

Annual Report Summary

2014/15

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

Local decisions – National Scheme

Regulating health
practitioners in
Victoria

VIC



Australian Health Practitioner Regulation Agency

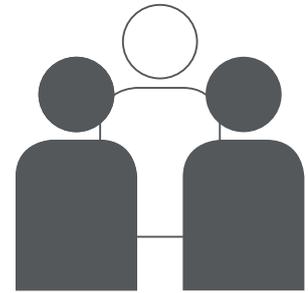
Aboriginal and Torres Strait
Islander health practice
Chinese medicine
Chiropractic
Dental
Medical
Medical radiation practice
Nursing and Midwifery
Occupational therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Regulating health practitioners in Victoria

This annual report summary offers a snapshot of our work regulating 164,324 health practitioners in Victoria. This short report complements the more detailed, national profile included in the AHPRA and National Boards' 2014/15 annual report.



Victorian practitioners account for **25.8%** of Australia's registered health workforce

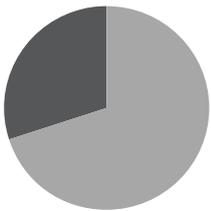


There are now

164,324

registered health practitioners in Victoria, compared with 160,286 in 2014

On 30 June 2015 there were **97,561** nurses and midwives, **25,029** medical practitioners, **7,182** pharmacists and **4,827** dental practitioners in Victoria



77% of registered health practitioners in Victoria are women



There are **413** dental, **15,698** medical and **three** podiatric specialists in Victoria



Two Victorian practitioners had their registration limited or refused in some way after a criminal history check

14,513 registration applications were received by National Boards in Victoria, including applications to change registration types

We received **1,901** notifications about health practitioners in Victoria during the year, including **172** mandatory notifications



1.2% of health practitioners in Victoria are subject to a notification

27% of notifications come directly from patients, **22%** from the Health Services Commissioner, **5%** from relatives and **8%** from employers

Victorian boards and committees considered **'immediate action'** **65 times, limiting the practitioner's registration in some way in 49 cases as an interim step to keep the public safe**

37% of notifications in Victoria were about clinical care, **10%** about pharmacy/medications, **9%** about communication and **11%** about possible health impairment

There has been a **10%** decrease in notifications in Victoria, compared with a 16% national decrease since 2013/14

There were **89** notifications closed after a panel hearing and **21** tribunal decisions finalised during the year

AHPRA is monitoring conditions on registration or undertakings from **948** Victorian practitioners

80% of panel decisions and **85%** of tribunal decisions led to disciplinary action



Notifications about practitioners in the dental, medical, nursing and midwifery and psychology professions account for **89%** of notifications in Victoria

About the National Scheme

Who

The National Registration and Accreditation Scheme regulates more than 637,000 registered health practitioners across Australia.

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

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

What

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

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

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

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

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

When

The National Scheme started in July 2010. Since then, there has been an increase in the number of registered practitioners, from 530,115 in June 2011 to 637,218 on 30 June 2015 (including four professions that entered the scheme in 2012).

Where

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

Why

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

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Foreword from the AHPRA Chair and CEO

In 2015 we mark five years of the work of AHPRA and the National Boards in implementing the National Registration and Accreditation Scheme. So much has changed since 2010 and this past year, in particular, has seen huge steps taken to ensure we are fulfilling our core purpose of protecting the public in the most effective and efficient ways possible. We now register almost 640,000 health practitioners in Australia, with 164,324 of those with a principal place of practice in Victoria.

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 Victoria and nationally, we are committed to striking this carefully managed balance.

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

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

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

The scheduled, independent review of the National Scheme hit its stride this past year, with Mr Kim Snowball leading the review for the Australian Health Workforce Ministerial Council. The review considered the National Scheme as a whole, including the work of the National Boards, AHPRA, accrediting entities and the role of governments. The review aimed to identify what was working

well in the National Scheme, and opportunities to improve and strengthen our work to protect the public and facilitate access to health services. In a number of areas, the review has further considered issues raised by the 2014 Victorian parliamentary inquiry into the performance of AHPRA.

We value the ongoing support of the Minister for Health, The Hon. Jill Hennessy, MP, and her department, our close collaboration with the Health Services Commissioner, relationships with stakeholders within the professions and wider health sector and the community. Building understanding and confidence in our work is an important element of our trustworthiness.

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



Mr Martin Fletcher
Mr Martin Fletcher
Chief Executive Officer



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

Foreword from AHPRA Victoria State Manager, Dr Mary Russell

The year 2015 has been my first as state manager and a year of energy and focus in the Victorian AHPRA office. We've prioritised improving our services to notifiers and practitioners, strengthening a culture of continuous improvement and piloting more advanced ways of identifying and managing high-risk matters. These efforts are already changing the way we work and more improvements will be realised over time.

Registration highlights

- ▶ The number of registered health practitioners in Victoria was 164,324 at 30 June 2015. This represents an increase of 2.5% on the previous year.
- ▶ There were 96,490 nurses registered in Victoria (including 7,940 practitioners who have both nursing and midwifery registration), making them the largest group of registered practitioners.

Working with boards and stakeholders

During 2014/15, we have worked hard to strengthen our relationships with local boards and improve the advice we give them so their decisions about individual practitioners, and any regulatory action they take, is responsive, timely and proportionate.

The day-to-day focus of most of our team in Victoria is on managing our core registration and notification functions, and supporting local boards and committees. Victoria continues to provide specialist dental registration expertise to the Dental Board of Australia and to the Podiatry Board of Australia about assessment of endorsement for scheduled medicines. This shows how local offices contribute to the National Scheme. It also demonstrates how we are maturing as an organisation, as increasingly we harness specialist skills in key areas and apply them nationally.

We meet regularly with our stakeholders, including professional associations, practitioner groups, educators, insurers and employers. We value the advice provided by AHPRA's Community Reference Group and Professions Reference Group.

Improving notifications management

Generally during the year, we have engaged more directly with notifiers about their expectations of us and made a series of important changes as a result. Broadly, these improve the timeliness of our communications and make our processes clearer and more understandable. This continues to build on the recommendations of the 2014 Victorian parliamentary inquiry into the performance of AHPRA, which highlighted improving our communication with notifiers as an important area for further work. We expect the changes we have made through our work with notifiers will also improve our service to practitioners. As national structural changes apply to our local office, the platform for our work continues to strengthen.

Over the last 12 months, our teams have worked hard to embed a culture of continuous improvement. In the Victorian office, we routinely share and learn from our experiences. We apply new insights from individual cases more widely to improve the way we work and update our approach.

In the Victorian office, we have been developing more advanced ways of evaluating risk early, so we can make sure our regulatory response is both tailored and proportionate. This involves more clearly identifying the elements of risk to the public in any matter we are dealing with, assessing the potential of the individual practitioner to cause harm, evaluating the practitioner's insight and intent, the potential consequences of any breach of standards and the vulnerability of patients. This assessment, repeated as the information we have access to changes, informs our advice to Boards from the start to the end of cases.

We value our strong and collaborative relationship with the Health Services Commissioner encompassing the joint consideration of notifications about registered health practitioners.

We will continue to work with Victorian practitioners and employers to ensure they are aware of their mandatory reporting responsibilities under the National Law.

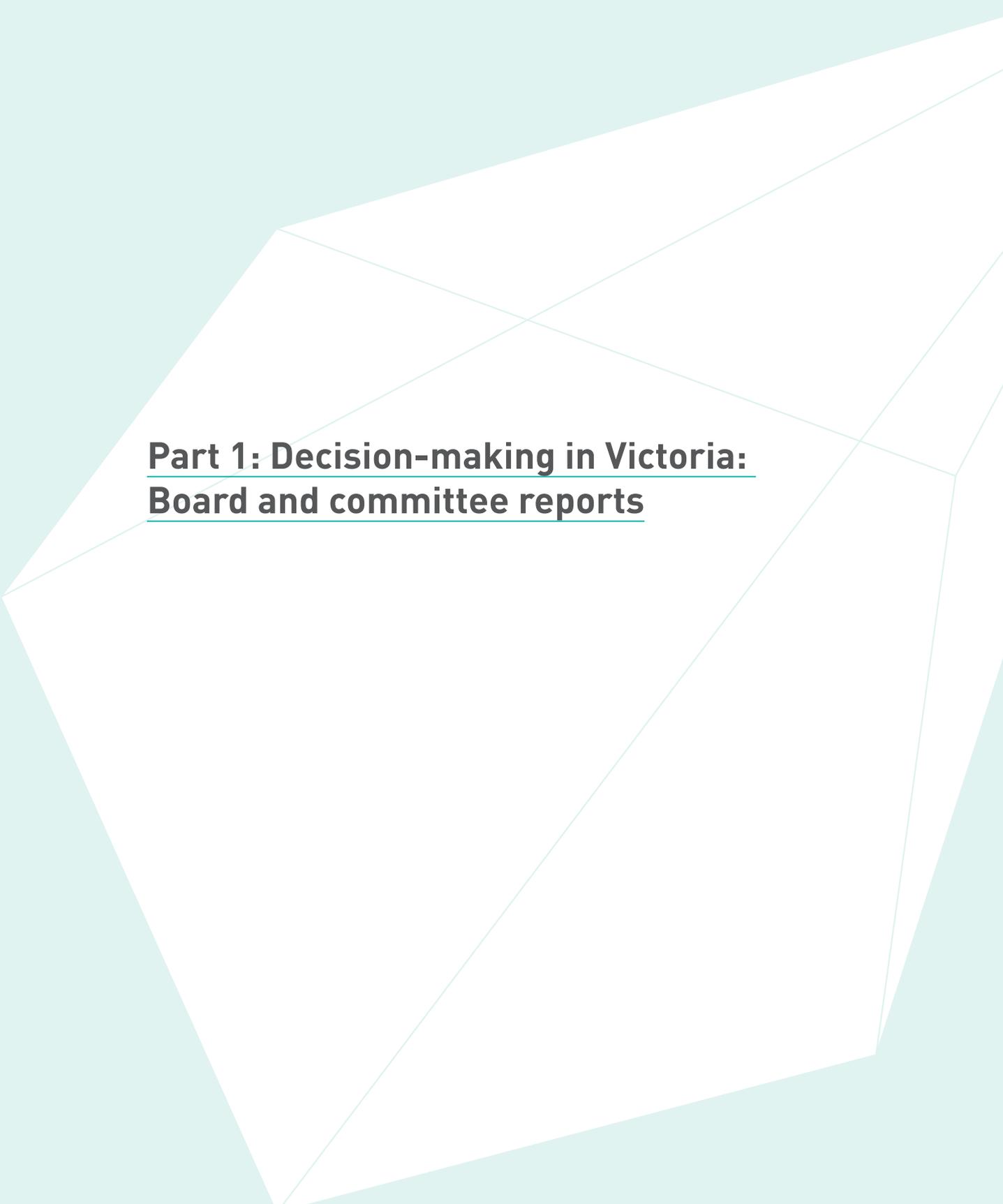
Bringing Board experience to the local office

It has been a privilege to be involved in the National Scheme since 2012 as both a Board member and as the State Manager of AHPRA Victoria. For two years I was the Chair of the Occupational Therapy Board of Australia and since March 2015, I have instead led AHPRA's Victorian office. My experience as a Board member has enriched my work for AHPRA and shaped local partnerships between Boards and AHPRA Victoria.

This Victorian report provides a snapshot of regulation at work in Victoria over the last year. I hope you find the information interesting.



Dr Mary Russell
Victorian State
Manager, AHPRA



Part 1: Decision-making in Victoria:
Board and committee reports

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

The Victorian committee of the Dental Board of Australia has continued in 2014/15 to work to meet the objectives of the National Scheme in managing risk to patients. We make decisions about individual registered dentists after receiving a notification about them; and assess the most complex applications for registration, often from overseas-trained practitioners.

Data showing the work of the local committee are detailed in this report. More comprehensive information about the work of the Dental Board of Australia (the National Board) is included in the 2014/15 annual report of AHPRA and the National Boards.

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

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

In the period since the last report there have been a number of changes to the committee membership. In the period since the last report there have been a number of changes to the committee membership. I would like to take this opportunity to thank Dr Caroline Melbourne and Dr Christopher Callahan, whose terms ended on 30 June 2014, for their expertise and professionalism in support of the Board, profession and community of Victoria.

I thank my colleagues on the Victorian Registration and Notification Committee for their professionalism, expertise, energy and commitment to the people of Victoria during the year.

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



Dr Werner Bischof
Chair, Victorian
Registration and
Notification Committee,
Dental Board of
Australia

Dr John Lockwood
Chair, Dental Board of
Australia

Members of the Victorian Registration and Notification Committee in 2014/15

Dr Werner Bischof (Chair)
Ms Janice Davis
Dr Esperence Kahwagi
Mr Craig McCracken
Ms Gabrielle MacTiernan
Dr Rachel Martin

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

As in previous years, the focus of the Victorian Board of the Medical Board of Australia in 2014/15 has been on public safety as we made decisions about individual medical practitioners. These decisions fall into two broad categories: either complex applications for registration which require detailed individual assessment; or what action is required to manage risk to the public as a result of a notification.

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

The Victorian Board has spent time this year working with the Medical Board nationally, with all other state and territory Medical Boards and with AHPRA, to further improve the experience of notifiers and practitioners. The overall goal is to improve our customer service, be clear about what people can expect and make it easier for people to interact with us.

The Victorian Board has actively engaged with many Victorian stakeholders, both formally and informally, and the Board has included a stakeholder visitor segment in its monthly Board agenda. Board members have attended external events with a range of professional organisations. Engaging with our stakeholders has improved the context in which we make decisions and has underscored the objectives that we share with many health-related entities.

The Board was indeed sorry to bid farewell to Professor Napier Thomson in June 2015. Professor Thomson brought great experience, balance, wisdom and good humour to all of the Board's deliberations, for which we are most grateful. During the year the Board welcomed Dr Christine Bessell, Ms Jennifer Jaeger and Mr Simon Phipps as new members.

I thank my colleagues on the Victorian Board for their energy and commitment to the people of Victoria during the year.

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



Dr Peter Dohrmann
Chair, Victorian Board,
Medical Board of
Australia



Dr Joanna Flynn AO
Chair, Medical Board
of Australia

Members of the Victorian Board in 2014/15

Dr Peter Dohrmann (Chair)
Dr Christine Bessell (from 1 July 2014)
Dr John Carnie PSM
Mrs Paula Davey
Dr Arya Dissanayake
Mr Kevin Ekendahl
Ms Jennifer Jaeger (from 1 July 2014)
Dr William Kelly
Associate Professor Abdul Khalid
Mr Simon Phipps (from 21 October 2014)
Professor Napier Thomson AM
Dr Miriam Weisz
Dr Bernadette White

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

In 2014/15, the Victorian Board of the Nursing and Midwifery Board of Australia continued to focus on public safety, making decisions about individual nurses and midwives. These may be decisions about complex applications for registration which require detailed individual assessment, or deciding what action is required to manage risk to the public as a result of a notification.

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

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

The inaugural Nursing and Midwifery Board conference was held in November 2014. This was an opportunity to bring together all the National Board members as well as the state and territory board members, senior AHPRA staff and other key stakeholders. This was a very successful conference with presentations and workshops covering topics specific to the regulation of nurses and midwives within Australia.

In my first year as Chair of the Victorian Board of the Nursing and Midwifery Board of Australia I have been extremely fortunate to work with very knowledgeable, experienced and enthusiastic Board members. We welcomed Ms Maureen Capp to our Board as a new community member. We were also very pleased that Mr Greg Miller returned to our Board as a practitioner member in March 2015.

Mrs Katrina Swire has chaired the Notifications and Assessment Committee and Ms Deborah Rogers has chaired the Registration Committee during this year. They have been supported by the other Board members and AHPRA staff to facilitate active discussion and timely decision-making.

I wish to acknowledge the high standard of work that AHPRA staff continue to provide to the Victorian Board in preparation for our meetings. Their input is invaluable to assist our decision-making. We were sad to say farewell to Richard Mullaly as AHPRA State Manager due to his huge contribution from the inception of this role in 2010. We were pleased to welcome Mary Russell into this role in March 2015 with her breadth of experience in health practitioner regulation.

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 2014/15.



Ms Naomi Dobroff
Chair, Victorian Board
of the Nursing and
Midwifery Board of
Australia



Dr Lynette Cusack
Chair, Nursing and
Midwifery Board of
Australia

Members of the Victorian Board in 2014/15

Ms Naomi Dobroff (Chair)
Ms Leslie Cannold
Ms Maureen Capp
Ms Kathryn Hough
Mr Greg Miller (from 24 February 2015)
Ms Deborah Rogers
Ms Virginia Rogers
Ms Leanne Satherley
Mrs Katrina Swire

Pharmacy Board of Australia – local representation

The Pharmacy Board of Australia (the National Board) makes decisions about all registered pharmacists in Victoria. To make sure we have local knowledge informing our decisions, there are practitioner members of the Board from each state and territory, and a community member from each of four states. I am the practitioner member from Victoria on the National Board.

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

During the year, the Board continued its work with stakeholders in Victoria. 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.

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

Data showing the work of the Board in Victoria are detailed in this report. More comprehensive information about the work of the Pharmacy Board of Australia nationally is included in the 2014/15 annual report of AHPRA and the National Boards.



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

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

The Regional Board of the Psychology Board of Australia serves communities in the ACT, Tasmania and Victoria.

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

The Regional Board is the local face of psychology regulation in our region. Our Board is made up of practitioner and community members from the ACT, Tasmania and Victoria. The decisions we make about psychologists in our region are guided by the national standards and policies set by the National Board. Our Board is supported by AHPRA's office in the ACT, Tasmania and Victoria.

The main focus of the Regional Board has continued to be on public safety, as we made decisions about individual psychologists. Most of our work considers what action we need to take to manage risk to the public as a result of a notification. Another priority is assessing complex applications for registration.

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

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

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

I hope you find this profile of our work interesting.



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



Professor Brin Grenyer
Chair, Psychology Board
of Australia

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

Dr Cristian Torres (Chair)
Dr Simon Kinsella (Deputy Chair)
Associate Professor Kathryn Von Treuer (Deputy Chair)
Mr Robin Brown
Dr Melissa Casey
Ms Anne Horner
Associate Professor Terry Laidler
Dr Patricia Mehegan
Ms Maree Riley

National Boards and committees making local decisions

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

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

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

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

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

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

For more information about the work of National Boards during the year, read the 2014/15 annual report of AHPRA and the National Boards.



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



Professor Charlie Xue
Chair, Chinese Medicine
Board of Australia



Dr Wayne Minter AM
Chair, Chiropractic
Board of Australia



Mr Neil Hicks
Chair, Medical
Radiation Practice
Board of Australia



Ms Julie Brayshaw
Presiding Member,
Occupational Therapy
Board of Australia



Mr Colin Waldron
Chair, Optometry Board
of Australia



Dr Nikole Grbin
Chair, Osteopathy
Board of Australia



Mr Paul Shinkfield
Chair, Physiotherapy
Board of Australia



Ms Catherine Loughry
Chair, Podiatry Board
of Australia

Part 2: The National Scheme at work in Victoria

Victorian data snapshot: registration and notifications

Background

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

This Victorian snapshot provides information about the number of practitioners in each profession in Victoria, 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. We also provide a gender breakdown of practitioners, by profession.

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

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

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

Registration in Victoria

Tables 1–6 provide details of registered practitioners in Victoria. At 30 June 2015 there were 164,324 registered practitioners in Victoria, representing 25.8% of the practitioners registered nationally. This proportion has decreased marginally across the last four years. At a profession level, the proportion of registrants within Victoria ranges from osteopaths with 52.3% of the national registrant base in Victoria, to Aboriginal and Torres Strait Islander health practitioners with 1.8% of the national registrant base in Victoria.

When registrant data is considered by registration type (Table 2), the pattern in relation to provisional registration is worthy of comment. For medical radiation practitioners and pharmacists, the proportion of registrants with provisional registration (15.8% and 21.9% respectively) is lower than the proportion of registrants with general registration (24.7% and 24.8% respectively); for medical practitioners the number of registrants with provisional and general registration as a proportion of the national registrant base are very similar, with 22.6% of practitioners with provisional registration and 23.4% with general registration; for psychologists the number with provisional registration as a proportion of the national total (29%) is higher than the number with general registration (27.2%).

As regards practitioners with endorsements or notations (Table 3), Victoria has 100% of chiropractors, osteopaths and physiotherapists who hold acupuncture endorsements and 47.7% of medical practitioners with acupuncture endorsements are also in Victoria.

Details of registration applications received in 2014/15 are provided in Table 7. In 2014/15, 23.6% of the applications received nationally were received in Victoria.

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

Profession	VIC	National total ⁵	% of national total
Aboriginal and Torres Strait Islander Health Practitioner ²	7	391	1.8%
Chinese Medicine Practitioner ²	1,250	4,494	27.8%
Chiropractor	1,290	4,998	25.8%
Dental Practitioner	4,827	21,209	22.8%
Medical Practitioner	25,029	103,133	24.3%
Medical Radiation Practitioner ²	3,657	14,866	24.6%
Midwife	1,071	3,682	29.1%
Nurse	88,550	336,099	26.3%
Nurse and Midwife ³	7,940	30,522	26.0%
Occupational Therapist ²	4,209	17,200	24.5%
Optometrist	1,251	4,915	25.5%
Osteopath	1,046	2,000	52.3%
Pharmacist	7,182	29,014	24.8%
Physiotherapist	6,744	27,543	24.5%
Podiatrist	1,391	4,386	31.7%
Psychologist	8,880	32,766	27.1%
Total 2014/15	164,324	637,218	25.8%
Total 2013/14	160,286	619,509	25.9%
Population as a proportion of national population⁴	5,866,400	23,625,600	24.8%

Notes:

1. Data are based on registered practitioners as at 30 June 2015.
2. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.
3. Practitioners who hold dual registration as both a nurse and a midwife.
4. Based on ABS Demographics Statistics as at 30 December 2014.
5. National total also includes registrants who have no specified principal place of practice.

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

Profession/registration type	VIC	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	7	391	1.8%
General	7	390	1.8%
Non-practising		1	0.0%
Chinese Medicine Practitioner	1,250	4,494	27.8%
General	1,181	4,314	27.4%
General and Non-practising ¹	1	1	100.0%
Non-practising	68	179	38.0%
Chiropractor	1,290	4,998	25.8%
General	1,220	4,709	25.9%
Non-practising	70	289	24.2%
Dental Practitioner	4,827	21,209	22.8%
General	4,311	18,975	22.7%
General and Non-practising ¹		1	0.0%
General and Specialist	398	1,614	24.7%
Limited	14	83	16.9%
Non-practising	96	510	18.8%
Specialist	8	26	30.8%
Medical Practitioner	25,029	103,133	24.3%
General	8,123	34,767	23.4%
General (Teaching and Assessing)	8	40	20.0%
General (Teaching and Assessing) and Specialist	1	2	50.0%
General and Specialist	12,716	49,199	25.8%
Limited	957	3,455	27.7%
Non-practising	498	2,663	18.7%
Provisional	1,061	4,697	22.6%
Specialist	1,665	8,310	20.0%
Medical Radiation Practitioner	3,657	14,866	24.6%
General	3,458	13,984	24.7%
Limited	1	1	100.0%
Non-practising	98	248	39.5%
Provisional	100	633	15.8%
Midwife	1,071	3,682	29.1%
General	1,053	3,616	29.1%
Non-practising	18	66	27.3%
Nurse	88,550	336,099	26.3%
General	87,655	331,232	26.5%
General and Non-practising ¹	7	20	35.0%
Non-practising	888	4,847	18.3%

Profession/ registration type	VIC	National total	% of national total
Nurse and Midwife	7,940	30,522	26.0%
General	7,664	28,616	26.8%
General and Non-practising ²	183	1,253	14.6%
Non-practising	93	653	14.2%
Occupational Therapist	4,209	17,200	24.5%
General	4,083	16,500	24.7%
Limited	17	89	19.1%
Non-practising	104	570	18.2%
Provisional	5	41	12.2%
Optometrist	1,251	4,915	25.5%
General	1,222	4,758	25.7%
Limited		2	0.0%
Non-practising	29	155	18.7%
Osteopath	1,046	2,000	52.3%
General	1,011	1,917	52.7%
Non-practising	31	66	47.0%
Provisional ³	4	17	23.5%
Pharmacist	7,182	29,014	24.8%
General	6,495	26,179	24.8%
Limited	1	14	7.1%
Non-practising	289	1,006	28.7%
Provisional	397	1,815	21.9%
Physiotherapist	6,744	27,543	24.5%
General	6,426	26,442	24.3%
Limited	117	276	42.4%
Non-practising	201	825	24.4%
Podiatrist	1,391	4,386	31.7%
General	1,352	4,260	31.7%
General and Specialist	3	30	10.0%
Non-practising	36	96	37.5%
Psychologist	8,880	32,766	27.1%
General	7,295	26,843	27.2%
Non-practising	323	1,571	20.6%
Provisional	1,262	4,352	29.0%
Total	164,324	637,218	25.8%

Notes:

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. The Osteopathy Board introduced a category of provisional registration in 2013/14.

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

Profession/endorsement or notation	VIC	National total	% of national total
Chiropractor	33	33	100.0%
Acupuncture	33	33	100.0%
Dental Practitioner	5	91	5.5%
Area of Practice	5	91	5.5%
Medical Practitioner	232	486	47.7%
Acupuncture	232	486	47.7%
Midwife¹	92	487	18.9%
Eligible Midwife ²	58	304	19.1%
Midwife Practitioner		1	0.0%
Scheduled Medicines	34	182	18.7%
Nurse¹	342	2,229	15.3%
Area of Practice		1	0.0%
Nurse Practitioner	231	1,247	18.5%
Scheduled Medicines	111	981	11.3%
Optometrist	729	2,000	36.5%
Scheduled Medicines	729	2,000	36.5%
Osteopath	2	2	100.0%
Acupuncture	2	2	100.0%
Physiotherapist	8	8	100.0%
Acupuncture	8	8	100.0%
Podiatrist	24	68	35.3%
Scheduled Medicines	24	68	35.3%
Psychologist	3,201	10,643	30.1%
Area of Practice	3,201	10,643	30.1%
Total	4,668	16,047	29.1%

Notes:

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

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

Profession/gender	VIC	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner¹	7	391	1.8%
Female	6	295	2.0%
Male	1	96	1.0%
Chinese Medicine Practitioner¹	1,250	4,494	27.8%
Female	689	2,415	28.5%
Male	561	2,079	27.0%
Chiropractor	1,290	4,998	25.8%
Female	520	1,877	27.7%
Male	770	3,121	24.7%
Dental Practitioner	4,827	21,209	22.8%
Female	2,383	10,331	23.1%
Male	2,444	10,878	22.5%
Medical Practitioner	25,029	103,133	24.3%
Female	10,457	42,189	24.8%
Male	14,572	60,944	23.9%
Medical Radiation Practitioner¹	3,657	14,866	24.6%
Female	2,450	10,064	24.3%
Male	1,207	4,802	25.1%
Midwife	1,071	3,682	29.1%
Female	1,068	3,666	29.1%
Male	3	16	18.8%
Nurse	88,550	336,099	26.3%
Female	79,214	297,792	26.6%
Male	9,336	38,307	24.4%
Nurse and Midwife	7,940	30,522	26.0%
Female	7,858	29,975	26.2%
Male	82	547	15.0%
Occupational Therapist¹	4,209	17,200	24.5%
Female	3,870	15,752	24.6%
Male	339	1,448	23.4%
Optometrist	1,251	4,915	25.5%
Female	659	2,491	26.5%
Male	592	2,424	24.4%
Osteopath	1,046	2,000	52.3%
Female	644	1,077	59.8%
Male	402	923	43.6%

Profession/gender	VIC	National total	% of national total
Pharmacist	7,182	29,014	24.8%
Female	4,307	17,616	24.4%
Male	2,875	11,398	25.2%
Physiotherapist	6,744	27,543	24.5%
Female	4,617	18,911	24.4%
Male	2,127	8,632	24.6%
Podiatrist	1,391	4,386	31.7%
Female	875	2,677	32.7%
Male	516	1,709	30.2%
Psychologist	8,880	32,766	27.1%
Female	7,108	25,894	27.5%
Male	1,772	6,872	25.8%
Total	164,324	637,218	25.8%

Notes:

1. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.

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

Profession/division	VIC	National total	% of national total
Chinese Medicine Practitioner	1,250	4,494	27.8%
Acupuncturist	433	1,688	25.7%
Acupuncturist and Chinese Herbal Dispenser ¹		2	0.0%
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹	122	631	19.3%
Acupuncturist and Chinese Herbal Medicine Practitioner ¹	667	2,068	32.3%
Chinese Herbal Dispenser	3	41	7.3%
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹	1	14	7.1%
Chinese Herbal Medicine Practitioner	24	50	48.0%
Dental Practitioner	4,827	21,209	22.8%
Dental Hygienist	201	1,373	14.6%

Profession/division	VIC	National total	% of national total
Dental Hygienist and Dental Prosthetist ¹		3	0.0%
Dental Hygienist and Dental Prosthetist and Dental Therapist ¹	1	2	50.0%
Dental Hygienist and Dental Therapist ¹	128	483	26.5%
Dental Hygienist and Dentist ¹	1	2	50.0%
Dental Hygienist and Oral Health Therapist ¹		6	0.0%
Dental Prosthetist	349	1,245	28.0%
Dental Prosthetist and Dental Therapist ¹	1	1	100.0%
Dental Prosthetist and Dentist ¹	1	1	100.0%
Dental Therapist	166	1,063	15.6%
Dental Therapist and Oral Health Therapist ¹		2	0.0%
Dentist	3,727	15,888	23.5%
Dentist and Oral Health Therapist ¹		1	0.0%
Oral Health Therapist	252	1,139	22.1%
Medical Radiation Practitioner	3,657	14,866	24.6%
Diagnostic Radiographer	2,747	11,496	23.9%
Diagnostic Radiographer and Nuclear Medicine Technologist ¹	1	15	6.7%
Diagnostic Radiographer and Radiation Therapist ¹	1	2	50.0%
Nuclear Medicine Technologist	293	1,039	28.2%
Radiation Therapist	615	2,314	26.6%
Nurse	88,550	336,099	26.3%
Enrolled Nurse (Division 2)	20,209	61,880	32.7%
Enrolled Nurse (Division 2) and Registered Nurse (Division 1) ¹	2,067	5,585	37.0%
Registered Nurse (Division 1)	66,274	268,634	24.7%
Nurse and Midwife	7,940	30,522	26.0%
Enrolled Nurse and Midwife ¹	39	62	62.9%

Profession/division	VIC	National total	% of national total
Enrolled Nurse and Registered Nurse and Midwife ¹	33	59	55.9%
Registered Nurse and Midwife ¹	7,868	30,401	25.9%
Total	106,224	407,190	26.1%

Notes:

1. Practitioners who hold dual or multiple registration.

Table 6: Health practitioners with specialties at 30 June 2015¹

Profession/area of specialty practice	VIC	National total	% of national total
Dental Practitioner	413	1,693	24.4%
Dento-maxillofacial radiology	1	10	10.0%
Endodontics	39	159	24.5%
Forensic odontology	5	27	18.5%
Oral and maxillofacial surgery	52	202	25.7%
Oral medicine	13	35	37.1%
Oral pathology	5	24	20.8%
Oral surgery	6	52	11.5%
Orthodontics	139	600	23.2%
Paediatric dentistry	33	119	27.7%
Periodontics	56	221	25.3%
Prosthodontics	50	212	23.6%
Public health dentistry (Community dentistry)	7	16	43.8%
Special needs dentistry	7	16	43.8%
Medical Practitioner	15,698	62,490	25.1%
Addiction medicine	31	167	18.6%
Anaesthesia	1,103	4,627	23.8%
Dermatology	131	507	25.8%
Emergency medicine	419	1,687	24.8%
General practice	5,718	23,993	23.8%
Intensive care medicine	181	815	22.2%
Paediatric intensive care medicine	2	2	100.0%
No subspecialty declared	179	813	22.0%
Medical administration	70	334	21.0%
Obstetrics and gynaecology	503	1,871	26.9%
Gynaecological oncology	12	43	27.9%

Profession/area of specialty practice	VIC	National total	% of national total
Maternal-fetal medicine	9	40	22.5%
Obstetrics and gynaecological ultrasound	50	77	64.9%
Reproductive endocrinology and infertility	14	53	26.4%
Urogynaecology	7	30	23.3%
No subspecialty declared	411	1,628	25.2%
Occupational and environmental medicine	65	302	21.5%
Ophthalmology	240	967	24.8%
Paediatrics and child health	609	2,442	24.9%
Paediatric intensive care medicine		5	0.0%
Clinical genetics	5	25	20.0%
Community child health	9	43	20.9%
General paediatrics	449	1,784	25.2%
Neonatal and perinatal medicine	41	164	25.0%
Paediatric cardiology	9	31	29.0%
Paediatric clinical pharmacology		1	0.0%
Paediatric emergency medicine	9	44	20.5%
Paediatric endocrinology	3	26	11.5%
Paediatric gastroenterology and hepatology	6	23	26.1%
Paediatric haematology	2	10	20.0%
Paediatric immunology and allergy	4	17	23.5%
Paediatric infectious diseases	5	16	31.3%
Paediatric medical oncology	9	25	36.0%
Paediatric nephrology	1	8	12.5%
Paediatric neurology	7	31	22.6%
Paediatric palliative medicine		2	0.0%
Paediatric rehabilitation medicine		6	0.0%
Paediatric respiratory and sleep medicine	4	25	16.0%

Profession/area of specialty practice	VIC	National total	% of national total
Paediatric rheumatology	3	12	25.0%
No subspecialty declared	43	144	29.9%
Pain medicine	46	260	17.7%
Palliative medicine	61	297	20.5%
Pathology	443	2,009	22.1%
Anatomical pathology (including cytopathology)	196	872	22.5%
Chemical pathology	19	90	21.1%
Forensic pathology	12	48	25.0%
General pathology	23	125	18.4%
Haematology	127	487	26.1%
Immunology	21	117	17.9%
Microbiology	41	222	18.5%
No subspecialty declared	4	48	8.3%
Physician	2,716	9,423	28.8%
Cardiology	328	1,251	26.2%
Clinical genetics	18	71	25.4%
Clinical pharmacology	12	53	22.6%
Endocrinology	192	630	30.5%
Gastroenterology and hepatology	226	802	28.2%
General medicine	532	1,772	30.0%
Geriatric medicine	181	609	29.7%
Haematology	145	507	28.6%
Immunology and allergy	30	154	19.5%
Infectious diseases	147	389	37.8%
Medical oncology	212	584	36.3%
Nephrology	154	507	30.4%
Neurology	171	546	31.3%
Nuclear medicine	59	257	23.0%
Respiratory and sleep medicine	162	631	25.7%
Rheumatology	101	349	28.9%
No subspecialty declared	46	311	14.8%
Psychiatry	967	3,432	28.2%
Public health medicine	77	432	17.8%
Radiation oncology	100	366	27.3%
Radiology	573	2,280	25.1%
Diagnostic radiology	469	1,951	24.0%
Diagnostic ultrasound	3	4	75.0%

Profession/area of specialty practice	VIC	National total	% of national total
Nuclear medicine	65	187	34.8%
No subspecialty declared	36	138	26.1%
Rehabilitation medicine	124	473	26.2%
Sexual health medicine	25	118	21.2%
Sport and exercise medicine	39	119	32.8%
Surgery	1,457	5,569	26.2%
Cardio-thoracic surgery	64	205	31.2%
General surgery	526	1,936	27.2%
Neurosurgery	67	238	28.2%
Oral and maxillofacial surgery	29	114	25.4%
Orthopaedic surgery	301	1,342	22.4%
Otolaryngology – head and neck surgery	115	486	23.7%
Paediatric surgery	28	104	26.9%
Plastic surgery	138	443	31.2%
Urology	112	418	26.8%
Vascular surgery	63	222	28.4%
No subspecialty declared	14	61	23.0%
Podiatrist	3	30	10.0%
Podiatric surgeon	3	30	10.0%
Total	16,114	64,213	25.1%

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.

Table 7: Applications received, by profession and registration type			
Profession/registration type	VIC	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner¹	7	255	2.7%
General	7	253	2.8%
Non-practising		2	0.0%
Chinese Medicine Practitioner¹	407	1,812	22.5%
General	357	1,673	21.3%
Non-practising	50	139	36.0%
Chiropractor	87	371	23.5%
General	67	304	22.0%
Limited	1	5	20.0%
Non-practising	19	62	30.6%
Dental Practitioner	329	1,638	20.1%
General	275	1,378	20.0%
Limited	9	32	28.1%
Non-practising	18	142	12.7%
Specialist	27	86	31.4%
Medical Practitioner	3,510	15,861	22.1%
General	1,148	5,134	22.4%
Limited	440	2,002	22.0%
Limited (Public Interest – Occasional Practice)		1	0.0%
Non-practising	99	480	20.6%
Provisional	1,127	5,311	21.2%
Specialist	696	2,933	23.7%
Medical Radiation Practitioner¹	354	1,808	19.6%
General	232	1,164	19.9%
Non-practising	27	115	23.5%
Provisional	95	529	18.0%
Midwife	428	1,712	25.0%
General	374	1,411	26.5%
Non-practising	54	301	17.9%
Nurse	6,041	24,837	24.3%
General	5,711	23,274	24.5%
Non-practising	330	1,563	21.1%
Occupational Therapist¹	523	2,078	25.2%
General	433	1,681	25.8%
Limited	16	82	19.5%

Profession/ registration type	VIC	National total	% of national total
Non-practising	74	311	23.8%
Provisional		4	0.0%
Optometrist	71	305	23.3%
General	62	259	23.9%
Limited		3	0.0%
Non-practising	9	43	20.9%
Osteopath	130	206	63.1%
General	114	173	65.9%
Limited		1	0.0%
Non-practising	12	18	66.7%
Provisional	4	14	28.6%
Pharmacist	742	3,340	22.2%
General	345	1,604	21.5%
Limited	6	32	18.8%
Non-practising	48	173	27.7%
Provisional	343	1,531	22.4%
Physiotherapist	588	2,540	23.1%
General	470	2,140	22.0%
Limited	76	206	36.9%
Non-practising	42	194	21.6%
Podiatrist	144	431	33.4%
General	134	389	34.4%
Limited		1	0.0%
Non-practising	10	37	27.0%
Specialist		4	0.0%
Psychologist	1,152	4,323	26.6%
General	443	1,536	28.8%
Non-practising	139	563	24.7%
Provisional	570	2,224	25.6%
Total 2014/15	14,513	61,517	23.6%
Total 2013/14	14,492	58,789	24.7%

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 Victoria

Notifications within Victoria are detailed in Tables 8–20. In 2014/15, 1,901 notifications were lodged in Victoria. This is a marginal decrease from the 2,112 notifications received in 2013/14. Mandatory notifications received in Victoria in 2014/15, at 172 notifications, also represent a marginal decrease from the previous 189 received in 2013/14. The 2,154 notifications closed in the year is more than the 1,901 notifications received and the number remaining open at the end of the year is down from 1,192 in 2013/14 to 918 in 2014/15.

The percentage of the registrant base with notifications in Victoria, at 1.2%, is marginally lower than the national average of 1.3% and has not varied since last year. The rate of mandatory notifications in Victoria, at 9.68 per 10,000 practitioners, is also lower than the national average of 12.38.

A large proportion of notifications received (707) were about clinical care (see Table 11), which is consistent with the national pattern. In Victoria, most of the notifications received came via the health complaints entity (HCE) (411), or directly from patients (510) or their relatives (101), or directly from members of the public (166). Other practitioners (211) or employers (161) also were a major source of notifications (see Table 12).

In 2014/15 there were 65 cases where immediate action was initiated against practitioners in Victoria, representing 11.2% of the national total. In 15 of these cases the registration of the practitioner was suspended, 34 cases resulted in conditions imposed on registration (12) or undertakings given by the practitioner (22), and in 7 cases the Board determined that no further action was required. There were nine cases still under consideration at the end of the reporting year.

There were two notifications still open at the end of the financial year that had been received before the National Law took effect in 2010 (Table 14). These matters are with the responsible tribunal awaiting hearing or decision.

Tables 15–19 detail the outcomes of key stages in the notifications process during 2014/15; note the national data in these tables do not include data for NSW. Most enquiries received (1,901 of 2,586) were considered to meet the criteria for a notification (see Table 15). However, there were 685 enquiries which were not considered to meet the criteria as a notification and were closed at lodgement.

The 594 cases where assessments were finalised during the year and which were considered to require further action represent 30.9% of the national total. In 112 of the 1270 cases closed following assessment, the case was closed following disciplinary action. Remaining cases required no further action (794)

or were considered by another body (the health complaints entity (HCE) retained 359 cases and five were referred to another body; Table 16).

Of the 723 notifications where investigations were finalised during the year (see Table 17), 590 cases were closed following the investigation, with disciplinary action taken in 254 of these cases. The remaining 133 cases were taken to a further stage, the majority to panel hearing (89) or tribunal hearing (21).

There were 99 cases finalised in Victoria following a panel hearing (see Table 18) and 47 cases closed following a tribunal hearing (see Table 19).

Table 20 provides details of cases closed in each profession by stage at the point of closure.

The number of registrants under active monitoring at the end of the reporting year is detailed in Tables 21 and 22. There were 948 registrants under active monitoring; the majority of these registrants are medical practitioners (323) or nurses (241).

Tables 23 and 24 provide details of criminal history checks conducted. There were two cases in Victoria in 2014/15 where a criminal history check resulted in, or contributed to, the imposition of conditions by a Board or undertakings given by a practitioner.

Notifications	All received			Mandatory received			Closed			Open at 30 June		
	VIC	National total	% of national total	VIC	National total	% of national total	VIC	National total	% of national total	VIC	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner ⁵		7	0.0%		2	0.0%		5	0.0%		5	0.0%
Chinese Medicine Practitioner ⁵	5	22	22.7%		1	0.0%	7	27	25.9%	5	15	33.3%
Chiropractor	16	75	21.3%	3	4	75.0%	26	98	26.5%	9	76	11.8%
Dental Practitioner	186	766	24.3%	6	22	27.3%	280	849	33.0%	59	381	15.5%
Medical Practitioner	1,016	4,541	22.4%	57	212	26.9%	1,107	4,885	22.7%	428	2,212	19.3%
Medical Radiation Practitioner ⁵	10	31	32.3%	1	6	16.7%	9	31	29.0%	4	17	23.5%
Midwife	12	74	16.2%	1	20	5.0%	17	92	18.5%	10	57	17.5%
Nurse	349	1,733	20.1%	82	472	17.4%	366	1,755	20.9%	231	1,053	21.9%
Occupational Therapist ⁵	21	49	42.9%	1	4	25.0%	17	48	35.4%	5	19	26.3%
Optometrist	13	55	23.6%	1	1	0.0%	13	53	24.5%	3	20	15.0%
Osteopath	2	13	15.4%		1	0.0%	4	13	30.8%		12	0.0%
Pharmacist	94	490	19.2%	10	38	26.3%	126	528	23.9%	67	311	21.5%
Physiotherapist	25	97	25.8%	1	6	16.7%	32	115	27.8%	12	57	21.1%
Podiatrist	11	37	29.7%	1	2	50.0%	11	44	25.0%	3	21	14.3%
Psychologist	138	432	31.9%	8	42	19.0%	137	458	29.9%	81	273	29.7%
Not identified ²	3	4	75.0%				2	2	100.0%	1	2	50.0%
Total 2014/15	1,901	8,426	22.6%	172	833	20.6%	2,154	9,003	23.9%	918	4,531	20.3%
Total 2013/14^{3,4}	2,112	10,047	21.0%	189	1,145	16.5%	2,090	9,803	21.3%	1,192	5,237	22.8%

Notes:

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

Table 9: Percentage of registrant base with notifications received in 2014/15, by profession¹

Profession	VIC	National total
Aboriginal and Torres Strait Islander Health Practitioner ⁴	0.0%	1.8%
Chinese Medicine Practitioner ⁴	0.4%	0.5%
Chiropractor	1.2%	1.5%
Dental Practitioner	3.9%	3.6%
Medical Practitioner	4.1%	4.4%
Medical Radiation Practitioner ⁴	0.3%	0.2%
Midwife ²	0.1%	0.2%
Nurse ³	0.4%	0.5%
Occupational Therapist ⁴	0.5%	0.3%
Optometrist	1.0%	1.1%
Osteopath	0.2%	0.7%
Pharmacist	1.3%	1.7%
Physiotherapist	0.4%	0.4%
Podiatrist	0.8%	0.8%
Psychologist	1.6%	1.3%
Total 2014/15	1.2%	1.3%
Total 2013/14	1.2%	1.4%

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 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.
- 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

Year	2014/15		2013/14	
	No. practitioners ²	Rate / 10,000 practitioners ³	No. practitioners ²	Rate / 10,000 practitioners ³
Victoria	159	9.68	163	10.2
Total Australia	789	12.38	976	15.8

Notes:

- Figures present the number of practitioners involved in the mandatory reports received.
- Practitioners with no principal place of practice are not represented in the calculation of a rate for each state but are included in the calculation of the total Australia rate.

Table 11: Issues in notifications received in 2014/15

Issue	VIC	National total	% of national total
Behaviour	48	312	15.4%
Billing	42	191	22.0%
Boundary violation	102	335	30.4%
Clinical care	707	3,442	20.5%
Communication	174	669	26.0%
Confidentiality	59	210	28.1%
Conflict of interest	5	19	26.3%
Discrimination	2	34	5.9%
Documentation	122	445	27.4%
Health Impairment	201	848	23.7%
Infection/hygiene	17	86	19.8%
Informed consent	32	107	29.9%
Medico-legal conduct	27	51	52.9%
National Law breach	39	241	16.2%
National Law offence	10	94	10.6%
Offence	46	263	17.4%
Offence by student	1	1	100.0%
Other	59	172	34.3%
Pharmacy/medication	185	826	22.4%
Professional conduct	2	3	66.7%
Research/teaching/assessment	1	7	14.3%
Response to adverse event	1	22	4.5%
Teamwork/supervision	9	29	31.0%
Not recorded	10	19	52.6%
Total	1,901	8,426	22.6%

Table 12: Source of notifications received in 2014/15

Source	VIC	National total (excluding NSW) ¹	% of national total (excluding NSW)
Anonymous	45	106	42.5%
Drugs and poisons	23	27	85.2%
Education provider	7	22	31.8%
Employer	161	543	29.7%
Government department	22	92	23.9%
HCE	411	688	59.7%
Health advisory service	7	10	70.0%
Hospital	3	25	12.0%
Insurance company	2	9	22.2%
Lawyer	21	34	61.8%
Medicare		1	0.0%
Member of Parliament	1	1	100.0%
Member of the public	166	323	51.4%
Ombudsman		41	0.0%
Other board	3	45	6.7%
Other practitioner	211	583	36.2%
Own motion	97	222	43.7%
Patient	510	1,408	36.2%
Police	25	52	48.1%
Relative	101	361	28.0%
Self	31	114	27.2%
Treating practitioner	28	80	35.0%
Unclassified	26	97	26.8%
Total	1,901	4,884	38.9%

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 2014/15

Outcomes	VIC	National total	% of national total
Not take immediate action	7	85	8.2%
Accept undertaking	22	77	28.6%
Impose conditions	12	285	4.2%
Accept surrender of registration		3	0.0%
Suspend registration	15	106	14.2%
Decision pending	9	22	40.9%
Total	65	578	11.2%

Table 14: Notifications under previous legislation open at 30 June 2015, by profession

Profession	VIC	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner			
Chinese Medicine Practitioner			
Chiropractor		2	0.0%
Dental Practitioner	1	3	33.3%
Medical Practitioner	1	26	3.8%
Medical Radiation Practitioner			
Midwife			
Nurse		4	0.0%
Occupational Therapist			
Optometrist			
Osteopath		1	0.0%
Pharmacist		6	0.0%
Physiotherapist			
Podiatrist			
Psychologist		6	0.0%
Not identified			
Total 2014/15¹	2	48	4.2%
Total 2013/14²	14	91	15.4%

Notes:

1. The majority of these matters are with the responsible tribunal awaiting hearing or decision.
2. Since the 2012/13 Annual Report a number of cases have been identified that were previously reported as National Law cases and should have been reported as prior law cases, meaning they were received before the transition to the National Scheme in 2010. They have been included in the 2013/14 data.

Outcomes	VIC	National total (excluding NSW)	% of national total
Moved to notification	1,901	4,884	38.9%
Closed at lodgement	685	1,097	62.4%
Total	2,586	5,981	43.2%

Outcome of decisions to take the notification further	VIC	National total (excluding NSW)	% of national total
Health or performance assessment	78	233	33.5%
Investigation	515	1,668	30.9%
Panel hearing	1	13	7.7%
Tribunal hearing		9	0.0%
Total	594	1,923	30.9%

Outcome of notifications closed following assessment			
No further action	794	2,136	37.2%
HCE to retain	359	435	82.5%
Refer all or part of the notification to another body	5	10	50.0%
Caution	71	322	22.0%
Accept undertaking	34	59	57.6%
Impose conditions	7	104	6.7%
Practitioner surrenders registration		3	0.0%
Total	1,270	3,069	41.4%

Outcome of decisions to take the notification further	VIC	National total (excluding NSW)	% of national total
Assessment		2	0.0%
Health or performance assessment	23	145	15.9%
Panel hearing	89	166	53.6%
Tribunal hearing	21	114	18.4%
Total	133	427	31.1%

Outcome of notifications closed following investigation			
No further action	331	1,052	31.5%
Refer all or part of the notification to another body	5	11	45.5%
Caution	138	391	35.3%
Accept undertaking	91	126	72.2%
Impose conditions	25	192	13.0%
Practitioner surrenders registration			
Total	590	1,772	33.3%

Outcomes	VIC	National total (excluding NSW)	% of national total
No further action	20	63	31.7%
Refer all of the notification to another body	1	1	100.0%
Caution	14	57	24.6%
Reprimand	7	13	53.8%
Impose conditions	55	130	42.3%
Practitioner surrenders registration	1	1	100.0%
Suspend registration	1	4	25.0%
Total	99	269	36.8%

Outcomes	VIC	National total (excluding NSW)	% of national total
No further action	5	15	33.3%
Caution	1	3	33.3%
Reprimand	3	15	20.0%
Fine registrant	1	12	8.3%
Accept undertaking	1	5	20.0%
Impose conditions	12	53	22.6%
Practitioner surrenders registration	5	6	83.3%
Suspend registration	5	33	15.2%
Cancel registration	12	24	50.0%
Not permitted to reapply for registration for 12 months or more		9	0.0%
Proceedings withdrawn	2	4	50.0%
Total	47	179	26.3%

Profession	Assessment	Investigation	Health or performance assessment	Panel hearing	Tribunal hearing	Total 2014/15
Aboriginal and Torres Strait Islander Health Practitioner						0
Chinese Medicine Practitioner	1	3		1	2	7
Chiropractor	5	19		2		26
Dental Practitioner	182	75	7	8	8	280
Medical Practitioner	713	288	53	38	15	1,107
Medical Radiation Practitioner	4	5				9
Midwife	8	5		4		17
Nurse	156	109	72	17	12	366
Occupational Therapist	12	4	1			17
Optometrist	9	3	1			13
Osteopath	2	1			1	4
Pharmacist	54	49	6	17		126
Physiotherapist	19	11	1	1		32
Podiatrist	9	2				11
Psychologist	94	16	7	11	9	137
Not identified ¹	2					2
Total 2014/15	1,270	590	148	99	47	2,154

Notes:

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

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

Profession	VIC	National total (excluding NSW)	% of national total
Aboriginal and Torres Strait Islander Health Practitioner		6	0.0%
Chinese Medicine Practitioner	62	882	7.0%
Chiropractor	17	60	28.3%
Dental Practitioner	56	165	33.9%
Medical Practitioner	323	1,697	19.0%
Medical Radiation Practitioner	99	533	18.6%
Midwife	17	108	15.7%
Nurse	241	1,013	23.8%
Occupational Therapist	7	71	9.9%
Optometrist	3	15	20.0%
Osteopath	6	15	40.0%
Pharmacist	55	187	29.4%
Physiotherapist	21	75	28.0%
Podiatrist	4	14	28.6%
Psychologist	37	150	24.7%
Total	948	4,991	19.0%

Table 23: Cases in 2014/15 where a criminal history check resulted in, or contributed to, imposition of conditions or undertakings, by profession

Profession	VIC	Total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner		1	0.0%
Chinese Medical Practitioner		1	0.0%
Chiropractor		2	0.0%
Dental Practitioner		4	0.0%
Medical Practitioner	1	6	16.7%
Midwife			
Nurse	1	21	4.8%
Optometrist		1	0.0%
Pharmacist			
Physiotherapist			
Podiatrist			
Psychologist		1	0.0%
Total 2014/15	2	37	5.4%
Total 2013/14	14	76	18.4%

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

Jurisdiction ³	Conduct ²	Health ²	Performance ²	Suitability/eligibility ¹	Total 2014/15
VIC	184	167	156	441	948
National 2014/15	775	1,153	691	3,083	5,702
% of national total	23.7%	14.5%	22.6%	14.3%	16.6%

Notes:

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

Table 24: Domestic and international criminal history checks in Victoria and nationally, by profession, and cases where a criminal history check resulted in, or contributed to, imposition of conditions or undertakings

State/territory ¹	VIC				National 2014/15			
Profession	Number of CHCs ²	Number of DCOs ³	CHCs resulted in conditions/undertakings	% of total national CHCs resulted in conditions/undertakings	Number of CHCs ²	Number of DCOs ³	% of DCOs resulting from CHCs	CHCs resulted in conditions/undertakings
Aboriginal and Torres Strait Islander Health Practitioner	7	2	0	0.00%	266	111	41.73%	1
Chinese Medicine Practitioner	298	8	0	0.00%	1,187	78	6.57%	1
Chiropractor	204	12	0	0.00%	664	62	9.34%	2
Dental Practitioner	529	18	0	0.00%	1,764	106	6.01%	4
Medical Practitioner	3,871	48	1	16.67%	9,298	320	3.44%	6
Medical Radiation Practitioner	501	18	0	0.00%	1,989	102	5.13%	0
Midwife	466	5	0	0.00%	1,422	55	3.87%	0
Nurse	7,263	242	1	4.76%	24,328	1,738	7.14%	21
Occupational Therapist	454	7	0	0.00%	1,626	60	3.69%	0
Optometrist	225	7	0	0.00%	618	32	5.18%	1
Osteopath	173	5	0	0.00%	266	21	7.89%	0
Pharmacist	564	12	0	0.00%	2,264	105	4.64%	0
Physiotherapist	695	13	0	0.00%	2,645	96	3.63%	0
Podiatrist	265	5	0	0.00%	738	55	7.45%	0
Psychologist	822	23	0	0.00%	2,872	159	5.54%	1
Total 2014/15	16,337	425	2	5.41%	51,947	3,100	5.97%	37
Total 2013/14⁴	15,677	527	14	18.42%	61,000	3,597	6%	76

Notes:

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

Keeping the public safe: monitoring

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

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

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

Supervision – restrictions that allow the practice of a health profession to occur only under the supervision of another health practitioner (usually registered in the same profession).

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

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

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

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

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

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

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

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

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