

# LOCAL DECISIONS – NATIONAL SCHEME

Regulating health practitioners  
in Victoria:

## ANNUAL REPORT SUMMARY 2013/14

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



# Regulating health practitioners in Victoria

This year, for the first time, we offer this snapshot of our work regulating 160,286 health practitioners in Victoria.

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



On 30 June 2014 there were **95,807** nurses and midwives, **24,137** medical practitioners, **6,985** pharmacists and **4,768** dental practitioners in Victoria

**14,492** people applied for registration as a health practitioner in Victoria in 2014, including changing types of registration

There are **400** dental and **15,449** medical specialists in Victoria

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

We received **2,112** notifications about health practitioners in Victoria during the year, including **189** mandatory notifications

AHPRA is monitoring conditions on registration or undertakings from **695** Victorian practitioners

There has been a **14.5%** increase in notifications in Victoria, compared to a **16%** national increase

Most concerns (**33%**) were about clinical care, pharmacy/medications (**12%**), communication and possible health impairment (**8%** each)

**14** Victorian practitioners had their registration limited in some way after a criminal history check

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

Victorian boards and committees took 'immediate action' **72** times, leading to a restriction on registration in **47** cases

**77%** of registered health practitioners in Victoria are women

**25%** of notifications come directly from patients, **25%** from the Health Services Commissioner, **11%** from relatives and **9%** from employers

**71%** of panel decisions and **94%** of tribunal decisions led to disciplinary action

There were **62** notifications closed after a panel hearing and **18** tribunal decisions finalised during the year

# About the National Scheme

## Who

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

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

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

## What

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

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

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

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

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

## When

The National Scheme started in July 2010. Since then, there has been an increase in the number of registered practitioners, from 530,115 in June 2011 to 619,509 on 30 June 2014 (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 most important purpose 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

One in every 20 working Australians is a registered health practitioner – and one in every 18 working Victorians. All of us are patients from time to time. Directly or indirectly, regulation of health practitioners matters to us all.

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

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

## Local decision-making

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

The vast majority of decisions about individual registered health practitioners are made locally. More than 87% of notifications are made about practitioners in four professions, which all have state, territory or regional boards or committees in place. This figure grows to 94% when including pharmacists who manage notifications through a national committee.

State board members are appointed by the Health Minister in Victoria. The regional psychology board includes appointments from Victoria, the Australian Capital Territory (ACT) and Tasmania. Board and committee members make decisions about local practitioners supported by the Victorian AHPRA office.

More widely, the notifications and complaints handling system relies on close working relationships with the Health Services Commissioner, the State Administrative Tribunal (SAT), state, territory and regional boards and committees and AHPRA to deliver effective and timely outcomes and protect the public.

## Performance

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

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

We have robust processes in place to swiftly identify and manage serious risk to the public. In Victoria this year, National Boards took immediate action 72 times, limiting the practitioner's registration in some way in 65% of cases as an interim step to keep the public safe. During the year, the increase in notifications in Victoria was 14.5%, slightly lower than the national average increase of 16%. During the year, as part of a major investment in improving notifications management, AHPRA significantly increased staff in our notifications teams, with 10 new investigators, compliance staff and lawyers in our Victorian team.

## Conclusion

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

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

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



Michael Gorton AM, AHPRA Chair



Martin Fletcher, AHPRA CEO

# Foreword from AHPRA's Victorian State Manager, Richard Mullaly

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

Highlights for 2013/14:

- The Legal and Social Issues Legislation Committee of the Victorian Parliament held an inquiry into the performance of AHPRA. The committee handed down its report in March 2014. Working with the inquiry, analysing submissions and improving our systems and services to respond to issues raised was a significant feature of the year.
- The efficient registration of more than 6,200 new graduates (mostly students who completed their courses in 2013) by working closely with education institutions so new graduates can start work without delays.
- The renewal of registration of more than 160,000 Victorian practitioners throughout the year.
- Improved management of notifications, with a reduction in open notifications (1.4% fewer in June 2014 than in July 2013).
- Leading AHPRA's work on managing, assessing, testing and monitoring health practitioners with drug or alcohol impairment, by commissioning an analysis of the latest research and contemporary evidence. This report will inform our national regulatory approach so we effectively identify and manage risk, and make sure these practitioners are safe to practise.

## Local decisions, national framework

Most notifications are made about practitioners registered with four Boards, which all have state, territory or regional boards or committees in place to make all decisions about individual practitioners. The work of local Victorian Boards and committees is detailed in this report. More generally, all National Boards must have one member from Victoria to provide insight into local issues that are brought to the attention of a National Board.

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

## Improving notifications management

There has been a 14.5% increase in the number of notifications received in Victoria during the year, up from 1,844 to 2,112 but slightly below the national 16% increase. This increase is probably the result

of a number of factors, including greater awareness of consumer rights, a culture which accepts that making a complaint is appropriate, more awareness of regulation and the National Scheme and increased use of the internet and social media.

After three years of consistent increases, this appears to be an established trend, consistent nationally and internationally in healthcare and across other sectors. We are monitoring this both locally and nationally, to better understand the causes and make sure we respond effectively. Initially, it appears to be largely an increase in concerns about less serious conduct, rather than an increase in serious matters.

We have focused a lot of effort during the year to improve our management of notifications and notifiers' and practitioners' experience of the National Scheme. These initiatives have included introducing KPIs to enable us to measure and manage the timeliness of our management of notifications. We will be introducing this approach into our management of registrations during 2015. More detail on this is in the annual report of AHPRA and the National Boards for 2013/14.

We engaged Victoria's consumer advocacy group, the Health Issues Centre, to advise us on ways to improve our work with notifiers and consumers. This focused on:

- improving communications with notifiers, practitioners and people making other types of complaints, and
- increasing public confidence in the way we work with the Office of the Health Services Commissioner (OHSC) by improving consumers' experiences of the joint consideration process.

The project involved a team from the OHSC; practitioner and community board members; the AHPRA Community Reference Group; external consumer representatives and complaints experts who worked with the Health Issues Centre (HIC) and staff of AHPRA. The final report is published on the AHPRA website at [www.ahpra.gov.au](http://www.ahpra.gov.au)

## Working with our stakeholders

During the year, we have been in regular touch with many of our important stakeholders, through meetings and consultation, listening to their ideas for ways we can improve, making opportunities to respond to feedback and talking about the National Scheme.

There was a strong turnout for our Victorian stakeholder forum in April 2014, when we updated our colleagues in the health sector and the community about our work, including our response to the Victorian parliamentary inquiry into AHPRA and the National Scheme.

We held meetings and consulted with the directors of nursing and midwifery, chief medical officers and the CEOs of Victoria's hospitals and health services. We worked with the Victorian Doctors' Health Program and the Nursing and Midwifery Health Program (Victoria), which are each funded by the respective National Board. Victoria's AHPRA office also supported AHPRA's program of visits from international regulators interested in learning from Australia's National Scheme, including the Health Professions Council of South Africa; the Kazakhstan Ministry of Health; and the Malaysian Ministry of Health.

During the year we met and engaged with a number of stakeholders including:

- the Health Services Commissioner and his office
- Australian Medical Association (Vic)
- Australian Nursing and Midwifery Federation (Vic)
- Australian Dental Association (Vic)
- Australian Podiatry Association (Vic)
- Optometrists Association Australia
- Pharmacy Guild of Australia (Victorian Branch); Pharmacy Society of Australia (Vic); and Society of Hospital Pharmacists (Vic)
- Australian Physiotherapy Association
- Victorian Administrative Appeals Tribunal
- Drugs and Poisons Regulation Group of the Victorian Department of Health
- Australian Psychological Society
- Chiropractors Association of Australia (Vic), and
- the Victorian Department of Health.

This year, the Victorian AHPRA office held more than 20 meetings with our local professional associations; spoke regularly with the Victorian Department of Health and engaged weekly with the Victorian Health Services Commissioner, as required under the National Law. In April 2014, we updated our stakeholders at a forum on the Victorian Legislative Council Inquiry into AHPRA and the National Scheme, and on our work with the HIC. This was a great opportunity to communicate what we had done to improve our work with notifiers and streamline our processes, partly in response to concerns we heard raised in the inquiry.

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

## Local office, national contribution

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 now hosts the specialist dental registration accountability for the Dental Board of Australia and the assessment of endorsement for scheduled medicines for the Podiatry Board of Australia. This is a great example of local contribution to the National Scheme. It demonstrates how we are maturing as an organisation, as increasingly we harness specialist skills in key areas and apply them nationally.

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



Richard Mullaly, Victorian State Manager, AHPRA

## **PART 1:**

# Decision-making in Victoria: Board and committee reports

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

In 2014, 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 we need to take 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 (National Board) and by the principles for assessing applications for registration and notifications, which were recently developed jointly by the National Board and state and territory boards. These policies and regulatory guidelines inform the decisions we make in 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, through monthly state and territory teleconferences of board chairs, workshops on nursing and midwifery regulation, and developing principles for assessing applications for registration.

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

Our work with stakeholders has been another priority during the year as it is vital to maintain contact with nurses and midwives from across the state. With Richard Mullaly, AHPRA's Victorian State Manager, we have met with the executive directors of nursing and midwifery for the metropolitan health services; the Small Rural Executive Nurses Group; and the Regional Health Services Nurse Executive Group. Our professional officers in the Victorian office have worked with many other health services and directors of nursing to educate and inform them about the regulation of nurses and midwives. Our Victorian teams have also presented at nurse practitioner forums and met with our colleagues in the profession including the Australian Nursing and Midwifery Federation, on topics including our co-funded nursing and midwifery health program.

I thank my colleagues on the Victorian Board for their energy and commitment to the people of Victoria during the year. In particular, I thank Greg Miller, whose term as Chair of Victorian Board of the Nursing and Midwifery Board of Australia concluded on 30 June 2014. Greg served in this role since the start of the National Scheme and achieved much in this role. He successfully led and navigated the transition

from state to national regulation for board members, established the required committee structures and supported board members to provide robust regulatory governance. He also established excellent working relationships with AHPRA staff, National Board members and external stakeholders.

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



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

Ms Naomi Dobroff (Chair from 1 July 2014)

Mr Gregory Miller (Chair to 30 June 2014)

Ms Leslie Cannold

Ms Kathryn Hough

Ms Deborah Rogers

Ms Virginia Rogers

Ms Leanne Satherley

Mrs Katrina Swire

Mr Timothy Wilson (resigned 31 January 2014)

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

The Physiotherapy Board of Australia trialed a specific approach to local decision-making during the last year. During the 2014 year, the National Board established a Victorian Registration and Notification Committee to make regulatory decisions about Victorian practitioners.

The Chair of this Victorian committee, Dr Charles Flynn, is a Victorian practitioner member of the National Board and is also the Chair of the national Registration and Notification Committee. There are two more Victorian practitioner members and two community members on this committee. This ensures consistency and alignment between the state and national committees, while ensuring local decision-making about Victorian practitioners.

The Board will review the relative benefits and costs of this approach in the context of the outcomes of the three-year review of the National Scheme and its own review by the Continuous Improvement Committee.

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

## Members of the Victorian Registration and Notification Committee

Dr Charles Flynn (Chair)

Dr Leslie Cannold

Mrs Maureen Capp

Mr Mark Hindson

Ms Fiona McKinnon



Dr Charles Flynn, Chair, Victorian Registration and Notification Committee, Physiotherapy Board of Australia



Mr Paul Shinkfield, Chair, Physiotherapy Board of Australia

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

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

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

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

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

Working with our stakeholders has been another priority during the year. With Richard Mullaly, our AHPRA Victorian State Manager and relevant AHPRA staff, we have met with the Victorian branch of the Australian Medical Association (AMA) (December 2013 and May 2014), the Postgraduate Medical Council of Victoria (PMCV) (September 2013), and the Victorian Health Services Commissioner (June 2014). AHPRA staff from the Victorian office have worked with the PMCV at medical schools at Monash University, Deakin University and the University of Melbourne, to provide soon-to-graduate students with important information about registration and regulation for doctors. We have joined in workshops with the Australian Medical Council; worked and met with Rural Workforce Australia; engaged with medical recruiters; and participated in a Royal Children's Hospital workshop.

We were pleased to discuss current issues at a Victorian stakeholder forum that included representatives of the AMA, the Royal Australian College of Surgeons, the Victorian Health Services Commissioner and the Victorian Doctor's Health Program.

In his message, Richard Mullaly has referred to our important work to respond to the Victorian Legislative Council inquiry into the performance of AHPRA. Members of the Victorian Board, the Chair of the Medical Board of Australia, AHPRA's state manager and CEO all appeared before the inquiry.

I thank my colleagues on the Victorian Board for their energy and commitment to the people of Victoria during the year. Long-serving Board members Dr Laurie Warfe, Dr Felicity Hawker (practitioner members) and Ms Kerren Clark (community member) concluded their terms of office in 2014. Each had served on both the old and new Victorian boards with diligence and commitment to the highest ideals of medical regulation. We thank them all for their significant contribution. New appointments of a practitioner member and a community member have ensured ongoing Board renewal.

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



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



Dr Joanna Flynn AO, Chair, Medical Board of Australia

## Members of the Victorian Board

Dr Laurie Warfe (Chair to 30 June 2014)

Dr Peter Dohrmann (Chair from 1 July 2014)

Dr John Carnie PSM

Ms Kerren Clark

Mrs Paula Davey

Mr Kevin Ekendahl

Dr Felicity Hawker AM

Dr William Kelly

Associate Professor Abdul Khalid

Professor Napier Thomson AM

Dr Miriam Weisz

Dr Bernadette White

## Pharmacy Board of Australia: Chair's message

The Pharmacy Board of Australia (the National Board) makes decisions about the nearly 7,000 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 Victorian representative on the National Board.

The Board has established 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. The work of this committee is increasing, along with the number of notifications made about registered pharmacists.

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

During the year, the Board sought the views of the community and practitioners in Victoria in public consultations that reviewed a number of registration standards, codes and guidelines that have been in place since the start of the National Scheme. Next year, we will be looking for more contributions when we come to review other important regulatory guidelines. As Chair of the Pharmacy Board and a Victorian, I also meet face-to-face with important industry stakeholders in Victoria. Along with AHPRA's Victorian State Manager, Richard Mullaly, I met with the Victorian branch of the Pharmacy Guild of Australia, the Pharmacy Society of Australia, and the Society of Hospital Pharmacists during the year.

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 2013/14 annual report of AHPRA and the National Boards.



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

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

The year 2014 was a very busy one for the regional board of the Psychology Board of Australia, which serves communities in Victoria, Tasmania and the ACT.

The work of the Psychology Board of Australia is detailed in the 2014 annual report of AHPRA and the National Boards. This provides a national snapshot of the work the Board does to regulate the psychology profession in Australia.

The regional board is the local face of psychology regulation in Australia and is made up of practitioner and community members from the ACT, Tasmania and Victoria. The decisions the regional board makes are guided by the national standards and policies set by the Psychology Board of Australia (the National Board). We make all the decisions relating to notification and registration matters about psychologists in our region, supported by a local AHPRA office, in a national policy framework.

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

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

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

Working with our stakeholders in this region has been another feature of the year. With Richard Mullaly and members of the Victorian AHPRA office, we meet with the Australian Psychological Society (APS) regularly to discuss collaborative strategies to allow the society and the profession to better understand the operation of the National Scheme. Our shared goal is to be clear about how we manage local registration and notification matters, and for the regional board and AHPRA to be as transparent as possible, within the law and confidentiality requirements.

Regional board members met in Tasmania in April 2014 and in the ACT last year. Another meeting is scheduled for the ACT in October 2014. An information forum held in Hobart in 2014 was well attended with more than 40 practitioners interested in learning more about the regulation of psychologists in our region.

Regional board members spoke at a number of stakeholder forums over the year:

- In August 2013, A/Professor Jen Scott and Associate Professor Kathryn Von Treuer spoke at the APS Psychology Course Information Day to potential postgraduate psychology students at Monash University.
- In May 2014, I addressed the ACT Health Psychology Professional Development Day, which included a gathering of senior psychologists and managers from various parts of the ACT Health Service.
- In April 2014, Dr Simon Kinsella addressed postgraduate students at Monash University, providing an overview of national registration, the Psychology Board of Australia and AHPRA.

As well as our routine regional meetings and speaking engagements, the regional board hosted the National Board forum in Melbourne in May 2014.

I thank my colleagues on the regional board for their energy and commitment to the people of the ACT, Tasmania and Victoria during the year.

I would also like to thank Ms Claire Shann (resigned Sept 2013) for her work on the Board and acknowledge Professor Barry Fallon who passed away in June 2013. Barry led the regional board from its inception in 2010 and his passing was a sad loss for all of us. I would like to acknowledge his very significant efforts as Chair of the regional board over a very busy and tumultuous time of change.

I would also like to thank Associate Professor Jen Scott who chaired the Board from June-December 2013.

I hope you find this report on 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 as at 30 June 2014

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

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

The main focus of the Victorian committee of the Dental Board of Australia in 2013/14 was on managing risk to patients. We did this in two ways: making decisions about individual registered dental practitioners after receiving a notification about them; and assessing the most complex applications for registration, often from overseas-trained specialist 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 nationally is included in the 2014 annual report of AHPRA and the National Boards.

As you will read, 2013/14 was a very busy year for the Victorian Registration and Notification Committee of the Dental Board of Australia.

As well as the National Board members from each jurisdiction (there are two Victorians on the National Board), the state committee is the local face of dental practitioner regulation in Australia. Our local committees are made up of practitioner and community members from Victoria. We meet monthly and more frequently as needed when urgent matters arise, often via teleconference. The decisions the committee makes are guided by the national standards and policies set by the Dental Board of Australia. The local committee makes most decisions about dental practitioners in Victoria, supported by the local AHPRA office, in a national policy framework. The Victorian committee also makes most decisions about applications for overseas specialist registration from across Australia.

The Victorian committee provides valuable feedback to the National Board on its standard and policies. As Chair of the local committee, I attended a number of National Board meetings throughout the year. These create opportunities to discuss how the National Board policies influence local decision-making. The opportunities to engage with the National Board continue to grow to support the national policy framework. The start of monthly teleconference meetings of state committee chairs in July 2014 will support national consistency in processes and decisions.

Along with the National Board and all its committees, a core priority for the year ahead for the Victorian committee is to implement the regulatory principles of the National Scheme. As Chair, I am also looking forward to participating in the National Board's

biennial dental conference to be held in May 2015, when all committee members have a chance to discuss, reflect and learn in order to improve the quality of our decisions.

Working with our stakeholders has been a major priority during the year. With Richard Mullaly, AHPRA's Victorian State Manager and the Victorian office's Dental Professional Officer, Dr Paula Bacchia, we have worked with the Australian Dental Association (Vic) including through face-to-face meetings in October 2013 and the association's participation in April 2014 at the AHPRA Victoria stakeholder forum. We have also met with the University of Melbourne and Dental Health Services Victoria and the Australian Dental Council – all important groups, with whom we interact regularly.

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

On 30 June 2014, Dr Pamela Dalgliesh resigned as Chair of the committee. Pamela had been a member of the Dental Practice Board of Victoria for more than 10 years before the formation of the National Scheme and had been Chair of the Victorian Committee of the National Board for the past 18 months. Her experience in both governance and regulatory process, as well as her attention to detail, provided strong leadership in fulfilling the functions of the committee. As the new Chair, I thank Dr Dalgliesh for her expertise and professionalism in support of the Board, the profession and community of Victoria.

## Members of the Victorian Registration and Notification Committee

Dr Pamela Dalgliesh (Chair to June 2014)

Dr Werner Bischof (Chair from 1 July 2014)

Dr Christopher Callahan

Ms Janice Davis

Mr Craig McCracken

Ms Gabrielle MacTiernan

Dr Caroline Melbourne



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



Dr John Lockwood, Chair, Dental Board of Australia

# National Boards and committees making local decisions

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

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

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

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

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

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

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

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

## The National Board Chairs



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



Professor Charlie Xue  
Chair, Chinese Medicine  
Board of Australia



Dr Phillip Donato OAM  
Chair, Chiropractic  
Board of Australia



Mr Neil Hicks  
Chair, Medical  
Radiation Practice  
Board of Australia



Dr Mary Russell  
Chair, Occupational  
Therapy Board of  
Australia



Mr Colin Waldron  
Chair, Optometry Board  
of Australia



Dr Robert Fendall  
Chair, Osteopathy Board  
of Australia



Ms Catherine Loughry  
Chair, Podiatry Board  
of Australia

## PART 2:

# Victorian parliamentary inquiry into the performance of AHPRA

## Acting on the recommendations of the Victorian parliamentary inquiry

### Background

An important feature of 2014 in Victoria was the publication of the report from the Legal and Social Issues Legislation Committee of the Victorian Parliament, which last year held an inquiry into the performance of AHPRA.

During 2013, AHPRA's CEO, Chair and Victorian State Manager, the Chair of the Medical Board of Australia and members of the Victorian Board of the Medical Board of Australia appeared before the committee on several occasions. We also made [detailed submissions](#) about improvements we have made in managing consumer complaints and addressing public risk, and increasing accountability and reporting.

Transparency, accountability, effectiveness, efficiency and fairness are the principles that underpin the National Law and guide the work of the National Scheme every day. We welcomed the call for increased transparency, accountability and reporting to parliament included in the committee's final report.

### Our response to the proposals of the committee

The committee proposed more local accountability through more detailed reporting on our performance. During the year, AHPRA introduced KPIs into our work managing notifications, so we can better measure and improve our performance. We are now applying this approach to our work in registration.

To improve our engagement with the community and our interaction with notifiers, we:

- established a [Community Reference Group](#) to advise the National Scheme on issues that matter to health consumers and increase community engagement
- published [plain English information for consumers](#) about raising a concern about a health practitioner, and
- engaged Victoria's Health Issues Centre (HIC) to work with AHPRA and make practical suggestions

for change to improve the experience of consumers who make a complaint about a registered health practitioner.

The HIC drew on historical and current data to come up with clear picture of the current experience of consumers who have made a complaint about a practitioner. The research focused on the experience of Victorian notifiers, but AHPRA's action plan applies the improvements nationally. We are committed to improving how people interact with us in the National Scheme by being clearer about what we do, what the law allows and how the scheme works.

We have now published the HIC report – *Setting things right: Improving the consumer experience of AHPRA including the joint notification process between AHPRA and OHSC<sup>1</sup>* – along with AHPRA's action plan that outlines what work AHPRA has done to date, and what will be done next, to address the report's recommendations.

We have work underway to make it clearer to consumers 'who does what' in the National Scheme. This involves communicating more clearly about Board decisions and finding ways to make sure consumers are not disadvantaged by the way the law works or by the way we work together with the Health Services Commissioner.

We are committed to transparency and to reporting publicly on our actions to improve the experience of people who make a notification (complaint about a health practitioner). Publishing the HIC report, along with our actions for setting things right, is an important step towards improving consumers' interactions with the National Scheme.

AHPRA and the National Boards are also participating in the scheduled review of the National Scheme, led by independent reviewer Mr Kim Snowball. More detail on this is included in the 2013/14 annual report of AHPRA and the National Boards.

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1 Office of the Health Services Commissioner (Victoria)

## **PART 3:**

# The National Scheme at work in Victoria

# Victorian data snapshot: registration and notifications

## Background

These data are drawn from the 2014 annual report of AHPRA and the National Boards. The report 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 and medical practitioners), and endorsements or notations held. We also provide a gender breakdown of practitioners, by profession.

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

We also include information about notifications in 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 a three-year history when 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 annual report of AHPRA and the National Boards, which also includes more comprehensive profession-specific information.

## Registration in Victoria

Tables 1–6 provide details of registered practitioners in Victoria. On 30 June 2014 there were 160,286 registered practitioners in Victoria, representing 25.9% of the practitioners registered nationally. This proportion has varied very little over the last three years. By profession, the proportion of registrants in Victoria ranges from osteopaths with 52.5% of the registrant base primarily practising in Victoria, to Aboriginal and Torres Strait Islander health practitioners for whom 2.3% of the registrant base is in Victoria.

Table 2 provides a more detailed view of Victorian practitioners broken down into the different registration categories and details the number and relative proportion of practitioners nationally.

It includes data about practitioners with limited registration (who often qualified overseas) and describes those who for different reasons have elected to take non-practising registration. These data are also a useful indicator for workforce planning and training needs, as the number and proportion of provisional registrants is an indicator of future trends. In terms of practitioners with an endorsement or notation on their registration (see Table 3), Victoria has 100% of chiropractors, osteopaths and physiotherapists who hold acupuncture endorsements across Australia, and 56.3% of all Australian medical practitioners with acupuncture endorsements.

Details of registration applications received in 2013/14 are provided in Table 7. In 2013/14, 24.7% of the applications received nationally were received in Victoria. These data include applications to change registration type.

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

Profession	Victoria	National Total <sup>5</sup>	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner <sup>2</sup>	8	343	2.3%
Chinese Medicine Practitioner <sup>2</sup>	1,194	4,271	28.0%
Chiropractor	1,283	4,845	26.5%
Dental Practitioner	4,768	20,707	23.0%
Medical Practitioner	24,137	99,379	24.3%
Medical Radiation Practitioner <sup>2</sup>	3,592	14,387	25.0%
Midwife	961	3,230	29.8%
Nurse	86,647	327,388	26.5%
Nurse and Midwife <sup>3</sup>	8,199	31,832	25.8%
Occupational Therapist <sup>2</sup>	3,976	16,223	24.5%
Optometrist	1,224	4,788	25.6%
Osteopath	979	1,865	52.5%
Pharmacist	6,985	28,282	24.7%
Physiotherapist	6,412	26,123	24.5%
Podiatrist	1,318	4,129	31.9%
Psychologist	8,603	31,717	27.1%
<b>Total 2013-14</b>	<b>160,286</b>	<b>619,509</b>	<b>25.9%</b>
<b>Total 2012-13<sup>2</sup></b>	<b>153,774</b>	<b>592,470</b>	<b>26.0%</b>
<b>Total 2011-12</b>	<b>143,643</b>	<b>548,528</b>	<b>26.2%</b>
<b>Population as a proportion of national population<sup>4</sup></b>	<b>5,791,000</b>	<b>23,319,400</b>	<b>24.8%</b>

Notes:

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

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

Profession	Victoria	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner	8	343	2.3%
General	8	343	2.3%
Chinese Medicine Practitioner	1,194	4,271	28.0%
General	1,139	4,149	27.5%
Non-practising	55	122	45.1%
Chiropractor	1,283	4,845	26.5%
General	1,210	4,577	26.4%
Non-practising	73	268	27.2%
Dental Practitioner	4,768	20,707	23.0%
General	4,199	18,320	22.9%
General and Specialist	385	1,586	24.3%
Limited	78	324	24.1%
Non-practising	97	446	21.7%
Specialist	8	27	29.6%
General and Limited <sup>1</sup>	1	4	25.0%
Medical Practitioner	24,137	99,379	24.3%
General	7,638	32,389	23.6%
General (Teaching and Assessing)	7	34	20.6%
General (Teaching and Assessing) and Specialist	1	2	50.0%
General and Specialist	12,477	48,118	25.9%
Limited	1,032	4,347	23.7%
Limited (Public Interest - Occasional Practice)		399	
Non-practising	489	2,477	19.7%
Provisional	937	3,846	24.4%
Specialist	1,556	7,767	20.0%
Medical Radiation Practitioner	3,592	14,387	25.0%
General	3,386	13,500	25.1%
Limited	2	3	66.7%
Non-practising	97	197	49.2%
Provisional	107	687	15.6%
Midwife	961	3,230	29.8%
General	943	3,173	29.7%
Non-practising	18	57	31.6%
Nurse	86,647	327,388	26.5%
General	85,906	323,284	26.6%
General and Non-practising <sup>2</sup>	3	13	23.1%
Non-practising	738	4,091	18.0%
Nurse and Midwife	8,199	31,832	25.8%
General	7,958	30,111	26.4%
General and Non-practising <sup>3</sup>	162	1,122	14.4%
Non-practising	79	599	13.2%
Occupational Therapist	3,976	16,223	24.5%

Profession	Victoria	National Total	% of National Total
General	3,863	15,599	24.8%
Limited	28	115	24.3%
Non-practising	77	471	16.3%
Provisional	8	38	21.1%
Optometrist	1,224	4,788	25.6%
General	1,199	4,654	25.8%
Limited		3	
Non-practising	25	131	19.1%
Osteopath	979	1,865	52.5%
General	938	1,791	52.4%
Non-practising	41	73	56.2%
Provisional <sup>4</sup>		1	0.0%
Pharmacist	6,985	28,282	24.7%
General	6,334	25,455	24.9%
Limited	4	17	23.5%
Non-practising	281	964	29.1%
Provisional	366	1,846	19.8%
Physiotherapist	6,412	26,123	24.5%
General	6,104	25,093	24.3%
Limited	111	264	42.0%
Non-practising	197	766	25.7%
Podiatrist	1,318	4,129	31.9%
General	1,279	4,017	31.8%
General and Specialist	3	27	11.1%
Non-practising	36	85	42.4%
Psychologist	8,603	31,717	27.1%
General	7,076	26,219	27.0%
Non-practising	279	1,390	20.1%
Provisional	1,248	4,108	30.4%
<b>Total</b>	<b>160,286</b>	<b>619,509</b>	<b>25.9%</b>

Notes:

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

*continued overleaf*

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

Profession	Victoria	National Total	% of National Total
Chiropractor	33	33	100.0%
Acupuncture	33	33	100.0%
Dental Practitioner	6	86	7.0%
Conscious Sedation	6	86	7.0%
Medical Practitioner	232	412	56.3%
Acupuncture	232	412	56.3%
Nurse <sup>1</sup>	255	1,975	12.9%
Nurse Practitioner	186	1,087	17.1%
Scheduled Medicines	69	888	7.8%
Midwife <sup>1</sup>	68	364	18.7%
Eligible Midwife <sup>2</sup>	48	247	19.4%
Midwife Practitioner		1	
Scheduled Medicines	20	116	17.2%
Optometrist	687	1,753	39.2%
Scheduled Medicines	687	1,753	39.2%
Osteopath	2	2	100.0%
Acupuncture	2	2	100.0%
Physiotherapist	9	9	100.0%
Acupuncture	9	9	100.0%
Podiatrist	23	64	35.9%
Scheduled Medicines	23	64	35.9%
Psychologist	2,775	9,221	30.1%
Area of Practice	2,775	9,221	30.1%
<b>Total</b>	<b>4,090</b>	<b>13,919</b>	<b>29.4%</b>

Notes:

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

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

Profession	Victoria	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner <sup>1</sup>	8	343	2.3%
Female	7	251	2.8%
Male	1	92	1.1%
Chinese Medicine Practitioner <sup>1</sup>	1,194	4,271	28.0%
Female	654	2,279	28.7%
Male	540	1,992	27.1%
Chiropractor	1,283	4,845	26.5%
Female	518	1,799	28.8%
Male	765	3,046	25.1%

Profession	Victoria	National Total	% of National Total
Dental Practitioner	4,768	20,707	23.0%
Female	2,325	9,932	23.4%
Male	2,443	10,775	22.7%
Medical Practitioner	24,137	99,379	24.3%
Female	9,947	39,963	24.9%
Male	14,190	59,416	23.9%
Medical Radiation Practitioner	3,592	14,387	25.0%
Female	2,418	9,694	24.9%
Male	1,174	4,693	25.0%
Midwife	961	3,230	29.8%
Female	959	3,219	29.8%
Male	2	11	18.2%
Nurse	86,647	327,388	26.5%
Female	77,470	290,178	26.7%
Male	9,177	37,210	24.7%
Nurse and Midwife	8,199	31,832	25.8%
Female	8,111	31,242	26.0%
Male	88	590	14.9%
Occupational Therapist	3,976	16,223	24.5%
Female	3,661	14,872	24.6%
Male	315	1,351	23.3%
Optometrist	1,224	4,788	25.6%
Female	642	2,404	26.7%
Male	582	2,384	24.4%
Osteopath	979	1,865	52.5%
Female	591	986	59.9%
Male	388	879	44.1%
Pharmacist	6,985	28,282	24.7%
Female	4,169	17,015	24.5%
Male	2,816	11,267	25.0%
Physiotherapist	6,412	26,123	24.5%
Female	4,417	18,082	24.4%
Male	1,995	8,041	24.8%
Podiatrist	1,318	4,129	31.9%
Female	825	2,515	32.8%
Male	493	1,614	30.5%
Psychologist	8,603	31,717	27.1%
Female	6,873	24,996	27.5%
Male	1,730	6,721	25.7%
<b>Total</b>	<b>160,286</b>	<b>619,509</b>	<b>25.9%</b>

Notes:

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

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

Profession	Victoria	National Total	% of National Total
Chinese Medicine Practitioner	1,194	4,271	28.0%
Acupuncturist	428	1,630	26.3%
Acupuncturist and Chinese Herbal Dispenser <sup>1</sup>	1	5	20.0%
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner <sup>1</sup>	61	503	12.1%
Acupuncturist and Chinese Herbal Medicine Practitioner <sup>1</sup>	677	2,019	33.5%
Chinese Herbal Dispenser	3	41	7.3%
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner <sup>1</sup>		14	
Chinese Herbal Medicine Practitioner	24	59	40.7%
Dental Practitioner	4,768	20,707	23.0%
Dental Hygienist	189	1,298	14.6%
Dental Hygienist and Dental Prosthetist <sup>1</sup>		3	
Dental Hygienist and Dental Prosthetist and Dental Therapist <sup>1</sup>	1	2	50.0%
Dental Hygienist and Dental Therapist <sup>1</sup>	131	493	26.6%
Dental Hygienist and Oral Health Therapist <sup>1</sup>		1	
Dental Prosthetist	343	1,209	28.4%
Dental Prosthetist and Dental Therapist <sup>1</sup>	1	1	100.0%
Dental Therapist	170	1,093	15.6%
Dentist	3,727	15,638	23.8%
Dental Hygienist and Dentist <sup>1</sup>	1	6	16.7%
Oral Health Therapist	205	963	21.3%
Medical Radiation Practitioner	3,592	14,387	25.0%
Diagnostic Radiographer	2,692	11,103	24.2%
Diagnostic Radiographer and Nuclear Medicine Technologist <sup>1</sup>	1	16	6.3%
Diagnostic Radiographer and Radiation Therapist <sup>1</sup>	1	2	50.0%
Nuclear Medicine Technologist	288	1,012	28.5%
Radiation Therapist	610	2,254	27.1%
Nurse	86,647	327,388	26.5%
Enrolled Nurse	20,207	61,301	33.0%
Enrolled Nurse and Registered Nurse <sup>1</sup>	1,805	5,022	35.9%
Registered Nurse	64,635	261,065	24.8%
Nurse and Midwife	8,199	31,832	25.8%
Enrolled Nurse and Midwife <sup>1</sup>	30	55	54.5%

Profession	Victoria	National Total	% of National Total
Enrolled Nurse and Registered Nurse and Midwife <sup>1</sup>	36	54	66.7%
Registered Nurse and Midwife <sup>1</sup>	8,133	31,723	25.6%
<b>Total</b>	<b>104,400</b>	<b>398,585</b>	<b>26.2%</b>

Notes:

1. Practitioners who hold dual or multiple registration.

Table 6: Health practitioners with specialties at 30 June 2014 <sup>1</sup>

Profession	Victoria	National Total	% of National Total
Dental Practitioner	400	1,667	24.0%
Dento-maxillofacial radiology	1	11	9.1%
Endodontics	38	154	24.7%
Forensic odontology	5	27	18.5%
Oral and maxillofacial surgery	51	201	25.4%
Oral medicine	13	36	36.1%
Oral pathology	5	25	20.0%
Oral surgery	4	48	8.3%
Orthodontics	136	597	22.8%
Paediatric dentistry	28	114	24.6%
Periodontics	55	214	25.7%
Prosthodontics	50	207	24.2%
Public health dentistry [Community dentistry]	7	16	43.8%
Special needs dentistry	7	17	41.2%
Medical Practitioner	15,449	61,171	25.3%
Addiction medicine	30	166	18.1%
Anaesthesia	1,081	4,495	24.0%
Dermatology	128	489	26.2%
Emergency medicine	394	1,567	25.1%
General practice	5,652	23,624	23.9%
Intensive care medicine	183	796	23.0%
Paediatric intensive care medicine	2	2	100.0%
No subspecialty declared	181	794	22.8%
Medical administration	65	331	19.6%
Obstetrics and gynaecology	497	1,814	27.4%
Gynaecological oncology	11	43	25.6%
Maternal-fetal medicine	9	39	23.1%
Obstetrics and gynaecological ultrasound	53	80	66.3%
Reproductive endocrinology and infertility	13	53	24.5%
Urogynaecology	8	30	26.7%
No subspecialty declared	403	1,569	25.7%
Occupational and environmental medicine	65	300	21.7%

Profession	Victoria	National Total	% of National Total
Ophthalmology	225	935	24.1%
Paediatrics and child health	572	2,315	24.7%
Clinical genetics	5	22	22.7%
Community child health	7	35	20.0%
General paediatrics	437	1,744	25.1%
Neonatal and perinatal medicine	36	145	24.8%
Paediatric cardiology	5	22	22.7%
Paediatric clinical pharmacology		1	
Paediatric emergency medicine	8	37	21.6%
Paediatric endocrinology	2	20	10.0%
Paediatric gastroenterology and hepatology	6	19	31.6%
Paediatric haematology	2	7	28.6%
Paediatric immunology and allergy	3	11	27.3%
Paediatric infectious diseases	6	15	40.0%
Paediatric intensive care medicine		5	
Paediatric medical oncology	4	18	22.2%
Paediatric nephrology		5	
Paediatric neurology	5	28	17.9%
Paediatric palliative medicine		2	
Paediatric rehabilitation medicine		5	
Paediatric respiratory and sleep medicine	3	23	13.0%
Paediatric rheumatology	3	11	27.3%
No subspecialty declared	40	140	28.6%
Pain medicine	42	251	16.7%
Palliative medicine	61	275	22.2%
Pathology	529	2,276	23.2%
Anatomical pathology (including cytopathology)	192	821	23.4%
Chemical pathology	20	89	22.5%
Forensic pathology	10	43	23.3%
General pathology	120	502	23.9%
Haematology	128	460	27.8%
Immunology	19	111	17.1%
Microbiology	37	211	17.5%
No subspecialty declared	3	39	7.7%
Physician	2,632	9,089	29.0%
Cardiology	314	1,200	26.2%
Clinical genetics	16	70	22.9%
Clinical pharmacology	11	51	21.6%
Endocrinology	170	582	29.2%

Profession	Victoria	National Total	% of National Total
Gastroenterology and hepatology	219	763	28.7%
General medicine	541	1,753	30.9%
Geriatric medicine	174	574	30.3%
Haematology	140	485	28.9%
Immunology and allergy	29	143	20.3%
Infectious diseases	140	368	38.0%
Medical oncology	201	553	36.3%
Nephrology	148	482	30.7%
Neurology	171	526	32.5%
Nuclear medicine	58	249	23.3%
Respiratory and sleep medicine	154	610	25.2%
Rheumatology	98	347	28.2%
No subspecialty declared	48	333	14.4%
Psychiatry	952	3,329	28.6%
Public health medicine	78	435	17.9%
Radiation oncology	103	358	28.8%
Radiology	560	2,220	25.2%
Diagnostic radiology	458	1,902	24.1%
Diagnostic ultrasound	3	4	75.0%
Nuclear medicine	63	184	34.2%
No subspecialty declared	36	130	27.7%
Rehabilitation medicine	117	454	25.8%
Sexual health medicine	25	115	21.7%
Sport and exercise medicine	36	115	31.3%
Surgery	1,422	5,422	26.2%
Cardio-thoracic surgery	62	200	31.0%
General surgery	525	1,895	27.7%
Neurosurgery	61	226	27.0%
Oral and maxillofacial surgery	25	105	23.8%
Orthopaedic surgery	302	1,313	23.0%
Otolaryngology - head and neck surgery	113	474	23.8%
Paediatric surgery	26	98	26.5%
Plastic surgery	129	428	30.1%
Urology	105	399	26.3%
Vascular surgery	59	215	27.4%
No subspecialty declared	15	69	21.7%
Podiatrist	3	27	11.1%
Podiatric Surgeon	3	27	11.1%
<b>Total</b>	<b>15,852</b>	<b>62,865</b>	<b>25.2%</b>

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	Victoria	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner <sup>1</sup>	3	85	3.5%
General	3	84	3.6%
Non-practising		1	
Chinese Medicine Practitioner <sup>1</sup>	193	696	27.7%
General	171	624	27.4%
Limited		1	
Non-practising	22	71	31.0%
Chiropractor	104	370	28.1%
General	88	318	27.7%
Limited	4	7	57.1%
Non-practising	12	45	26.7%
Dental Practitioner	451	1,907	23.6%
General	325	1,399	23.2%
Limited	83	291	28.5%
Non-practising	22	133	16.5%
Specialist	21	84	25.0%
Medical Practitioner	3,517	15,425	22.8%
General	1,124	5,152	21.8%
General (Teaching and Assessing)		6	
Limited	697	3,289	21.2%
Limited (Public Interest - Occasional Practice)		1	
Non-practising	65	439	14.8%
Provisional	959	3,842	25.0%
Specialist	672	2,696	24.9%
Medical Radiation Practitioner <sup>1</sup>	335	1,700	19.7%
General	225	1,042	21.6%
Limited		2	
Non-practising	20	85	23.5%
Provisional	90	571	15.8%
Midwife	437	1,704	25.6%
General	357	1,377	25.9%
Non-practising	80	327	24.5%
Nurse	6,167	24,147	25.5%
General	5,829	22,879	25.5%
Non-practising	338	1,268	26.7%
Occupational Therapist <sup>1</sup>	554	2,204	25.1%
General	466	1,807	25.8%
Limited	19	79	24.1%
Non-practising	65	313	20.8%
Provisional	4	5	80.0%
Optometrist	72	262	27.5%
General	68	235	28.9%

Profession	Victoria	National Total	% of National Total
Limited		4	
Non-practising	4	23	17.4%
Osteopath	129	211	61.1%
General	108	167	64.7%
Limited	1	7	14.3%
Non-practising	19	31	61.3%
Provisional	1	6	16.7%
Pharmacist	688	3,313	20.8%
General	358	1,609	22.2%
Limited	7	46	15.2%
Non-practising	23	130	17.7%
Provisional	300	1,528	19.6%
Physiotherapist	517	2,332	22.2%
General	424	2,003	21.2%
Limited	54	184	29.3%
Non-practising	39	145	26.9%
Podiatrist	128	380	33.7%
General	117	348	33.6%
Non-practising	9	29	31.0%
Provisional	1	1	100.0%
Specialist	1	2	50.0%
Psychologist	1,197	4,053	29.5%
General	506	1,645	30.8%
Limited	1	2	50.0%
Non-practising	87	394	22.1%
Provisional	603	2,012	30.0%
<b>Total 2013-14</b>	<b>14,492</b>	<b>58,789</b>	<b>24.7%</b>
<b>Total 2012-13</b>	<b>16,459</b>	<b>63,113</b>	<b>26.1%</b>
<b>Total 2011-12 <sup>1</sup></b>	<b>18,371</b>	<b>79,355</b>	<b>23.2%</b>

Notes:

1. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012. AHPRA opened applications for these professions in March 2012. States and territories where registers of practitioners existed migrated to AHPRA in July 2012, while states or territories with no registers accepted applications for registration.

## Notifications in Victoria

Notifications in Victoria are detailed in Tables 8–19. In 2013/14, 2,112 notifications were lodged in Victoria representing 21% of the notifications received nationally. While the number of notifications received has increased each year, as a proportion of the national total, there has been little variation in Victoria. There were 185 mandatory notifications received in Victoria in 2013/14 or 16.5% of national mandatory reports. Slightly fewer notifications were closed during the year (2,090) compared to the number of notifications received (2,112).

There is a slightly smaller percentage of practitioners with notifications in Victoria (1.2%), compared to the national average of 1.4%. This has been the pattern over the past three years. The rate of mandatory notifications at 10.2 per 10,000 practitioners is lower than the national average of 15.8 notifications per 10,000 practitioners.

A large proportion of notifications received (695 or 33%) were about clinical care (see Table 11). This is consistent with the national pattern. In Victoria, most (78%) of the notifications received came directly from patients (536), from the health complaints entity (Health Services Commissioner) (521), or relatives (233), employers (197) or other practitioners (168) (see Table 12).

Victorian boards took immediate action in 72 cases in the reporting period. There was a total of 663

immediate action cases nationally in 2013/14, so Victoria has 10.9% of the national total. In 47 or 65% of immediate action matters, the Board restricted the practitioner's registration in some way. In 19 of these cases, the Board suspended the registration of the practitioner; in eight cases the Board imposed conditions imposed on registration; in 20 cases the Board accepted an undertaking from the practitioner; and in 25 cases the Board decided that no further action was needed as an interim step to keep the public safe.

There were 14 notifications still open at the end of the reporting year that had been received before the National Law took effect in 2010. This is 15.4% of the national total. These files have been individually reviewed to make sure there is no more that can be done to progress them.

Table 8: Notifications received or closed in 2013/14 or remaining open at 30 June 2014, by profession<sup>1</sup>

Profession	All Received			Mandatory Received			Closed			Open at 30 June		
	Victoria	National Total	% of National Total	Victoria	National Total	% of National Total	Victoria	National Total	% of National Total	Victoria	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner <sup>5</sup>		6						5			3	
Chinese Medicine Practitioner <sup>5</sup>	3	26	11.5%				3	28	10.7%	2	15	13.3%
Chiropractor	34	111	30.6%	1	7	14.3%	27	89	30.3%	20	97	20.6%
Dental Practitioner	218	951	22.9%	4	26	15.4%	250	1,015	24.6%	124	441	28.1%
Medical Practitioner	1,125	5,585	20.1%	39	351	11.1%	1,111	5,515	20.1%	552	2,631	21.0%
Medical Radiation Practitioner <sup>5</sup>	6	28	21.4%	2	8	25.0%	5	28	17.9%	3	15	20.0%
Midwife	8	110	7.3%	1	34	2.9%	9	103	8.7%	15	87	17.2%
Nurse	377	1,900	19.8%	122	590	20.7%	379	1,774	21.4%	254	1,118	22.7%
Occupational Therapist <sup>5</sup>	11	43	25.6%	1	9	11.1%	11	41	26.8%	2	20	10.0%
Optometrist	15	66	22.7%		2		19	66	28.8%	3	18	16.7%
Osteopath	4	11	36.4%				7	14	50.0%	3	13	23.1%
Pharmacist	142	514	27.6%	8	55	14.5%	118	464	25.4%	106	365	29.0%
Physiotherapist	28	134	20.9%	2	14	14.3%	22	104	21.2%	19	73	26.0%
Podiatrist	12	54	22.2%	1	4	25.0%	14	58	24.1%	4	28	14.3%
Psychologist	114	487	23.4%	8	45	17.8%	106	484	21.9%	85	313	27.2%
Not identified <sup>2</sup>	15	21	71.4%				9	15	60.0%			
<b>2014 Total<sup>3,4</sup></b>	<b>2,112</b>	<b>10,047</b>	<b>21.0%</b>	<b>189</b>	<b>1,145</b>	<b>16.5%</b>	<b>2,090</b>	<b>9,803</b>	<b>21.3%</b>	<b>1,192</b>	<b>5,237</b>	<b>22.8%</b>
<b>2013 Total<sup>5</sup></b>	<b>1,844</b>	<b>8,648</b>	<b>21.3%</b>	<b>200</b>	<b>1,013</b>	<b>19.7%</b>	<b>1,552</b>	<b>8,014</b>	<b>19.4%</b>	<b>1,209</b>	<b>5,099</b>	<b>23.7%</b>
<b>2012 Total<sup>6</sup></b>	<b>1,571</b>	<b>7,594</b>	<b>20.7%</b>	<b>111</b>	<b>775</b>	<b>14.3%</b>	<b>1,191</b>	<b>6,209</b>	<b>19.2%</b>	<b>1,018</b>	<b>4,521</b>	<b>22.5%</b>

Notes:

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

Table 9: Percentage of registrant base with notifications received in 2013/14, by profession<sup>1</sup>

Profession	Victoria	2014 Total
Aboriginal and Torres Strait Islander Health Practitioner <sup>4</sup>		1.7%
Chinese Medicine Practitioner <sup>4</sup>	0.3%	0.6%
Chiropractor	2.7%	2.0%
Dental Practitioner	4.1%	4.0%
Medical Practitioner	4.1%	4.9%
Medical Radiation Practitioner <sup>4</sup>	0.1%	0.2%
Midwife <sup>2</sup>	0.1%	0.3%
Nurse <sup>3</sup>	0.3%	0.5%
Occupational Therapist <sup>4</sup>	0.3%	0.3%
Optometrist	1.2%	1.3%
Osteopath	0.4%	0.6%
Pharmacist	1.9%	1.7%
Physiotherapist	0.4%	0.5%
Podiatrist	0.9%	1.2%
Psychologist	1.2%	1.4%
<b>2014 Total</b>	<b>1.2%</b>	<b>1.4%</b>
<b>2013 Total<sup>4</sup></b>	<b>1.0%</b>	<b>1.3%</b>
<b>2012 Total</b>	<b>1.0%</b>	<b>1.2%</b>

Notes:

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

Table 10: Registrants involved in mandatory notifications by jurisdiction

	2013/14		2012/13 <sup>1</sup>		2011/12	
	No. practitioners <sup>2</sup>	Rate / 10,000 practitioners <sup>3</sup>	No. practitioners <sup>2</sup>	Rate / 10,000 practitioners <sup>3</sup>	No. practitioners <sup>2</sup>	Rate / 10,000 practitioners <sup>3</sup>
Victoria	163	10.2	189	12.3	108	7.5
<b>Total Australia</b>	<b>976</b>	<b>15.8</b>	<b>951</b>	<b>16.1</b>	<b>732</b>	<b>13.3</b>

Notes:

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

Table 11: Issues in notifications received in 2013/14

Issue	Victoria	National Total	% of National Total
Behaviour	57	392	14.5%
Billing	19	240	7.9%
Boundary violation	73	308	23.7%
Clinical care	695	4,049	17.2%
Communication	174	894	19.5%
Confidentiality	45	233	19.3%
Conflict of interest	6	19	31.6%
Discrimination	1	16	6.3%
Documentation	117	445	26.3%
Health impairment	163	885	18.4%
Infection/hygiene	7	50	14.0%
Informed consent	21	77	27.3%
Medico-legal conduct	38	88	43.2%
National Law breach	20	201	10.0%
National Law offence	12	139	8.6%
Offence	19	300	6.3%
Other	92	240	38.3%
Pharmacy/medication	244	904	27.0%
Research/teaching/assessment	6	16	37.5%
Response to adverse event		14	
Teamwork/supervision	12	60	20.0%
Not recorded	291	477	61.0%
<b>Total</b>	<b>2112</b>	<b>10,047</b>	<b>21.0%</b>

*continued overleaf*

Table 12: Source of notifications received in 2013/14

Issue	Victoria	National Total (excluding NSW) <sup>1</sup>	% of National Total (excluding NSW)
Anonymous	70	171	40.9%
Drugs and poisons	53	53	100.0%
Education provider	6	23	26.1%
Employer	197	639	30.8%
Government department	36	74	48.6%
HCE	521	1,995	26.1%
Health advisory service	7	14	50.0%
Hospital	5	14	35.7%
Insurance company	8	9	88.9%
Lawyer	12	30	40.0%
Member of Parliament		2	
Member of the public	70	308	22.7%
Ombudsman		1	
Other board	5	38	13.2%
Other practitioner	168	679	24.7%
Own motion	84	285	29.5%
Patient	536	1,529	35.1%
Police	18	36	50.0%
Relative	233	492	47.4%
Self	34	189	18.0%
Treating practitioner	18	87	20.7%
Unclassified	31	143	21.7%
<b>Total</b>	<b>2,112</b>	<b>6,811</b>	<b>31.0%</b>

Notes:

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

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

Outcomes	Victoria	National Total	% of National Total
Not take immediate action	25	140	17.9%
Accept undertaking	20	93	21.5%
Impose conditions	8	309	2.6%
Accept surrender of registration		3	
Suspend registration	19	110	17.3%
Decision pending		8	
<b>Total</b>	<b>72</b>	<b>663</b>	<b>10.9%</b>

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

Profession	Victoria	National Total	% of National Total
Chinese Medicine Practitioner	5	5	100.0%
Chiropractor		2	
Dental Practitioner		3	
Medical Practitioner	8	49	16.3%
Medical Radiation Practitioner		2	
Nurse	1	9	11.1%
Osteopath		1	
Pharmacist		7	
Physiotherapist		2	
Psychologist		11	
<b>Total 2014 <sup>1</sup></b>	<b>14</b>	<b>91</b>	<b>15.4%</b>
<b>Total 2013</b>	<b>37</b>	<b>242</b>	<b>15.3%</b>
<b>Total 2012</b>	<b>76</b>	<b>517</b>	<b>14.7%</b>

Notes:

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

Tables 15–19 detail the outcomes of key stages in the notifications process during 2013/14. The national data in these tables do not include data for NSW. Most enquiries received [2,013 of 3,153] were considered to meet the criteria to be progressed as a notification (see Table 15). Many of the 964 enquiries did not meet the criteria for a notification because there was not enough information available (including name, location, consent, etc). In these cases, AHPRA asks for more information and progresses the matter if this is provided.

There were 1,436 matters closed after assessment. Of these, 426 were referred to the Health Services Commissioner to manage. Under the law, the commissioner deals with concerns about health systems, health service providers like hospitals and community health centres, fees and charges, and compensation. More about the different role of the commissioner and the National Scheme is published on our website under *Notifications*. In 85 of the cases closed at assessment, the Board cautioned the practitioner; in 21 cases boards accepted an undertaking from the practitioner or imposed conditions to limit the practitioner's practice. In 63% of cases (899), boards decided no further regulatory action was needed to keep the public safe.

There were also 705 cases assessed and finalised during the year, in which boards decided further action was needed. This is a similar proportion of the national total (29.1%) as the 1,436 cases closed after assessment (32.7% of the national total). Most of these (594 or 84%) were referred for investigation and 111 (16%) were referred to a performance or health assessment (see Table 16).

Of the 696 investigations finalised during the year (see Table 17), 441 cases were closed (30% of the national total) and 155 notifications were taken further (32.8% of national total). Most of these were referred to a panel hearing (116) or tribunal hearing (24).

The 62 notifications finalised in Victoria after a panel hearing accounted for 27.2% of the national total (see Table 18). Of these panel decisions, 71% led to disciplinary action (see Table 18).

The 18 cases closed after a tribunal hearing represented 15.5% of the national total. Of these tribunal decisions, 17 or 94% led to disciplinary action (see Table 19).

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

Outcomes	Victoria	National Total (excl NSW)	% of National Total
Moved to notification	2,031	6,621	30.7%
Closed at lodgement	964	1,196	80.6%
Yet to be determined	158	227	69.6%
<b>Total</b>	<b>3,153</b>	<b>8,044</b>	<b>39.2%</b>

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

Outcome of decisions to take the notification further	Victoria	National Total (excl NSW)	% of National Total
Health or performance assessment	111	324	34.3%
Investigation	594	2,055	28.9%
Panel hearing		27	
Tribunal hearing		16	
<b>Total</b>	<b>705</b>	<b>2,422</b>	<b>29.1%</b>

  

Outcome of notifications closed following assessment	Victoria	Total	
No further action	899	2,550	35.3%
Health complaints entity to retain	426	1,342	31.7%
Refer all of the notification to another body	5	10	50.0%
Caution	85	366	23.2%
Accept undertaking	15	58	25.9%
Impose conditions	6	58	10.3%
Practitioner surrenders registration		3	
<b>Total</b>	<b>1,436</b>	<b>4,387</b>	<b>32.7%</b>

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

Outcomes	Victoria	National Total (excl NSW)	% of National Total
Health or performance assessment	15	41	36.6%
Panel hearing	116	242	47.9%
Tribunal hearing	24	190	12.6%
<b>Total</b>	<b>155</b>	<b>473</b>	<b>32.8%</b>

Outcome of notifications closed following investigation	Victoria	Total	
No further action	295	989	29.8%
Refer all or part of the notification to another body	2	12	16.7%
Caution	94	304	30.9%
Accept undertaking	33	67	49.3%
Impose conditions	17	96	17.7%
Practitioner surrender		1	
<b>Total</b>	<b>441</b>	<b>1,469</b>	<b>30.0%</b>

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

Outcomes	Victoria	National Total (excl NSW)	% of National Total
No further action	18	55	32.7%
Caution	12	57	21.1%
Reprimand	6	26	23.1%
Accept undertaking		2	
Impose conditions	23	82	28.0%
Practitioner surrenders registration	2	2	100.0%
Suspend registration	1	4	25.0%
<b>Total</b>	<b>62</b>	<b>228</b>	<b>27.2%</b>

*continued overleaf*

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

Outcomes	Victoria	National Total (excl NSW)	% of National Total
No further action	1	14	7.1%
Caution		1	
Reprimand	9	35	25.7%
Fine registrant		7	
Accept undertaking	3	6	50.0%
Impose conditions	2	25	8.0%
Practitioner surrenders registration	1	2	50.0%
Suspend registration		12	
Cancel registration	2	12	16.7%
Not permitted to re-apply for registration for a period of 12 months		1	
Permanently prohibited from undertaking services relating to midwifery		1	
<b>Total</b>	<b>18</b>	<b>116</b>	<b>15.5%</b>

Practitioners under active monitoring at the end of the reporting year are detailed in Table 20. Cases in Victoria (695 registrants) accounted for 24.6% of the registrants under active monitoring throughout Australia. Most of these in Victoria were medical practitioners (177) or nurses (234).

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

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

Profession	Victoria	National Total (excl NSW)	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner		17	
Chinese Medicine Practitioner	7	124	5.6%
Chiropractor	13	34	38.2%
Dental Practitioner	66	150	44.0%
Medical Practitioner	177	987	17.9%
Medical Radiation Practitioner	25	106	23.6%
Midwife	6	35	17.1%
Nurse	234	908	25.8%
Occupational Therapist	13	87	14.9%
Optometrist	4	8	50.0%
Osteopath	8	10	80.0%
Pharmacist	53	145	36.6%

Profession	Victoria	National Total (excl NSW)	% of National Total
Physiotherapist	31	66	47.0%
Podiatrist	10	19	52.6%
Psychologist	48	131	36.6%
<b>Total</b>	<b>695</b>	<b>2827</b>	<b>24.6%</b>

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

Profession	Victoria	National Total (excl NSW)	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner		1	
Chinese Medical Practitioner			
Chiropractor		1	
Dental Practitioner		1	
Medical Practitioner		11	
Midwife		1	
Nurse	13	48	27.1%
Pharmacist	1	8	12.5%
Physiotherapist		2	
Podiatrist		1	
Psychologist		2	
<b>Total 2013/14</b>	<b>14</b>	<b>76</b>	<b>18.4%</b>
<b>Total 2012/13</b>	<b>1</b>	<b>27</b>	<b>3.7%</b>

## Keeping the public safe: monitoring

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

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

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

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

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

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

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

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

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

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

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

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









**Australian Health Practitioner  
Regulation Agency**

GPO Box 9958 in your capital city

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

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CAPITAL TERRITORY**

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Canberra ACT 2600

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**NEW SOUTH WALES**

Level 51  
680 George St  
Sydney NSW 2000

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**SOUTH AUSTRALIA**

Level 8  
121 King William St  
Adelaide SA 5000

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**NORTHERN  
TERRITORY**

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22 Harry Chan Ave  
Darwin NT 0800

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**TASMANIA**

Level 12  
86 Collins St  
Hobart TAS 7000

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**QUEENSLAND**

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179 Turbot St  
Brisbane QLD 4000

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**VICTORIA**

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**WESTERN  
AUSTRALIA**

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Subiaco WA 6008

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