

Annual report summary

2016/17

Your National Scheme: Regulating health practitioners in the **Northern Territory**

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



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

Occupational therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

Performance summary for 2016/17

This annual report summary offers a snapshot of our work regulating more than 7,000 registered health practitioners in the Northern Territory (NT) for the financial year to 30 June 2017.

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



NT practitioners accounted for **1%** of all registered health practitioners in Australia¹

Largest practitioner contingent:

34.7% of all Aboriginal and Torres Strait Islander Health Practitioners in Australia were based in the NT

Smallest practitioner contingent:

0.1% of all osteopaths in Australia were based in the NT

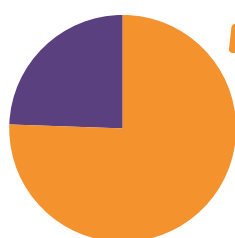


7,083 health practitioners were registered in the NT in 2016/17, compared with 6,913 the previous year



731 new applications for registration were received in the NT this year

That's an increase of 8.6% from 2015/16



Women comprised **75.8%** of the registered NT health workforce²



2.4% of all notifications (complaints or concerns) received by AHPRA during the year were about practitioners in the NT, up from 2% in 2015/16

53 health practitioners with a principal place of practice in the NT were being monitored for compliance with restrictions on their registration³



169 notifications were received about registrants with a principal place of practice in the NT

That's a 37.4% increase in notifications, from 123 in 2015/16

6 new statutory offence complaints were received; down from 11 in 2015/16

AHPRA and the National Boards closed **149** notifications in the NT this year, compared with 144 in the previous year

¹ This is a slight decrease from 1.1% in 2015/16.

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

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

Contents

About the National Scheme	2
Foreword from the AHPRA Chair and the CEO	3
Foreword from the NT Territory Manager	4
Part 1: Decision-making in the NT: Board and committee reports	6
NT Registration and Notification Committee of the Dental Board of Australia: Chair's message	7
NT Board of the Medical Board of Australia: Chair's message	8
NT Board of the Nursing and Midwifery Board of Australia: Chair's message	9
Pharmacy Board of Australia: Chair's message	10
NT, SA and WA Regional Board of the Psychology Board of Australia: Chair's message	11
National Boards and committees making local decisions	12
Part 2: Regulating health practitioners in the NT	13
NT data snapshot	14
Registration in the NT	15
Notifications in the NT	22
Monitoring and compliance	27
Statutory offence complaints	27
Key data for 2016/17: A national view	32

Figures

Figure 1: NT registrant numbers, year by year, since the National Scheme began	15
Figure 2: Total notifications received by AHPRA about practitioners with a principal place of practice in the NT, year by year, since the National Scheme began	22

Tables

Table 1: Registered practitioners with the NT as the principal place of practice, by profession	15
Table 2: Registered practitioners with the NT as the principal place of practice, by registration type	16
Table 3: Registered practitioners who hold an endorsement, with the NT as the principal place of practice	17
Table 4: Registered practitioners with the NT as the principal place of practice, by profession and gender	17
Table 5: Registered Chinese medicine, dental and medical radiation practitioners, and nurses and midwives with the NT as the principal place of practice, by division	18
Table 6: Applications received, by profession and registration type	19
Table 7: Outcome of applications for registration finalised in 2016/17	19
Table 8: Health practitioners with specialties at 30 June 2017	20
Table 9: Notifications received or closed in 2016/17 or open at 30 June 2017, by profession	23
Table 10: Percentage of registrant base with notifications received in 2016/17, by profession	23
Table 11: NT registrants involved in mandatory notifications	24
Table 12: Issues in notifications received in 2016/17	24
Table 13: Source of notifications received in 2016/17	24
Table 14: Immediate action cases about notifications received in 2016/17	25
Table 15: Outcomes of enquiries received in 2016/17	25
Table 16: Outcomes of assessments finalised in 2016/17	25
Table 17: Outcomes of investigations finalised in 2016/17	25
Table 18: Outcomes of matters referred to tribunal finalised in 2016/17	26
Table 19: Notifications closed in the NT in 2016/17, by profession and stage at closure	26
Table 20: Active monitoring cases at 30 June 2017, by profession	27
Table 21: Active monitoring cases at 30 June 2017, by stream	27
Table 22: Statutory offences received and closed in the NT, by profession	28

About the National Scheme

Who

The National Registration and Accreditation Scheme (the National Scheme) regulates almost 680,000 registered health practitioners across Australia.

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

The 14 National Boards are:

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

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

What

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

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

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

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

The National Scheme also sets a standardised framework for the accreditation of health practitioner education and training in Australia.

When

The National Scheme started in July 2010. Since then, there has been an increase in the number of registered practitioners, from 530,115 in June 2011 to 678,938 on 30 June 2017.

Where

The National Scheme operates across Australia with local offices in each capital city. Every state and territory parliament has passed a national law – the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), which came into effect on 1 July 2010 in most states and territories, and on 18 October 2010 in Western Australia.

Why

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

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

Our regulatory principles

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

Protect the public

Take timely and necessary action

Administer the National Law

Ensure registrants are qualified

Work with stakeholders

Uphold professional standards

Identify and respond to risk

Use appropriate regulatory force

Foreword from the AHPRA Chair and the CEO

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

In 2016/17, there was an increase of 2.5% registered health practitioners in the NT, bringing the total number to 7,083. This represents 1% of all registered health practitioners in Australia. Members of the community can be safe in the knowledge that registered health practitioners must meet national registration standards and be adequately trained and qualified.

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

This year, AHPRA received more notifications (complaints or concerns) about health practitioners than ever before, and we worked with the National Boards to respond to these promptly. The NT received 169 notifications in the past year, and closed 149. We are committed to improving the timely and efficient handling of notifications. We recognise that the notifications process can be very stressful and we have also made improvements in our information and communication with both notifiers and health practitioners subject to a notification.

We value the contribution the NT team has made not to the regulation of practitioners across all professions in their jurisdiction.

The NT is the principal place of practice for over one third of all registered Aboriginal and Torres Strait Islander Health Practitioners in the country. As such, AHPRA's NT office provides a wealth of expertise on the unique benefits, challenges and future opportunities for the profession nationally, as well as the needs of Aboriginal and/or Torres Strait Islander patients, remote communities and closing the gap on Indigenous health outcomes. The team's insights have been invaluable in developing an Aboriginal and Torres Strait Islander health strategy for the National Scheme.

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



A stylized black ink signature of Mr Michael Gorton AM.

Mr Michael Gorton AM

Chair,
Agency Management
Committee, AHPRA



A stylized black ink signature of Mr Martin Fletcher.

Mr Martin Fletcher

Chief Executive Officer,
AHPRA

Foreword from the NT Territory Manager

Working together with local AHPRA staff, boards and committees, the focus has been on facilitating a smooth transition for our many stakeholders to a new territory manager and ensuring that our local performance continues to improve.

Highlights for 2016/17:

- ▶ We welcomed an increase of 2.5% in registrants this year, with the number of registered health practitioners in the NT growing to 7,083. The NT registrant base has grown steadily since the beginning of the National Scheme, from 4,788 registrants in 2010/11.
- ▶ One of the benefits of the National Scheme is that it creates opportunities for jurisdictional offices to work together to improve efficiencies and share resources. In the NT, South Australia (SA) and Western Australia (WA), we have identified ways of working together that have resulted in the improved handling of registrations and notifications.

Working in partnership with National Boards

Our office works closely with local decision-makers on NT Boards and committees of the medical, nursing and midwifery, dental and psychology professions, as well as the national registration and notifications committees for other regulated professions.

In 2016/17, the Darwin office continued our partnership with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the National Board). Our office manages all registration applications for the profession and provides administrative support to the national registration and notifications committee. We also welcomed the National Board to a meeting in the Darwin office in May this year.

Building stakeholder relationships

Throughout the year, we have continued to stay in touch with local stakeholders through written communication, meetings, events and presentations. We met formally with the Honourable Natasha Fyles, Minister for Health and Attorney-General, Stephen Dunham, the Health and Community Services Complaints Commissioner, Catherine Stoddart, Chief Executive of the Department of Health, Hugh Heggie, the NT Chief Health Officer and other senior staff in the Department of Health, the NT Medical Education and Training Council, the NT Primary Health Network, representatives of Nurse & Midwife Support and Doctors' Health and various professional associations.

Senior staff responded to requests to present on aspects of the regulatory process, including presentations about the notifications process for Royal Darwin Hospital and Top End Mental Health Services and presentations to students undertaking courses at Charles Darwin University about registration.

Former NT Territory Manager, Jill Huck, and Chair of the NT Board of the Medical Board of Australia, Dr Charles Kilburn, jointly presented a research paper at the International Association of Medical Regulatory Authorities' (IAMRA) 12th International Conference on Medical Regulation in September 2016, with the aim of better understanding the reasons that Boards decide to take no further action when determining the outcome of a notification. No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public.

Managing local risks through decision-making

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

In 2016/17, AHPRA worked with relevant boards and committees to manage local risks by making decisions about registration applications and notifications arising from behaviour occurring in the territory, including making referrals to panels and tribunals.

Of note is the increase in the number of mandatory notifications lodged about practitioners in the NT (from 1 in 2015/16 to 15 in 2016/17). This may indicate that there is increasing understanding of the obligations on employers, educators and other health practitioners to report practitioners who pose a serious risk to the public.

Local office, national contribution

One of the benefits of the National Scheme is that it creates opportunities for AHPRA offices to work together to improve efficiencies and share resources. In the NT, SA and WA, we have identified ways of working together that have already resulted in the improved handling of registration applications and notifications.

As part of this initiative, the Darwin office has participated in new ways of dealing with registration applications, including participating in a new national physiotherapy team, cooperating with other offices in SA and WA to process all applications for limited registration with the Physiotherapy Board of Australia.

NT-based staff, Board and committee members also participated in various working groups, task forces and committees aimed at improving our notifications management, including local participation in an initiative of the Medical Board of Australia to respond to notifications about sexual offences and boundary violations through a specialist national committee.

Collaboration with the Health and Community Services Complaints Commissioner

During the year, the Darwin office continued to work closely with the Northern Territory Health and Community Services Complaints Commissioner, following the redesign of our joint consultation process for dealing with notifications and complaints.

Our relationship with the Commissioner has had extremely positive results, including more efficient referral of complaints to the Boards and increased referrals to the Commissioner of systemic issues affecting the NT community.

I would like to acknowledge the high-quality work done by our local staff, Board and committee members and thank them for their continuing contribution and hard work.

I would particularly like to thank retiring Board and committee members, Dr Mark Leedham (Chair) and Joanna Pethick (member) of the Registration and Notifications Committee of the Dental Board of Australia; Diane Walsh and Mr Garrett Hunter, members of the NT Board of the Medical Board of Australia; and Gay Lavery, member of the NT Board of the Nursing and Midwifery Board of Australia, all of whom made an important contribution to regulation in the NT.

It is also important to acknowledge the significant contribution of the former NT Territory Manager, Jill Huck, who left AHPRA at the end of 2016. As a longstanding Territorian, Jill dedicated many years of service to the regulation of health practitioners and provided invaluable support to the development of the Aboriginal and Torres Strait Islander Health Practice Board of Australia.



Eliza Collier

NT Territory Manager, AHPRA



Part 1

Decision-making in
the NT: Board and
committee reports

NT Registration and Notification Committee of the Dental Board of Australia: Chair's message

The NT committee continued to manage risks to patients through its work in 2016/17. The NT Committee consisted of two general practice members (Dr Erna Melton and Dr Quentin Rahaus), one community member (Ms Joanna Pethick), and one specialist dentist (Dr Mark Leedham, Chair), and held quarterly formal meetings.

The main focus of the committee's work this year was again related to decisions about notifications management and monitoring and compliance matters, as some registrants located in the NT had complex conditions placed on their registration. The committee makes these decisions in accordance with the National Law and the regulatory principles of the National Scheme.

The committee continues to maintain a productive relationship with the AHPRA office in Darwin and works closely with the National Board. I attended the Dental Board of Australia State and Territory Committee Chairs meeting in August 2016 and National Board member from the NT, Ms Kate Raymond, attended the November meeting of the NT Committee. Notifications and complaints made by patients to the Health and Community Services Complaints Commissioner continue to be the subject of regular consultation and effective referral between the Commission and the Board.

In December 2016, I took part in a committee of the Australian Dental Council to accredit the first specialist program in Forensic Odontology. I also attended and presented at an international forensic odontology meeting in Singapore in May 2017. I spoke on specialist training and accreditation of programs in Forensic Odontology in Australia.

As this is my last term as Chair, I would like to thank the NT committee members and local AHPRA staff for their commitment, advice and support since the commencement of the National Scheme. Also, as a past member of the National Board, I would like to thank Dr John Lockwood, Chair of the National Board, and the national office of AHPRA for their continuing support.

Finally, I would like to thank Ms Joanna Pethick, whose term ended on 30 June 2017 and to welcome Dr Erna Melton as the new Chair of the NT committee of the Dental Board of Australia.

Members of the NT Committee in 2016/17

Dr Mark Leedham (Chair, until 30 June 2017)

Dr Erna Melton

Ms Joanna Pethick (until 30 June 2017)

Dr Quentin Rahaus



Dr Mark Leedham

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



Dr John Lockwood AM

Chair, Dental Board of Australia

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

As in previous years, the most significant part of the work of the NT Board of the Medical Board of Australia in 2016/17 was to make decisions about matters arising in the NT concerning individual medical practitioners.

These matters include detailed assessment of registration and renewal applications; management of notifications and complaints, including those referred to the NT Board by the Health and Community Services Complaints Commissioner; and the monitoring of compliance with any restrictions on a practitioner's registration.

The NT Board is a local decision-making body with delegated powers to make decisions on behalf of the National Board. These decisions are made in accordance with the National Law.

Our work in notifications this year has resulted in immediate actions, investigations and assessments, referrals to panels and the Northern Territory Civil and Administrative Tribunal, and the imposition of conditions and cautions to address concerns with the behaviour of practitioners, to address any risk to the public. A particular focus has been on the closure of aged notifications and the improvement of the timeliness of notifications generally. The NT Board also continued to work alongside AHPRA to engage in more effective cooperation with the Health and Community Services Complaints Commission and improve the consultation process. The benefits of our continued emphasis on this relationship have led to a more timely uptake of complaints referred by the Commission as well as improved referral back to the Commissioner of any systemic issues or matters appropriate for conciliation.

The NT Board has continued to register practitioners to work in the NT, ensuring that only practitioners who are safe and competent to practise are registered. A particular focus of the NT Board's work is the limited registration of international medical graduates. In addition to monitoring the progress of individual practitioners towards general or specialist registration, we have continued to consult with the Department of Health and NT Chief Medical Officer on the Area of Need localities process for the NT and the broader policy issues for the Territory.

The NT Board continued to engage with the community as well as local stakeholders. Community member Mr John Boneham and NT Board Chair, Dr Charles Kilburn, participated in the 12th IAMRA International Conference on Medical Regulation in September 2016 held in Melbourne and hosted by the Medical Board of Australia. Dr Kilburn also presented a case study as part of the plenary session on 21 and 23 September, and he gave a joint presentation with former NT Territory Manager Ms Jill Huck entitled *Gaining traction on 'no further action'*.

In June, the NT Board attended the National Conference of the Medical Board of Australia. The focus was on 'Strengthening regulatory decision making', giving us a chance to reflect on current systems and performance, and allowing the development of priorities and strategies for managing notifications better. These included measures to improve risk assessment, speeding up assessment and investigation processes, reducing stress on practitioners and enhancing communication with notifiers, practitioners and the broader community.

In June 2017, Dr Kilburn met with the NT Minister for Health, Natasha Fyles, to discuss the National Scheme and issues for the local community. He also attended a joint presentation with the Health and Community Complaints Commissioner at Royal Darwin Hospital, aimed at improving practitioners' understanding of the relationship between the NT Board and the Commission.

The NT Board has continued to liaise with representatives of the Department of Health, NT Medical Education and Training Council and the Health and Community Services Complaints Commission.

We would like to thank Ms Diane Walsh and Mr Gareth Hunter, who both ended their terms with the NT Board this year, and who have been substantial contributors over a significant period – especially Ms Walsh who has been a Board member since the inception of the National Scheme. We would also like to welcome new members: community members Mrs Lea Aitken and Mrs Julia Christensen and health practitioner members, Dr Hemanshu Patel and Dr Tamsin Cockayne, all of whom are already providing valuable contributions.



Dr Charles Kilburn

Chair, NT Board of
the Medical Board of
Australia



Dr Joanna Flynn AM

Chair, Medical Board of
Australia

Members of the NT Board

Dr Charles Kilburn (Chair)

Mrs Lea Aitken (from 13 July 2016)

Mr John Boneham

Mrs Julia Christensen (from 13 July 2016)

Dr Tamsin Cockayne (from 13 July 2016)

Dr Paul Helliwell

Mr Gareth Hunter (until 19 July 2016)

Dr Verushka Krigovsky

Dr Hemanshu Patel (from 13 July 2016)

Ms Diane Walsh (until 28 November 2016)

Dr Christine Watson

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

In 2016/17, the NT Board of the Nursing and Midwifery Board of Australia continued to make decisions affecting individual nurses and midwives working in the Territory. These decisions are about complex applications for registrations that require individual assessment at the Board level, or notifications made about nurse and midwives.

The NT Board makes decisions in accordance with the National Law, the standards and policies set by the National Board and the regulatory principles of the National Scheme. Accordingly, the primary focus of the NT Board is to protect the health and safety of the public.

The NT Board works in partnership with AHPRA staff, the National Board and our colleagues on other state and territory boards to progress matters before it in a thorough manner to minimise risk to the public. The strength of these partnerships provides for consistent and proportionate decision-making.

In 2016/17, the NT Board continued to engage in local stakeholder engagement and professional development. Local board member David Carpenter participated in an NMBA information forum at Alice Springs Hospital, involving nurses and midwives from the Alice Springs area. In June 2017, I met with the Honourable Natasha Fyles, Minister for Health. NT Board members also met with Heather Keighley, the Acting Chief Nurse and Midwife of the NT to discuss matters of relevance to the local professions, and nursing and midwifery regulation issues. NT Board members attended a NMBA National Conference in March 2017 and participated in a local workshop on the regulation of impaired practitioners with mental health issues.

The NT Board continued to participate in new ways of working collaboratively with the Health and Community Services Complaints Commissioner to streamline the consultation required under the National Law about the way in which complaints and notifications are managed. The work done to improve this process including weekly consultation meetings between the Commission and AHPRA, resulted in improved timeliness for matters referred to the Board and strategic referral of systemic issues to the Commissioner. The ongoing success of this relationship contributes to the goal of public safety in the NT and the more timely resolution of patient complaints.

The NT Board contributed to the work of the National Board by developing considered responses to National Board policies and projects, ensuring the nuances of the NT were represented. Members have also been participants on national committees and working groups, dealing with *Midwifery standards for practice* and the nursing and midwifery *Codes of conduct*.

There have been few changes to the Board membership this year, and I would like to acknowledge the considerable contribution of Ms Gay Lavery, whose term ended in August 2016. I also welcome new member, Ms Rosie Downing. Ms Downing brings a wealth of experience to the Board as a registered nurse and midwife currently working in remote Central Australia.



Ms Angela Bull

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



Associate Professor Lynette Cusack RN

Chair, Nursing and Midwifery Board of Australia

Members of the NT Board in 2016/17

Ms Angela Bull (Chair)

Mrs Stephanie Campbell

Mr David Carpenter

Ms Rosie Downing (from 23 January 2017)

Dr Therese Kearns

Ms Heather King

Ms Gay Lavery (until 12 August 2016)

Dr Brian Phillips

Ms Alison Phillis

Dr Joanne Seiler

Pharmacy Board of Australia: Chair's message

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

Practitioner membership on the Board from each state and territory helps to ensure consistency and transparency in its work to implement the National Scheme at a local level. This is supported by a public perspective that comes from community member representatives from four states. Ms Bhavini Patel is the NT practitioner member on the Board.

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

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

- ▶ Mrs Joanna Wallace, and
- ▶ Ms Angela Young.

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

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

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

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

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

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



Mr William Kelly

Chair, Pharmacy Board of Australia

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

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

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

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

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

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

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



Associate Professor Jennifer Thornton

Chair, Regional Board of the Psychology Board of Australia



Professor Brin Grenyer

Chair, Psychology Board of Australia

Members of the Regional Board in 2016/17

Associate Professor Jennifer Thornton (Chair, and WA Member)

Ms Catherine Beaton (SA Member)

Ms Judith Dikstein (NT Member)

Mr Chris Franck (NT Member)

Emeritus Associate Professor David Leach (until 16 December 2016)

Mr Neil McLean (WA Member)

Mr Colby Pearce (SA Member)

Mr Theodore Sharp (WA Member)

Ms Claire Simmons (SA Member)

National Boards and committees making local decisions

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

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

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

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

In 2016/17, National Boards engaged with local stakeholders in a range of ways, including:

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

For more information about the work of National Boards during the year, read the 2016/17 annual report of AHPRA and the National Boards, at www.ahpra.gov.au/annualreport/2017.

Meet the Chairs



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



Professor Charlie Xue
Chair, Chinese
Medicine Board of
Australia



Dr Wayne Minter AM
Chair, Chiropractic
Board of Australia



Mr Mark Marcenko
Chair, Medical
Radiation Practice
Board of Australia



Ms Julie Brayshaw
Chair, Occupational
Therapy Board of
Australia



Mr Ian Bluntish
Chair, Optometry
Board of Australia



Dr Nikole Grbin
Chair, Osteopathy
Board of Australia



Dr Charles Flynn
Chair, Physiotherapy
Board of Australia



Ms Catherine Loughry
Chair, Podiatry Board
of Australia



Part 2

Regulating health
practitioners in the NT

NT data snapshot

Five local insights for 2016/17

As at 30 June 2017, there were 7,083 registered health practitioners with a principal place of practice in the NT.

NT has the largest number of registered Aboriginal and Torres Strait Islander Health Practitioners in Australia (34.7% of total registrants of the profession have the NT as their principal place of practice.)

731 new applications were received for registration in the NT, an increase of 8.6% from the previous year.

Notifications about practitioners in the NT increased by 37.4% from the previous year, to 169 new complaints received by AHPRA.

Of the 2,297 new statutory offence complaints received by AHPRA nationally, only 6 were made about practice in the NT.

Background

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

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

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

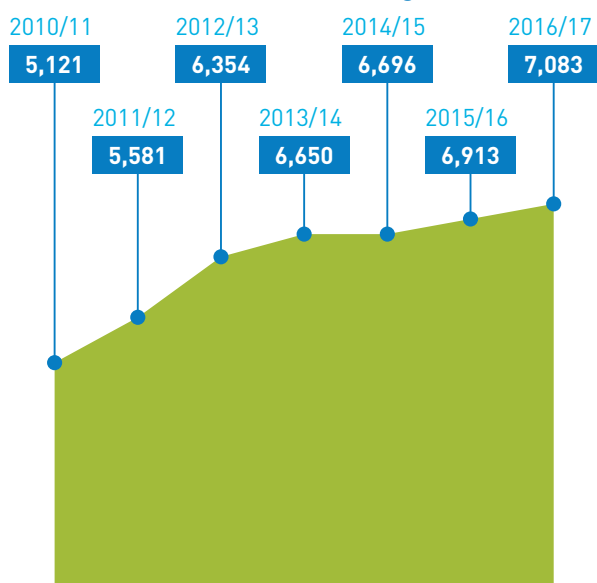
Notifications data (about complaints or concerns lodged with AHPRA about health practitioners) are also included, with details of notifications received and closed during the year, as well as those that remained open at the end of the reporting year. Details of mandatory notifications received and immediate actions taken are included, as well as information on the rate of notifications and mandatory notifications in the jurisdiction.

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

To view the full 2016/17 annual report by AHPRA and the National Boards, visit www.ahpra.gov.au/annualreport/2017. Annual report summaries for each of the eight jurisdictions and 14 National Boards are also published on the website.

Registration in the NT

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



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

Tables 1–8 provide details of registered health practitioners with a PPP in the NT. At 30 June 2017, the number of registered health practitioners in the NT was 7,083, an increase of 170 (2.5%) from 2015/16. This jurisdiction represents 1% of all registered health practitioners in Australia.

The proportion of practitioners who had a principal place of practice in the NT ranged from 0.1% of all registered osteopaths to 34.7% of all registered Aboriginal and Torres Strait Islander Health Practitioners. See Table 1.

Data also showed that in 2016/17 the NT had:

- ▶ 0.9% of registered health practitioners with a recognised specialty nationally, and
- ▶ 0.7% of health practitioners with a recognised endorsement or notation nationally, which permits an expanded scope of practice within their profession.

In 2016/17, applications received for registration in the NT increased by 8.6%, with 731 new applications. This equates to 1.1% of new applications received nationally during the year. Details of new registration applications received, with a breakdown of profession and registration type, are provided in Table 6. Registration application outcomes are detailed at Table 8.

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

Profession	NT	National total ⁴	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	211	608	34.7%
Chinese medicine practitioner	14	4,860	0.3%
Chiropractor	27	5,284	0.5%
Dental practitioner	156	22,383	0.7%
Medical practitioner	1,259	111,166	1.1%
Medical radiation practitioner	107	15,683	0.7%
Midwife	83	4,624	1.8%
Nurse	3,887	357,701	1.1%
Nurse and midwife ²	497	28,928	1.7%
Occupational therapist	169	19,516	0.9%
Optometrist	29	5,343	0.5%
Osteopath	3	2,230	0.1%
Pharmacist	225	30,360	0.7%
Physiotherapist	170	30,351	0.6%
Podiatrist	19	4,925	0.4%
Psychologist	227	34,976	0.6%
Total 2016/17	7,083	678,938	1.0%
Total 2015/16	6,913	657,621	1.1%
NT's population as a proportion of national population³	245,000	24,385,600	1.0%

Criminal history checks

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

In the NT, 786 criminal history checks were carried out (compared with 706 in 2015/16). Of these, there were 63 disclosable court outcomes (compared with 64 in 2015/16).

In the majority of cases nationally, the applicant was granted registration because the nature of an individual's disclosable court outcome had little relevance to their ability to practise safely and competently. Nationally, no applicants had conditions imposed on their registration due to a disclosable court outcome this year, compared with 10 in 2015/16. No applicants were refused registration, compared with one in 2015/16.

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

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

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

Profession/registration type	NT	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	211	608	34.7%
General	210	605	34.7%
Non-practising	1	3	33.3%
Chinese medicine practitioner	14	4,860	0.3%
General	12	4,583	0.3%
General and non-practising	0	3	0.0%
Limited	0	2	0.0%
Non-practising	2	272	0.7%
Chiropractor	27	5,284	0.5%
General	26	4,967	0.5%
Limited	0	2	0.0%
Non-practising	1	315	0.3%
Dental practitioner	156	22,383	0.7%
General	148	20,053	0.7%
General and non-practising ¹	0	1	0.0%
General and specialist	4	1,655	0.2%
Limited	0	58	0.0%
Non-practising	4	576	0.7%
Specialist	0	40	0.0%
Medical practitioner	1,259	111,166	1.1%
General	547	38,798	1.4%
General (teaching and assessing)	0	40	0.0%
General (teaching and assessing) and specialist	0	1	0.0%
General and specialist	457	52,264	0.9%
Limited	46	2,473	1.9%
Non-practising	8	2,762	0.3%
Provisional	81	5,495	1.5%
Specialist	120	9,333	1.3%
Medical radiation practitioner	107	15,683	0.7%
General	102	15,010	0.7%
Limited	0	1	0.0%
Non-practising	2	235	0.9%
Provisional	3	437	0.7%
Midwife	83	4,624	1.8%
General	83	4,548	1.8%
Non-practising	0	73	0.0%
Provisional	0	3	0.0%

Profession/registration type	NT	National total	% of national total
Nurse	3,887	357,701	1.1%
General	3,854	352,011	1.1%
General and non-practising ¹	0	27	0.0%
General and provisional	0	5	0.0%
Non-practising	33	5,421	0.6%
Provisional	0	237	0.0%
Nurse and Midwife	497	28,928	1.7%
General	491	26,835	1.8%
General and non-practising ²	6	1,401	0.4%
General and provisional	0	8	0.0%
Non-practising	0	679	0.0%
Provisional	0	5	0.0%
Occupational therapist	169	19,516	0.9%
General	166	18,755	0.9%
Limited	0	69	0.0%
Non-practising	3	659	0.5%
Provisional	0	33	0.0%
Optometrist	29	5,343	0.5%
General	29	5,167	0.6%
Limited	0	4	0.0%
Non-practising	0	172	0.0%
Osteopath	3	2,230	0.1%
General	3	2,129	0.1%
Limited	0	1	0.0%
Non-practising	0	89	0.0%
Provisional	0	11	0.0%
Pharmacist	225	30,360	0.7%
General	203	27,544	0.7%
Limited	0	10	0.0%
Non-practising	2	1,097	0.2%
Provisional	20	1,709	1.2%
Physiotherapist	170	30,351	0.6%
General	166	29,114	0.6%
Limited	3	371	0.8%
Non-practising	1	866	0.1%
Podiatrist ³	19	4,925	0.4%
General	19	4,790	0.4%
General and specialist	0	30	0.0%
Non-practising	0	105	0.0%
Psychologist	227	34,976	0.6%
General	192	28,442	0.7%
Non-practising	2	1,695	0.1%
Provisional	33	4,839	0.7%
Total	7,083	678,938	1.0%

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

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

³ Includes podiatric surgeons.

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

Profession/endorsement	NT	National total	% of national total
Chiropractor	0	31	0.0%
Acupuncture	0	31	0.0%
Dental practitioner	2	96	2.1%
Area of practice - conscious sedation	2	96	2.1%
Medical practitioner	4	583	0.7%
Acupuncture	4	583	0.7%
Midwife ¹	3	333	0.9%
Midwife Practitioner	0	1	0.0%
Scheduled Medicines	3	332	0.9%
Nurse ¹	44	2,676	1.6%
Nurse Practitioner	22	1,559	1.4%
Scheduled Medicines - Rural and isolated practice	22	1,117	2.0%
Optometrist	21	2,717	0.8%
Scheduled Medicines	21	2,717	0.8%
Osteopath	0	2	0.0%
Acupuncture	0	2	0.0%
Physiotherapist	0	7	0.0%
Acupuncture	0	7	0.0%
Podiatrist ²	0	82	0.0%
Scheduled Medicines	0	82	0.0%
Psychologist	50	11,702	0.4%
Area of Practice	50	11,702	0.4%
Total	124	18,229	0.7%

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

Profession/gender	NT	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	211	608	34.7%
Female	154	463	33.3%
Male	57	145	39.3%
Chinese medicine practitioner	14	4,860	0.3%
Female	9	2,683	0.3%
Male	5	2,177	0.2%
Chiropractor	27	5,284	0.5%
Female	9	2,064	0.4%
Male	18	3,220	0.6%

Profession/gender	NT	National total	% of national total
Dental practitioner	156	22,383	0.7%
Female	85	11,244	0.8%
Male	71	11,139	0.6%
Medical practitioner	1,259	111,166	1.1%
Female	615	46,751	1.3%
Male	644	64,415	1.0%
Medical radiation practitioner	107	15,683	0.7%
Female	63	10,664	0.6%
Male	44	5,019	0.9%
Midwife	83	4,624	1.8%
Female	82	4,608	1.8%
Male	1	16	6.3%
Nurse	3,887	357,701	1.1%
Female	3,271	315,993	1.0%
Intersex or indeterminate	0	2	0.0%
Male	616	41,706	1.5%
Nurse and midwife	497	28,928	1.7%
Female	468	28,419	1.6%
Male	29	509	5.7%
Occupational therapist	169	19,516	0.9%
Female	149	17,812	0.8%
Male	20	1,704	1.2%
Optometrist	29	5,343	0.5%
Female	14	2,819	0.5%
Male	15	2,524	0.6%
Osteopath	3	2,230	0.1%
Female	0	1,217	0.0%
Male	3	1,013	0.3%
Pharmacist	225	30,360	0.7%
Female	146	18,782	0.8%
Male	79	11,578	0.7%
Physiotherapist	170	30,351	0.6%
Female	123	20,489	0.6%
Male	47	9,862	0.5%
Podiatrist ²	19	4,925	0.4%
Female	8	2,952	0.3%
Male	11	1,973	0.6%
Psychologist	227	34,976	0.6%
Female	175	27,854	0.6%
Intersex or indeterminate	0	1	0.0%
Male	52	7,121	0.7%
Total	7,083	678,938	1.0%

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

² Includes podiatric surgeons.

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

Profession/division	NT	National total	% of national total
Chinese medicine practitioner	14	4,860	0.3%
Acupuncturist	8	1,726	0.5%
Acupuncturist and Chinese herbal dispenser ¹	0	3	0.0%
Acupuncturist and Chinese herbal dispenser and Chinese herbal medicine practitioner ¹	1	833	0.1%
Acupuncturist and Chinese herbal medicine practitioner ¹	5	2,178	0.2%
Chinese herbal dispenser	0	45	0.0%
Chinese herbal dispenser and Chinese herbal medicine practitioner ¹	0	20	0.0%
Chinese herbal medicine practitioner	0	55	0.0%
Dental practitioner	156	22,383	0.7%
Dental hygienist	11	1,439	0.8%
Dental hygienist and dental prosthetist ¹	0	3	0.0%
Dental hygienist and dental prosthetist and dental therapist ¹	0	2	0.0%
Dental hygienist and dental therapist ¹	7	472	1.5%
Dental hygienist and dental therapist and dentist ¹	0	2	0.0%
Dental hygienist and dental therapist and oral health therapist ¹	0	3	0.0%
Dental hygienist and dentist ¹	0	4	0.0%
Dental hygienist and oral health therapist ¹	0	8	0.0%
Dental prosthetist	6	1,271	0.5%
Dental prosthetist and dental therapist ¹	0	1	0.0%
Dental prosthetist and dentist ¹	0	2	0.0%
Dental therapist	16	965	1.7%
Dental therapist and dentist ¹	0	1	0.0%
Dental therapist and oral health therapist ¹	0	6	0.0%
Dentist	102	16,732	0.6%
Dentist and oral health therapist ¹	0	2	0.0%
Oral health therapist	14	1,470	1.0%
Medical radiation practitioner	107	15,683	0.7%
Diagnostic radiographer	93	12,117	0.8%
Diagnostic radiographer and nuclear medicine technologist ¹	0	17	0.0%
Diagnostic radiographer and radiation therapist ¹	0	2	0.0%
Nuclear medicine technologist	2	1,145	0.2%
Radiation therapist	12	2,402	0.5%
Nurse	3,887	357,701	1.1%
Enrolled nurse (Division 2)	429	64,021	0.7%
Enrolled nurse (Division 2) and registered nurse (Division 1) ¹	66	7,264	0.9%
Registered nurse (Division 1)	3,392	286,416	1.2%
Nurse and midwife²	497	28,928	1.7%
Enrolled nurse and midwife ¹	2	70	2.9%
Enrolled nurse and registered nurse and midwife ¹	0	66	0.0%
Registered nurse and midwife ¹	495	28,792	1.7%
Total	4,661	429,555	1.1%

¹ Practitioners who hold dual or multiple registration.

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

Table 6: Applications received, by profession and registration type

Profession/registration type	NT	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	26	141	18.4%
General	26	140	18.6%
Non-practising	0	1	0.0%
Chinese medicine practitioner	1	629	0.2%
General	0	446	0.0%
Limited	0	6	0.0%
Non-practising	1	177	0.6%
Chiropractor	3	388	0.8%
General	2	307	0.7%
Limited	0	2	0.0%
Non-practising	1	79	1.3%
Dental practitioner	14	1,652	0.8%
General	12	1,381	0.9%
Limited	0	30	0.0%
Non-practising	2	142	1.4%
Specialist	0	99	0.0%
Medical practitioner	274	16,953	1.6%
General	92	5,649	1.6%
Limited	31	1,540	2.0%
Non-practising	4	515	0.8%
Provisional	78	5,311	1.5%
Specialist	69	3,938	1.8%
Medical radiation practitioner	15	1,596	0.9%
General	10	1,130	0.9%
Non-practising	1	64	1.6%
Provisional	4	402	1.0%
Midwife	33	1,848	1.8%
General	33	1,557	2.1%
Non-practising	0	269	0.0%
Provisional	0	22	0.0%
Nurse	279	31,412	0.9%
General	269	29,687	0.9%
Non-practising	7	1,415	0.5%
Provisional	3	310	1.0%
Occupational therapist	8	2,282	0.4%
General	6	1,918	0.3%
Limited	1	102	1.0%
Non-practising	1	241	0.4%
Provisional	0	21	0.0%

Profession/registration type	NT	National total	% of national total
Optometrist	4	328	1.2%
General	4	294	1.4%
Limited	0	3	0.0%
Non-practising	0	31	0.0%
Osteopath	0	258	0.0%
General	0	205	0.0%
Limited	0	1	0.0%
Non-practising	0	39	0.0%
Provisional	0	13	0.0%
Pharmacist	35	3,321	1.1%
General	13	1,576	0.8%
Limited	0	24	0.0%
Non-practising	1	221	0.5%
Provisional	21	1,500	1.4%
Physiotherapist	13	2,695	0.5%
General	8	2,276	0.4%
Limited	2	251	0.8%
Non-practising	3	168	1.8%
Podiatrist	0	468	0.0%
General	0	434	0.0%
Limited	0	1	0.0%
Non-practising	0	33	0.0%
Psychologist	26	5,018	0.5%
General	11	1,892	0.6%
Non-practising	2	515	0.4%
Provisional	13	2,611	0.5%
Total 2016/17	731	68,989	1.1%
Total 2015/16	673	65,274	1.0%

Table 7: Outcome of applications for registration finalised in 2016/17¹

Outcome	NT	National total ²	% of national total
Register	552	59,559	0.9%
Register with conditions	16	1,505	1.1%
Register in a type other than applied for	1	117	0.9%
Register in a type other than applied for with conditions	2	130	1.5%
Refuse application	11	2,800	0.4%
Withdrawn	36	4,194	0.9%
Total 2016/17 ¹	618	68,305	0.9%

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

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

Table 8: Health practitioners with specialties at 30 June 2017¹

Profession/area of specialty practice	NT	National total	% of national total
Dental practitioner	5	1,745	0.3%
Dento-maxillofacial radiology	0	10	0.0%
Endodontics	1	169	0.6%
Forensic odontology	1	25	4.0%
Oral and maxillofacial surgery	1	211	0.5%
Oral medicine	0	35	0.0%
Oral pathology	0	23	0.0%
Oral surgery	0	51	0.0%
Orthodontics	2	612	0.3%
Paediatric dentistry	0	134	0.0%
Periodontics	0	226	0.0%
Prosthodontics	0	216	0.0%
Public health dentistry (Community dentistry)	0	16	0.0%
Special needs dentistry	0	17	0.0%
Medical practitioner	618	66,659	0.9%
Addiction medicine	4	172	2.3%
Anaesthesia	37	4,929	0.8%
Dermatology	2	540	0.4%
Emergency medicine	39	2,059	1.9%
General practice	280	25,240	1.1%
Intensive care medicine	9	888	1.0%
Paediatric intensive care medicine	0	11	0.0%
No sub-specialty declared	9	877	1.0%
Medical administration	3	337	0.9%
Obstetrics and gynaecology	15	1,983	0.8%
Gynaecological oncology	0	47	0.0%
Maternal-fetal medicine	1	40	2.5%
Obstetrics and gynaecological ultrasound	0	73	0.0%
Reproductive endocrinology and infertility	0	54	0.0%
Urogynaecology	0	31	0.0%
No sub-specialty declared	14	1,738	0.8%
Occupational and environmental medicine	1	310	0.3%
Ophthalmology	5	1,016	0.5%
Paediatrics and child health	33	2,698	1.2%
Clinical genetics	0	31	0.0%
Community child health	0	62	0.0%
General paediatrics	23	1,880	1.2%

Profession/area of specialty practice	NT	National total	% of national total
Neonatal and perinatal medicine	0	181	0.0%
Paediatric cardiology	1	40	2.5%
Paediatric clinical pharmacology	0	1	0.0%
Paediatric emergency medicine	0	59	0.0%
Paediatric endocrinology	0	34	0.0%
Paediatric gastroenterology and hepatology	0	30	0.0%
Paediatric haematology	0	15	0.0%
Paediatric immunology and allergy	0	29	0.0%
Paediatric infectious diseases	1	26	3.8%
Paediatric intensive care medicine	0	6	0.0%
Paediatric medical oncology	0	34	0.0%
Paediatric nephrology	0	11	0.0%
Paediatric neurology	0	40	0.0%
Paediatric palliative medicine	0	4	0.0%
Paediatric rehabilitation medicine	0	8	0.0%
Paediatric respiratory and sleep medicine	0	34	0.0%
Paediatric rheumatology	0	11	0.0%
Paediatric nuclear medicine	0	1	0.0%
No sub-specialty declared	8	161	5.0%
Pain medicine	0	287	0.0%
Palliative medicine	4	329	1.2%
Pathology	12	2,116	0.6%
Anatomical pathology (including cytopathology)	6	914	0.7%
Chemical pathology	1	93	1.1%
Forensic pathology	1	51	2.0%
General pathology	0	112	0.0%
Haematology	3	538	0.6%
Immunology	0	117	0.0%
Microbiology	1	241	0.4%
No sub-specialty declared	0	50	0.0%
Physician	83	10,165	0.8%
Cardiology	8	1,366	0.6%
Clinical genetics	0	70	0.0%
Clinical pharmacology	0	56	0.0%
Endocrinology	7	688	1.0%
Gastroenterology and hepatology	4	874	0.5%

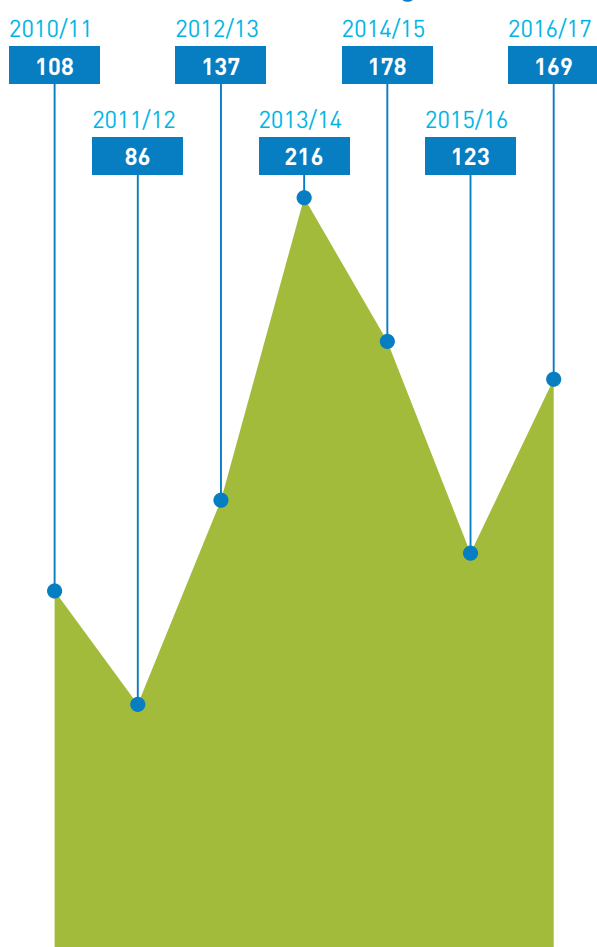
¹ The data above record the number of practitioners with registration in the specialist fields listed. Individual practitioners may be registered to practise in more than one specialist field.

Table 8: Health practitioners with specialties at 30 June 2017 *(Continued from previous page)*

Profession/area of specialty practice	NT	National total	% of national total
General medicine	22	1,798	1.2%
Geriatric medicine	2	718	0.3%
Haematology	3	563	0.5%
Immunology and allergy	1	163	0.6%
Infectious diseases	11	434	2.5%
Medical oncology	2	667	0.3%
Nephrology	14	556	2.5%
Neurology	2	601	0.3%
Nuclear medicine	0	255	0.0%
Respiratory and sleep medicine	2	685	0.3%
Rheumatology	1	371	0.3%
No sub-specialty declared	4	300	1.3%
Psychiatry	22	3,689	0.6%
Public health medicine	23	433	5.3%
Radiation oncology	2	386	0.5%
Radiology	4	2,464	0.2%
Diagnostic radiology	3	2,097	0.1%
Diagnostic ultrasound	0	4	0.0%
Nuclear medicine	0	188	0.0%
No sub-specialty declared	1	175	0.6%
Rehabilitation medicine	2	517	0.4%
Sexual health medicine	1	127	0.8%
Sport and exercise medicine	1	121	0.8%
Surgery	36	5,853	0.6%
Cardio-thoracic surgery	0	203	0.0%
General surgery	20	2,024	1.0%
Neurosurgery	0	252	0.0%
Oral and maxillofacial surgery	2	133	1.5%
Orthopaedic surgery	7	1,436	0.5%
Otolaryngology - head and neck surgery	2	510	0.4%
Paediatric surgery	0	102	0.0%
Plastic surgery	2	461	0.4%
Urology	1	445	0.2%
Vascular surgery	1	238	0.4%
No sub-specialty declared	1	49	2.0%
Podiatrist	0	30	0.0%
Podiatric surgeon	0	30	0.0%
Total	623	68,434	0.9%

Notifications in the NT

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



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

Tables 9–19 contain data relating to notifications about registered health practitioners with a principal place of practice (PPP) in the NT. Some tables do not contain data from the HPCA in NSW, as indicated in the table headings.

Nationally, notifications received by AHPRA in 2016/17 increased by 13.9%. Notifications received about practitioners with a PPP in the NT increased by 37.4%, to 169 complaints, compared with 123 in the previous year. This represents 2.4% of all notifications received by AHPRA nationally.

Of the new notifications received, mandatory notifications in the NT increased from just one matter in 2015/16 to 15 matters in 2016/17. This represents 1.8% of mandatory notifications received by AHPRA nationally. See Table 9. Refer to Table 11 for the number of individual practitioners involved in mandatory notifications (noting that a practitioner may have more than one mandatory notification lodged about them in the reporting year).

There were 22 more open notifications in the NT as at 30 June 2017 than the previous year (90, compared with 68 in 2015/16). This represents 2.2% of open matters nationally. See Table 9.

The percentage of the NT registrant base with notifications received in 2016/17 was 2.2%, which was 0.6% higher than the national percentage (1.6%).

The majority of notifications were about clinical care (89). See Table 12. Most complaints were referred from a health complaints entity (52), or from another practitioner (27). See Table 13.

There were eight cases where immediate action was considered against practitioners in the NT. One of these cases resulted in suspension of the practitioner's registration as an interim measure to protect the public while the matter was being investigated. See Table 14.

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

The majority of the 199 enquiries received about NT registrants in 2016/17 were considered to meet the criteria for a notification or statutory offence complaint (169) and an assessment commenced.

On completion of assessment of cases in 2016/17, 59 were closed and 72 were taken to a further stage. See Table 16. Refer to Table 17 for the outcomes of investigations finalised during the year.

No NT cases were referred to a panel hearing; one was closed following a tribunal hearing (see Table 18).

In total, 149 matters were closed in the NT in 2016/17. See Table 19.

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

Notifications	All received			Mandatory received			Closed			Open at 30 June		
	NT	National total	% of national total	NT	National total	% of national total	NT	National total	% of national total	NT	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	5	7	71.4%	1	2	50.0%	4	6	66.7%	1	2	50.0%
Chinese medicine practitioner	0	36	0.0%	0	0	0.0%	0	34	0.0%	0	16	0.0%
Chiropractor	2	103	1.9%	1	11	9.1%	1	88	1.1%	2	108	1.9%
Dental practitioner	7	526	1.3%		21	0.0%	9	485	1.9%	6	362	1.7%
Medical practitioner	84	3,617	2.3%	4	224	1.8%	75	3,557	2.1%	38	1,905	2.0%
Medical radiation practitioner	0	23	0.0%	0	6	0.0%	1	29	3.4%	0	17	0.0%
Midwife	7	75	9.3%	3	17	17.6%	4	86	4.7%	3	65	4.6%
Nurse	51	1,568	3.3%	6	471	1.3%	40	1,473	2.7%	29	992	2.9%
Occupational therapist	1	37	2.7%	0	4	0.0%	0	39	0.0%	1	17	5.9%
Optometrist	0	33	0.0%	0	1	0.0%	0	27	0.0%	0	17	0.0%
Osteopath	0	14	0.0%	0	0	0.0%	1	13	7.7%	0	8	0.0%
Pharmacist	1	373	0.3%	0	51	0.0%	2	355	0.6%	0	202	0.0%
Physiotherapist	1	80	1.3%	0	8	0.0%	3	83	3.6%	1	46	2.2%
Podiatrist	0	42	0.0%	0	4	0.0%	1	47	2.1%	0	17	0.0%
Psychologist	10	360	2.8%	0	27	0.0%	8	344	2.3%	9	241	3.7%
Not identified ²	0	4	0.0%	0	0	0.0%	0	3	0.0%	0	1	0.0%
Total 2016/17	169	6,898	2.4%	15	847	1.8%	149	6,669	2.2%	90	4,016	2.2%
Total 2015/16	123	6,056	2.0%	1	641	0.2%	144	5,227	2.8%	68	3,787	1.8%

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

Profession	NT	National total
Aboriginal and Torres Strait Islander Health Practitioner	2.4%	1.2%
Chinese medicine practitioner	0.0%	1.2%
Chiropractor	7.4%	3.1%
Dental practitioner	3.2%	3.8%
Medical practitioner	5.9%	5.1%
Medical radiation practitioner	0.0%	0.3%
Midwife ⁴	1.0%	0.3%
Nurse ⁵	1.1%	0.6%
Occupational therapist	0.6%	0.3%
Optometrist	0.0%	1.1%
Osteopath	0.0%	1.1%
Pharmacist	0.4%	1.8%
Physiotherapist	0.6%	0.4%
Podiatrist	0.0%	1.3%
Psychologist	4.4%	1.6%
Total 2016/17	2.2%	1.6%
Total 2015/16	1.8%	1.5%

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

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

³ Percentages for each state and profession are based on registrants whose profession has been identified and whose principal place of practice is an Australian state or territory. Notifications where the profession of the registrant has not been identified and registrants whose principal place of practice is not in Australia are only represented in the state and profession totals above.

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

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

Table 11: NT registrants involved in mandatory notifications

Practitioners	NT	National total
Number of practitioners ¹ 2016/17	14	1,023
Rate/10,000 practitioners ² 2016/17	19.8	15.1
Number of practitioners ¹ 2015/16	1	920
Rate/10,000 practitioners ² 2015/16	1.4	14.0

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

Issue	NT	National total	% of national total
Behaviour	11	257	4.3%
Billing	1	70	1.4%
Boundary violation	4	248	1.6%
Clinical care	89	2,950	3.0%
Communication	22	496	4.4%
Confidentiality	1	159	0.6%
Conflict of interest	0	15	0.0%
Discrimination	0	6	0.0%
Documentation	2	272	0.7%
Health impairment	12	581	2.1%
Infection/hygiene	1	71	1.4%
Informed consent	0	54	0.0%
Medico-legal conduct	0	64	0.0%
National Law breach	1	178	0.6%
National Law offence	0	45	0.0%
Offence	2	214	0.9%
Offence by student	0	3	0.0%
Other	16	282	5.7%
Pharmacy/medication	7	821	0.9%
Professional conduct	0	3	0.0%
Research/teaching/assessment	0	3	0.0%
Response to adverse event	0	22	0.0%
Teamwork/supervision	0	47	0.0%
Treatment	0	1	0.0%
Not recorded	0	36	0.0%
Total	169	6,898	2.4%

Table 13: Source of notifications received in 2016/17

Source	NT	National total (excluding HPCA) ³	% of national total (excluding HPCA)
Anonymous	4	141	2.8%
Drugs and poisons	0	20	0.0%
Education provider	0	26	0.0%
Employer	16	585	2.7%
Government department	2	169	1.2%
Health complaints entity	52	438	11.9%
Health advisory service	0	34	0.0%
Hospital	0	123	0.0%
HPCA/HCCC	0	1	0.0%
Insurance company	0	9	0.0%
Lawyer	0	44	0.0%
Medicare	0	3	0.0%
Member of the public	4	318	1.3%
Ombudsman	1	82	1.2%
Other Board	4	46	8.7%
Other practitioner	27	879	3.1%
Own motion	11	291	3.8%
Patient	25	2,406	1.0%
Police	0	56	0.0%
Relative	4	748	0.5%
Self	7	186	3.8%
Treating practitioner	4	57	7.0%
Unclassified	8	236	3.4%
Total	169	6,898	2.4%

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

2 Practitioners with no principal place of practice are not represented in the calculation of a rate for each state, but are included in the calculation of the national total rate.

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

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

Outcome	NT	National total	% of national total
Not take immediate action	2	76	2.6%
Accept undertaking	0	69	0.0%
Impose conditions	5	147	3.4%
Accept surrender of registration	0	1	0.0%
Suspend registration	1	103	1.0%
Decision pending	0	23	0.0%
Total	8	419	1.9%

Table 15: Outcomes of enquiries received in 2016/17

Outcome	NT	National total	% of national total
Moved to notification, complaint or offence	169	7,275	2.3%
Closed at lodgement	6	1,233	0.5%
Yet to be determined	24	1,497	1.6%
Total	199	10,005	2.0%

Table 16: Outcomes of assessments finalised in 2016/17

Outcome	NT	National total (excluding HPCA)	% of national total
Outcome of decisions to take the notification further			
Investigation	69	2,159	3.2%
Health or performance assessment	2	228	0.9%
Panel hearing	0	11	0.0%
Other stage	1	88	1.1%
Total	72	2,486	2.9%
Outcome of notifications closed following assessment			
No further action ¹	36	3,111	1.2%
Health complaints entity to retain	14	148	9.5%
Refer all or part of the notification to another body	1	29	3.4%
Dealt with as enquiry	0	10	0.0%
Caution	5	485	1.0%
Accept undertaking	0	44	0.0%
Impose conditions	3	200	1.5%
Total	59	4,027	1.5%

Table 17: Outcome of investigations finalised in 2016/17

Outcome	NT	National total (excluding HPCA)	% of national total
Outcome of decisions to take the notification further			
Assessment	0	7	0.0%
Health or performance assessment	3	152	2.0%
Panel hearing	0	61	0.0%
Tribunal hearing	5	153	3.3%
Other stage	0	3	0.0%
Total	8	376	2.1%
Outcome of notifications closed following investigation			
No further action ¹	54	1,170	4.6%
Refer all or part of the notification to another body	2	25	8.0%
Caution	9	400	2.3%
Accept undertaking	1	64	1.6%
Impose conditions	7	261	2.7%
Total	73	1,920	3.8%

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

Table 18: Outcomes of matters referred to tribunal finalised in 2016/17

Outcome	NT	National total (excluding HPCA)	% of national total
No further action ¹	0	15	0.0%
Caution	0	3	0.0%
Reprimand	0	16	0.0%
Fine registrant	0	11	0.0%
Accept undertaking	0	3	0.0%
Impose conditions	1	60	1.7%
Practitioner surrenders registration	0	1	0.0%
Suspend registration	0	27	0.0%
Cancel registration	0	34	0.0%
Not permitted to reapply for registration for 12 months or more	0	3	0.0%
Total	1	173	0.6%

Table 19: Notifications closed in the NT in 2016/17, by profession and stage at closure

Profession	Assessment	Investigation	Health or performance assessment	Panel hearing	Tribunal hearing	Total 2016/17
Aboriginal and Torres Strait Islander Health Practitioner	3	1	0	0	0	4
Chinese medicine practitioner	0	0	0	0	0	0
Chiropractor	0	1	0	0	0	1
Dental practitioner	2	6	0	0	1	9
Medical practitioner	40	32	3	0	0	75
Medical radiation practitioner	0	1	0	0	0	1
Midwife	3	1	0	0	0	4
Nurse	13	25	2	0	0	40
Occupational therapist	0	0	0	0	0	0
Optometrist	0	0	0	0	0	0
Osteopath	0	1	0	0	0	1
Pharmacist	0	2	0	0	0	2
Physiotherapist	1	2	0	0	0	3
Podiatrist	0	0	1	0	0	1
Psychologist	7	1	0	0	0	8
Total 2016/17	69	73	6	0	1	149

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

Monitoring and compliance

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

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

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

The 53 active monitoring cases shown in Table 20 relate to 53 individuals with a principal place of practice in the NT¹.

The majority of these cases related to medical practitioners (25 cases) and nurses (13 cases), and were about eligibility/suitability for registration (25), health (15) or performance (11). See Table 21 for the breakdown by stream.

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

Table 20: Active monitoring cases at 30 June 2017, by profession (excluding HPCA)

Profession	NT	National total (excluding HPCA)	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	5	72	6.9%
Chinese medicine practitioner	1	945	0.1%
Chiropractor	1	49	2.0%
Dental practitioner	3	134	2.2%
Medical practitioner	25	1,620	1.5%
Medical radiation practitioner	0	88	0.0%
Midwife	3	155	1.9%
Nurse	13	1,553	0.8%
Occupational therapist	0	51	0.0%
Optometrist	0	15	0.0%
Osteopath	0	6	0.0%
Pharmacist	1	175	0.6%
Physiotherapist	1	64	1.6%
Podiatrist	0	14	0.0%
Psychologist	0	143	0.0%
Total	53	5,084	1.0%

Table 21: Active monitoring cases¹ at 30 June 2017, by stream

Stream	NT	National total ²	% of national total
Conduct ³	1	356	0.3%
Health ³	15	577	2.6%
Performance ³	11	552	2.0%
Prohibited practitioner/student	1	256	0.4%
Suitability/eligibility	25	3,343	0.7%
Total	53	5,084	1.0%

Statutory offence complaints

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

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

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

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

In 2016/17, six new statutory offence complaints were made about practice in the NT, a decrease of 45.5% from 2015/16. This is inconsistent with the national pattern. The NT received just 0.3% of all offence complaints nationally.

Seven statutory offence matters were closed in the NT in 2016/17; three less than in 2015/16 (see Table 23). Almost all new matters in the NT related to title protection or advertising concerns.

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

1 A practitioner who has restrictions for more than one reason may be allocated more than one 'monitoring case'. For example, if a practitioner in the NT has conditions imposed as a result of health concerns and conduct, they may be allocated two monitoring cases. However, in this jurisdiction's case, each monitored practitioner had one case.
 2 Excludes cases monitored by the HPCA.
 3 Includes cases to be transitioned from AHPRA to the Health Professional Councils Authority (HPCA) for Conduct, Health and Performance streams.

Table 22: Statutory offences received and closed in the NT, by profession¹

Profession	NT		National total ²		% of national total	
	Received	Closed	Received	Closed	Received	Closed
Aboriginal and Torres Strait Islander Health Practitioner	0	0	3	2	0.0%	0.0%
Chinese medicine practitioner	0	0	72	38	0.0%	0.0%
Chiropractor	1	1	162	192	0.6%	0.5%
Dental practitioner	1	2	239	295	0.4%	0.7%
Medical practitioner	2	1	273	283	0.7%	0.4%
Medical radiation practitioner	0	0	4	9	0.0%	0.0%
Midwife	0	0	8	35	0.0%	0.0%
Nurse	1	1	76	80	1.3%	1.3%
Occupational therapist	0	0	9	13	0.0%	0.0%
Optometrist	0	0	23	24	0.0%	0.0%
Osteopath	0	0	252	24	0.0%	0.0%
Pharmacist	0	0	53	48	0.0%	0.0%
Physiotherapist	1	2	940	657	0.1%	0.3%
Podiatrist	0	0	20	19	0.0%	0.0%
Psychologist	0	0	116	110	0.0%	0.0%
Unknown ³	0	0	47	56	0.0%	0.0%
Total 2016/17⁴	6	7	2,297	1,885	0.3%	0.4%
Total 2015/16⁴	11	10	1,348	600	0.8%	1.7%

Launch of an advertising compliance and enforcement strategy

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

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

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

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

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

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

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

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

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

Notes

This image shows a full page of blank handwriting practice paper. It features approximately 28 evenly spaced horizontal blue lines across the entire page, providing a guide for letter height and placement. The background is plain white, and there are no margins, text, or other markings present.

This image shows a full page of blank, lined paper. It features approximately 20 horizontal light blue lines spaced evenly across a white background, typical of standard notebook paper. There are no margins, text, or other markings on the page.

Notes

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

Key data for 2016/17: A national view

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

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

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

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

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

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

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

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

Download the report

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

Useful links

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

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

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

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

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Within Australia, call 1300 419 495

From outside Australia, call +61 3 9275 9009

Email

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

Published

©Australian Health Practitioner Regulation Agency

Melbourne, February 2018

ISSN: 2204-1346

Printed

Cover printed on Precision Offset 310gsm

Internals printed on Precision Offset 120gsm



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