	782	6,621	11.8%
Closed at lodgement	66	1,196	5.5%
Yet to be determined	5	227	2.2%
Total	853	8,044	10.6%

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

Outcome of decisions to take the notification further	SA	National Total (excl NSW)	% of National Total
Health or performance assessment	15	324	4.6%
Investigation	358	2,055	17.4%
Panel hearing		27	
Tribunal hearing	1	16	6.3%
Total	374	2,422	15.4%
Outcome of notifications closed following assessment			
	SA	Total	
No further action	282	2,550	11.1%
Health complaints entity to retain	83	1,342	6.2%
Refer all of the notification to another body		10	
Caution	29	366	7.9%
Accept undertaking	14	58	24.1%
Impose conditions	3	58	5.2%
Practitioner surrenders registration		3	
Total	411	4,387	9.4%

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

Outcomes	SA	National Total (excl NSW)	% of National Total
Health or performance assessment	3	41	7.3%
Panel hearing	20	242	8.3%
Tribunal hearing	35	190	18.4%
Total	58	473	12.3%
Outcome of notifications closed following investigation			
	SA	Total	
No further action	141	989	14.3%
Refer all or part of the notification to another body	2	12	16.7%
Caution	39	304	12.8%
Accept undertaking	15	67	22.4%
Impose conditions	19	96	19.8%
Practitioner surrender		1	
Total	216	1,469	14.7%

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

Outcomes	SA	National Total (excl NSW)	% of National Total
No further action	1	55	1.8%
Caution	6	57	10.5%
Reprimand	3	26	11.5%
Accept undertaking	1	2	50.0%
Impose conditions	3	82	3.7%
Practitioner surrenders registration		2	
Suspend registration		4	
Total	14	228	6.1%

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

Outcomes	SA	National Total (excl NSW)	% of National Total
No further action		14	
Caution		1	
Reprimand	1	35	2.9%
Fine registrant		7	
Accept undertaking		6	
Impose conditions	2	25	8.0%
Practitioner surrenders registration		2	
Suspend registration		12	
Cancel registration	1	12	8.3%
Not permitted to re-apply for registration for a period of 12 months		1	
Permanently prohibited from undertaking services relating to midwifery	1	1	100.0%
Total	5	116	4.3%

The number of practitioners under active monitoring at the end of the reporting year is detailed in Table 20. Cases in SA (494 registrants) accounted for 17.5% of registrants under active monitoring throughout Australia. Most of these were medical practitioners (157) or nurses (147).

continued overleaf

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

Profession	SA	National Total (excl NSW)	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner		17	
Chinese Medicine Practitioner	112	124	90.3%
Chiropractor	6	34	17.6%
Dental Practitioner	17	150	11.3%
Medical Practitioner	157	987	15.9%
Medical Radiation Practitioner	14	106	13.2%
Midwife	2	35	5.7%
Nurse	147	908	16.2%
Occupational Therapist	2	87	2.3%
Optometrist	1	8	12.5%
Osteopath		10	
Pharmacist	15	145	10.3%
Physiotherapist	12	66	18.2%
Podiatrist	3	19	15.8%
Psychologist	6	131	4.6%
Total	494	2,827	17.5%

Table 21 provides an overview of cases when a criminal history check undertaken resulted in, or contributed to, the imposition of conditions by a Board or undertakings given by a practitioner. There were six cases in SA in 2013/14.

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

Profession	SA	National Total (excl NSW)	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner		1	
Chinese Medical Practitioner			
Chiropractor		1	
Dental Practitioner		1	
Medical Practitioner	3	11	27.3%
Midwife		1	
Nurse		48	
Pharmacist	1	8	12.5%
Physiotherapist	1	2	50.0%
Podiatrist		1	
Psychologist	1	2	50.0%
Total 2013/14	6	76	7.9%
Total 2012/13	1	27	3.7%

Keeping the public safe: monitoring

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

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

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

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

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

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

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

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

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

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

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

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

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