Annual Report
2014/15

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

Your regulatory scheme:
maintaining professional standards for practitioners and managing risk to patients

AHPRA

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

This annual report is prepared and submitted in accordance with Clause 8 to Schedule 3 of the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. All references in this report should be understood to refer to the National Law.

Copies of this annual report are publicly available at www.ahpra.gov.au/annualreport and at no cost by contacting AHPRA by telephone on 1300 419 495, in writing to GPO Box 9958, Melbourne VIC 3000 or by email through the online enquiry form at the AHPRA website: www.ahpra.gov.au.

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About us

The Australian Health Practitioner Regulation Agency (AHPRA) is the national organisation responsible for implementing the National Registration and Accreditation Scheme across Australia, in partnership with the National Boards.

The National Registration and Accreditation Scheme aims to protect the public by ensuring that only suitably trained and qualified practitioners are registered. It also facilitates workforce mobility across Australia; the provision of high-quality education and training of health practitioners; and rigorous assessment of overseas-trained practitioners.

Guided by a nationally consistent law, AHPRA and the National Boards work to regulate the health professions in the public interest. This includes registering practitioners who are suitably trained and qualified to provide safe healthcare, and investigating concerns about registered health practitioners.

AHPRA's responsibilities

- To support the National Boards in their primary role of protecting the public.
- To publish national registers of practitioners so important information about the registration of individual health practitioners is available to the public.
- To manage the registration and renewal processes for health practitioners and students around Australia.
- On behalf of the National Boards, to manage concerns about the professional conduct, performance or health of registered health practitioners, except in New South Wales (NSW) where notifications are managed by the NSW Health Professional Councils and the Health Care Complaints Commission. In Queensland this may also be undertaken by the Office of the Health Ombudsman.
- To work with the Health Complaints Commissions to make sure the appropriate organisation deals with community concerns about individual registered health practitioners.
- To support the National Boards in the development of registration standards, codes and guidelines.
- To provide advice to the Australian Health Workforce Ministerial Council about the administration of the National Registration and Accreditation Scheme.

Our regulatory principles (Appendix 1) underpin the work of the National Boards and AHPRA in regulating Australia's health practitioners in the public interest. The principles foster a responsive, risk-based approach to regulation across all professions within the National Registration and Accreditation Scheme.

The National Boards

The National Boards are responsible for regulating registered health practitioners, protecting the public, and setting the standards and policies that all registered health practitioners must meet. The 14 National Boards are:

- 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

Performance summary

Registration

637,218
health practitioners in 14 professions registered in Australia

Growth in registrant numbers in all professions, except practitioners who hold dual registration as both a nurse and a midwife

More than **141,951** students studying to be health practitioners in Australia through an approved program of study/clinical training program

98%
of practitioners completed the online workforce survey, creating invaluable data for workforce planning and reform

Over **97%** of nurses and midwives now renew their annual registration online; based on results for comparable organisations internationally, this is leading practice globally

61,517
applications for registration across all professions

51,947
domestic and international criminal history checks

3,100 (5.97%) disclosable court outcomes

44 actions to **LIMIT REGISTRATION** in response to these outcomes

Notifications

8,426
notifications in 2014/15, down from 10,047 in 2013/14*

** Due to changes to how notifications are received in Queensland, our Queensland notifications data only reflect matters that have been referred to us by the Office of the Health Ombudsman. See page 36 for information.*

1.3%
of 637,218 practitioners were the subject of a notification

16%
decrease in notifications lodged overall

27% decrease in mandatory notifications; with variations across states and territories

10% decrease in nursing and midwifery notifications

19% decrease in notifications about medical practitioners

54% of notifications were about medical practitioners, who make up **16%** of total practitioners

177 appeals lodged in tribunals about Board decisions made under the National Law

Of the **135** appeals that were finalised, **75.6%** resulted in no change to the Board decision as an outcome of the appeal (11.8%) or because the application was withdrawn (63.7%)

Of the matters decided by tribunals in the year, **89.4%** resulted in disciplinary action

84.7% of the finalised 'immediate actions' – for the most serious risks – led to restrictions on registration

Statutory offences

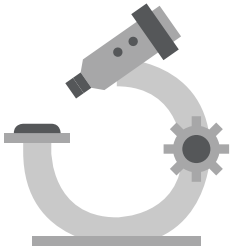
Five cases of falsely claiming to be a registered health practitioner successfully prosecuted before the courts

AHPRA: Supporting the National Boards

94%

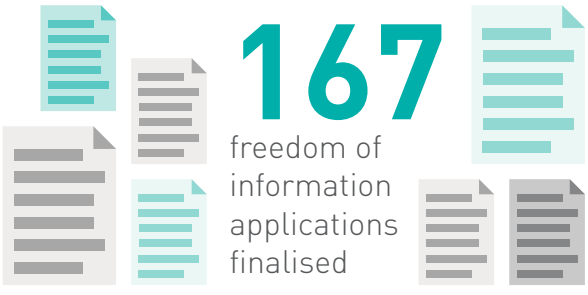
of health practitioners responded with 'very satisfied' when asked to rate their interaction with our customer service teams

73 requests received for access to registered health practitioner data and information for research purposes



3,825
followers on Twitter since our launch in March 2014

Our 15 websites received more than **9.9 million** visits in 2014/15 and more than **51 million** page views



167
freedom of information applications finalised

Customer service teams resolved

93.6%

of telephone calls at first contact

Received up to **1,650** phone calls and **200** web enquiries each working day and **5,000** calls daily in peak times

More than **100** National Board appointments and **60** state and territory appointments made by health ministers, in a process supported by AHPRA

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Introduction

In 2015 we celebrate five years of the work of AHPRA and the National Boards in implementing the National Registration and Accreditation Scheme (National Scheme or NRAS). 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.

This year's annual report sets out what we have achieved in 2014/15 and what difference we have made. We now register over 637,000 health practitioners in Australia across 14 National Boards. In this annual report you will find details of registrations and notifications during 2014/15, as well as an overview of the work we have done to ensure the National Scheme maintains professional standards for practitioners and manages risk to patients.[1]

Highlights

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.

The National Boards and AHPRA actively participated in the consultation and review process, while continuing our work to improve and strengthen the performance of the National Scheme. A formal joint submission was provided to inform the consultation process and is published on the AHPRA website.

The past year also saw the introduction of new co-regulatory arrangements in Queensland. While effective working relationships have been established with the Office of the Health Ombudsman, as expected with any new arrangements, there have been issues to address. The National Boards and AHPRA remain committed to continuing to build a positive working relationship with the Office of the Health Ombudsman to assure the protection of the health and safety of the Queensland public.

In July 2014, AHPRA implemented a national organisational restructure. This has delivered significant benefits in relation to our regulatory performance, engagement with key stakeholders and overall responsiveness to regulatory issues. AHPRA will continue to improve its performance to ensure the quality, timeliness and responsiveness of our delivery of regulatory services to the community. This will include actively exploring further ways to organise and streamline our services nationally to improve effectiveness and efficiency.

We continue to improve the way we manage notifications. A particular focus over the past year has been to reduce the length of time it takes to assess and investigate notifications, and to improve the way we communicate information to both notifiers and practitioners.

Making the most of our data has been increasingly important as we aim to become a risk-based regulator. Over the past year we have placed a significant emphasis on the analysis of these data in order to ensure that we take an evidence-informed approach to regulatory decision-making and regulatory policy that is proportionate to the risk posed. This has been supported by a set of common regulatory principles across the National Boards and AHPRA.

Our work as a national, multi-profession regulatory scheme has gained international attention. The National Boards and AHPRA have continued to work closely together this year to test and implement new ways of doing things. This includes opportunities for greater cross-profession collaboration to improve our effectiveness and simplify our ways of working, as well as our collaboration with regulators overseas to bring the best of international experience to inform our work in Australia.

1 Separate state/territory and profession-specific annual report summaries are also available online, as well as supplementary data on registration, compliance and notifications. Visit www.ahpra.gov.au/annualreport for details.

Looking forward

The registered health workforce continues to grow and the regulatory and health environment continues to evolve. In the coming year we will keep working on being responsive, flexible and agile in the face of these changing needs. Our core focus is on protecting the public by regulating health practitioners cost-effectively to facilitate access to safer healthcare.

The National Boards and AHPRA will actively build on the outcomes of the National Scheme review to continue to improve the ways we work in the public interest. The strong partnership between the National Boards and AHPRA is an important foundation for this work.

We will also continue to reach out to the community and the professions to engage with us on important regulatory issues. It is important that all stakeholders understand and have confidence in the effectiveness and efficiency of the regulation of health practitioners. Our work on improving the notifier and practitioner experience when engaging with us will also continue as an important focus.

We want to increase the public benefit from the use of our data for practitioner regulation, health workforce planning and research. We have some of the most complete health workforce and profession-specific data available in the world.

While there is still much to do, we have made some significant achievements through the hard work and dedication of board and committee members, and AHPRA staff. The support of health ministers has also been greatly appreciated.

Service, achievement and collaboration are the cornerstones of all our work. These core values provide a solid foundation for the upcoming year, which will undoubtedly bring both new opportunities and challenges.

Mr Martin Fletcher
Chief Executive Officer

Mr Michael Gorton AM
Chair, Agency Management Committee

Mr Paul Shinkfield
Chair, Forum of National Board Chairs

Chair, Physiotherapy Board of Australia

Highlights

Establishing a shared set of regulatory principles

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

We invited feedback on the principles in a formal consultation, which included surveying members of the public and practitioners, as well as board and committee members, and AHPRA staff. The response to the surveys was overwhelming, with more than 800 members of the public providing feedback to the online survey, in addition to more than 140 board/committee members and AHPRA staff members. The vast majority of respondents supported the principles. In the coming year we will continue to work to embed the regulatory principles in all that we do.

The regulatory principles are set out in Appendix 1.

Facilitating partnerships with the National Boards

A key strength of the National Scheme has been the regular interaction between all National Boards, particularly through their Chairs. This has facilitated cross-profession approaches to common regulatory issues, and cross-profession consultation and collaboration. Cross-profession collaboration has been sponsored through the Forum of National Board Chairs, particularly in the areas of accreditation, multi-professional approaches, data and research, as well as workforce reform. At 30 June 2015, Mr Paul Shinkfield is the Chair of the Forum of National Board Chairs, in addition to being Chair of the Physiotherapy Board of Australia.

Embedding a risk-based approach

We want to help increase the use of data and research to inform policy and regulatory decision-making to enable safe workforce reform and reduce harm to the public.

A risk-based regulation unit was formally established in 2014 to provide deeper, evidence-based and analytically driven advice to the National Boards, to inform proportionate, risk-based decisions.

The unit's team members have a range of qualifications and experience in public health administration and legal practice, mathematics, computer science, statistics, epidemiology and project delivery resulting in research and survey publications.

This year the focus has been on establishing the foundations for the program, and developing methodologies for analysing notification data to detect and predict risk factors. Early analyses have confirmed previous research findings that point to increased risk of future notifications for practitioners who have previously been subject to a notification, and higher notification rates for male practitioners and practitioners aged over 55.

Closer looks at the regulatory data of specific National Boards have highlighted patterns of potential risk requiring further investigation, and have led to the development of an analytical work program that will inform specific regulatory interventions to reduce risk to the public.

The unit also works with a range of external researchers and academic partners. This year AHPRA and the University of Melbourne were awarded a National Health and Medical Research Council (NHMRC) Partnership Grant to undertake a major collaborative project exploring factors that may help to predict the risk of notification. This three-year project will use de-identified data from the National Scheme to highlight opportunities to focus risk-reduction efforts on the most important hot-spots.

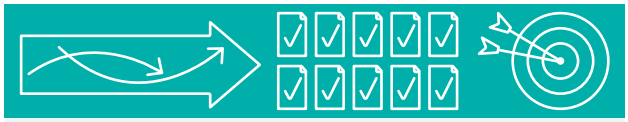
Improving the notifier and practitioner experience

We have made a significant investment to improve the experiences of notifiers and practitioners in their contacts with us, particularly when a notification is made. 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.

This work has been informed by the recommendations in the Health Issues Centre of Victoria's report *Setting things right: Improving the consumer experience of AHPRA*. The report identified changes we could make to improve the experience of notifiers. Some of these changes involve a significant shift in processes and structures, which we are working on implementing, but other actions have been implemented already.

This year, this work has included making improvements to our websites to ensure the information we provide to notifiers is clear and easy to follow, and updating the letters we send when we receive a notification. The letters are now friendlier and more helpful in tone, explain the notifications process in more detail, and outline what to expect if you have made a notification (or are the subject of a notification). These letters are now in use across Australia.

Through our work with the Professions Reference Group and our stakeholders, it became clear that the feedback from notifiers is also echoed by practitioners, and that by addressing the recommendations in the report, improvements will be made to the experience of both groups.



Providing greater consistency through national training for our investigators

We further strengthened consistency in our approach and performance in managing notifications across Australia by establishing a national three-day training program for all AHPRA investigators. This program is rolled out regularly and all notifications officers will attend the training. The program is based on modules provided by the Council on Licensure, Enforcement and Regulation (CLEAR) and is customised to reflect the requirements of the National Law.

Managing risk through improved international criminal history checks

In February 2015, a new procedure for checking international criminal history, which provides greater public protection, was introduced.

Under the Health Practitioner Regulation National Law (the National Law), National Boards must consider the criminal history of an applicant who applies for registration, including any overseas criminal history. The new approach requires certain applicants and practitioners to apply for an international criminal history check from an AHPRA-approved supplier.

More than 4,200 international criminal history checks were undertaken since the procedure changed. From these, 10 positive criminal history results were identified. When a positive criminal history is identified, the National Board or its delegate considers whether the health practitioner's criminal history is relevant to the practice of their profession.

Improving how we work

An ongoing focus has been on identifying unhelpful complexities and variations in our operational processes, and identifying ways to streamline. This year we began a strategic process review of how we work. We have identified areas for future work, including reviewing some of our IT systems and improving processes to support greater efficiency.

While this work is ongoing, the results are already coming in.

We have significantly improved our timeframes for dealing with notifications, and we are determined to keep improving. For example, this year, we have reduced by 18% the number of notifications that have been in investigation for more than 12 months. We also decreased the number of open notifications (excluding NSW) from 3,927 to 2,958; a 24.7% reduction.

This year we received 469 administrative complaints about our work, 32.8% fewer than the year before. This includes the 67 complaints referred to us by the National Health Practitioner Ombudsman (a 55% decrease from the year before).

Auditing compliance with standards

By auditing the compliance of practitioners with their Board's registration standards, we provide assurance to the public and the National Boards that the requirements of the National Law are understood, practitioners are in compliance with the requirements of their Board's registration standards, and only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. In 2014/15, we carried out audits across all 14 professions.

For all audits initiated in 2014/15, 96% showed full compliance with the registration standards audited.

When a practitioner is found to not have met the requirements of the Board's standard, the Board will work with the practitioner to ensure compliance before the next period of renewal. This can involve cautioning the practitioner as a reminder of the importance of compliance with registration standards. Only 1% of all audited practitioners were cautioned in 2014/15.

During 2014/15, we have carried out more in-depth trend analysis and are now resolving potential issues faster and more efficiently. We have begun work to further enhance our systems to support the audit function better and ensure integration with our work on registration, notifications and compliance.

See page 34 for further details on our auditing work.

Improving the processes for panels for greater consistency and quality decision-making

To help support panel members to deliver more consistent decision-making nationally, a new, ongoing training program was developed. This year, 80% of existing panel members (including members of the community and registered health practitioners) completed the program. Feedback on this program has been overwhelmingly positive, with 99% of surveyed participants saying that the training program would assist them in their role as a panel member and 97% indicating they thought they would apply skills and knowledge learned through the program in their role as a panel member.

A single list of approved community members who are eligible to sit on panels across professions has been developed, with the approval of all National Boards. This approach reduces unnecessary administrative double handling and supports increased flexibility, intelligence sharing, and better quality decision-making.

Developing standards and engaging in formal consultations

During 2014/15, there were 15 public consultations undertaken by National Boards on 17 registration standards and 13 guidelines (see Appendix 2 for full details).

All National Boards consulted on draft guidelines for the regulatory management of registered health practitioners and students infected with blood-borne viruses. The consultation was open from July to September 2014. A Twitter chat was held on this consultation.

A number of registration standards for the 14 currently regulated health professions were submitted for approval by the Australian Health Workforce Ministerial Council (AHWMC) during 2014/15, in accordance with the National Law (see Appendix 3 for full details).

The revised criminal history registration standard for all 14 Boards and the revised English language skills registration standard for 13 Boards were approved by the AHWMC in March 2015, as well as standards and guidelines for some of the individual Boards.

Collaboration to improve accreditation

The National Boards, AHPRA and the accreditation authorities have worked collaboratively to identify opportunities for improvement; aspects of accreditation that need greater consistency of approach (such as reporting of accreditation decisions); as well as areas within accreditation that lend themselves to cross-professional approaches. Steady progress continues and further cross-profession initiatives, such as work on interprofessional learning and embedding models for simulated learning environments in clinical training, are being implemented or are planned, with the aim of further demonstrating good practice in health profession accreditation. The Accreditation Liaison Group (ALG) is the primary vehicle for collaboration on accreditation.

Working with governments

AHPRA and the National Boards continue to strengthen their work with governments on matters of shared interest relevant to the National Scheme. Our work with governments covers a broad spectrum of activities, including contributing to public and regulatory policy development through making joint AHPRA and National Board submissions as much as possible to government consultations, including the independent review of the operation of the National Scheme.

We also brief health ministers on local and national issues relevant to the regulation of health practitioners in Australia, and raise issues with, and receive the collective views of, AHMAC's Health Workforce Principal Committee (HWPC) on draft regulatory policies, guidelines and standards, and other matters to inform advice to health ministers.

We facilitate the recruitment processes with jurisdictional representatives to enable health ministers to appoint board members.

We have drawn on the expertise of advisory groups with government representation on priority issues, including to identify any unreasonable workforce barriers and also enablers of reform in registration standards, codes and guidelines. We have also called on their expertise to support the development and review of regulatory policy related to the prescribing of scheduled medicines in the National Scheme.

Engaging with stakeholders and improving our communications

We continue to work closely with our two external advisory groups, the Community Reference Group and the Professions Reference Group. Communiqués from both groups are published on the AHPRA website after each meeting. Both groups provide feedback on how we can continue improving the way we communicate so that we can engage more effectively with our stakeholders.

We refreshed the homepages across all 15 National Board and AHPRA websites to make important information easier to find, and included new information for employers and practitioners as tabs on the login window. Following feedback from the Community Reference Group, we included the *Register of practitioners* search on the homepage, and introduced brightly coloured 'tiles' to highlight important topics.

We have made it easier for members of the public and practitioners to learn about tribunal cases and outcomes by publishing summaries on our websites and sharing them in the media and National Board newsletters. This year, the tribunal summaries were some of the most popular content on our social media channels.

We have continued to develop plain language materials for a range of uses, and all AHPRA staff now undergo communications and plain language training as part of the induction program.

It is easier for members of the public and practitioners to get in touch with us as we have expanded our social media presence and are now on Twitter, Facebook, YouTube and LinkedIn.

Our work to ensure our websites are accessible and compliant with Web Content Accessibility Guidelines (WCAG) standards is ongoing.

National Boards report

As Chair of the Forum of National Board Chairs I would reflect that the past year has been one of great activity and challenge across National Boards and the National Scheme. Each of the National Boards reports that follow highlights the great progress made in our core role of public protection, while also demonstrating the substantial progress we have made in developing collaboration across the regulated professions and strengthening our partnership with AHPRA.

Over the past year we have sought to address the challenges and opportunities presented by the independent review of the National Scheme being undertaken by health ministers. We have contributed to this review our expertise in the regulation of practitioners along with our experience from the first few years of operation of this unique national reform to regulation in Australia.

Highlights of our collaboration in the scheme this year include the following.

- Developing and implementing common regulatory principles that guide our approach to regulation in the work of all Boards and AHPRA (see Appendix 1).
- Applying the available evidence to our review of the standards and guidelines we use to regulate our professions and achieving greater consistency in many of these requirements.
- Investing in the development of a risk-based approach to regulation to enable greater analysis and evaluation of the effectiveness of our regulatory actions. At the same time we are increasing our communication about the nature of professional practice issues arising for each profession to assist with prevention and enhance public protection.
- Working with our stakeholders to progress opportunities for supporting health workforce reforms that are necessary to ensure high quality, accessible healthcare that is also affordable. This includes enabling practitioners to work to their full scope of safe practice and more team-based, interprofessional models of care and health service delivery.

More detailed information can be found in the individual Board summary reports, which can be downloaded from www.ahpra.gov.au/annualreport.

Mr Paul Shinkfield, Chair,
Forum of National Board Chairs

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

Professor Charlie Xue, Chair, Chinese Medicine Board of Australia

Dr Wayne Minter AM, Chair, Chiropractic Board of Australia

Dr John Lockwood AM, Chair, Dental Board of Australia

Dr Joanna Flynn AM, Chair, Medical Board of Australia

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

Dr Lynette Cusack, Chair, Nursing and Midwifery 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

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

Mr Paul Shinkfield, Chair, Physiotherapy Board of Australia

Ms Catherine Loughry, Chair, Podiatry Board of Australia

Professor Brin Grenyer, Chair, Psychology Board of Australia

Aboriginal and Torres Strait Islander Health Practice Board of Australia

The Aboriginal and Torres Strait Islander Health Practice Board of Australia worked to ensure that all eligible individuals were made aware of the end of the grandparenting provisions on 30 June 2015. These were special transitional provisions that provided a possible pathway to registration for existing practitioners who do not have contemporary, approved qualifications.

The previously approved accreditation standard has been applied by the Board's accreditation committee, and the Board approved the first three programs of study as providing a qualification that satisfies a graduate for general registration under section 53(a) of the National Law. More programs of study are expected to be considered for approval as the accreditation committee continues its busy accreditation schedule.

Work has started on the revision of the registration standards, scheduled for review in 2015, for:

- professional indemnity insurance arrangements
- continuing professional development
- recency of practice
- English language skills, and
- Aboriginal and/or Torres Strait Islander health practice registration standard.

The reviews will be undertaken in collaboration with the other professions that joined the National Scheme in 2012, and will draw upon the experience of the professions that joined the National Scheme in 2010, which have undertaken a recent review of these registration standards.

During the last year, the Board has successfully audited Aboriginal and Torres Strait Islander health practitioners' adherence to its criminal history registration standard, with reassuring results. The high number of compliant audit returns indicates that our registrants understand their responsibilities with regard to this registration standard.

In November 2014, Mr Bruce Davis was elected Presiding Member of the Aboriginal and Torres Strait Islander Health Practice Board of Australia, succeeding Mr Peter Pangquee.

Aboriginal and Torres Strait Islander health practice registration and notifications data 2014/15

As at 30 June 2015, there were 391 Aboriginal and Torres Strait Islander health practitioners registered across Australia. This represents an increase of 14% from the previous year.

The Northern Territory has the highest number of Aboriginal and Torres Strait Islander health practitioners with 215 registrants, followed by NSW with 54 and Queensland and WA with 47 registrants each. Tasmania has the fewest, with three registrants. The average age of registered Aboriginal and Torres Strait Islander health practitioners across Australia is 45.

Seven notifications (excluding NSW) were received about Aboriginal and Torres Strait Islander health practitioners.[2] This represents an increase of 16.7% from the previous year. A total of 2.1% of the registrant base outside NSW received a notification. The Northern Territory received more notifications than any other state or territory, with five notifications; followed by Western Australia with two notifications.

The average age of registered Aboriginal and Torres Strait Islander health practitioners subject to a notification was approximately 48, with the notification rate for male practitioners being 357 per 10,000 male practitioners, compared with 158 for female practitioners.[3]

A total of five notifications (excluding NSW) were closed. Of these, three had been subject to an investigation, two involved a health or performance assessment, and none were subject to a panel or tribunal hearing.

In three of the closed cases, the Board determined to take no further action or the case was retained and managed by the health complaints entity in the relevant state or territory. The remaining two notifications resulted in cautions being issued.

Chinese Medicine Board of Australia

This year, being the third year of national registration for Chinese medicine practitioners, the Chinese Medicine Board of Australia continued to focus on good governance and strategic planning to ensure an efficient, effective national scheme of registration, accreditation and notifications management. Now that the Board's finances have stabilised, it has also been possible to focus on other issues.

The Board conducted a public consultation in 2014 on *Guidelines for safe Chinese herbal medicine practice*. It received numerous, often complex, submissions in which a range of issues and suggestions were made. A technical advisory group was established to ensure that the key issues were addressed adequately and that a sound basis was developed for the guidelines. The Board is now close to finalising the guidelines.

A significant milestone for Chinese medicine in Australia was reached at the end of this year. Grandparenting arrangements – special transitional provisions that provide a possible pathway to registration for existing practitioners who do not

2 See page 36 for information about our data.

3 Figures extrapolated for purposes of comparison.

have contemporary, approved qualifications – came to an end on 30 June 2015. As the grandparenting period drew to a close, the Board received a significant influx of applications in June, as anticipated. The Board and AHPRA have worked hard to establish procedures to ensure a thorough, consistent, fair and efficient assessment of applications for registration.

The Board has continued to work on overcoming challenges such as:

- ensuring genuine consultation to elicit constructive feedback from the profession, and
- educating the profession about the role of the Board, and distinguishing it from professional associations.

For example, the Board has embarked on a series of meetings across the country to communicate with practitioners about the Board's work to balance its obligations to implement the National Law, while also supporting them in meeting their regulatory responsibilities.

Professor Charlie Xue was Chair of the Chinese Medicine Board of Australia during 2014/15.

Chinese medicine registration and notifications data 2014/15

As at 30 June 2015, there were 4,494 Chinese medicine practitioners registered across Australia. This represents an increase of 5.2% from the previous year.

NSW has the highest number of Chinese medicine practitioners with 1,820 registrants, followed by Victoria with 1,250 registrants. The Northern Territory has fewest, with 14 registrants. The average age of registered Chinese medicine practitioners across Australia is 47.

Ten notifications (excluding NSW) were received about Chinese medicine practitioners this year. This represents a decrease of 44.4% from the previous year, most of which can be attributed to the changes in the way Queensland notifications are now processed.[4] A total of 0.4% of the registrant base outside NSW received a notification. Victoria received more notifications than any other state or territory, with five notifications; followed by South Australia with three notifications.

The average age of registered Chinese medicine practitioners subject to a notification was approximately 54, with the notification rate for male practitioners being 25 per 10,000 male practitioners, compared with 34 for female practitioners.

A total of 17 notifications (excluding NSW) were closed. Of these, five were closed at the assessment stage, five had been subject to an investigation, one involved a health or performance assessment, and six had been subject to a panel or tribunal hearing.

In eight of the closed cases, the Board determined to take no further action or the case was retained and managed by the health complaints entity in the relevant state or territory. One of the closed cases resulted in conditions being imposed, four resulted in cautions being issued and three resulted in cancellation or suspension of registration.

Chiropractic Board of Australia

This was a very busy year for the Chiropractic Board of Australia.

After completing a lengthy review, the Board received approval from health ministers for its revised profession-specific standards in relation to recency of practice, professional indemnity insurance and continuing professional development. Also, ministerial approval was received for the cross-profession revised criminal history and English language skills registration standards.

The Board remains committed to ensuring that the public are receiving care from safe, competent and ethical chiropractors. For example, this year the Board and AHPRA undertook a number of successful prosecutions of individuals who were holding themselves out to be chiropractors, but did not possess current registration as a chiropractor.

The Board continues to work with practitioners and stakeholder groups to enhance their understanding of the requirements and expectations of the Board and the National Law, particularly in the areas of continuing professional development and advertising.

Dr Wayne Minter AM was appointed as the new Chair of the Board in August 2014, succeeding Dr Phillip Donato OAM, who was reappointed as a practitioner member to the Board.

Chiropractic registration and notifications data 2014/15

As at 30 June 2015, there were 4,998 chiropractors registered across Australia. This represents an increase of 3.2% from the previous year.

NSW has the highest number of chiropractors with 1,681 registrants, followed by Victoria with 1,290 registrants. The Northern Territory has fewest, with 25 registrants. The average age of registered chiropractors across Australia is 41.

This year, 41 notifications (excluding NSW) were received about chiropractors. This represents a decrease of 48.1% from the previous year. Queensland saw a decrease of 37.5% (largely due to the change in the way notifications are now

4 See page 36 for information about our data.

processed).[5] Adjusting for this, however, the overall decrease in notifications was 49.3%. A total of 1.3% of the registrant base outside NSW received a notification. Victoria received more notifications than any other state or territory, with 16 notifications; followed by Western Australia with 12 notifications.

The average age of registered chiropractors subject to a notification was approximately 45, with the notification rate for male practitioners being 146 per 10,000 male practitioners, compared with 79 for female practitioners.

A total of 68 notifications (excluding NSW) were closed. Of these, 11 were closed at the assessment stage, 48 had been subject to an investigation, one involved a health or performance assessment, and eight had been subject to a panel or tribunal hearing.

In 27 of the closed cases, the Board determined to take no further action or the case was retained and managed by the health complaints entity in the relevant state or territory. Of the closed cases, 14 resulted in conditions being imposed, 10 resulted in cautions being issued and one resulted in cancellation or suspension of registration.

Dental Board of Australia

This year, the Dental Board of Australia continued working with its partners to meet the objectives of the National Scheme. Partners include AHPRA, the other National Boards, the Australian Dental Council (ADC) and the New South Wales Dental Council.

In June 2015, AHPRA charged an individual providing dental treatment to people in Victoria – investigations had raised concerns about inadequate infection control, poor hygiene and potential public health risks. AHPRA, on behalf of the Board, worked with the Department of Health and Human Services in Victoria to manage the possible impact of these concerns.

The Board also continued the review of its registration standards, codes and guidelines to ensure they remain relevant. This work will continue in 2015/16, including consultation on entry-level competencies for specialist registration and endorsement for conscious sedation.

Drawing on the data generated under the National Scheme, the Board started work on developing a taxonomy (classification) of dental notifications. This will allow for a better understanding of the risks associated with regulating the dental profession and will inform the Board's regulatory policy work.

The Board has continued to develop strong links with other international dental regulators, including by working closely with the Dental Council of New Zealand and participating in international forums including the International Society of Dental Regulators.

2015 sees the end of the second term of the Board. Retiring members of the Dental Board of Australia are congratulated on their enthusiasm and commitment to an environment that supports right-touch regulation of health practitioners for the protection of the Australian public.

Dr John Lockwood AM was Chair of the Dental Board of Australia during 2014/15.

Dental registration and notifications data 2014/15

As at 30 June 2015, there were 21,209 dental practitioners registered across Australia. This represents an increase of 2.4% from the previous year.

NSW has the highest number of dental practitioners with 6,449 registrants, followed by Victoria with 4,827 registrants. The Northern Territory has fewest, with 147 registrants. The average age of registered dental practitioners across Australia is 43.

This year, 428 notifications (excluding NSW) were received about dental practitioners. This represents a decrease of 26.5% from the previous year, most of which can be attributed to the changes in the way Queensland notifications are now processed.[6] A total of 3% of the registrant base outside NSW received a notification. Victoria received more notifications than any other state or territory, with 186 notifications; followed by Queensland with 72 notifications.

The average age of registered dental practitioners subject to a notification was approximately 45, with the notification rate for male practitioners being 390 per 10,000 male practitioners, compared with 180 for female practitioners.

A total of 538 notifications (excluding NSW) were closed. Of these, 329 were closed at the assessment stage, 171 had been subject to an investigation, 17 involved a health or performance assessment, and 21 had been subject to a panel or tribunal hearing.

In 362 of the closed cases, the Board determined to take no further action or the case was retained and managed by the health complaints entity in the relevant state or territory. Of the closed cases, 68 resulted in conditions being imposed, 74 resulted in cautions being issued and six resulted in cancellation or suspension of registration.

5 See page 36 for information about our data.

6 See page 36 for information about our data.

Medical Board of Australia

Nationally consistent doctors' health programs

In 2014/15, the Medical Board of Australia joined forces with the Australian Medical Association (AMA) to launch a national health program for medical practitioners and medical students in Australia.

The service will be readily available to all medical practitioners and medical students, no matter where they live.

The Board will fund the program within existing Board resources from registration fees, but it will be run at arm's length from the Board. A subsidiary company of the AMA, Doctors Health Services Pty Limited, will ensure agreed services are delivered by service providers in every state and territory. Full services will be progressively delivered over the next 18 months.

Revalidation

Discussions about revalidation have continued this year. Revalidation is the process by which doctors demonstrate that they are keeping their skills up to date throughout their professional lives, so that they can provide safe and ethical care to patients. The Board commissioned international research to:

- establish the evidence base for the validity of revalidation (or similar) in countries comparable to Australia
- identify best practice and any gaps in knowledge for revalidation processes
- establish the validity of evidence about the effectiveness of revalidation in supporting safe practice, and
- develop a range of models for the Australian context for the Board to consider.

The Board will consider the research findings and recommendations early in 2015/16, and plans to appoint an expert advisory group and a consultative committee to progress this work. The Board will continue to engage and consult with stakeholders from the profession and the community about revalidation.

Cosmetic medical and surgical procedures

The Board developed a regulation impact statement and launched a consultation on the best way to protect consumers seeking cosmetic medical and surgical procedures provided by medical practitioners. The Board consulted on four potential options – doing nothing, boosting consumer education, providing broad guidance to practitioners, or providing more comprehensive guidance to practitioners. In 2015/16, the Board will analyse the hundreds of submissions received and consider the best next steps to take to manage risk to patients in this area.

Dr Joanna Flynn AM was Chair of the Medical Board of Australia during 2014/15.

Medical registration and notifications data 2014/15

As at 30 June 2015, there were 103,133 medical practitioners registered across Australia. This represents an increase of 3.8% from the previous year.

NSW has the highest number of medical practitioners with 32,183 registrants, followed by Victoria with 25,029 registrants. The Northern Territory has fewest, with 1,101 registrants. The average age of registered medical practitioners across Australia is 45.

This year, 2,514 notifications (excluding NSW) were received about medical practitioners. This represents a decrease of 34.1% from the previous year, much of which can be attributed to the changes in the way Queensland notifications are now processed.[7] A total of 3.7% of the registrant base outside NSW received a notification. Victoria received more notifications than any other state or territory, with 1,016 notifications; followed by Queensland with 439 notifications.

The average age of registered medical practitioners subject to a notification was approximately 52, with the notification rate for male practitioners being 451 per 10,000 male practitioners, compared with 198 for female practitioners.

A total of 2,954 notifications (excluding NSW) were closed. Of these, 1,706 were closed at the assessment stage, 888 had been subject to an investigation, 131 involved a health or performance assessment, and 229 had been subject to a panel or tribunal hearing.

In 2,233 of the closed cases, the Board determined to take no further action, the matter was referred to another body or the case was retained and managed by the health complaints entity in the relevant state or territory. Of the closed cases, 229 resulted in conditions being imposed, 339 resulted in cautions being issued, and 18 resulted in cancellation or suspension of registration.

Medical Radiation Practice Board of Australia

The Medical Radiation Practice Board of Australia has overseen the successful implementation of a supervised practice scheme, which is now administered through the Western Australia AHPRA office. The program has over 550 supervised practitioners and around 400 experienced medical radiation practitioners who are providing supervision and guidance to junior members of the profession.

Registered medical radiation practitioners were audited in August 2014 and again in May 2015. The results of the August 2014 audit showed a 94% level of compliance with standards for the profession.

7 See page 36 for information about our data.

The efficiency and effectiveness measures put in place by the Board in 2013/14 allowed the Board to reduce its registration fees this year.

The Board conducted a workforce survey as part of registration renewal last year. The initial analysis of the results shows that the medical radiation profession is receptive to a broader scope of practice that includes advanced practice. The Board will now consider whether regulatory arrangements that protect the public are necessary to enable a fuller scope of practice.

The Board met with a range of stakeholders this year, including practitioners, radiation licensing authorities, professional associations and the Medical Radiation Technologists Board of New Zealand. The Board also conducted a number of webinars that allowed practitioners and interested stakeholders to join in discussions about national regulation of the medical radiation practice profession.

Mr Neil Hicks was Chair of the Medical Radiation Practice Board of Australia during 2014/15.

Medical radiation practice registration and notifications data 2014/15

As at 30 June 2015, there were 14,866 medical radiation practitioners registered across Australia. This represents an increase of 3.3% from the previous year.

New South Wales has the highest number of medical radiation practitioners with 4,957 registrants, followed by Victoria with 3,657 registrants. The Northern Territory has fewest, with 109 registrants. The average age of registered medical radiation practitioners across Australia is 38.

This year, 21 notifications (excluding NSW) were received about medical radiation practitioners. This represents an increase of 40% from the previous year. A total of 0.2% of the registrant base outside NSW received a notification. Victoria received more notifications than any other state or territory, with 10 notifications; followed by Queensland with seven notifications.[8]

The average age of registered medical radiation practitioners subject to a notification was approximately 43, with the notification rate for male practitioners being 38 per 10,000 male practitioners, compared with 13 for female practitioners.

A total of 19 notifications (excluding NSW) were closed. Of these, seven were closed at the assessment stage, 11 had been subject to an investigation, and one had been subject to a panel or tribunal hearing.

In 11 of the closed cases, the Board determined to take no further action or the case was retained and managed by the health complaints entity in the relevant state or territory. Of the closed cases, four resulted in conditions being imposed, three resulted in cautions being issued and none resulted in cancellation or suspension of registration.

Nursing and Midwifery Board of Australia

The Nursing and Midwifery Board of Australia (NMBA) continues to lead nursing and midwifery regulation in Australia. The NMBA helps protect the public and provides leadership to nurses, midwives and students through responsible, evidence-based regulation in accordance with the National Scheme.

This year, the NMBA reached many important milestones, including supporting 97.5% of nurses and midwives to renew their registration online.

Various registration standards and guidelines were developed and reviewed during the year, and will be implemented in the coming year, including five mandatory registration standards across both nursing and midwifery professions.

For nursing, one registration standard was reviewed:

- registration standard for endorsement as a nurse practitioner.

Two standards for practice were reviewed:

- registered nurse standards for practice (formerly called competency standards), and
- enrolled nurse standards for practice.

For midwifery, one standard was developed and reviewed:

- endorsement for scheduled medicines for midwives.

And the following projects were completed:

- safety and quality guidelines for privately practising midwives
- model of supervision for privately practising midwives.

In addition:

- there was improved engagement with nurses, midwives and the general community through:
  - consultations on nursing and midwifery registration standards and other regulatory issues
  - surveys on important workforce matters, including the referral, treatment and services for nurses and midwives with a health impairment, and the role of national and international regulators
- the Board collaborated with the Australian Nursing and Midwifery Accreditation Council (ANMAC) to set accreditation standards

8 See page 36 for information about our data.

- over 3,000 registration applications were processed under a new model for assessment of internationally qualified applicants seeking registration to practise in Australia
- the online experience for NMBA registrants and website visitors was improved through:
  - quicker and easier renewal of registration
  - a dedicated section for internationally qualified nurses and midwives, and
  - a streamlined suite of updated web documents, including factsheets, guidelines and position statements.

Dr Lynette Cusack, RN was Chair of the Nursing and Midwifery Board of Australia in 2014/15.

Nursing and midwifery registration and notifications data 2014/15

As at 30 June 2015, there were 370,303 enrolled nurses, registered nurses and midwives registered across Australia. This represents an increase of 2.2% from the previous year. Across the same period, the number of midwives has increased by 14.0%, enrolled and registered nurses have increased by 2.7% and those registered as both nurse and midwife decreased by 4.1%.

NSW has the highest number of nursing and midwifery registrants with 102,117, followed by Victoria with 97,561. Northern Territory has fewest, with 4,275. The average age of all nursing and midwifery registrants across Australia is 44.5.

This year, 1,131 notifications (excluding NSW) were received about nursing registrants and 65 about midwifery registrants. This represents a decrease of 13.5% from the previous year for nursing registrants and 39.3% for midwifery registrants. Most of the decrease in notifications can be attributed to the changes in the way Queensland notifications are now processed.[9] A total of 0.4% of the nursing registrant base outside NSW received a notification, and 0.3% of the midwifery registrants received a notification.

Victoria received more notifications about nursing registrants than any other state or territory, with 349 notifications; followed by Queensland with 276. Queensland received the most notifications about midwifery registrants, with 26 notifications; followed by Western Australia with 12.

The average age of nursing registrants subject to a notification was approximately 46, with the notification rate for male practitioners being 92 per 10,000 male practitioners, compared with 36 for female practitioners. The average age of midwifery registrants subject to a notification was 50, with the notification rate for male practitioners being 83 per 10,000 male practitioners, compared with 24 for female practitioners.

A total of 1,222 notifications (excluding NSW) about nursing registrants were closed. Of these, 554 were closed at the assessment stage, 362 had been subject to an investigation, 226 involved a health or performance assessment, and 80 had been subject to a panel or tribunal hearing. In 734 of the closed cases, the Board determined to take no further action or the case was retained and managed by the health complaints entity in the relevant state or territory. Of the closed cases, 176 resulted in conditions being imposed, 161 resulted in cautions being issued, and 12 resulted in cancellation or suspension of registration.

A total of 84 notifications (excluding NSW) about midwifery registrants were closed. Of these, 38 were closed at the assessment stage, 29 had been subject to an investigation, 12 involved a health or performance assessment, and five had been subject to a panel or tribunal hearing. In 44 of the closed cases, the Board determined to take no further action or the case was retained and managed by the health complaints entity in the relevant state or territory. Of the closed cases, 15 resulted in conditions being imposed, 12 resulted in cautions being issued and none resulted in cancellation or suspension of registration.

Occupational Therapy Board of Australia

The Occupational Therapy Board of Australia continued its program of engagement and informing the profession. A number of breakfast forums and webinars were undertaken to ensure that occupational therapists understand their registration requirements. The webinars, which attracted more than a thousand participants, included topics that were informed by practitioner focus groups.

At its February 2015 meeting, the Board noted the resignation of inaugural Chair Dr Mary Russell. Board members expressed their sincere gratitude for her tireless work, leadership and support through the first years of the National Scheme.

The Board reduced practitioner fees, oversaw practitioner audits, and started a review of its profession-specific standards for recency of practice, professional indemnity insurance and continuing professional development. The Board engaged in regulatory decision-making workshops that included the NSW Occupational Therapy Council, and started a project analysing practitioner notifications.

The Board also received approval from ministers, following consultation, for the cross-profession revised criminal history and English language skills registration standards.

In March 2015, Ms Julie Brayshaw was elected Presiding Member of the Occupational Therapy Board of Australia, following the resignation of Dr Mary Russell as Chair.

9 See page 36 for information about our data.

Occupational therapy registration and notifications data 2014/15

As at 30 June 2015, there were 17,200 occupational therapists registered across Australia. This represents an increase of 6.0% from the previous year.

NSW has the highest number of occupational therapists with 4,846 registrants, followed by Victoria with 4,209 registrants. The Northern Territory has fewest, with 156 registrants. The average age of registered occupational therapists across Australia is 37.

This year, 33 notifications (excluding NSW) were received about occupational therapists.[10] This represents a decrease of 2.9% from the previous year. A total of 0.3% of the registrant base outside NSW received a notification. Victoria received more notifications than any other state or territory, with 21 notifications; followed by Queensland with seven notifications.

The average age of registered occupational therapists subject to a notification was approximately 41, with the notification rate for male practitioners being 58 per 10,000 male practitioners, compared with 24 for female practitioners.

A total of 36 notifications (excluding NSW) were closed. Of these, 20 were closed at the assessment stage, 12 had been subject to an investigation, and four involved a health or performance assessment. No cases had been subject to a panel or tribunal hearing.

In 26 of the closed cases, the Board determined to take no further action or the case was retained and managed by the health complaints entity in the relevant state or territory. Of the closed cases, three resulted in conditions being imposed, six resulted in cautions being issued, and none resulted in cancellation or suspension of registration.

Optometry Board of Australia

There have been three main areas of focus for the Optometry Board of Australia this year:

The Board revised its guidelines for use of scheduled medicines that now enables optometrists to diagnose, initiate, treat and monitor glaucoma patients, which were published in December 2014 (these were a revised version of guidelines published in 2013). This was in response to the settlement of a legal matter. An optometrist who has commenced treating a patient for chronic glaucoma must provide a referral to an ophthalmologist within four months for ophthalmological assessment of initiating treatment, or earlier if indicated by a change in the patient's condition, and provide the patient with a copy of the referral. The revised guidelines enhance the early diagnosis and treatment of glaucoma in the best interest of the public, and clarify the timelines for information exchange between treating optometrists and ophthalmologists.

The Board also implemented a registration standard for general registration for initial applicants, which acknowledges that the current undergraduate Board-approved programs leading to general registration incorporate ocular therapeutics as part of the undergraduate degree. This enables graduates to be automatically eligible for the scheduled medicines endorsement upon application for registration – stating that they are 'endorsed as qualified to obtain, possess, administer, prescribe or supply Schedule 2, 3 or 4 medicines for the treatment of conditions of the eye'.

A program administrator, Optometry Australia, was appointed to manage the continuing professional development (CPD) accreditation functions for the optometry profession on behalf of the Board. The provision of accredited CPD has a range of benefits including the provision of quality CPD activities to support optometrists in providing contemporary eye healthcare service to the public.

Mr Colin Waldron was Chair of the Optometry Board of Australia during 2014/15.

Optometry registration and notifications data 2014/15

As at 30 June 2015, there were 4,915 optometrists registered across Australia. This represents an increase of 2.7% from the previous year.

NSW has the highest number of optometrists with 1,663 registrants, followed by Victoria with 1,251 registrants. The Northern Territory has fewest, with 29 registrants. The average age of registered optometrists across Australia is 42.

This year, 26 notifications (excluding NSW) were received about optometrists. This represents a decrease of 36.6% from the previous year, much of which can be attributed to the changes in the way Queensland notifications are now processed.[11] A total of 0.8% of the registrant base outside NSW received a notification. Victoria received more notifications than any other state or territory, with 13 notifications; followed by Queensland with six notifications.

The average age of registered optometrists subject to a notification was approximately 45 years, with the notification rate for male practitioners being 84 per 10,000 male practitioners, compared with 50 for female practitioners.

A total of 27 notifications were closed. Of these, 17 were closed at the assessment stage, eight had been subject to an investigation, and two involved a health or performance assessment. No cases had been subject to a panel or tribunal hearing.

10 See page 36 for information about our data.

11 See page 36 for information about our data.

In 17 of the closed cases, the Board determined to take no further action or the case was retained and managed by the health complaints entity in the relevant state or territory. Of the closed cases, two resulted in conditions being imposed, six resulted in cautions being issued, and none resulted in cancellation or suspension of registration.

Osteopathy Board of Australia

In 2014/15, the Osteopathy Board of Australia finalised its consultations for the review of the five core registration standards that have been in place since the start of the National Scheme. The Board also submitted revised registration standards for professional indemnity insurance arrangements, continuing professional development and recency of practice to the Ministerial Council for approval.

Reviews started of the *Capabilities for osteopathic practice* and the *Accreditation standards for osteopathic programs of study*. Twenty applications for provisional registration were received through the Competent Authority Pathway, and an evaluation of the pathway began. These reviews and evaluation are being conducted by the Australasian Osteopathic Accreditation Council.

The Board also undertook risk-based planning to prioritise its regulatory work, based on identified areas of higher risk to the public, and to ensure that any regulatory response by the Board is evidence based, appropriate and proportionate. Advertising was identified as a priority area, and recommendations from a meeting of an advisory group resulted in communication with all practitioners through an advertising bulletin and letters to practitioners who were the subject of advertising complaints. AHPRA, in consultation with the Board, successfully prosecuted a person for holding out as an osteopath while unregistered, which is an offence under the National Law.

Stakeholder and co-regulatory relationships were also areas of focus for the Board this year. The Osteopathy Board and Osteopathy Council of NSW met in July 2014, with a follow-up meeting in June 2015, to discuss issues of mutual interest, notification management and ongoing engagement. The Board also held two meetings with Osteopathy Australia in Sydney, in addition to bi-monthly teleconferences, with a focus on enhanced communication and consultation.

In August 2014, Dr Nikole Grbin was appointed Chair of the Osteopathy Board of Australia, succeeding Dr Robert Fendall.

Osteopathy registration and notifications data 2014/15

As at 30 June 2015, there were 2,000 osteopaths registered across Australia. This represents an increase of 7.2% from the previous year.

Victoria has the highest number of osteopaths with 1,046 registrants, followed by NSW with 558 registrants. The Northern Territory had the fewest, with one registrant. The average age of registered osteopaths across Australia is 39.

Five notifications (excluding NSW) were received about osteopaths this year, the same as for 2013/14. A total of 0.4% of the registrant base outside NSW received a notification.[12] Victoria received more notifications than any other state or territory, with two notifications; followed by Queensland, South Australia and the ACT, each with one notification.

The average age of registered osteopaths subject to a notification was approximately 52, with the notification rate for male practitioners being 83 per 10,000 male practitioners, compared with nil for female practitioners.

A total of seven notifications (excluding NSW) were closed. Of these, four were closed at the assessment stage, two had been subject to an investigation, and one had been subject to a panel or tribunal hearing.

In four of the closed cases, the Board determined to take no further action or the case was retained and managed by the health complaints entity in the relevant state or territory. Of the closed cases, two resulted in conditions being imposed and one resulted in cancellation or suspension of registration.

Pharmacy Board of Australia

This year, after conducting wide-ranging consultation, the Pharmacy Board of Australia revised the following registration standards:

- 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 and were submitted to the Ministerial Council for their consideration.

With input from technical experts, the Therapeutic Goods Administration and the Board's Policies, Codes and Guidelines Committee, the Board also consulted publicly and finalised its:

12 See page 36 for information about our data.

- guidelines on compounding of medicines, and
- professional practice profile for pharmacists undertaking complex compounding.

These documents were published and subsequently implemented on 28 April 2015. The implementation of the expiry of compounded parenteral medicines section in the guidelines was postponed to enable a further period of consultation with stakeholders.

The Board also conducted wide-ranging consultation on the following guidelines:

- dispensing of medicines
- practice-specific issues
- specialised supply arrangements, and
- responsibilities of pharmacists when practising as proprietors.

The Board is undertaking an analysis of the feedback received from stakeholders on these.

The Board engaged with the public, pharmacy stakeholders and governments on the opportunities for pharmacists to administer vaccines to the public. The Board continues to monitor developments on a state and territory level, including authorities for pharmacists to administer vaccines, and training requirements and options for accreditation of vaccination training programs. This work will help the Board assess the need for any regulatory action under the National Law.

Mr Stephen Marty was Chair of Pharmacy Board of Australia during 2014/15.

Pharmacy registration and notifications data 2014/15

As at 30 June 2015, there were 29,014 pharmacists registered across Australia. This represents an increase of 2.6% from the previous year.

NSW has the highest number of pharmacists with 8,969 registrants, followed by Victoria with 7,182 registrants. The Northern Territory has fewest, with 210 registrants. The average age of registered pharmacists across Australia is 39.

This year, 246 notifications (excluding NSW) were received about pharmacists. This represents a decrease of 23.6% from the previous year, much of which can be attributed to the changes in the way Queensland notifications are now processed.[13] A total of 1.3% of the registrant base outside NSW received a notification. Victoria received more notifications than any other state or territory, with 94 notifications; followed by Queensland with 39 notifications.

The average age of registered pharmacists subject to a notification was approximately 41, with the notification rate for male practitioners being 203 per 10,000 male practitioners, compared with 66 for female practitioners.

A total of 323 notifications were closed. Of these, 144 were closed at the assessment stage, 119 had been subject to an investigation, 19 involved a health or performance assessment, and 41 had been subject to a panel or tribunal hearing.

In 147 of the closed cases, the Board determined to take no further action or the case was retained and managed by the health complaints entity in the relevant state or territory. Of the closed cases, 43 resulted in conditions being imposed, 106 resulted in cautions being issued, and six resulted in cancellation or suspension of registration.

Physiotherapy Board of Australia

A particular highlight for the Physiotherapy Board of Australia this year was completing a successful collaboration with the Physiotherapy Board of New Zealand, culminating in the launch on 1 May 2015 of the *Bi-national physiotherapy practice threshold statements* (Practice thresholds).

These Practice thresholds have replaced the existing *Australian standards for physiotherapy* (2006) in Australia and the *New Zealand physiotherapy competencies* (2009) in New Zealand. The new thresholds will ensure that there are consistent entry-level competencies for the physiotherapy profession across both countries. They include the requirements for all New Zealand and Australian physiotherapy graduates. The Practice thresholds are published on the Board's website at www.physiotherapyboard.gov.au/Accreditation.aspx.

The Board started working with its appointed accreditation authority, the Australian Physiotherapy Council, to embed the Practice thresholds into Australian programs of physiotherapy study, as well as the assessment processes for overseas-trained physiotherapists.

In March 2015, the Board conducted a voluntary and anonymous email survey of physiotherapists. The high response rate has provided the Board with a better understanding of physiotherapists' knowledge of their obligations under the National Law and the areas in which it may need to provide more regulatory guidance.

Improved regulatory efficiencies were achieved this year. One reason for this is the Board amending its delegated committee structure in 2013 to a national Registration and Notifications Committee and a Victorian Registration and Notifications Committee. The change has meant it has been possible to pass on reduced registration fees to physiotherapists. The change from state/territory boards also resulted in the Board being able to better meet the objectives and guiding principles of the National Law.

Mr Paul Shinkfield was Chair of the Physiotherapy Board of Australia during 2014/15.

13 See page 36 for information about our data.

Physiotherapy registration and notifications data 2014/15

As at 30 June 2015, there were 27,543 physiotherapists registered across Australia. This represents an increase of 5.4% from the previous year.

NSW has the highest number of physiotherapists with 7,943 registrants, followed by Victoria with 6,744 registrants. The Northern Territory has fewest, with 168 registrants. The average age of registered physiotherapists across Australia is 38.

This year, 57 notifications (excluding NSW) were received about physiotherapists. This represents a decrease of 44.1% from the previous year, most of which can be attributed to the changes in the way Queensland notifications are now processed.[14] A total of 0.3% of the registrant base outside NSW received a notification. Victoria received more notifications than any other state or territory, with 25 notifications; followed by South Australia with 10 notifications.

The average age of registered physiotherapists subject to a notification was approximately 41, with the notification rate for male practitioners being 64 per 10,000 male practitioners, compared with 13 for female practitioners.

A total of 83 notifications (excluding NSW) were closed. Of these, 41 were closed at the assessment stage, 30 had been subject to an investigation, five involved a health or performance assessment, and seven had been subject to a panel or tribunal hearing.

In 51 of the closed cases, the Board determined to take no further action or the case was retained and managed by the health complaints entity in the relevant state or territory. Of the closed cases, eight resulted in conditions being imposed, 15 resulted in cautions being issued and two resulted in cancellation or suspension of registration.

Podiatry Board of Australia

After finalising its review of the core registration standards that have been in place for the podiatry profession since the start of the National Scheme, and submitting revised registration standards to the Ministerial Council (for professional indemnity insurance arrangements, continuing professional development and recency of practice), much of the Podiatry Board of Australia's focus this year was on building an evidence base to inform its regulatory decision-making into the future.

The Board used the following tools to gather information about this:

The analysis of notifications received about podiatrists and podiatric surgeons since the start of the National Scheme to see if there are trends or themes that could inform future regulatory responses.

A survey of registered podiatrists and podiatric surgeons to obtain information about podiatry practice in Australia, including emerging and future challenges for podiatry practice and regulation, and to identify areas where new regulatory standards, guidelines or policies may be required. The survey had the potential to identify issues not currently known to the Board.

A roundtable with key podiatry stakeholders across Australia to discuss and explore issues relating to the podiatry profession from a range of perspectives, and to add to the evidence base to support the Board's regulatory decision-making. The three broad topics for discussion were: maintaining professional standards/competencies; endorsement for scheduled medicines; and challenges in podiatry education.

In 2015/16, the Board will analyse the information gathered and prioritise its regulatory work based on the identified areas of higher risk to the public, and will ensure that any regulatory response by the Board is evidence based, appropriate and proportionate.

Ms Catherine Loughry was Chair of the Podiatry Board of Australia during 2014/15.

Podiatry registration and notifications data 2014/15

As at 30 June 2015, there were 4,386 podiatry practitioners (podiatrists and podiatric surgeons) registered across Australia. This represents an increase of 6.2% from the previous year.

Victoria has the highest number of podiatry practitioners with 1,391 registrants, followed by NSW with 1,167 registrants. The Northern Territory has fewest, with 20 registrants. The average age of registered podiatrists across Australia is 38.

This year, 20 notifications (excluding NSW) were received about podiatry practitioners (podiatrists and podiatric surgeons). This represents a decrease of 51.2% from the previous year, much of which can be attributed to the changes in the way Queensland notifications are now processed.[15] A total of 0.6% of the registrant base outside NSW received a notification. Victoria received more notifications than any other state or territory, with 11 notifications; followed by Western Australia with four notifications.

The average age of registered podiatry practitioners subject to a notification was approximately 43, with the notification rate for male practitioners being 122 per 10,000 male practitioners, compared with 25 for female practitioners.

14 See page 36 for information about our data.

15 See page 36 for information about our data.

A total of 31 notifications (excluding NSW) were closed. Of these, 17 were closed at the assessment stage, seven had been subject to an investigation, four involved a health or performance assessment, and three had been subject to a panel or tribunal hearing.

In 20 of the closed cases, the Board determined to take no further action or the case was retained and managed by the health complaints entity in the relevant state or territory. Of the closed cases, five resulted in conditions being imposed, five resulted in cautions being issued and one resulted in cancellation of registration.

Psychology Board of Australia

The Psychology Board of Australia has carried out work in a number of areas this year, including carrying out a review of its approved supervisor training program, which has been in place since January 2014.

Overall, the review indicated that the supervisor training program has been working well. In 2014 there were 72 workshops held. These included 41 full training workshops and 31 master classes, with 66 delivered in metropolitan areas and six delivered in regional areas or overseas.

A large number of participants completed the training. For the full training, 587 participants completed component one, 594 completed component two and 193 completed component three. A total of 376 participants passed master class training.

The National Psychology Exam (NPE) is used by the Board to determine readiness to move to general registration and independent practice. Between December 2013 and December 2014, 247 candidates sat the NPE, with a total of 260 sittings (including failed and repeated sittings). Three types of provisional psychologist sat the exam:

- those completing their 4+2 program
- those completing a 5+1 program, or
- international applicants completing a transitional program.

During this period, the overall pass rate for the NPE was 88%, meaning 217 out of 247 people who sat the exam passed.

The Board also worked to strengthen ties with international regulators. Members of the Board attended the 5th ASEAN Regional Union of Psychological Societies (ARUPS) Congress. The Board also hosted a roundtable discussion with the ARUPS' council and the New Zealand Psychologists Board. International activities such as these help the Board learn from leading practice around the world, share knowledge from its own experience and promote continued collaboration.

Professor Brin Grenyer was Chair of the Psychology Board of Australia during 2014/15.

Psychology registration and notifications data 2014/15

As at 30 June 2015, there were 32,766 psychologists registered across Australia. This represents an increase of 3.3% from the previous year.

NSW has the highest number of psychologists with 10,840 registrants, followed by Victoria with 8,880 registrants. The Northern Territory has fewest, with 226 registrants. The average age of registered psychologists across Australia is 44.

This year, 276 notifications (excluding NSW) were received about psychologists. This represents a decrease of 13.5% from the previous year. Queensland saw a decrease of 77% (largely due to the change in the way notifications are now processed).[16] Adjusting for this, there was an increase in notifications of 21%. A total of 1.3% of the registrant base outside NSW received a notification.

Victoria received more notifications than any other state or territory, with 138 notifications, followed by Western Australia with 49 notifications.

The average age of registered psychologists subject to a notification was approximately 51, with the notification rate for male practitioners being 242 per 10,000 male practitioners, compared with 96 for female practitioners.

A total of 313 notifications (excluding NSW) were closed. Of these, 174 were closed at the assessment stage, 77 had been subject to an investigation, 16 involved a health or performance assessment, and 46 had been subject to a panel or tribunal hearing.

In 207 of the closed cases, the Board determined to take no further action or the case was retained and managed by the health complaints entity in the relevant state or territory. Of the closed cases, 40 resulted in conditions being imposed, 40 resulted in cautions being issued, and 11 resulted in cancellation or suspension of registration.

16 See page 36 for information about our data.

Regional update

AHPRA's operational network includes eight state and territory offices responsible for the efficient and effective delivery of AHPRA's core regulatory functions under the National Law. They also provide leadership and strategic direction in developing and delivering AHPRA's operational policy and procedures.

The state and territory offices work directly with a variety of local stakeholders and support the local boards and committees. They are accountable for operational performance across our regulatory functions and are committed to continuously improving and quality-assuring their processes, and increasing efficiency and effectiveness.

Following are highlights from each of AHPRA's state and territory offices, setting out the progress made this year. More detailed information can be found in the state and territory summary reports, which can be downloaded from www.ahpra.gov.au/annualreport.

Australian Capital Territory

The Australian Capital Territory (ACT) office has continued its focus on stakeholder engagement. This has included meetings with the ACT Health Services Commissioner (HSC), the ACT Civil and Administrative Tribunal, the ACT Chief Nurse, the ACT Health Directorate, the Australian Medical Association, the Australian Nursing and Midwifery Federation, and the Health Care Consumers' Association.

The ACT boards of the Medical Board of Australia and the Nursing and Midwifery Board of Australia have also met with the HSC to discuss the joint decision-making process in the ACT. The ACT Registrations and Notifications Committee of the Dental Board of Australia (DBA) also initiated meetings with the Australian Dental Association (ADA) and the HSC, to take place later in 2015.

In April 2015, the chairs of the ACT Boards, the CEO of AHPRA and the ACT state manager met with the newly appointed ACT Health Minister, Mr Simon Corbell MLA. In April, as part of a national tour, the Nursing and Midwifery Board of Australia also held a public forum for ACT practitioners and other stakeholders, such as professional associations, unions and nursing educators.

The other focus for the ACT office was training and improving the quality of decision-making. We have also continued to present on registration requirements and board-related standards to local universities and major health employers, and on notifications to local professional associations.

As part of a national initiative, since the beginning of 2015 three panel member training sessions have been delivered to ACT members of panels and boards.

Meredith Boroky was acting Territory Manager of the ACT during 2014/15.

ACT registration and notifications data 2014/15

The number of registered practitioners in the ACT has increased to 10,978, which is an increase of 255 (2.4%) from last year. Applications received for registration decreased by 28 to 941. This small reduction in applications was more than offset by the ACT office managing a review of over 700 qualifications of registered specialist pathologists.

Notifications received decreased, with 194 notifications received this year, compared with 267 in the previous year. There has been a reduction in the number of open notifications, by 43.5% (121 at June 2015, compared with 214 at the end of the 2013/14 year). The ACT office is engaging in an ongoing trial of the triage of medical notifications in an attempt to maintain this reduction in open notifications.

At the end of 2014/15, there were 155 cases under active compliance monitoring in the ACT.

New South Wales

It has been an exciting and productive year in the New South Wales (NSW) office. NSW is a co-regulatory jurisdiction so the main focus of the NSW office is managing registrations, including new applications for registration and changes in registration type. We are also the central assessment and processing centre for internationally qualified nurses and midwives (IQNM) and continue to deliver the national practitioner audit function, as well as coordination of the assessment of approved area-of-practice endorsements for conscious sedation for dentists.

This year representatives from our office have attended various stakeholder forums to share information about the National Scheme and, when relevant, profession-specific issues. For example, NSW is a destination for significant numbers of internationally qualified medical practitioners, so it has been important to support implementation of changes to the Medical Board of Australia's competent authority pathway for medical practitioners by delivering presentations to stakeholders. We have also actively sought input from community and hospital pharmacists in the development of the Pharmacy Board of Australia's registration examination scenarios and question bank.

We have continued to work in partnership with our co-regulatory partners, the NSW Health Care Complaints Commission and the Health

Professional Councils Authority, about notification matters. This year we have specifically worked to support opportunities for shared activities of National Boards and NSW Councils.

Peter Freeman acted as NSW State Manager from 1 July 2014 until 13 February 2015. Shane Dann was appointed NSW State Manager from 16 February 2015, and is continuing to further develop AHPRA's relationship with local stakeholders.

NSW registration data 2014/15

As at 30 June 2015 there were 185,247 registered health practitioners in NSW, compared with 181,025 in 2013/14. This represents 29.1% of all practitioners registered nationally, and equates to a growth rate of 2.3%

There were 17,199 applications for registration as a health practitioner received in NSW in 2014/15, which is 28% of applications received nationally.

This year, 79 statutory offences were received in NSW. While this figure is notably less than the 228 received in the previous year, the decrease is largely a result of bulk complaints made to AHPRA in 2013/14, resulting in offence matters concurrently being opened against a large number of practitioners. This year no such bulk complaints were received in NSW.

At 30 June 2015, AHPRA was monitoring 2,123 health practitioners in NSW.

Northern Territory

This year, the Northern Territory (NT) office continued to centrally manage all the registration applications for the Aboriginal and Torres Strait Islander health practice profession, and provide secretariat support to the Registration and Notifications Committee (RNC) of the Aboriginal and Torres Strait Islander Health Practitioner Board of Australia (ATSIHPBA).

This was the last year for Aboriginal and Torres Strait Islander health practice applicants to lodge applications under the grandparenting provisions of the National Law (section 303). These provisions enabled applicants with a range of qualifications and/or experience to qualify for registration. The number of applications received surged dramatically towards the end of the period. The resulting increase in the numbers of registered practitioners will be encouraging for this relatively new profession.

The NT office continued its strong emphasis on continuous improvement in managing notifications, with training for local board and committee members, and staff in administrative law and impairment issues.

Another focus was the continued implementation of the NT Medical Board of Australia Notifications Action Plan, including work on a qualitative research project into the reasons for 'no further action' decisions, and close liaison between local boards, AHPRA and the Health and Community Services Complaints Commission (HCSCC) to improve the efficiency and effectiveness of liaison on the management of complaints and notifications between the different entities.

The NT office is working closely with Western Australia and Victoria on a pilot program to develop a common approach to better managing the allocation of matters between the National Boards and the health complaints entities.

Jill Huck was the NT Territory Manager during 2014/15.

NT registration and notifications data 2014/15

As at 30 June 2015 there were 6,696 registered health practitioners in the NT, representing 1.05% of all practitioners registered nationally. This proportion has not significantly changed over previous years.

There were 635 applications for registration received in the NT, which is 1.03% of applications received nationally. This is consistent with the 1.05% of the national registrant base being in the NT. In addition, the NT dealt with applications transferred from other jurisdictions, including all 255 Aboriginal and Torres Strait Islander health practitioner applications.

It is noted that there were adverse criminal history check outcomes for 16.19% of applicants in the NT, compared with the national average of 5.97%. However, none of the disclosable court outcomes resulted in conditions or undertakings being imposed.

There were 178 notifications lodged in the NT, down from 216 received in the previous year.

The percentage of the registrant base with notifications in the NT remains at 2.7% and continues to be higher than the national average of 1.3%. In particular, in the medical profession the rate of 8.2% of the registrant base with notifications is notably higher than the national rate of 4.4%.

At 30 June 2015, there were 74 registrants under active monitoring. Cases in the NT accounted for 1.3% of registrants under active monitoring nationally.

Queensland

Since the establishment of the Office of the Health Ombudsman (OHO) on 1 July 2014, the Queensland office has worked closely with the OHO to develop relationships, systems and processes for ways of working within the co-regulatory arrangements. The transition to the co-regulatory arrangements was managed without incident and work continues to ensure these arrangements contribute to the provision of safe healthcare for people in Queensland.

In December 2014, the Queensland notifications teams began a pilot case-management model, moving away from the function-based approach where notifications move through stages of the notification lifecycle to different teams, to an arrangement where a notification is managed by one team from it being received to its closure. The case-management model is intended to improve the end-to-end accountability for the notification lifecycle, and the experience of notifiers and practitioners.

The Queensland registration teams have worked with other states and territories to deliver on national priorities, including international criminal history checks, documenting registration operational procedures, and key performance indicators for processing applications. This year we changed our approach on workflow management to enable greater transparency of all applications and outstanding requirements to ensure more timely management and decision-making.

This year the Queensland state office staff embarked on a three-year journey to embed a culture that values empowerment and collaboration, and is accountable, adaptable, open and thriving.

Matthew Hardy was Queensland State Manager during 2014/15.

Queensland registration and notifications data 2014/15

The number of registered health practitioners in Queensland increased by 3.5% to 121,788 practitioners. The increase in Queensland is above the national increase of 2.9%.

The number of notifications received by AHPRA and the National Boards in Queensland decreased significantly. It is difficult to draw comparisons between this year's data and data from previous years because of the introduction of the OHO in Queensland from 1 July 2014.

From this date, the OHO received all health complaints in Queensland, including those about registered health practitioners, and decides whether the complaint:

- is serious, in which case it must be retained by the OHO and investigated
- should be referred to AHPRA and the relevant National Board for management, or
- can be closed or referred for conciliation or local resolution.

The number of matters referred to AHPRA and the National Boards by the OHO was 917. This is 61.4% lower than the number of notifications received directly by AHPRA in 2013/14.

At 30 June 2015, there were 1,186 practitioners under active monitoring in Queensland, representing 20.8% of cases nationally.

South Australia

This was a year of change for the South Australia (SA) office, with new offices and the introduction of several new senior personnel, including State Manager, Director and Manager Notifications, and Director and Manager Registration. The excellent new premises are larger and more supportive of new ways of working, in particular in being flexible in enabling the intermittent or regular presence of colleagues from other parts of the network.

Close links have been maintained with the National Directors based in SA and the opportunity for National Boards and committees to meet in SA more often is being realised. The Medical Board of Australia's National Conference was held at the Adelaide Oval in May 2015, and interstate staff took the opportunity to work from the SA office in its lead-up.

SA's primary responsibility for Chinese medicine registration continued this year, and the responsibility of ensuring national consistency in recommendations made about physiotherapy registration matters now also sits with the SA office.

Stakeholder activities continued to feature strongly in our work. The SA Board of the Medical Board of Australia successfully trialled notification management innovations, and regular meetings with local professional associations, SA Department of Health and the Health and Community Services Complaints Commissioner (HCSCC) continue. The SA Board of the NMBA has undertaken professional development visits to aged care facilities and simulation laboratory providers to better appreciate the current working environment for nurses and the performance assessment techniques available.

Richenda Webb was SA State Manager during 2014/15.

SA registration and notifications data 2014/15

At 30 June 2015, there were 52,192 SA-based practitioners (8.2% of the national total), this is an increase of 1.6% over the 51,352 practitioners in June 2014. Of these practitioners, 1,067 (2% of all SA registered practitioners) have an endorsement or notation on their registration, an increase from 899 in June 2014.

The number of notifications received decreased to 676 this year from 793 in the previous year. There were 462 notifications open at the end of the reporting year, which is a notable decrease from the 525 notifications open at the end of June 2014. SA continued to receive a disproportionately large number of mandatory notifications – 160 notifications or 19.2% of the national total (including NSW). In 2013/14, 180 were received (15.7% of the national total including NSW).

At 30 June 2015, there were 472 practitioners under active monitoring in SA, compared with 494 at the end of June 2014.

Tasmania

The Tasmanian Board of the Medical Board of Australia, along with the other state boards, has made significant progress in engaging with external stakeholders in order to enhance mutual understanding of roles in the provision of safe healthcare in Tasmania. For example the Dean of Medicine of the University of Tasmania, and the Medical Clinical Advisor and Project Director of One Health System were invited to a Q&A session before the start of the May and June board meetings, respectively.

In response to the variable quality of supervision reports being received, the Tasmanian Board of the Nursing and Midwifery Board of Australia developed an education session on the subject. A workshop was held for clinical nurse educators from Tasmania's Southern Health Organisation, where participants were challenged to understand the impact of the variable quality of reports by placing themselves in the position of the decision-makers.

The Tasmanian-based boards and committees have shared various professional development opportunities this year. For example, the Medical Board focused on notifications with a researcher from the Centre for Health Policy within the Melbourne School of Population and Global Health presenting sessions at the board's professional development workshop *Mandatory notifications – a review of 380 cases* and *Identifying high-risk practitioners*, attended by 30 board members and invited guests. The Nursing and Midwifery Board delved into forensic decision-making and some of the barriers to effective decision-making, with a presentation by a forensic psychologist.

Catherine Miedecke was Tasmanian State Manager during 2014/15.

Tasmanian registration and notifications data 2014/15

Tasmanian practitioners continue to account for approximately 2.2% of Australia's registered health workforce. The number of health practitioners registered in Tasmania has continued to grow from 13,572 in 2013/14 to 13,886 in 2014/15 (2.3% growth).

No Tasmanian registrants had their registration limited after a criminal history check this year.

There were 237 notifications received in Tasmania. This represents 1.7% of health practitioners in the state; a decrease from 2% in 2013/14. Of the six cases closed following a tribunal hearing, one case resulted in cancellation and one case resulted in the suspension of the practitioner's registration. The remaining four cases resulted in a reprimand.

At the end of the reporting year, there were 101 Tasmanian practitioners subject to monitoring of conditions on registration or undertakings.

Victoria

The Victorian Office concentrated its efforts on improving processes to ensure timely management of registration and notification work, and to support national initiatives in regulatory operations.

A key focus has been on reducing the number of notification matters that are not completed in a timely manner. The Victorian and national legal teams started a program of work to finalise matters waiting for consideration by panels and referral to the Victorian Civil and Administrative Tribunal. This work is ongoing, and has been complemented by a restructure of teams and processes in the notifications area.

We also worked closely with the national teams to investigate statutory offence matters. Investigations were undertaken and warrants executed against individuals who were not registered but were alleged to be providing dental services. Our investigations also identified significant concerns about potential harm to the public from poor dental care and potential infection risks. AHPRA staff worked closely with staff from the Victorian Department of Health and Human Services to assess these risks and provide information and guidance to the public.

The Victorian office has expertise in managing specialist dental registration applications and has worked collaboratively with the national dental executive and professional officers to support improvements to the application form and processes.

Richard Mullaly was Victorian State Manager to February 2015. In March 2015, Dr Mary Russell was appointed Victorian State Manager.

Victorian registration and notifications data 2014/15

The number of registered health practitioners in Victoria was 164,324. 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.

There was a reduction in statutory offences received compared with the previous year: 167 this year, down from 221 in 2013/14. The greatest numbers of statutory offence notifications related to dental practice (42), osteopathy (28) and medical practice (25). Significant investigative and legal activity focused on allegations against unregistered persons allegedly undertaking restricted dental acts.

The Victorian office received 1,901 notifications, which included 172 mandatory notifications. Focused work began to finalise notifications that had been in progress for an extended period, including matters referred to panels and tribunal. At the end of 2014/15, 918 notifications remained open in Victoria (compared with 1,192 at the end of 2014).

There were 948 practitioners under active monitoring in Victoria at 30 June 2015, representing 16.6% of cases nationally.

Western Australia

Staff from the Western Australia (WA) office participated in 215 external stakeholder engagement activities with approximately 50 different organisations, including the WA Consumer Advisory Council; Health and Disability Services Complaints Office; WA Council for Quality and Safety; public and private hospitals; universities and other health education providers; various health agencies; and corrective services. These engagements related to registration standards, notification processes and other National Scheme matters.

There were 17 activities conducted this year under the Quality Assurance Program, which was introduced in the WA office in 2012. The governing committee of the program consists of representatives from across the office and meets bi-monthly. Some of its outcomes include significant improvement in the timeframe of 'lodgement to closure' in notifications against unknown or unregistered practitioners; and administrative complaints acknowledged within two business days, including recommendations for enhancement to the complaints database system.

Administration of the Medical Radiation Practice Board of Australia's supervised practice program, which includes approval of supervisors and assessment of various reports, was transferred to the registration team – the transition of this process was efficiently and effectively managed.

The WA office is working closely with the Health and Disability Complaints Office (HaDCO) to support a national working group established to review processes to identify the appropriate entity (HadCO or AHPRA) to handle a notification or complaint; and improve communication with notifiers/complainants regarding the roles of each organisation.

Robyn Collins was WA State Manager during 2014/15.

WA registration and notifications data 2014/15

As at 30 June 2015 there were 65,588 registered health practitioners in WA, compared with 64,015 in 2013/14. This represents 10.3% of registered health practitioners nationally and equates to a growth rate of 2.5%.

There were 6,695 applications received for registration as a health practitioner in WA, representing 10.9% of applications received nationally.

Overall, more notifications were closed (820) than received (781). WA was the only state (except NSW) where the number of notifications received (781) increased from the previous year (750). The number of mandatory notifications received also increased to 114 this year (13.7% of the national total including NSW), compared with 88 in 2013/14. Overall, the number of notifications open at 30 June 2015 has also decreased to 467 (from 523 in 2014).

There were 60 matters that were resolved following a tribunal hearing, compared with 43 matters in the previous year.

At the end of the reporting year AHPRA was monitoring 554 health practitioners in WA, compared with 370 practitioners at 30 June 2014.

Registration

Overview

The number of registered health practitioners across all states and territories continued to increase, with 2.9% national growth. On 30 June 2015, there were 637,218 health practitioners in 14 professions registered to practise in Australia.

We continue to set the international benchmark for online renewal, with 96.07% of registered health practitioners renewing their registration online. This matches the rate of 98% for completion of the workforce survey – creating an invaluable source of information to support national workforce planning and reform.

In February 2015, following extensive consultation, we implemented a revised operational protocol for checking international criminal history, aligning our approach with domestic criminal history checks. The new protocol aims to balance the need for public protection without creating unnecessary delays in the registration process for applicants.

We have maintained our focus on service improvement with the introduction of registration performance reporting. This has created opportunities to improve the quality and accuracy of our registration work. Performance was strong in a majority of key areas, meeting the specific legislative requirements in all quarters.

Table R1: Registered practitioners by profession by principal place of practice[1]

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[2]	Total 2014/15	Total 2013/14	% Change 2013/14-2014/15
Aboriginal and Torres Strait Islander Health Practitioner	4	54	215	47	13	3	7	47	1	391	343	13.99%
Chinese Medicine Practitioner	71	1,820	14	830	176	37	1,250	238	58	4,494	4,271	5.22%
Chiropractor	65	1,681	25	771	362	51	1,290	594	159	4,998	4,845	3.16%
Dental Practitioner	399	6,449	147	4,179	1,769	366	4,827	2,472	601	21,209	20,707	2.42%
Medical Practitioner	1,977	32,183	1,101	19,919	7,717	2,203	25,029	10,246	2,758	103,133	99,379	3.78%
Medical Radiation Practitioner	255	4,957	109	2,938	1,142	301	3,657	1,300	207	14,866	14,387	3.33%
Midwife	101	809	59	656	492	22	1,071	349	123	3,682	3,230	13.99%
Nurse	5,193	92,160	3,679	64,564	30,305	8,053	88,550	33,988	9,607	336,099	327,388	2.66%
Nurse and Midwife[3]	583	9,148	537	6,102	2,193	656	7,940	3,023	340	30,522	31,832	-4.12%
Occupational Therapist	296	4,846	156	3,333	1,357	279	4,209	2,504	220	17,200	16,223	6.02%
Optometrist	73	1,663	29	985	259	80	1,251	403	172	4,915	4,788	2.65%
Osteopath	36	558	1	183	36	43	1,046	60	37	2,000	1,865	7.24%
Pharmacist	482	8,969	210	5,660	2,100	692	7,182	3,105	614	29,014	28,282	2.59%
Physiotherapist	511	7,943	168	5,097	2,234	439	6,744	3,344	1,063	27,543	26,123	5.44%
Podiatrist	58	1,167	20	730	417	98	1,391	446	59	4,386	4,129	6.22%
Psychologist	874	10,840	226	5,794	1,620	563	8,880	3,469	500	32,766	31,717	3.31%
Total 2014/15	**10,978**	**185,247**	**6,696**	**121,788**	**52,192**	**13,886**	**164,324**	**65,588**	**16,519**	**637,218**		
Total 2013/14	**10,723**	**181,025**	**6,650**	**117,622**	**51,352**	**13,572**	**160,286**	**64,015**	**14,264**		**619,509**	

Notes:
1. Data are based on registered practitioners as at 30 June 2015.
2. No principal place of practice (PPP) will include practitioners with an overseas address.
3. Practitioners who hold dual registration as both a nurse and a midwife.

For more detailed information about the professions that have divisions – Chinese medicine, dental, medical radiation practice and nursing and midwifery – please refer to the list published online at www.ahpra.gov.au/Registration/Registers-of-Practitioners/Professions-and-Divisions.aspx and the individual profession summaries published at www.ahpra.gov.au/annualreport.

Renewals

AHPRA manages the registration renewal process of 637,218 health practitioners each year across Australia.

There are three main annual renewal periods: nurses and midwives by 31 May; most medical practitioners by 30 September; and other health practitioners by 30 November every year. This year, 96.07% of all eligible health practitioners renewed their registration online; an increase of 25,184 practitioners. The continued high rate of online renewals is a significant achievement and is one of the highest online renewal rates for health regulators internationally. The high online renewal rate has enabled AHPRA to reduce the cost associated with hardcopy reminders, and improve efficiency.

We are committed to continuously improving the systems and processes that make it easier for renewing health practitioners to engage with online services.

Customer service team

The customer service team (CST) is responsible for managing enquiries from the community and health practitioners, receiving services queries by telephone and through online web enquires. This year the CST handled 415,610 phone and 50,135 web enquiries. Of the calls received, 77% were answered within 90 seconds and 93% were concluded on first contact, exceeding our service level agreement. In addition, 94% of health practitioners responded with 'very satisfied' when asked to rate their interaction with our CST.

Health practitioner audit

Health practitioner audits provide assurance that practitioners understand and are meeting their obligations in relation to their registration standards. At audit, practitioners are required to provide evidence in support of the declarations made in the previous year's registration renewal applications. Since we began conducting audits, 335 practitioners have either surrendered their registration or moved to non-practising registration while being audited. See page 34 for more information about audit.

Examinations

AHPRA currently manages examination delivery on behalf of the Pharmacy Board of Australia and the Psychology Board of Australia, in support of registration requirements. This year, 2,041 oral examinations were held for pharmacy candidates and 410 computer-based examinations were held for eligible provisional psychologists.

Student registration

More than 141,951 students are studying in Australia to be health practitioners. The student registration figures are based on the number of students reported as undertaking an approved program of study/clinical training program. This may include ongoing students or students with a completion date falling within the year. It is important to note that this information is reliant on the data provided by education providers.

AHPRA continues to work with more than 120 education providers to improve the exchange of information and identify the status of students to ensure that information is accurate, particularly in relation to completion/cessation of students who may have otherwise remained on the student register. The student register is not public.

Students in approved programs of study are those enrolled in a course that has been approved by a National Board as leading to general registration. These courses can be found on the AHPRA website at www.ahpra.gov.au/Education/Approved-Programs-of-Study.aspx.

Clinical training has been defined as any form of clinical experience (also known as clinical placements, rotations, etc.) in a regulated health profession that does not form part of an approved program of study and the student does not hold registration under Division 6 of the National Law in the health profession in which the clinical training is being undertaken.

A clinical training education provider could be a university, registered training organisation, hospital, health facility, private practice or retail outlet (such as a retail pharmacy). Because of this, we are reliant on the clinical training figures reported to us. Due to the nature of the clinical training provisions within the National Law, the student numbers reported may fluctuate significantly each year.

The Psychology Board of Australia does not register students. Psychology students need to apply for provisional registration.

Table R2: Student registration numbers[1]				
Profession	**Approved program of study[2] students by expected completion date**	**Clinical training[3] students by expected completion date**	**Total 2014/15**	**Total 2013/14**
Aboriginal and Torres Strait Islander Health Practitioner	140		140	78
Chinese Medicine Practitioner	1,141	340	1,481	1,551
Chiropractor	1,139	755	1,894	1,519
Dental Practitioner	4,704	6	4,710	4,087
Medical Practitioner	18,562	118	18,680	20,562
Medical Radiation Practitioner	3,727	361	4,088	3,820
Midwife	3,703		3,703	3,890
Nurse	77,373	601	77,974	64,850
Occupational Therapist	7,952	282	8,234	6,658
Optometrist	1,587	3	1,590	1,729
Osteopath	1,189		1,189	1,415
Pharmacist	7,388	1	7,389	7,749
Physiotherapist	7,937	1,160	9,097	8,639
Podiatrist	1,670	112	1,782	1,796
Total 2014/15	**138,212**	**3,739**	**141,951**	
Total 2013/14	**120,459**	**7,884**		**128,343**

Notes:

1. These student figures are based on the number of students reported as undertaking an approved program of study/clinical training program within the relevant financial year. This may include ongoing students or students with a completion date falling within the period. It is important to note that this information is reliant on the data provided by education providers. AHPRA continues to work both internally and with the 120+ education providers to improve the exchange of information and accurately identify the status of students to ensure that information is accurate, particularly in relation to completion/cessation of students who may have remained on the student register.
2. Approved programs of study refer to those students enrolled in a course that has been approved by a National Board and leads to general registration. These courses can be found on the AHPRA website: www.ahpra.gov.au/Education/Approved-Programs-of-Study.aspx.
3. Clinical training has been defined as any form of clinical experience (also known as clinical placements, rotations, etc.) in a regulated health profession that does not form part of an approved program of study AND the student does not hold registration under division 6 of the National Law in the health profession in which the clinical training is being undertaken. This obligation is imposed by section 91 of the National Law and may apply for example:
   a. when an overseas student arranges a clinical placement as part of the course requirements set out by the education provider in their home country
   b. when an education provider is running a course that is accredited by an accreditation authority but has not yet been approved by a National Board, or
   c. when an education provider is running a course that has not yet been accredited by an accreditation authority or approved by a National Board.

A clinical training education provider could be a university, registered training organisation, hospital, health facility, private practice or retail outlet (e.g. retail pharmacy). Because of this, exact numbers of clinical training providers are largely unknown to AHPRA and we are reliant on the clinical training figures reported to us under section 91(1) of the National Law. Due to the nature of the clinical training provisions within the National Law, the student numbers reported may fluctuate significantly each year.

Table R3: Domestic and international criminal history checks by profession, state or territory and cases where a criminal history check resulted in or contributed to imposition of conditions or undertakings

State/territory[1]	ACT			NSW			NT			QLD		
	Number of CHCs[2]	Number of DCOs[3]	CHCs resulted in conditions/undertakings	Number of CHCs[2]	Number of DCOs[3]	CHCs resulted in conditions/undertakings	Number of CHCs[2]	Number of DCOs[3]	CHCs resulted in conditions/undertakings	Number of CHCs[2]	Number of DCOs[3]	CHCs resulted in conditions/undertakings
Aboriginal and Torres Strait Islander Health Practitioner				38	8		78	40		45	16	
Chinese Medicine Practitioner	17			549	37		1			165	16	1
Chiropractor	8	2	1	237	18		1			77	8	
Dental Practitioner	21	2		481	27	3	10	2		336	12	
Medical Practitioner	153	12		2,105	95	1	105	6		1,390	52	3
Medical Radiation Practitioner	24	2		690	29		7			360	20	
Midwife	28	2		391	20		26	1		277	13	
Nurse	279	22	2	6,546	497	3	207	25		4,846	329	6
Occupational Therapist	29	2		462	14		9	1		276	5	
Optometrist	8	1		181	9	1	2			129	5	
Osteopath	6			51	10					19	3	
Pharmacist	30	1		697	34		11	2		498	16	
Physiotherapist	53	3		794	23		15	1		510	17	
Podiatrist	5	1		188	21		2			107	7	
Psychologist	62	8		892	45		14	1		512	22	1
Total 2014/15	**723**	**58**	**3**	**14,302**	**887**	**8**	**488**	**79**	**0**	**9,547**	**541**	**11**
Total 2013/14[4]	**910**	**48**	**0**	**17,814**	**921**	**10**	**812**	**103**	**6**	**11,829**	**721**	**20**

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.

Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal history checks.

Applicants seeking registration must disclose any criminal history information when they apply for registration, and practitioners renewing their registration are required to disclose if there has been a change to their criminal history status within the preceding 12 months.

While a failure to disclose a criminal history by a registered health practitioner does not constitute an offence under the National Law, such a failure may constitute behaviour for which a National Board may take health, conduct or performance action.

Criminal history checks were strengthened this year with the implementation of a new approach to checking international criminal history. The new approach requires a third-party international criminal history check, to bring it in line with what is required for domestic criminal history checks. The aim is to strike a balance between public safety and regulatory burden for practitioners. We need to understand and manage any risk to patients and the public, without unduly delaying the registration process for applicants.

New applicants seeking registration in Australia, and certain registered health practitioners including those registered under Trans-Tasman Mutual Recognition arrangements, now need to obtain an independent international criminal history check from an AHPRA approved supplier, who will provide the report to them as well as directly to us. A check is required when an applicant or health practitioner

	SA			TAS			VIC			WA			Total 2014/15			
	Number of CHCs[2]	Number of DCOs[3]	CHCs resulted in conditions/undertakings	Number of CHCs[2]	Number of DCOs[3]	CHCs resulted in conditions/undertakings	Number of CHCs[2]	Number of DCOs[3]	CHCs resulted in conditions/undertakings	Number of CHCs[2]	Number of DCOs[3]	CHCs resulted in conditions/undertakings	Number of CHCs[2]	Number of DCOs[3]	% of DCOs resulting from CHCs	CHCs resulted in conditions/undertakings
	28	9		2	1		7	2		68	35	1	266	111	41.73%	1
	87	7		8	4		298	8		62	6		1,187	78	6.57%	1
	31	6		3	2		204	12		103	14	1	664	62	9.34%	2
	191	11		15	8		529	18		181	26	1	1,764	106	6.01%	4
	535	27		162	35		3,871	48	1	977	45	1	9,298	320	3.44%	6
	174	6		26	13		501	18		207	14		1,989	102	5.13%	0
	83	3		12	4		466	5		139	7		1,422	55	3.87%	0
	2,114	181	4	460	218		7,263	242	1	2,613	224	5	24,328	1,738	7.14%	21
	121	8		8	4		454	7		267	19		1,626	60	3.69%	0
	34	2		6	5		225	7		33	3		618	32	5.18%	1
	5			2	1		173	5		10	2		266	21	7.89%	0
	193	2		44	16		564	12		227	22		2,264	105	4.64%	0
	214	16		18	4		695	13		346	19		2,645	96	3.63%	0
	63	7		12	6		265	5		96	8		738	55	7.45%	0
	121	13		41	15		822	23		408	32		2,872	159	5.54%	1
	3,994	**298**	**4**	**819**	**336**	**0**	**16,337**	**425**	**2**	**5,737**	**476**	**9**	**51,947**	**3,100**	**5.97%**	**37**
	5,481	**465**	**6**	**1,094**	**185**	**6**	**15,677**	**527**	**14**	**7,383**	**627**	**14**	**61,000**	**3,597**	**6%**	**76**

declares an international criminal history and/or has lived, or been primarily based, in any country other than Australia for six consecutive months or more when aged 18 years or over.

AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. The criminal history reports are used as one part of assessing an applicant's suitability to hold registration.

Results of criminal history checks

AHPRA requested 47,718 domestic criminal record checks of practitioners this year. Of these, 6.5% (3,090) of the results indicated that the applicant had a disclosable court outcome. In cases when a criminal history check was positive, a majority of the applicants were granted registration. Two applicants were subject to undertakings and 21 applicants had conditions imposed on their registration. Seven applicants were refused registration, ensuring only those who are suitable and safe to practise are registered.

Since February 2015, 4,229 international criminal history checks have been undertaken, with 10 positive criminal history results returned. Of the applications where a criminal history was identified, most have been granted registration, while a small number continue to be assessed by the relevant National Board.

Audit compliance with registration standards

Key achievements in 2014/15

- High levels of compliance with registration standards across all 14 professions.
- Greater emerging trend analysis and faster resolution of possible issues.
- Further system enhancements to support the audit function and ensure integration with the registration, notification and compliance functions.

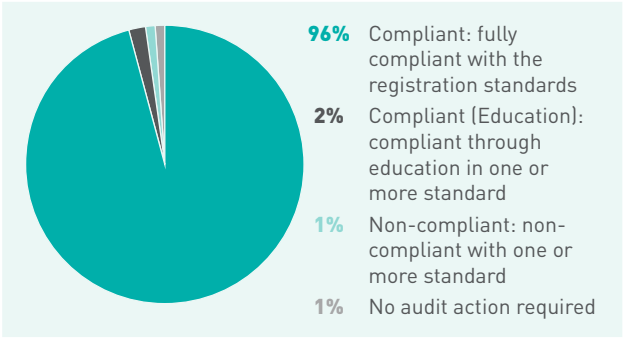
All registered practitioners are required to comply with a range of national registration standards that have been developed by the Board that registers them. Each time a practitioner applies to renew their registration they must make a declaration that they have met the registration standards for their profession.

Our auditing function provides assurance to the public, Boards and practitioners that the requirements of the National Law are understood and that practitioners are in compliance with their Board's registration standards. During audit, practitioners are required to provide evidence of the declarations made in the previous year's renewal of registration.

The standards that may be audited are continuing professional development, recency of practice, professional indemnity insurance arrangements and criminal history.

This year, AHPRA audited 6,610 practitioners across all 14 professions. All Boards audited compliance with the criminal history standard and some Boards audited one or more of the other standards. All Boards are progressively moving towards audit of compliance with the full suite of common standards.

The figure below shows the outcomes.



For all audits initiated this year, 96% of completed audits resulted in a finding of full compliance with the registration standards audited.

All Boards have adopted an educative approach to audit, seeking to balance the protection of the public with the use of minimum regulatory force to manage those practitioners found to be less than fully compliant with the audited standards.

Therefore practitioners who are found to have 'not quite' met the registration standard, but were able to provide evidence of achieving full compliance during the audit period, are managed through education to achieve full compliance. For example, a number of practitioners across different professions were found to have gaps in compliance with continuing professional development, most commonly by being one or two hours/units short of the required amount. In these instances all Boards have accepted that the practitioner can complete the required hours before the closure of the audit. These practitioners are recorded as being 'compliant (education)' and represent 2% of all completed audits across the 14 professions.

What if a practitioner is non-compliant?

When a practitioner is found to not have met the requirements of the Board's standards, all Boards have developed a collaborative approach, consistent with the regulatory principles, working with the practitioner to ensure compliance before the next period of renewal.

This can involve cautioning the practitioner about the importance of compliance with registration standards. Only 1% of all audited practitioners were cautioned in 2014/15.

All matters that involve the issue of a caution or conditions being placed on registration are subject to a 'show cause' process. The show cause process alerts the practitioner of the Board's intended action and allows the practitioner the opportunity to respond before a final decision is made.

Audits for which 'no audit action is required' refers to practitioners who changed registration type (became non-practising), or surrendered their registration after being advised that they were subject to an audit.

Notifications

In the National Scheme, a complaint about a registered health practitioner is called a 'notification'. They are called notifications because we are 'notified' about concerns or complaints, which AHPRA manages on behalf of the National Boards. The powers of the National Boards and AHPRA are set out in the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory.

Managing risk and keeping the public safe is our core focus when Boards make decisions about notifications.

Anyone can notify us about a registered health practitioner's health, performance or conduct. While registered health practitioners, employers and education providers have mandatory reporting obligations required by the National Law, the majority of reports are voluntary.

There is a different process in NSW and Queensland. In NSW the Health Care Complaints Commission (HCCC) is the body that receives complaints and in Queensland it is the Office of the Health Ombudsman (OHO).

Overview

The number of notifications received nationally by AHPRA on behalf of National Boards this year fell by a little over 10% from the previous year (not including the co-regulatory jurisdictions of Queensland and NSW). See Table N1.

There has been a reduction of between 10% and 27% in the number of notifications received across most states and territories. This contrasted with a 9.5% increase in notifications received in NSW and a 4% increase in Western Australia.[17]

Consistent with previous years, the highest number of notifications related to medical practitioners, with 4,541 (53.89%) notifications made about the profession (including NSW and Queensland).

The proportion of registered health practitioners with a notification fell by 0.1% to 1.3% when compared with the previous year (1.4%). The most significant reductions were recorded in both the medical and dental professions, which have historically had the highest proportion of the registrant base with a notification received. This reduction is partly attributable to the reduced number of notifications dealt with by the National Boards and AHPRA in Queensland. See Table N2.

More than 19% of notifications finalised in 2014/15 resulted in conditions being placed on registration or undertakings accepted by a National Board.

Sixty per cent of all notifications that were closed resulted in no further regulatory action (59%), which is slightly higher than the proportion from 2013/14 (57%). No further regulatory action on the part of a Board can often be because a practitioner has voluntarily taken steps to address the issues of concern. See Tables N3, N4 and N5.

The average time that it took AHPRA and National Boards to assess notifications continued to reduce this year. The time that it took AHPRA and the Boards to close notifications in assessment, including any show cause process required under Division 10 of Part 8 of the National Law, reduced from 142 days in 2013/14 to 73 days in 2014/15. The time that it took AHPRA and National Boards to move notifications from assessment to another stage of the notification process (where further enquiries were required to resolve the notification) reduced from 54 days in 2013/14 to 46 days in 2014/15.

Average time to:	2013/14	2014/15	% Improvement
Close matters in assessment	142	73	48.6%
Complete assessments to another stage	54	46	14.8%

We continued to refine our processes to ensure timely outcomes for notifiers and practitioners.

In 2014/15, 28.8% of the notifications we received were made directly by a patient. A further 14% of the notifications we received came via a health complaints entity.

In 2014/15, 40.9% of the notifications we received were about the clinical care provided by a health practitioner. A further 11.2% of notifications were about practitioners with a health impairment.

After these two categories, the main areas of concern were pharmacy/medication (9.8%), communication (7.1%), documentation (4.8%) and boundary violation (4.4%).

Supplementary data tables on notifications by issue category and profession and by source and profession are available on the AHPRA website at www.ahpra.gov.au/annualreport.

17 A similar comparison is not possible for Queensland because the way the OHO records complaints differs from other jurisdictions.

An important note about our data

Queensland became a co-regulatory jurisdiction on 1 July in 2014 with the commencement of the *Health Ombudsman Act*. The Office of the Health Ombudsman (OHO) receives all health complaints in Queensland, including those about registered health practitioners, and decides whether the complaint:

- is serious, in which case it must be retained by the OHO for investigation
- should be referred to AHPRA and the relevant National Board for management, or
- can be closed, or managed by way of conciliation or local resolution.

This means that AHPRA only has access to the data relating to matters referred by the OHO. We are not able to report on all complaints about registered health practitioners in Queensland.

The number of matters referred to National Boards and AHPRA by the OHO in Queensland this year was 61% lower than the number of notifications received directly by AHPRA the previous year. Given that Queensland has historically received the second highest number of notifications (behind NSW), the reduction has had a significant impact on the national figures.

Some NSW regulation data published in this report may vary from data published in the NSW Health Professionals Councils Annual Report. This is due to subsequent data review by the HPCA after submission of initial data to AHPRA.

As part of our ongoing focus on improving our ways of working, we have continued to refine our data collection and reporting. This may mean that comparisons between years may not directly coincide.

Immediate action

Taking immediate action is a serious step that a Board can take only when it believes it may need to suspend or limit a practitioner's registration in some way to keep the public safe, as an interim step while it gets more information.

National Boards took immediate action to restrict a practitioner's registration on 336 occasions in 2014/15. Of those actions, 268 were taken outside NSW and Queensland and this represents a 7% increase on the number of immediate actions taken outside NSW and Queensland in 2013/14. See Table N6 for further information.

Mandatory notifications

There were 833 mandatory notifications (of the total 8,426 notifications received) in 2014/15, including NSW and Queensland. Overall, there was a reduction of 27.2% in mandatory notifications received.

In Queensland, only 14 mandatory notifications were recorded in the national database, compared with 376 mandatory notifications the previous year. The consultation forms used for complaints in Queensland are produced by the OHO and do not indicate whether the complaint made is a voluntary or mandatory complaint.

Despite the reduction in mandatory notifications recorded nationally, immediate actions taken in response to mandatory notifications increased from 95 in 2013/14 to 127 in 2014/15 (excluding Queensland and NSW). Similarly, the proportion of mandatory notifications that resulted in action taken by a National Board rose from 46% in 2013/14 to 61% in 2014/15.

These data suggest maturation in the understanding of the mandatory notification requirements under the National Law. That is, notifiers are making more appropriate mandatory notifications, having reasonably assessed that the risk to the public warrants the notification being made. See Tables N8, N9 and N10.

Providing data for research into mandatory reporting

Mandatory reporting is one of the public protections introduced with the start of the National Scheme in 2010.

In September 2014, AHPRA and the National Boards welcomed important research by Bismark et al. using mandatory reporting data from the National Scheme.[18] The research suggests that it is too early to draw definitive conclusions about the impact of mandatory notifications, particularly given the extent of other regulatory changes introduced when mandatory reporting requirements took effect nationally.

Using our data to identify areas requiring further investigation is a focus for our work in embedding risk-based regulation, and will help inform future programs of work.

18 Bismark MM, Spittal MJ, Plueckhahn TM, Studdert DM. Mandatory reports of concerns about the health, performance and conduct of health practitioners. Med J Aust 2014;201(7):399-403.

Improvements in timeliness

We are committed to ensuring that our investigations are completed in a timely manner, taking into account the complexities of individual notifications.

AHPRA and the National Boards achieved an overall reduction in the number of open notifications: the total number fell by 25%, from 3,927 as at 30 June 2014 to 2,958 as at 30 June 2015. See Table N18.

The rate at which we close matters referred for investigation has improved for three consecutive years, noting the reduction in the number of new notifications received this year. In particular, the rate at which we close investigations that are older than 12 months has increased for three consecutive years. Investigations older than 12 months fell from 436 in 2013/14 to 360 in 2014/15. A rolling program of audits of long-standing investigations began and will continue as a quality assurance mechanism that aims to reduce the time it takes for AHPRA and the National Boards to investigate concerns about registered practitioners.

Table N1: Notifications received in 2014/15 by profession and state or territory[1]

	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal 2014/15	NSW	Total 2014/15	Total 2013/14
Aboriginal and Torres Strait Islander Health Practitioner		5					2	7		**7**	**6**
Chinese Medicine Practitioner			2	3		5		10	12	**22**	**26**
Chiropractor	3		5	5		16	12	41	34	**75**	**111**
Dental Practitioner	27	7	72	57	10	186	69	428	338	**766**	**951**
Medical Practitioner	92	90	439	324	134	1,016	419	2,514	2,027	**4,541**	**5,585**
Medical Radiation Practitioner	2		7			10	2	21	10	**31**	**28**
Midwife	3	4	26	7	1	12	12	65	9	**74**	**110**
Nurse	31	59	276	191	63	349	162	1,131	602	**1,733**	**1,900**
Occupational Therapist	1		7	2		21	2	33	16	**49**	**43**
Optometrist			6	3	1	13	3	26	29	**55**	**66**
Osteopath	1		1	1		2		5	8	**13**	**11**
Pharmacist	19	2	39	38	17	94	37	246	244	**490**	**514**
Physiotherapist	1	4	8	10	1	25	8	57	40	**97**	**134**
Podiatrist			2	3		11	4	20	17	**37**	**54**
Psychologist	14	7	26	32	10	138	49	276	156	**432**	**487**
Not identified[2]			1			3		4		**4**	**21**
Total 2014/15	**194**	**178**	**917[3]**	**676**	**237**	**1,901**	**781**	**4,884**	**3,542**	**8,426**	
Total 2013/14	**267**	**216**	**2,375**	**793**	**298**	**2,112**	**750**	**6,811**	**3,236**		**10,047**

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. Based on the number of matters referred by the Office of the Health Ombudsman to AHPRA and the National Boards.

Table N2: Percentage of registrant base with notifications received in 2014/15 by profession and state or territory[1]											
	ACT	NT	QLD[4]	SA	TAS	VIC	WA	Subtotal 2014/15	NSW	Total 2014/15	Total 2013/14
Aboriginal and Torres Strait Islander Health Practitioner		2.3%					4.3%	2.1%		1.8%	1.7%
Chinese Medicine Practitioner			0.2%	1.7%		0.4%		0.4%	0.7%	0.5%	0.6%
Chiropractor	4.6%		0.6%	1.4%		1.2%	2.0%	1.3%	2.0%	1.5%	2.0%
Dental Practitioner	6.8%	4.8%	1.7%	3.2%	2.7%	3.9%	2.8%	3.0%	5.2%	3.6%	4.0%
Medical Practitioner	4.7%	8.2%	2.2%	4.2%	6.1%	4.1%	4.1%	3.7%	6.3%	4.4%	4.9%
Medical Radiation Practitioner	0.8%		0.2%			0.3%	0.2%	0.2%	0.2%	0.2%	0.2%
Midwife[2]	0.4%	0.7%	0.4%	0.3%	0.1%	0.1%	0.4%	0.3%	0.1%	0.2%	0.3%
Nurse[3]	0.5%	1.4%	0.4%	0.6%	0.7%	0.4%	0.4%	0.4%	0.6%	0.5%	0.5%
Occupational Therapist	0.3%		0.2%	0.1%		0.5%	0.1%	0.3%	0.3%	0.3%	0.3%
Optometrist			0.6%	1.2%	1.3%	1.0%	0.7%	0.8%	1.7%	1.1%	1.3%
Osteopath	2.8%		0.5%	2.8%		0.2%		0.4%	1.4%	0.7%	0.6%
Pharmacist	3.9%	1.0%	0.7%	1.8%	2.5%	1.3%	1.2%	1.3%	2.7%	1.7%	1.7%
Physiotherapist	0.2%	2.4%	0.2%	0.4%	0.2%	0.4%	0.2%	0.3%	0.5%	0.4%	0.5%
Podiatrist			0.3%	0.7%		0.8%	0.9%	0.6%	1.5%	0.8%	1.2%
Psychologist	1.6%	3.1%	0.4%	2.0%	1.8%	1.6%	1.4%	1.3%	1.4%	1.3%	1.4%
Total 2014/15	**1.8%**	**2.7%**	**0.8%**	**1.3%**	**1.7%**	**1.2%**	**1.2%**	**1.1%**	**1.9%**	**1.3%**	
Total 2013/14	**2.2%**	**2.7%**	**1.7%**	**1.4%**	**2.0%**	**1.2%**	**1.1%**	**1.4%**	**1.5%**		**1.4%**

Notes:

1. 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.
2. The registrant base used for midwives includes registrants with midwifery or with nursing and midwifery registration.
3. The registrant base for nurses includes registrants with nursing registration or with nursing and midwifery registration.
4. Based on the number of matters referred by the Office of the Health Ombudsman to AHPRA and the National Boards.

Table N3: Notifications closed in 2014/15 by profession, stage at closure and jurisdiction (including NSW)

	Assessment		Investigation		Health or performance assessment		Panel hearing		Tribunal hearing		Subtotal 2014/15		Total 2014/15	Total 2013/14
	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW		
Aboriginal and Torres Strait Islander Health Practitioner			3		2						5		5	5
Chinese Medicine Practitioner	5	10	5		1		3		3		17	10	27	28
Chiropractor	11	25	48		1	4	5	1	3		68	30	98	89
Dental Practitioner	329	277	171	3	17	11	11	20	10		538	311	849	1,015
Medical Practitioner	1,706	1,569	888	38	131	324	151		78		2,954	1,931	4,885	5,515
Medical Radiation Practitioner	7	8	11			4			1		19	12	31	28
Midwife	38	8	29		12		5				84	8	92	103
Nurse	554	347	362	32	226	154	42		38		1,222	533	1,755	1,774
Occupational Therapist	20	10	12		4	2					36	12	48	41
Optometrist	17	24	8		2	2					27	26	53	66
Osteopath	4	5	2			1			1		7	6	13	14
Pharmacist	144	157	119	4	19	31	25	13	16		323	205	528	464
Physiotherapist	41	26	30		5	5	1	1	6		83	32	115	104
Podiatrist	17	8	7		4	5	2		1		31	13	44	58
Psychologist	174	124	77	8	16	13	24		22		313	145	458	484
Not identified[1]	2										2		2	15
Total 2014/15	**3,069**	**2,598**	**1,772**	**85**	**440**	**556**	**269**	**35**	**179**	**0**	**5,729**	**3,274**	**9,003**	
Total 2013/14	**4,387**	**2,096**	**1,469**	**205**	**356**	**616**	**228**	**287**	**116**	**43**	**6,556**	**3,247**		**9,803**

Notes:

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

Table N4: Notifications closed in 2014/15 by outcome (excluding NSW)[1]

	No further action	Refer all or part of the notification to another body	HCE to retain	Accept undertaking	Caution or reprimand	Fine registrant	Impose conditions	Accept surrender of registration	Suspend registration	Cancel registration	Prohibited from undertaking services relating to midwifery	Not permitted to reapply for registration for 12 months or more	Proceedings withdrawn	Total
Aboriginal and Torres Strait Islander Health Practitioner	3				2									**5**
Chinese Medicine Practitioner	7		1	1	4		1		3					**17**
Chiropractor	24		3	16	10		14		1					**68**
Dental Practitioner	274	3	85	24	75	1	68	1	1	5			1	**538**
Medical Practitioner	1,959	6	268	103	353	8	229	6	14	4		3	1	**2,954**
Medical Radiation Practitioner	10		1		4		4							**19**
Midwife	39	1	4	13	12		15							**84**
Nurse	674	10	50	121	167	3	177	3	7	6		2	2	**1,222**
Occupational Therapist	25		1	1	6		3							**36**
Optometrist	12		5	2	6		2							**27**
Osteopath	3		1				2		1					**7**
Pharmacist	140	1	6	13	111		43	1	5	1		2		**323**
Physiotherapist	47		4	5	15		9		2			1		**83**
Podiatrist	19		1		5		5			1				**31**
Psychologist	202	1	4	12	41		40	1	4	7		1		**313**
Not identified	1		1											**2**
Total 2014/15	**3,439**	**22**	**435**	**311**	**811**	**12**	**612**	**12**	**38**	**24**	**0**	**9**	**4**	**5,729**
Total 2013/14	**3,744**	**22**	**1,342**	**218**	**798**	**7**	**382**	**11**	**18**	**12**	**1**	**1**		**6,556**

Notes:

1. A matter may result in more than one outcome. Only the most serious outcome from each closed notification has been noted.

It is important to note that this year, for matters considered jointly by health complaints entities and AHPRA, only matters within the National Boards' jurisdiction have been included in this report.

Table N5: NSW jurisdiction notifications closed in 2014/15 by outcome[1,2]

	No further action[3]	No jurisdiction[4]	Discontinued	Withdrawn	Make a new complaint	Refer all or part of the notification to another body	Caution	Reprimand	Orders – No conditions	Finding – No orders	Counselling /Interview	Resolution/Conciliation by HCCC	Fine	Refund/Payment/ Withhold fee/ Retreat	Conditions by consent	Order – Impose conditions; would be conditions if registered	Accept surrender	Accept registration type change to non-practising	Suspend	Cancelled registration/Disqualified from registering	Total 2014/15
Aboriginal and Torres Strait Islander Health Practitioner																					
Chinese Medicine Practitioner	1	1	6	1		1															**10**
Chiropractor	11	2	5			3		1			6			1		1					**30**
Dental Practitioner	80	1	149	5		37	1	4	6	2	23		1	1		5	1				**316**
Medical Practitioner	484	24	1,103	72	43	28		4			14	87				59	10	4		3	**1,935**
Medical Radiation Practitioner	7		3			1										1					**12**
Midwife	4		1								2				1						**8**
Nurse	118	48	147	8	1	8	3	5			98	4			57	23	3	2	3	9	**537**
Occupational Therapist	2	1	5			2						1			1						**12**
Optometrist	8		14	2		1					1										**26**
Osteopath	2		1			1					2										**6**
Pharmacist	113		50	5		1	3	5	2		15					16	1			1	**212**
Physiotherapist	10		11	3					1		4	2			1						**32**
Podiatrist	3		6	1		2					1										**13**
Psychologist	59	4	58	6		4						2				7			1	5	**146**
Total 2014/15	**902**	**81**	**1,559**	**103**	**44**	**89**	**7**	**19**	**9**	**2**	**166**	**96**	**1**	**2**	**60**	**112**	**15**	**6**	**4**	**18**	**3,295**
Total 2013/14	**746**	**31**	**1,620**	**94**	**60**	**84**	**3**	**25**	**4**	**4**	**205**	**121**	**3**	**1**	**97**	**91**	**22**	**3**	**16**	**36**	**3,266**

Notes:

1. NSW legislation provides for a range of different outcomes for notifications in NSW. Some of these map to outcomes available under the National Law; others are specific to the NSW jurisdiction.
2. Each notification may have more than one outcome. All outcomes have been included.
3. Includes Resolved before assessment, Apology, Advice, Council letter, Comments by HCCC, Deceased, Discontinued, Interview, Registration status change – did not proceed.
4. Includes practitioners who failed to renew.

Table N6: Immediate action cases (including NSW)[1]

	No action taken		Action taken										Total 2014/15		Total 2013/14	
			Suspend registration		Accept surrender of registration		Impose conditions		Accept undertaking		Decision pending[2]					
	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW[3]	AHPRA	NSW[4]
Aboriginal and Torres Strait Islander Health Practitioner							2						**2**	**0**		
Chinese Medicine Practitioner	1			1				1	1				**2**	**2**	**2**	**1**
Chiropractor	2			2			3	1					**5**	**3**	**6**	
Dental Practitioner	5	10	2	10			4	13	3		1		**15**	**33**	**18**	**12**
Medical Practitioner	14	6	22	18			48	43	38		10		**132**	**67**	**198**	**48**
Medical Radiation Practitioner							3		1				**4**	**0**	**1**	
Midwife	1	1			1		6	1	2				**10**	**2**	**18**	**1**
Nurse	19	15	34	8	1		50	77	26		8		**138**	**100**	**198**	**87**
Occupational Therapist									1				**1**	**0**	**2**	**1**
Optometrist	1												**1**	**0**		
Osteopath				1									**0**	**1**	**1**	
Pharmacist		6	4				3	19	3		1		**11**	**25**	**19**	**30**
Physiotherapist			2				1				1		**4**	**0**	**3**	**5**
Podiatrist							2				1		**3**	**0**	**3**	
Psychologist	2	2	2			1	2	6	2				**8**	**9**	**5**	**4**
Total 2014/15	**45**	**40**	**66**	**40**	**2**	**1**	**124**	**161**	**77**	**0**	**22**	**0**	**336**	**242**		
Total 2013/14	**110**	**30**	**75**	**35**	**3**		**187**	**122**	**93**		**6**	**2**			**474**	**189**

Notes:

1. Cases where immediate action has been initiated under Part 8, Division 7 of the National Law.
2. In these cases where immediate action was initiated towards the close of the reporting year, an outcome decision has not been finalised.
3. NSW data exclude matters that were considered for immediate action but did not proceed to a hearing.
4. Initial actions only; excludes reviews of immediate action decisions.

Table N7: Tribunals in each state and territory	
State/Territory	**Tribunal**
New South Wales	NSW Civil and Administrative Tribunal
Australian Capital Territory	Civil and Administrative Tribunal
Northern Territory	Health Professional Review Tribunal
Queensland	Civil and Administrative Tribunal
South Australia	Health Practitioners Tribunal
Tasmania	Health Practitioners Tribunal
Victoria	Civil and Administrative Tribunal
Western Australia	State Administrative Tribunal

Table N8: Mandatory notifications received by profession and state or territory (including NSW)

	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal 2014/15	NSW	Total 2014/15	Total 2013/14
Aboriginal and Torres Strait Islander Health Practitioner								2		**2**	
Chinese Medicine Practitioner									1	**1**	
Chiropractor						3	1	4		**4**	**7**
Dental Practitioner				9	1	6	2	18	4	**22**	**26**
Medical Practitioner	8	1	7	42	7	57	37	159	53	**212**	**351**
Medical Radiation Practitioner						1	2	3	3	**6**	**8**
Midwife			1	6		1	6	14	6	**20**	**34**
Nurse	8	3	5	89	23	82	51	261	211	**472**	**590**
Occupational Therapist			1	1		1		3	1	**4**	**9**
Optometrist						1		1		**1**	**2**
Osteopath				1				1		**1**	
Pharmacist	4			8		10	4	26	12	**38**	**55**
Physiotherapist				2		1	2	5	1	**6**	**14**
Podiatrist						1	1	2		**2**	**4**
Psychologist				2	3	8	6	19	23	**42**	**45**
Total 2014/15	**20**	**4**	**14**	**160**	**34**	**172**	**114**	**518**	**315**	**833**	
Total 2013/14	**11**	**8**	**376**	**180**	**51**	**189**	**88**	**903**	**242**		**1,145**

Table N9: Grounds for mandatory notification by profession and jurisdiction (including NSW)														
Profession	**Standards**		**Impairment**		**Alcohol or drugs**		**Sexual misconduct**		**Not classified**		**Total 2014/15**		**Total 2013/14**	
	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW
Aboriginal and Torres Strait Islander Health Practitioner					2						2	0	0	0
Chinese Medicine Practitioner						1					0	1	0	0
Chiropractor	2				1		1				4	0	5	2
Dental Practitioner	15	4	2		1						18	4	23	8
Medical Practitioner	94	22	36	25	13		14	6	2		159	53	275	167
Medical Radiation Practitioner		3	1				2				3	3	4	0
Midwife	10	4	4	2							14	6	33	0
Nurse	149	114	68	87	36	7	6	3	2		261	211	453	22
Occupational Therapist	2	1							1		3	1	6	0
Optometrist					1						1	0	2	0
Osteopath	1										1	0		1
Pharmacist	18	8	8	3		1					26	12	48	16
Physiotherapist	5			1							5	1	11	3
Podiatrist	2										2	0	4	0
Psychologist	15	8	2	9			2	6			19	23	39	23
Total 2014/15	**313**	**164**	**121**	**127**	**54**	**9**	**25**	**15**	**5**	**0**	**518**	**315**		
Total 2013/14	**569**	**110**	**232**	**113**	**51**	**1**	**38**	**18**	**13**				**903**	**242**

Table N10: Outcome of mandatory notifications closed by profession and jurisdiction (including NSW)

Profession	Discontinued / Proceedings withdrawn		Changed to non-practising		Other/No jurisdiction		Counselling		Resolution process		No further action		Refer all or part of the notification to another body		Fine registrant		Caution or reprimand		Accept undertaking		Impose conditions		Accept surrender of registration		Suspend registration		Cancel registration		Not permitted to reapply for registration for 12 months or more		Total 2014/15		Total 2013/14	
	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW [1]	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW [2]	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW
Aboriginal and Torres Strait Islander Health Practitioner											1																		1			
Chinese Medical Practitioner						1					1																		1	1		
Chiropractor											2	2					1		1		1								5	2	2	1
Dental Practitioner		1									13						4		2		7								26	1	15	4
Medical Practitioner		14		3		1		1			98	12				2	36		29		59	7	2	1	3		1		230	39	231	77
Medical Radiation Practitioner		1									1	4		1							2	1							3	7	3	1
Midwife								3			10	1					3		5		8								26	4	33	
Nurse	1	10		1		23		23			142	49	3	2	2		51	1	69		93	38	1	1	3	2	4	2	1	370	152	434	140
Occupational Therapist											5						3				1	1							9	1	1	2
Optometrist																			1										1	0	3	
Osteopath											1																		1			
Pharmacist											15	3	1				9		3		12	3	1		3				44	6	35	6
Physiotherapist								1			4	1					4		1		4	1			2			1	16	3	2	3
Podiatrist											2						1				1						1		5	0	2	
Psychologist		5									12	7		1			9		3		10	2			2			3	1	37	18	44	7
Total 2014/15	**1**	**31**	**0**	**4**	**0**	**25**	**0**	**28**	**0**	**0**	**307**	**79**	**4**	**4**	**4**	**0**	**121**	**1**	**114**	**0**	**198**	**53**	**4**	**2**	**13**	**2**	**6**	**5**	**3**	**0**	**775**	**234**		
Total 2013/14	**0**	**1**	**0**	**1**	**0**	**5**	**0**	**37**	**0**	**1**	**431**	**102**	**2**	**27**	**1**		**160**	**0**	**77**	**41**	**120**	**14**	**4**	**3**	**6**	**5**	**4**	**4**	**0**	**0**			**805**	**241**

Notes:

1. Includes practitioners who failed to renew.
2. Includes conditions by consent.

Table N11: Student notifications received (mandatory/voluntary) in 2014/15 (including NSW)											
Profession	**ACT**	**NT**	**QLD**	**SA**	**TAS**	**VIC**	**WA**	**Subtotal AHPRA**	**NSW**	**Total 2014/15**	**Total 2013/14**
Aboriginal and Torres Strait Islander Health Practitioner								0		0	
Chinese Medicine Practitioner								0		0	
Chiropractor								0		0	
Dental Practitioner				1				1		1	
Medical Practitioner			3	2	1	3		9	1	10	16
Medical Radiation Practitioner								0		0	1
Midwife								0		0	2
Nurse			5	4	3	4		16	16	32	26
Occupational Therapist				1				1		1	1
Optometrist								0		0	
Osteopath								0		0	
Pharmacist						1		1	2	3	
Physiotherapist			2	1				3		3	1
Podiatrist								0		0	
Psychologist								0		0	2
Total 2014/15	**0**	**0**	**10**	**9**	**4**	**8**	**0**	**31**	**19**	**50**	
Total 2013/14	**1**	**2**	**7**	**2**	**2**	**6**	**1**	**21**	**28**		**49**

Table N12: Outcomes of notifications (mandatory/voluntary) about students by stage at closure (excluding NSW)						
Stage at closure	**No further action**	**Impose conditions**	**Accept undertaking**	**Caution**	**Total 2014/15**	**Total 2013/14**
Assessment	12	1	1		14	6
Investigation	1	1			2	
Health or performance assessment				1	1	5
Total 2014/15	**13**	**2**	**1**	**1**	**17**	
Total 2013/14[1]	**8**	**3**				**11**

Notes:

1. Figures for 2013/14 relate only to mandatory notifications.

Table N13: Open notifications at 30 June 2015 by profession and state and territory (including NSW)											
	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal 2014/15	NSW	Total 2014/15	Total 2013/14
Aboriginal and Torres Strait Islander Health Practitioner		4					1	5		5	3
Chinese Medicine Practitioner			3	3		5		11	4	15	15
Chiropractor	1		7	28		9	14	59	17	76	97
Dental Practitioner	16	12	38	34	5	59	53	217	164	381	441
Medical Practitioner	61	42	399	179	69	428	233	1,411	801	2,212	2,631
Medical Radiation Practitioner			8			4	2	14	3	17	15
Midwife	4	2	17	11		10	9	53	4	57	87
Nurse	21	20	203	152	32	231	77	736	317	1,053	1,118
Occupational Therapist			4	1		5	2	12	7	19	20
Optometrist			5	1		3	2	11	9	20	18
Osteopath			1					1	11	12	13
Pharmacist	12	2	41	19	10	67	24	175	136	311	365
Physiotherapist		5	9	7	1	12	4	38	19	57	73
Podiatrist			2	1		3	2	8	13	21	28
Psychologist	6	3	35	26	10	81	44	205	68	273	313
Not identified			1			1		2		2	
Total 2014/15	**121**	**90**	**773**	**462**	**127**	**918**	**467**	**2,958**	**1,573**	**4,531**	
Total 2013/14	**214**	**138**	**1,166**	**525**	**169**	**1,192**	**523**	**3,927**	**1,310**		**5,237**

Table N14: Open notifications at 30 June 2015 by length of time at each stage (excluding NSW)							
Current stage of open notification	**< 3 Months**	**3 – 6 Months**	**6 – 9 Months**	**9 – 12 Months**	**12 – 24 Months**	**> 24 Months**	**Total**
Assessment	603	77	2	1	8	5	696
Health or performance assessment	85	66	34	18	11	2	216
Investigation	437	399	220	156	285	75	1,572
Panel hearing	42	45	15	23	12	1	138
Subtotal 2014/15	**1,167**	**587**	**271**	**198**	**316**	**83**	**2,622**
Subtotal 2013/14	**1,470**	**883**	**451**	**313**	**410**	**97**	**3,624**
Tribunal hearing 2014/15	31	36	33	27	139	70	336
Tribunal hearing 2013/14	33	93	33	29	91	24	303
Total 2014/15	**1,198**	**623**	**304**	**225**	**455**	**153**	**2,958**
Total 2013/14	**1,503**	**976**	**484**	**342**	**501**	**121**	**3,927**

AHPRA and National Boards have continued to reduce the number of older notifications. However, the number of notifications open for longer than 12 months has increased in the tribunal stage. Tribunal proceedings are conducted in accordance with timetables set by the responsible tribunal in each jurisdiction.

Table N15: Notifications under previous legislation open at 30 June 2015 by profession, stage and jurisdiction (including NSW)

	Assessment		Health or performance assessment		Investigation		Panel hearing		Tribunal hearing		Total 2014/15		Total 2013/14	
	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW
Chinese Medicine Practitioner											0	0	5	
Chiropractor									2		2	0	2	
Dental Practitioner					1				2		3	0	3	
Medical Practitioner				3		3			20		20	6	42	7
Medical Radiation Practitioner											0	0	2	
Midwife											0	0		
Nurse			1			1			2		3	1	7	2
Osteopath										1	0	1		1
Pharmacist		1							5		5	1	6	1
Physiotherapist											0	0	2	
Psychologist		1			1		1		3		5	1	11	
Not identified											0	0		
Total 2014/15	**0**	**2**	**1**	**3**	**2**	**4**	**1**	**0**	**34**	**1**	**38**	**10**		
Total 2013/14			**2**		**7**		**8**		**63**				**80**	**11**

There are 38 notifications that remain open under previous legislation (excluding NSW data), a significant reduction from the 80 that were open last year. Thirty-four of the currently open matters are with the responsible tribunal awaiting hearing or decision.

Appeals against decisions made under the National Law

The National Law provides a mechanism of appeal about a decision by the National Board in certain circumstances. This includes:

- decisions to refuse an application for registration or endorsement of registration, or to refuse renewal of registration or renewal of an endorsement of registration
- decisions to impose or change a condition placed on registration, or to refuse to change or remove a condition imposed on registration or an undertaking given by the registrant, and
- decisions to suspend registration or to reprimand a registrant.

There were 177 appeals lodged about decisions made under the National Law in 2014/15 (see Table N16). The most significant categories concerned: the decision to refuse registration (63 matters); a decision to impose or change a condition on a person's registration or endorsement (46 matters); a decision to impose conditions on a person's registration under section 178 (23 matters); and a decision to suspend a person's registration (21 matters).

The majority of these appeals related to medical practitioners (64) or nursing and midwifery practitioners (63). Of these appeals, 62.7% were lodged in the jurisdictions of NSW (51), Western Australia (32) and South Australia (28).

Table N17 provides details of matters closed in 2014/15. Of the 135 appeals that were finalised during the year, 16 matters had the original decision confirmed. This represents 11.8% of matters. There were 86 matters finalised because the application was withdrawn. The remaining 33 matters resulted in substitution of the original decision for a new decision (28 matters) and amendment of the original decision (five matters).

Of the matters that were withdrawn, 38.4% related to decisions to refuse to register, 26.7% related to decisions to impose or change a condition on registration or endorsement of registration, 12.8% related to decisions to impose conditions on registration under section 178, 11.6% related to decisions to suspend registration, 4.7% related to decisions to refuse to change or remove a condition imposed, or endorsement of a registration, 2.3% related to decisions to refuse to renew a registration, and 1.20% related to decisions to refuse endorsement of registration. The remaining 2.3% related to other decisions.

Supplementary data tables on appeals are available on AHPRA's website at www.ahpra.gov.au/annualreport.

The low rate of amendment or substitution of the original decision that is reflected in the appeals data is an example of positive regulation at work.

Table N16: Appeals lodged in 2014/15 by profession and jurisdiction (including NSW)

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total 2014/15	Total 2013/14
Chinese Medicine Practitioner		1	1		1				3	3
Chiropractor		2							2	3
Dental Practitioner		5		1	1	1	2	1	11	3
Medical Practitioner	2	15	4	14	9	3	3	14	64	47
Medical Radiation Practitioner		1		2			1		4	3
Midwife		1		1					2	1
Nurse	1	22	1	4	14		12	7	61	37
Occupational Therapist									0	1
Optometrist									0	1
Osteopath		3							3	1
Pharmacist								5	5	
Physiotherapist				1	1				2	
Psychologist	2	1	1	2	2	1	6	5	20	11
Total 2014/15	**5**	**51**	**7**	**25**	**28**	**5**	**24**	**32**	**177**	
Total 2013/14	**5**	**30**	**4**	**34**	**15**	**2**	**13**	**8**		**111**

Table N17: Nature of decisions appealed where the appeal was finalised through consent orders or a contested hearing by jurisdiction

Nature of decision appealed	Original decision amended		Original decision confirmed		Original decision substituted for a new decision		Withdrawn		Total 2014/15		Total 2013/14
	AHPRA[1]	HPCA[2]	AHPRA[1]	HPCA[2]	AHPRA[1]	HPCA[2]	AHPRA[1]	HPCA[2]	AHPRA[1]	HPCA[2]	AHPRA & HPCA
Decision to impose conditions on a person's registration under section 178					3		10	1	13	1	2
Decision to impose or change a condition on a person's registration or the endorsement of the person's registration	1		3	3	10	1	22	1	36	5	36
Decision to refuse to change or remove a condition imposed on the person's registration or the endorsement of the person's registration					1		4		5	0	4
Decision to refuse to endorse a person's registration	1				1		1		3	0	8
Decision to refuse to register a person	3		7		5		26	7	41	7	69
Decision to refuse to renew a person's registration					2		2		4	0	9
Decision to reprimand a person									0	0	1
Decision to suspend the person's registration			2	1	3	1	8	2	13	4	10
Other					1		2		3	0	
Total 2014/15	**5**	**0**	**12**	**4**	**26**	**2**	**75**	**11**	**118**	**17**	
Total 2013/14		**12** (including HPCA)		**17** (including HPCA)		**15** (including HPCA)	**59**	**36**			**139**

Notes:

1. AHPRA manages appeals of decisions about NSW registrations.
2. Health Professional Councils Authority, NSW.

Work to improve the notifier and practitioner experience

The Health Issues Centre (HIC) prepared a report for AHPRA in June 2014, *Setting things right: Improving the consumer experience of AHPRA*, which identified changes that AHPRA could make to improve the experience of notifiers.

Since then, AHPRA has developed initiatives in response to the report to improve the experience of notifiers. Some of these changes involve a significant shift in processes and structures which will take time to implement, while other actions can be implemented more quickly.

The HIC recommendations had a focus on communication, both electronic and written: improving initial contact with notifiers and the handling of notifications in tandem with the state-based health complaints entities; and improving of AHPRA's engagement with notifiers and the community.

AHPRA responded by involving the Community Reference Group, particularly in refreshing and testing the AHPRA website. Plain language materials continue to be developed for a range of uses, and all staff now undergo communications and plain language training as part of the induction program. A complete review of the template letters used in correspondence with notifiers was completed by an external communications expert to improve readability and the use of plain language.

We understand that notifiers have sometimes found it difficult to understand how to make a notification. Our initial response to this challenge was to introduce a new version of the AHPRA notifications form in November 2014, which listed one single national telephone number for receipt of notifications. This replaced the previous list of multiple jurisdiction-specific telephone numbers.

A joint working group of National Boards, AHPRA and health complaint entities has been established that aims to ensure roles and processes are as clear as possible for both notifiers and practitioners. The initial focus is on piloting a common assessment matrix to determine which entity is best placed to manage each matter, and understanding and streamlining the various notifications management systems.

Work started in 2014 on identifying the values and behaviours that influence our workplace culture, and its effect on communicating with notifiers, practitioners and others involved in the National Scheme. In particular, we have focused on improving the experience of the notifier by embedding values of collaboration, service and achievement.

In June 2015, Ms Mary Draper, one of the authors of the HIC report, conducted a workshop with AHPRA staff to clarify the challenges for faster progress and culture change, and how they might be addressed, and to identify ways that consumer experience can be used to inform and assist the change process.

We worked with the Medical Board of Australia to improve medical practitioners' experience of the notification process by holding a workshop with the Australian Medical Association (AMA). The workshop identified actions AHPRA can take to improve the experience of medical practitioners who are subject to a notification, while maintaining patient safety. The main issues that arose were the time it takes for a notification to go through the process; the tone and clarity of our communication; the need to explain better how the process works and why; and greater transparency about what information can be released legally. An action plan has been developed to address these issues.

Monitoring and compliance

Monitoring compliance with restrictions on registration

AHPRA, on behalf of the National Boards, monitors health practitioners and students with restrictions placed on their registration, or with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports Boards to manage risk to public safety.

Restrictions are placed on registration through a number of different mechanisms, for example as an outcome of a notification or of an application for registration or renewal of registration. Each monitoring case is assigned to one of four streams:

1. Health: the practitioner or student is being monitored because they have a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence).
2. Performance: the practitioner is being monitored to ensure they practise safely and appropriately while demonstrated deficiencies in their knowledge, skill, judgement or care in the practice of their profession are addressed.
3. Conduct: the practitioner is being monitored to ensure they practise safely and appropriately following consideration of their criminal history, or they have demonstrated a lesser standard of professional conduct than expected.
4. Suitability/eligibility: the practitioner is being monitored because they:
    - do not hold an approved or substantially equivalent qualification in the profession
    - lack the required competence in the English language
    - do not meet the requirements for recency of practice, or
    - do not fully meet the requirements of any other approved registration standard.

Since 1 July 2014, the number of monitoring cases in the health performance and conduct streams has increased by 5.5%, the majority of these being an increase in performance cases. A review of all cases was undertaken during the year to ensure the assigned stream was correct at the time monitoring commenced.

There are an additional 2,064 suitability cases reported this year. This increase is as a result of a policy change that has changed the way we now record cases in our registration database.

Expert panel on drug and alcohol misuse

To help us manage risk and ensure we are using the most up-to-date approaches for testing for drug and alcohol misuse, an expert panel was established in November 2014.

The panel consists of experts in the treatment of drug and alcohol disorders, toxicology and forensic testing of biological samples. It provides advice on the AHPRA drug and alcohol screening protocols, testing methodologies, the schedule of drugs to be tested for, cut-off limits for testing, and any necessary additions to the schedule. Further information on the expert panel is available at www.ahpra.gov.au/monitoringandcompliance.

National collection and pathology service

Professor Olaf Drummer from the Victorian Institute of Forensic Medicine was engaged to provide an expert report on *Testing for impairing substances in health care professionals*. In that report, which was received in March 2014, Professor Drummer recommended that AHPRA should engage a collection and pathology service that would test to the cut-off limits set by AHPRA rather than those set by the individual laboratories used in each state and territory. Further information on the expert report is available at www.ahpra.gov.au/monitoringandcompliance.

To establish this service, AHPRA undertook a competitive procurement process in calling for and evaluating expressions of interest from potential providers. Scientific Diagnostic Services was successful in being appointed to provide the national collection and pathology service, which has collection arrangements in all capital cities and across regional centres in each state and territory. Implementation of the service will begin in September 2015.

Drug and alcohol screening protocol

A further recommendation of the expert report, *Testing for impairing substances in health care professionals*, was to increase the range of drug screening and to screen for all drugs on the approved schedule through the introduction of mandatory hair testing for all practitioners and students who are suspected, or found to have, a drug or alcohol misuse impairment.

We have now updated our drug screening protocol. The new protocol will introduce increased risk management for practitioners being monitored for drug and alcohol misuse and will be implemented from September 2015. Upon implementation the protocol will be available at www.ahpra.gov.au/monitoringandcompliance.

Table MC1: Active monitoring cases at 30 June 2015 by state or territory (including NSW)

Jurisdiction	Conduct	Health	Performance	Suitability / eligibility[1]	Total 2014/15	Total 2013/14
ACT	7	44	29	75	155	113
NSW[2]	295	345	143	1,340	2,123	565
NT	9	19	11	35	74	95
QLD	147	331	176	532	1,186	937
SA	65	140	64	203	472	494
TAS	9	23	24	45	101	123
VIC	184	167	156	441	948	695
WA	55	74	82	343	554	370
No PPP[3]	4	10	6	69	89	
Total 2014/15	**775**	**1,153**	**691**	**3,083**	**5,702**	
Total 2013/14	**475**	**832**	**501**	**1,019**		**3,392**

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 MC2: Active monitoring cases at 30 June 2015 by profession and stream

Profession	Conduct		Health		Performance		Suitability / eligibility[1]	Total 2014/15		Total 2013/14	
	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	AHPRA	HPCA	AHPRA	HPCA
Aboriginal and Torres Strait Islander Health Practitioner	1		1		1		3	6	0	17	
Chinese Medicine Practitioner	6		2		4	1	870	882	1	124	3
Chiropractor	23	5			19	3	18	60	8	34	6
Dental Practitioner	33	36	36	7	74	3	22	165	46	150	26
Medical Practitioner	184	166	284	122	254	35	975	1,697	323	987	259
Medical Radiation Practitioner	2		7	2	5		519	533	2	106	2
Midwife	6		12	6	12	3	78	108	9	35	14
Nurse	133	47	408	155	154	30	318	1,013	232	908	197
Occupational Therapist			8	2	4		59	71	2	87	1
Optometrist	2		1	1	3		9	15	1	8	
Osteopath	4				1	1	10	15	1	10	1
Pharmacist	34	30	24	15	39	6	90	187	51	145	31
Physiotherapist	9	2	15	2	6	3	45	75	7	66	4
Podiatrist	2	1	3		3		6	14	1	19	1
Psychologist	43	6	25	15	21	6	61	150	27	131	20
Total 2014/15	**482**	**293**	**826**	**327**	**600**	**91**	**3,083**	**4,991[2]**	**711**		
Total 2013/14	**475**	**219**	**832**	**273**	**501**	**72**	**1,019**			**2,827**	**565**

Notes:

1. AHPRA performs monitoring of compliance cases for 'suitability/eligibility' stream matters for NSW registrations.
2. It should be noted that the AHPRA data structure provides reports by monitoring case established rather than by registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. The 4,991 AHPRA monitoring cases relate to 4,898 registrants. The data provided by HPCA report the number of registrants being monitored.

Statutory offences

Offences are breaches of the National Law, committed by registered health practitioners and unregistered individuals or companies. These are covered under Part 7 of the National Law.

The National Law sets out types of statutory offences:

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

These breaches can put individuals and the community at risk.

Management of offence complaints

Our focus is on resolving issues quickly and efficiently, without incurring unnecessary legal costs. In the first instance, if appropriate to the potential risk caused by the particular matter, we send letters outlining our concerns and how these can be rectified. The majority of matters are resolved through this process, without the need for further regulatory action.

In some circumstances, AHPRA has the power to apply to the Magistrates' Court for a search warrant. The magistrate will grant an application for a search warrant when there is evidence to support the belief that an offence is being committed under the National Law, at a specific location.

When deciding whether a matter is suitable for prosecution, we consider a number of factors, including whether the prosecution is in the public interest. Offences under the National Law are considered 'summary offences' and are prosecuted in the Magistrates' Court of the relevant state or territory. All offences under the National Law carry penalties of fines that may be imposed by a court on a finding of guilt.

Protected titles

The National Law restricts the use of protected titles. This means that it is unlawful for someone to knowingly or recklessly take or use a title to make someone believe they are registered in one of the health professions listed in the National Law, as well as other practices including using a specialist title, when the person does not have specialist registration. Further, it is unlawful for someone to lead someone to believe that another person is registered in a health profession from that list. A breach of the protected titles provisions in the National Law is an offence and carries a maximum fine of $60,000 for a body corporate or $30,000 for an individual, per offence.

Restricted acts

The National Law restricts certain practices:

- restricted dental acts
- restricted prescription of optical appliances, and
- restricted spinal manipulation.

A breach of the restricted act provisions in the National Law is an offence and carries a maximum fine of $60,000 for a body corporate or $30,000 for an individual, per offence.

Holding out – claiming to be registered when not

Under the National Law, it's unlawful to knowingly or recklessly claim to be a registered health practitioner under the law. This can include using a title, name, initial, symbol, word or description which could be reasonably understood to indicate that an individual is a health practitioner or is qualified to practise in a health profession. The National Law also states that a person must not claim that another individual is a registered health practitioner. A breach of the holding out provisions in the National Law is an offence and carries a maximum fine of $60,000 for a body corporate or $30,000 for an individual, per offence.

Advertising

Under the National Law, a regulated health service or a business providing a regulated health service must not advertise in a way that:

- is false, misleading or deceptive
- uses gifts, discounts or inducements without the terms and conditions of the offer
- uses a testimonial or purported testimonial
- creates an unreasonable expectation of beneficial treatment, or
- directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services.

National Boards have guidelines that interpret this section of the National Law for each profession. These are available on each Board's website in an accessible format. General information is available in a fact sheet on AHPRA's website at www.ahpra.gov.au/Publications/AHPRA-FAQ-and-Fact-Sheets.aspx. A breach of the advertising requirements in the National Law is an offence and carries a maximum fine of $10,000 for a body corporate or $5,000 for an individual, per offence.

Statutory offences received/closed 2014/15

During 2014/15, AHPRA received 506 offence complaints, including:

- 171 about title protection offences
- 17 about practice protection offences
- 300 about advertising offences, and
- 7 about directing or inciting unprofessional conduct/professional misconduct, and
- 11 in relation to other offences.

This year, 518 offence complaints were closed.

The total number of complaints received (506) was 40% less than in the previous year (846). This is largely attributed to the decrease in the number of advertising complaints from 547 to 300.

Table SO1: Offences received and closed by profession and jurisdiction[1]

Profession	ACT		NSW		NT		QLD		SA		TAS		VIC		WA		Total 14/15		Total 13/14	
	Received	Closed	Received	Closed	Received	Closed	Received	Closed	Received	Closed	Received	Closed	Received	Closed	Received	Closed	Received	Closed	Received	Closed
Aboriginal and Torres Strait Islander Health Practitioner																	0	0		
Chinese Medicine Practitioner			5	2		1	5	3					4	3	2	2	16	11	53	12
Chiropractor	1		3	42	1		37	33	1	4			20	23		10	63	112	209	120
Dental Practitioner	4	4	14	1			21	22	13	11	1	2	42	39	14	35	109	114	255	111
Medical Practitioner	2	1	19	9	4	3	25	17	9	6	3	3	25	28	16	14	103	81	116	88
Medical Radiation Practitioner			1	1			1	1					4	2			6	4	3	2
Midwife	1		2	3	1	1	1		1	1				1			6	6	4	8
Nurse	1		8	3	1	1	8	10	2	3			7	16	5	4	32	37	46	34
Occupational Therapist	1		1	2										1	3	3	5	6	8	6
Optometrist										2			2	7	1		3	9	8	1
Osteopath			1				2		1	1			28	5	1	3	33	9	6	
Pharmacist				1		1	2	3	1	1			4	5	2	1	9	12	13	16
Physiotherapist	1		5	3	1		12	9	3	1			6	7	3	18	31	38	56	25
Podiatrist			1					2	3	2			6	9		4	10	17	13	4
Psychologist	3	2	19	6	2	1	8	9	16	16			18	21	3	3	69	58	55	28
Unknown	1						8	4			1		1				11	4	1	34
Total 2014/15	**15**	**7**	**79**	**73**	**10**	**8**	**130**	**113**	**50**	**48**	**5**	**5**	**167**	**167**	**50**	**97**	**506**	**518**		
Total 2013/14	**19**	**12**	**228**	**138**	**28**	**2**	**164**	**151**	**62**	**64**	**6**	**3**	**221**	**50**	**118**	**69**			**846**	**489**

Notes:
1. This table includes all offences from sections 113-136 of the National Law, not only offences about advertising, title and practice protection.

Prosecutions under the National Law in 2014/15

AHPRA has successfully prosecuted nine individuals for offences under the National Law across a number of jurisdictions in the Magistrates' Court. A further four prosecutions were started and are ongoing before the courts. Further information about those matters is outlined in the tables below.

Some prosecutions started in the 2014/15 financial year were concluded after the financial year and have been reported here for completeness.

Completed prosecutions

Defendant	Date of decision	Jurisdiction	Relevant Board	Relevant section of the National Law	Media statement
Julie Grayston	21 October 2014	South Australia	Psychology Board of Australia	s 113 s 116	www.psychologyboard.gov.au/News/2014-11-07-media-release.aspx
Adel Abraham	7 November 2014	Victoria	Dental Board of Australia	s 113 s 121	www.dentalboard.gov.au/News/2014-10-02-victorian-man-pleads-guilty.aspx
Sherri Cather	18 September 2014	Queensland	Nursing and Midwifery Board of Australia	s 113 s116	www.nursingmidwiferyboard.gov.au/News/2014-09-22-media-release.aspx
Robert Scott	16 February 2015	Western Australia	Chiropractic Board of Australia	s 116 s 123	www.chiropracticboard.gov.au/News/2015-04-20-media-release.aspx
Robert Black	4 May 2015	New South Wales	Chiropractic Board of Australia and Osteopathy Board of Australia	s 113	www.osteopathyboard.gov.au/News/2015-05-14-media-release.aspx
Muhammet Velipasaoglu	13 August 2015	Victoria	Dental Board of Australia	s 113 s 116 s 121 Drugs and Poisons offences	www.dentalboard.gov.au/News/2015-06-10-protect-patients.aspx www.ahpra.gov.au/News/2015-08-13-media-statement.aspx
Amer Ahmed	21 August 2015	Western Australia	Pharmacy Board of Australia	s 116	www.ahpra.gov.au/News/Media-Releases.aspx
Nicholas Crawford	28 August 2015	Western Australia	Nursing and Midwifery Board of Australia	s 113 s 116	
Anthony Cashman	28 August 2015	Western Australia	Optometry Board of Australia	s 116 s 122	

Current prosecutions

Defendant	Jurisdiction	Relevant Board	Alleged offences	Media statement
Raffael Di Paolo	Victoria	Medical Board of Australia	s 115 s 116 s 118	www.medicalboard.gov.au/News/2015-03-04-media-release.aspx
Nicholas Crawford	Queensland	Nursing and Midwifery Board of Australia	s 113 s 116	www.ahpra.gov.au/News/2015-07-29-media-statement.aspx
Jennifer Reed	South Australia	Nursing and Midwifery Board of Australia	s 113 s 116	
Artika Chand	Victoria	Nursing and Midwifery Board of Australia	s 113 s 116	

Accreditation

Accreditation and the National Scheme

Accreditation within the National Scheme provides a framework for evaluating whether individuals seeking registration are suitably qualified and competent to practise as a health practitioner in Australia. This framework is a crucial quality assurance and risk management mechanism for the Scheme.

Accreditation helps the National Boards to decide whether individuals seeking registration are suitably qualified and competent. Effective delivery of the accreditation function ensures:

- graduates of accredited and approved programs of study have the knowledge, skills and professional attributes to practise their profession, and
- overseas-trained practitioners are subject to rigorous and responsive assessment to determine whether they have the knowledge, skills and professional attributes necessary to practise their profession in Australia.

The accreditation functions are performed by accreditation authorities, which may be external accreditation entities or committees established by the relevant National Board. A list of accreditation authorities can be found at www.ahpra.gov.au/Education/Accreditation-Authorities.aspx.

Accreditation authorities develop, review and submit accreditation standards to National Boards for approval, and they assess and accredit programs of study and education providers against the approved accreditation standards. Accreditation authorities are often responsible for assessment of overseas-trained practitioners, and may be responsible for assessing overseas accrediting and assessing authorities.

The National Law provides that each accreditation authority must publish how it exercises the accreditation function. Each accreditation authority publishes information about its functions online.

National Boards publish the accreditation standards they approve on their websites.

Information about the accreditation expenses incurred by each National Board is available in Note 3a on page 81.

Cross-profession work

Over the past five years, cross-profession work on accreditation issues has been undertaken through a collaborative, consensus-building approach – reflecting the model of independent accreditation functions agreed before the National Scheme started. The National Boards, the accreditation authorities and AHPRA have established an Accreditation Liaison Group (ALG) to support this approach and facilitate effective delivery of accreditation within the National Scheme. The ALG is an advisory group that enables the National Boards and AHPRA to work with the accreditation authorities to provide advice and guidance on accreditation issues, and areas within accreditation that lend themselves to cross-professional approaches.

Collaborative work, primarily through the ALG, has progressively built a framework of common policies and guidance about good practice in accreditation. The framework includes a reference document *Accreditation under the National Law,* the *Quality Framework for the accreditation function,* a *Sample guide to reporting against the Quality Framework,* and *Guidance to good practice in complaints management and communicating accreditation entity decisions to National Boards.* These documents promote shared understanding, consistent approaches and good practice across the National Scheme and are published at www.ahpra.gov.au/Publications/Accreditation-publications.aspx.

Reporting

Accreditation authorities provide six-monthly reports to their relevant National Board on developments relevant to the domains of the Quality Framework. The National Law requires communication between accreditation authorities and their National Boards when certain decisions are made or required.

This year, AHPRA started work with the National Boards to establish an integrated approach to monitoring the six-monthly reports from accreditation authorities. This work aims to better support National Board oversight of the accreditation functions, to better meet the regulatory principles and objectives and guiding principles of the National Law, and to share lessons learnt.

Procedures for the development of accreditation standards

AHPRA's *Procedures for the development of accreditation standards* are an important governance mechanism. They inform the National Boards, the accreditation authorities and AHPRA about the matters that:

- an accreditation authority should take into account in developing accreditation standards or changing accreditation standards
- an accreditation authority should explicitly address when submitting accreditation standards to a National Board for approval
- a National Board should consider when deciding whether to approve accreditation standards developed by the accreditation authority, and

- a National Board should raise with Ministerial Council – and when they should be raised – as they may trigger a Ministerial Council policy direction.

AHPRA, in consultation with the National Boards and the accreditation authorities, reviewed the *Procedures for the development of accreditation standards* and published revised procedures on the AHPRA website at www.ahpra.gov.au/Publications/Accreditation-publications.aspx.

Joint meetings

Joint meetings are held annually between representatives of all National Boards, accreditation authorities and AHPRA. These provide a formal mechanism to discuss common accreditation issues. They facilitate shared understanding of accreditation under the National Law to address the objectives and guiding principles of the National Scheme.

This year, the joint annual meeting was held in anticipation of the release of the National Scheme review discussion paper in August 2014. It provided an opportunity to build on previous work by the accreditation authorities to explore and analyse in greater depth options to strengthen accreditation functions in the National Scheme, including multi-profession options.

Important context for the meeting was how accreditation can continue to deliver against the objectives and guiding principles of the National Law. Discussion of the options highlighted key considerations, such as regulatory effectiveness, quality and efficiency, which will be important when evaluating future options for accreditation.

The meeting generated a range of ideas and options for further consideration and discussion within and across the bodies in the National Scheme, including approaches:

- that respond to the different risk profile within and across professions
- for greater information sharing within and across accreditation functions
- to interprofessional education, and
- to build on innovation already occurring.

Accreditation committees

Three of the National Boards for the professions that entered the National Scheme on 1 July 2012 decided to exercise accreditation functions through a committee established by the Board. The committees are:

- Aboriginal and Torres Strait Islander Health Practice Accreditation Committee
- Chinese Medicine Accreditation Committee, and
- Medical Radiation Practice Accreditation Committee.

AHPRA's role in supporting the effective delivery of the accreditation functions by the accreditation authorities for these three professions provides an opportunity for multi-profession and consistent approaches and shared lessons across the three accreditation authorities.

This year, the accreditation committees progressed their work in assessing and accrediting programs of study and monitoring approved programs. In late 2014, the first accredited programs were approved by the Aboriginal and Torres Strait Islander Health Practice Board of Australia and Medical Radiation Practice Board of Australia as leading to qualifications for general registration.

Future work

There are new opportunities that have the potential to improve accreditation in the National Scheme while reducing risks, including improving delivery of the accreditation functions in the National Scheme, potentially with governments and/or accreditation authorities, such as:

- work to reduce perceived duplication and improve effectiveness through joint accreditation site visits and/or common aspects of accreditation standards and/or common accreditation processes
- opportunities to deliver efficiency through reducing duplication in administrative functions between accreditation bodies, and
- examining international examples of good practice and potential lessons for the National Scheme, including comparative work with international models of accreditation such as the UK model and the relative costs of different models. This comparative analysis will recognise fundamental differences between the UK and National Scheme models, primarily that the UK model is limited to course accreditation, while the accreditation functions in the National Scheme are much broader and include a range of other activities such as assessment of overseas-trained practitioners.

There is scope for AHPRA to work with the accreditation committees to undertake demonstration projects to explore some of these opportunities, such as common aspects of accreditation standards and processes that may reduce duplication when the same education provider is evaluated by two committees.

Management and accountability

Overview

AHPRA works with the National Boards to deliver five core regulatory functions.

- **Professional standards** – Providing policy advice to the National Boards regarding binding standards created under the National Law.
- **Registration** – Ensuring only health practitioners with the skills and qualifications to provide competent and ethical care to the Australian community are registered to practise.
- **Notifications** – Managing concerns raised about the health, performance and conduct of individual health practitioners.
- **Compliance** – Monitoring and auditing to ensure practitioners are complying with Board requirements.
- **Accreditation** – Working with accreditation authorities and committees to ensure graduating students are suitably qualified and skilled to apply to register as a health practitioner.

To ensure we continue to improve our core regulatory activities, this year's initiatives focused on:

- **Stronger and more consistent processes and systems:** We strengthened and improved the consistency of our processes and systems, making us more effective in delivering our core regulatory services, including notifications, registration and compliance across the National Scheme. Work in this area included the ongoing implementation of AHPRA's overarching technology strategy; enhanced policy development and coordination; updating and implementing standards and guidelines; and a program of work reviewing AHPRA's overall processes and operational procedures, highlighting areas for improvement and providing examination and accreditation functions.
- **Notifications improvements:** We worked with experts skilled in health communications to provide targeted information on our website and in our direct communication with notifiers and practitioners. We have built appropriate skills and expertise to improve the initial contact with notifiers and have further developed our collaboration with health complaint entities. We have continued to improve the timeliness and consistency of the notifications management process, measured against national key performance indicators (KPIs).
- **Reporting and performance:** We have continued to improve the way we assess and report on our performance, and how we keep building the confidence of National Boards, responsible ministers and other people concerned with our operations. This year saw the introduction of new KPIs for our work in the registration of health practitioners, widening the view of AHPRA's regulatory performance. The work achieved in this area over the last 12 months has helped inform the development of a new Performance Reporting Framework that will be introduced in 2015/16.

Financial management

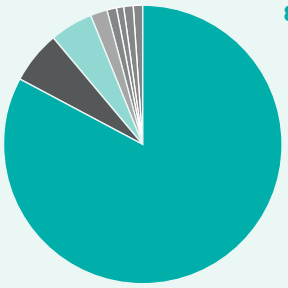
The finance function ensures that our financial systems and records are well managed, accurate and compliant with legislation, and provide financial reporting and guidance to AHPRA and the National Boards. The Finance, Audit and Risk Committee is the principal committee of the Agency Management Committee that oversees finance, audit and risk at the enterprise level. This committee reviewed the quarterly, half-year and annual financial reports and projections with management, focusing on the integrity and clarity of disclosure, compliance with relevant legal and financial reporting standards, and the application of accounting policies and judgements.

AHPRA's income for the full financial year to 30 June 2015 was $170.5 million. Our income for the full year includes the following components:

Table MA1: Income type 2014/15	Full year $'000
Registration income	150,411
Application income	8,480
Interest income	6,543
Legal fee recoveries	1,743
Exam fees	1,032
Late fees and fast-track fees	807
Certificates of registration status	449
Accreditation income	245
PESCI* income	173
Application for registrar program	140
Other income	442
	170,464

*Pre-employment structured clinical interview

Financial year 2014/15 – income by type



88.23%	Registration income
4.97%	Application income
3.83%	Interest income
1.02%	Legal fee recoveries
0.60%	Pharmacy Board of Australia examinations
0.04%	Late fees and fast-track fees
0.44%	Other income
0.26%	Certificate of registration status
0.14%	Accreditation

AHPRA and the National Boards work in partnership to deliver financial performance. AHPRA and the National Boards recorded a net surplus of $1.8 million this year.

The financial statements section of the annual report describes the performance in more detail, including the net result and equity position for each National Board.

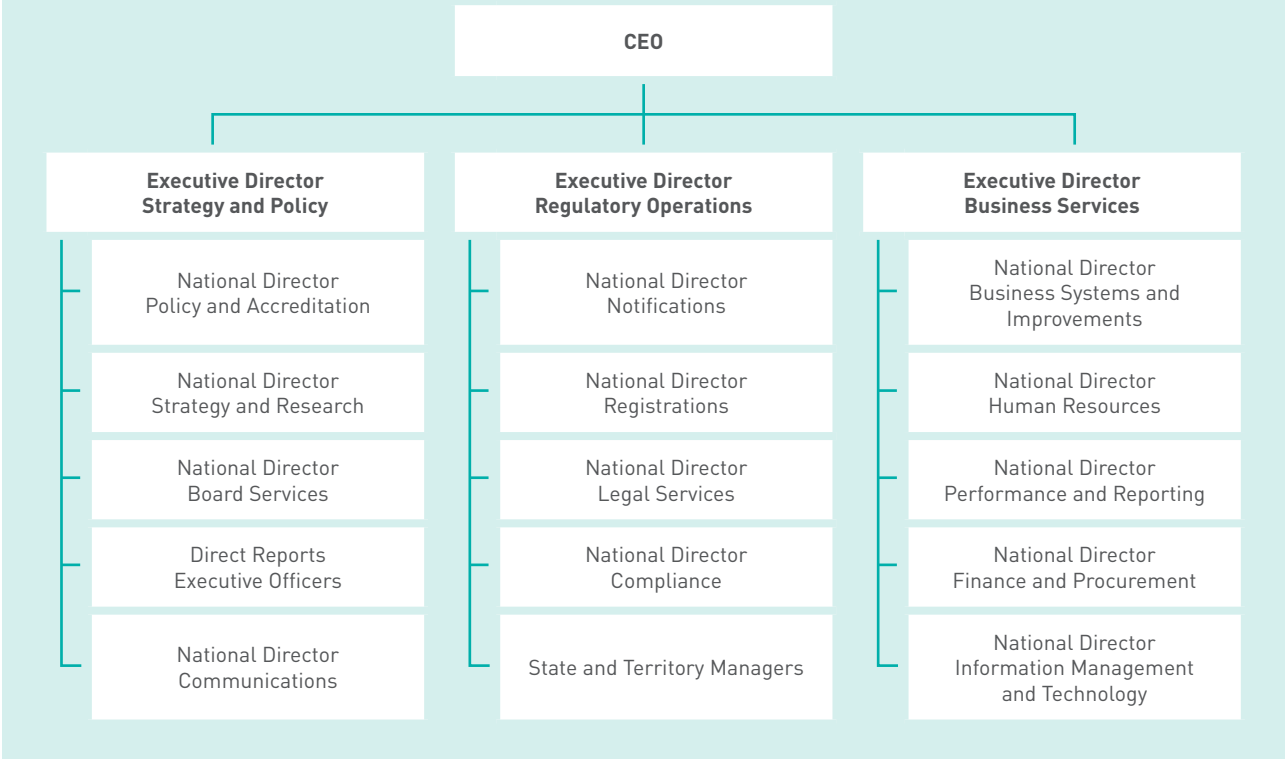
AHPRA's organisational structure and resources

Following an independent organisational review of AHPRA by KPMG in February 2014, a number of structural changes were recommended and have been progressively implemented during the year. As a result, AHPRA restructured in July 2014 to have a greater focus on its core regulatory functions, including its governance, strategy and core delivery outcomes. The figure below outlines AHPRA's new organisational structure.

AHPRA's full-time equivalent resourcing as at 30 June 2015 is detailed opposite.

Table MA2: Directorate	FTE
Strategy and Policy	79
Regulatory Operations	567
Business Services (including CEO office)	133
Total	**779**

AHPRA's organisational structure



Enterprise agreements

Since inception, AHPRA has progressively worked towards achieving common working arrangements for all staff, irrespective of location. The last step in the process was achieved in June 2015 with the certification of an enterprise agreement covering staff in our Queensland office. Including the Queensland agreement, there are now five enterprise agreements in place, which all expire on 30 June 2016. Although these five agreements are very similar in content, the enterprise bargaining round that will start in January 2016 will apply to all staff throughout Australia. The achievement of a common industrial instrument will simplify the administration of payroll and other human resources processes.

Statutory appointments

AHPRA's statutory appointments team provides strategic advice and support across AHPRA and to governments in relation to statutory and non-statutory appointments. AHPRA recruited to approximately 1,100 vacancies over 2014/15, including national/state/territory/regional boards, committees, advisors, assessors, and group and panel appointments. This involved several large campaigns covering over 100 vacancies at one time for both National Boards and panel member recruitment.

Getting value from our data

The National Scheme represents a significant statistical asset that can be leveraged to inform policy, planning and research. In addition to the valuable information on the public register, each year AHPRA administers a workforce survey in conjunction with the National Boards, made available to all practitioners at the time of renewal. This year, 98% of practitioners responded to this survey. These data are critical to support workforce policy and planning through the National Health Workforce Dataset.

In 2014, AHPRA also administered a Workforce Innovation Survey for the Medical Radiation Practice Board of Australia. This major survey will generate comprehensive and contemporary data about barriers and enablers to workforce flexibility and innovation.

Data access and research

AHPRA collects comprehensive national data on health practitioner regulation. While these data have registration, workforce planning, demographic, commercial and research value, the National Law, as in force in each state and territory, and the Privacy Act 1988 (Cth) impose strict limits on their use.

Implementation of the *Data access and research policy* focuses on assisting researchers and other interested parties to better understand the framework for considering requests for data and research. In addition, following amendments to the Privacy Act, we have developed more robust processes on data governance, access and release of National Scheme data.

Table DA1: Data access requests by type 2014/15

Request type	Number of requests received
Contact or survey practitioners	25
Copies or extracts of the National Register	11
Quantitative statistics	33
Other	3
Total	**72**

Practitioner information exchange program

The table above excludes requests to participate in AHPRA's practitioner information exchange (PIE) program. PIE provides information to employers about the registration of the health practitioners they employ, including any restrictions that a Board might place on a person's registration.

PIE is a secure web-based system. It can assist employers with connecting human resources, clinical management, risk management, IT security and customer management systems into a secure and effective health practitioner registration data source. Further details about the PIE program can be found at www.ahpra.gov.au/Registration/Employer-Services/Practitioner-information-exchange.aspx.

This year, there were 32 subscribers to the PIE service from government departments, public and private hospitals, and the educational and research sector.

Legal services

AHPRA's legal advisers operate in all our offices to provide day-to-day legal advice regarding the operation of the National Law and AHPRA's compliance with its own regulatory obligations. They also assist with the development of overarching strategy, policy and operational procedures designed to ensure decisions are made under the National Law effectively and efficiently, and consistently with legal requirements. The legal advisers manage legal risks relating to the administration of the National Law and the complex business of operating a number of entities (including AHPRA and the National Boards) that operate nationally under the National Law.

AHPRA legal advisers, in conjunction with our panel of external legal services providers, conduct matters relating to decisions under the National Law and the performance of functions under the National Law.

Administrative complaints

Anyone can make a complaint about AHPRA, the Agency Management Committee or a National Board. A complaints form is available on the AHPRA website, along with the AHPRA *Complaint handling policy and procedure*, at www.ahpra.gov.au/About-AHPRA/Complaints.aspx.

If anyone believes that they have been treated unfairly in our administrative processes or in our handling of freedom of information (FOI) processes, a complaint can also be lodged with the independent National Health Practitioner and Privacy Ombudsman (NHPO), who will receive complaints and help people who believe they have been treated unfairly by the bodies within the National Scheme. The NHPO will usually only deal with complaints that have already been lodged with AHPRA, and when AHPRA has been given a reasonable opportunity to resolve the complaint.

AHPRA is committed to resolving complaints and to learning from what has happened and, when appropriate, making demonstrable improvements to services. Complaints are considered at a senior level in AHPRA, in recognition of their importance. There is a designated complaints officer in each AHPRA office. A database records all complaints received by AHPRA and all complaints directed to AHPRA from the Ombudsman.

In the year ending 30 June 2015, AHPRA received a total of 469 administrative complaints, a reduction from 2014 (when we received 698 complaints). Of the 469 received, 402 were received directly by AHPRA and 67 formal complaints were received from the NHPO. Issues raised in complaints included:

- communication issues
- time to process a new registration application
- time to process an overseas registration application, and
- issues about failure to renew registration.

Table AC1: Nature of complaint by profession 2014/15

Nature of complaint categorised by profession	Board complaint	Registration complaint	Notification complaint	Other complaint	Campaign	Privacy complaint	Total
Aboriginal and Torres Strait Islander Health Practice		1					1
Chinese Medicine		1					1
Chiropractic		1	2				3
Dental	1	9	16			1	27
Medical	6	56	109	9		4	184
Medical Radiation		6					6
Nursing/Midwifery	2	100	21	7			130
Occupational Therapy		3	4				7
Optometry	1	1	1				3
Osteopathy		1					1
Pharmacy		8	3	2	39		52
Physiotherapy	1	4	1				6
Podiatry		3	1				4
Psychology	5	22	15	2			44
Total	**16**	**216**	**173**	**20**	**39**	**5**	**469**

This year, 16 complaints were received about Board matters (policy-related issues), one more than last year. Of the 16 complaints, five were concerned with the rate of registration fees and/or the lack of a pro-rata provision; three were concerned with the category of registration; and two were about the requirement to complete English language testing as a requirement of registration.

For the year, 216 registration complaints were received (a reduction from the 322 registration-related complaints received last year). Of these, 61 complaints were about the communications experienced during the registration process. Complainants were concerned that further documents were being sought during the course of the application and that the requirement for the additional documents had not been clearly conveyed to them. There were 29 registration-related complaints that were concerned with the time taken to finalise a new registration application (a reduction from the 105 similar complaints received last year), and 24 complaints were concerned with the time taken to register an overseas applicant (a reduction from the 57 similar complaints received last year).

There were 173 notification-related complaints received this year (a reduction from the 302 received last year). The overwhelming majority of the complaints expressed dissatisfaction with Boards deciding to take no further action in relation to their notification. The significant drop in notification-related complaints can be partly explained by more detailed and explanatory decision letters being provided to notifiers once a Board has made a decision.

There were 20 general complaints received (a reduction from the 59 received last year). Seven of these complaints related to the accuracy of practitioner data on the national register (a reduction from the 16 similar complaints received last year) and two complaints concerned the outcome of a freedom of information decision.

Freedom of information

Section 215 of the National Law provides that the Commonwealth *Freedom of Information Act 1982* (FOI Act) applies to the National Law, as modified by regulations made under that Law.

In the year to 30 June 2015, AHPRA received 170 FOI applications. During the 2014/15 reporting period, 167 applications were finalised, as detailed below.

Table FOI1: Finalised FOI applications 2014/15

FOI application	Number
Granted in full	18
Granted in part	75
Access refused	59
Access request was transferred in whole to another agency	0
Access request was transferred in part to another agency	0
Access request withdrawn	15
Total	**167**

As well, during the year there were 36 applications for internal review and nine for tribunal/court review. Application fees of $2,396; review fees of $560; and processing charges of $558 covering the cost of FOI requests and related responsibilities were collected this year. In total, 32,128 pages were assessed in responding to FOI applications.

Information governance

AHPRA established an Information Governance and Assurance Group to oversee all aspects of managing both information governance and information security, including the outcomes of a privacy impact assessment undertaken by the Australian Government Solicitor (AGS) on behalf of AHPRA.

Senior managers as information governance leads have been established for each directorate and act as information governance ambassadors. The Information Governance and Assurance Group have a robust work plan in place that was undertaken during the year with a number of key areas continuing into 2015/16.

Risk management

AHPRA's Agency Management Committee, together with the National Boards, determine the appetite for risk, after taking into account the strategic objectives and other factors including community expectations, financial and reporting requirements, and legal and regulatory obligations.

The Agency Management Committee and the National Boards are jointly responsible for ensuring material risks have been identified. The Agency Management Committee is responsible for ensuring that appropriate and adequate control, monitoring and reporting mechanisms are in place.

AHPRA's corporate assurance framework provides the structures and processes to influence behaviour within the organisation, designed to facilitate achievement of the corporate objectives through the effective management of both opportunities and adverse effects encountered in the environment in which AHPRA operates. AHPRA aims to maximise the impact of its operations within the resources available to it. In doing so it aims to manage and minimise risks at all levels of the organisation from the top strategic level to the operations/project levels without dampening innovation. This requires consideration of a full cross-section of risks to the organisation's objectives, including reputation, organisational, operational and financial risks.

Compliance with state and territory laws

AHPRA is subject to a wide range of Commonwealth, state and territory legislation and subordinate rules made under that legislation such as regulations, as well as obligations under the general law. AHPRA is committed to constantly testing, reviewing and improving its procedures and activities to comply with these laws and to promote a culture of compliance. In particular, AHPRA has undertaken a range of activities, described below, to instil the principles set out in Australian Standard 3806-2006: Compliance Programs into AHPRA's everyday activities.

AHPRA has compiled a register of Commonwealth, state and territory legislation that applies to it and the National Boards. Responsibility for compliance with particular legal obligations has been allocated to relevant AHPRA staff, who have been advised of their compliance responsibilities. AHPRA has tested legislative compliance with those staff members by asking them to advise on whether AHPRA is fully compliant with relevant legislation

or not, and has put in place a program to continue to regularly test compliance.

When compliance concerns have been identified in legislative compliance tests, relevant staff have been allocated responsibility to take practical steps to ensure compliance. These staff members regularly report to AHPRA's senior executives and the Finance, Audit and Risk Management Committee on the compliance steps they propose to take or have taken.

This year, AHPRA engaged an external auditor to review AHPRA's compliance with its privacy obligations. That audit made a number of recommendations, and responsibility for addressing those recommendations was allocated to specific AHPRA staff members. Those staff members regularly report on progress in addressing the audit recommendations, as part of their regular reporting on legislative compliance.

AHPRA engages a number of contractors to assist with administering the National Law. AHPRA's standard contract terms require contractors to comply with applicable legislation and policies, including confidentiality, privacy, employment law and proper record-keeping obligations. Where it is appropriate, AHPRA requires contractors to permit AHPRA audits to ensure their compliance. An online contract register has been maintained, designed to assist with monitoring contractor performance.

Requests for telecommunications data

AHPRA is an enforcement agency within the meaning of the Commonwealth *Telecommunications (Interception and Access) Act 1979* (TI Act). This means that, in specific circumstances, AHPRA could access existing information or documents about telecommunications data to enforce the National Law.

This year, AHPRA issued 22 requests for access to telecommunications data under the TI Act. This access was to obtain existing information or documents for the enforcement of the National Law.

Governance statement

Introduction

This governance statement sets out in broad terms:

- the governance structure of the Australian Health Practitioner Regulation Agency (AHPRA)
- how AHPRA manages and reviews its activities to ensure delivery of its functions and objectives in accordance with the requirements of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), and
- how AHPRA manages risk, in particular during the 2014/15 financial year.

For details of AHPRA's governance arrangements, see the AHPRA Governance charter published on the AHPRA website under www.ahpra.gov.au/About-AHPRA/What-We-Do.aspx.

Governance structure

The Chief Executive Officer

The Chief Executive Officer (CEO) of AHPRA is responsible for maintaining an effective system of internal control that supports the achievement of AHPRA's policies, aims and objectives. The CEO is also responsible for overseeing the financial management and assets of AHPRA and on behalf of the National Boards. A structure has been put in place to support the CEO in this important role and this includes three Executive Directors who manage AHPRA's operations in the following areas: regulatory operations, strategy and policy, and business services. The CEO and three Executive Directors form the National Executive of AHPRA.

AHPRA's functions are set out in section 25 of the National Law and its financial management responsibilities are set out in Part 9 of the National Law.

The Agency Management Committee

The Agency Management Committee has general control of AHPRA's affairs and is responsible for AHPRA's policies. Through oversight, scrutiny and strategic challenge, it holds the CEO and Executive to account for the effective and efficient performance of AHPRA.

The Agency Management Committee consists of a non-executive Chair and seven non-executive members, appointed by the Australian Health Workforce Ministerial Council (the Ministerial Council), which comprises all state, territory and Commonwealth health ministers.

Agency Management Committee – membership tenure	
Mr Michael Gorton AM, Chair	Reappointed 3 September 2012 for a period of three years to 3 September 2015. Appointed as Chair from 28 April 2014.
Professor Merrilyn Walton AM	Reappointed 28 April 2014 for a period of three years to 11 April 2017.
Ms Karen Crawshaw PSM	Appointed 3 September 2012 for a period of three years to 3 September 2015.
Ms Jenny Taing	Appointed 28 April 2014 for a period of three years to 11 April 2017.
Ms Barbara Yeoh	Appointed 28 April 2014 for a period of three years to 11 April 2017.
Mr Ian Smith PSM	Appointed 3 September 2012 for a period of three years to 3 September 2015.
Professor Constantine (Con) Michael AO	Reappointed 3 September 2012 for a period of three years to 3 September 2015.
Mr David Taylor	Appointed 28 April 2014 for a period of three years to 11 April 2017.

The Agency Management Committee met nine times during the 2014/15 financial year. Agency Management Committee members' attendance at these meetings is shown in the composite table below.

Subcommittees of the Agency Management Committee

The Agency Management Committee has created three subcommittees, which make recommendations to the Agency Management Committee about their areas of responsibility.

- **The Performance Committee**, which monitors the performance of the National Registration and Accreditation Scheme (the National Scheme) established by the National Law, and recommends measures to improve performance. This committee has eight members and met four times during the 2014/15 financial year.
- **The Finance, Audit and Risk Management Committee** (FARMC), which is responsible for ensuring AHPRA monitors and manages risks appropriately. The committee oversees the audit program, reviews reports of audits undertaken by AHPRA and considers their recommendations; reviews the Corporate Assurance Framework (CAF) and arrangements for risk management; and scrutinises the financial performance. The committee reviewed the annual report and accounts for 2014/15, including considering related reports from external auditors and an annual report on the activities and effectiveness of the committee. This committee has five members and met four times during the 2014/15 financial year.

- **The Remuneration Committee**, which makes recommendations regarding performance measures and remuneration of the CEO and remuneration of staff under AHPRA's executive contract and AHPRA's remuneration policies. This committee has five members and met twice during the 2014/15 financial year.

The attendance of members of these subcommittees in the 2014/15 financial year is shown in the composite table below.

Attendance at meetings of the Agency Management Committee and its subcommittees

The table below sets out how many meetings of the Agency Management Committee and its subcommittees each member attended in the 2014/15 financial year, compared with the total number of meetings those members were eligible to attend. Agency Management Committee/committee members who left or joined during the financial year therefore have a smaller number of meetings they were eligible to attend. Not all Agency Management Committee members are members of each subcommittee. The Agency Management Committee has also appointed non-Agency Management Committee members to its subcommittees, including National Board Chairs and members.

Agency Management Committee	
Mr Michael Gorton AM, Chair	08/09
Professor Merrilyn Walton AM	08/09
Ms Karen Crawshaw PSM	07/09
Ms Jenny Taing	08/09
Ms Barbara Yeoh	09/09
Mr Ian Smith PSM	07/09
Professor Constantine (Con) Michael AO	08/09
Mr David Taylor	09/09

Finance, Audit and Risk Management Committee	
Ms Barbara Yeoh, Chair	03/03
Ms Prudence Ford	04/04
Professor Constantine (Con) Michael AO	03/04
Mr David Taylor	03/03
Mr David Balcombe	01/01
Mr Geoff Linton, Chair	01/01
Mr Michael Gorton AM	01/01
Professor Merrilyn Walton AM	01/01

Performance Committee	
Mr Ian Smith PSM, Chair	04/04
Professor Merrilyn Walton AM	04/04
Professor Constantine (Con) Michael AO	04/04
Mr Martin Fletcher, CEO AHPRA	04/04
Ms Kym Ayscough, Executive Director AHPRA	04/04
Ms Sarndrah Horsfall, Executive Director AHPRA	04/04
Dr Joanna Flynn AM	04/04
Mr Paul Shinkfield	04/04

Remuneration Committee	
Mr Michael Gorton AM, Chair	02/02
Ms Karen Crawshaw PSM	01/02
Mr Ian Smith PSM	02/02
Ms Jenny Taing	01/02
Mr Colin Waldron	02/02

How AHPRA manages its activities and risks

Corporate Assurance Framework

AHPRA has an agreed business plan that assigns responsibility to each of the three Executive Directors for managing risks on a day-to-day operational level for their directorates. Each directorate has an assurance plan that records the risks relevant to that directorate.

Risks are identified, assessed, monitored and managed at a directorate level, but escalated in accordance with the requirements of the Corporate Assurance Framework and recorded in the Corporate Assurance Plan for review and monitoring by the CEO.

The Corporate Assurance Plan reports the escalated risks and risk ratings, along with the key controls and assurances put in place to mitigate the risks. The plan is reviewed by the FARMC to monitor the effective management of risks reported to the Agency Management Committee and the National Boards.

The FARMC assures that systems are in place so AHPRA effectively and appropriately manages risk, and oversees the operation of those systems. AHPRA's internal audit function forms part of the review process, provides assurance on the risk management process, and advises the committee accordingly. The internal audit work undertaken during the year provided an independent assessment of this to the committee.

Data handling

AHPRA handles significant volumes of sensitive and personal information relating to registered health practitioners, students and notifiers. AHPRA recognises its obligations to protect this information, and established a new program of work in 2014/15 to strengthen its current practices in minimising the risk of data loss, and to ensure data are collected, held and used in accordance with law and best practice. To coordinate this activity, a reshaped steering group was established in 2014/15: the Information Governance Assurance Group (IGAG), under the chairmanship of the Executive Director Business Services.

IGAG has a comprehensive work program for 2014–2016 that includes reviewing and updating all of AHPRA's current policies and procedures for information management, including incident reporting processes and ensuring that all staff complete information security training. The approach to implementing information governance in AHPRA will be phased, moving through initiation, implementation and business-as-usual to enhancing and streamlining.

An independent Privacy Impact Assessment was conducted by the Australian Government Solicitor (AGS) regarding AHPRA's handling of personal information during the 2014/15 period. This is informing the work of IGAG in review of AHPRA's policies and procedures.

The system of internal control

The CEO is responsible for reviewing the effectiveness of the system of internal control, which has been in place in AHPRA from 1 July 2014 to 30 June 2015 and up to the date of approval of the annual report and accounts, in accordance with guidance from the Victorian Auditor-General's Office (VAGO).

The review is informed by the work of internal auditors and the senior managers within AHPRA who are responsible for the development and maintenance of the internal control framework, and comments made by external auditors in their management letter and other reports. We have been advised of the implications of the result of the review of the effectiveness of the system of internal control by the FARMC. Plans are in place to address identified weaknesses and ensure continuous improvements are in place.

The managers responsible for the system of internal control provided the CEO, through the Executive Director Business Services, with assurance that AHPRA's system of internal control is subject to consistent monitoring, review and improvement, and that AHPRA's key risks are being identified, assessed and managed appropriately to ensure the goals and objectives of the National Scheme are achieved.

The Corporate Assurance Framework itself provides us with evidence that we have reviewed the effectiveness of controls that manage the risks to AHPRA to allow the organisation to effectively and efficiently perform its functions. Particular aspects of AHPRA's activities are, from time to time, the subject of independent external review by entities such as VAGO.

The effectiveness of the system of internal control has been subject to review by AHPRA's internal financial and risk management staff, who, in liaison with the internal auditors, plan and carry out a FARMC-approved program of work to review the design and operation of the systems of internal control. Where weaknesses have been identified these are reported to the FARMC and an action plan is agreed with management to implement the recommendations agreed as part of this process.

We are not aware of any significant internal control issues affecting AHPRA that do not have an effective management plan in place. We are satisfied the system of internal control has operated effectively and has identified risks that AHPRA is managing. We

are also satisfied that significant work is continuing to better identify, assess and appropriately manage AHPRA's risks in the future. Importantly, AHPRA is committed to constant improvement in the way it manages risk to ensure the goals and objectives of the National Scheme are delivered.

Our risk mitigation strategy includes the appropriate and proportional placement of insurances. Throughout the financial year our insurance portfolio was up to date and has been renewed and reviewed for a further 12-month period on 30 June 2015. The insurance program is overseen by the FARMC.

Capacity to handle risk

The Executive Director Business Services is the designated director with operational responsibility for maintaining and developing the organisation-wide system of internal control. The CEO is the designated executive with operational responsibility for the system of risk management and risk reporting.

The Agency Management Committee takes an active role in risk management, receiving periodic reports and reviewing the Corporate Assurance Framework.

The FARMC has the role of overseeing AHPRA's governance processes and has reviewed the Corporate Assurance Framework at its meetings, together with movements in the risks identified through that framework and the management of them.

We are not aware of any significant risk management issues that would prevent AHPRA from delivering the National Scheme's goals and objectives that have not been identified, assessed and which do not have an appropriate plan. We are satisfied that work is underway that is designed to ensure AHPRA identifies, assesses, monitors and manages risks appropriately.

Michael Gorton AM
Chair
Agency Management Committee

30 June 2015

Martin Fletcher
Chief Executive Officer
Australian Health Practitioner Regulation Agency

30 June 2015

Australian Health Practitioner Regulation Agency

Financial statements for the year ended 30 June 2015

Overview of results for 2014/15

The Australian Health Practitioner Regulation Agency (AHPRA), working in partnership with the 14 National Boards, recorded a surplus of $1.861 million for the financial year 2014/15. The year-on-year results are shown in the table below.

Net result	$'000
2009/10	(4,517)
2010/11	(6,418)
2011/12	7,203
2012/13	26,908
2013/14	15,972
2014/15	1,861

The accumulated surplus since commencement is $41.009 million.

Equity

Equity held by AHPRA on behalf of the 14 National Boards as at 30 June 2015 was $84.904 million, an increase of $1.861 million from 30 June 2014 through accumulated surplus during the 2014/15 financial year. The last contribution to contributed capital was in 2012/13 and related to the 2012 addition of four professions to the National Registration and Accreditation Scheme. The contributed capital component of equity is $43.895 million, and is attributed to the National Boards.

In previous years AHPRA and the individual National Boards reviewed the appropriate equity levels required for each National Board. The equity levels have a strong relationship to the financial risk associated with the functions of each National Board and are reviewed on a regular basis.

It is expected that the National Boards will have reasonable and sufficient equity to cover their commitments. To reduce some equity levels National Boards will deliberately utilise these funds to cover operational expenditure including funding required for the replacement of core business infrastructure.

Income

Total income from transactions was $170.463 million during the 2014/15 financial year, an increase of $2.604 million from 2013/14. The growth was due to an increase in the number of registrants throughout the year, along with some National Boards increasing their registration fees consistent with the Consumer Price Index (noting that other National Boards kept their fees at the same level as previous year while others decreased their fees).

Expenditure

Total expenses from transactions were $168.602 million, an increase of $16.715 million from the previous financial year 2013/14. The increase included new payments in 2014/15 for the Office of the Health Ombudsman in Queensland of $4.5 million, and for the National Health Ombudsman and Privacy Commissioner Office of $1.5 million.

Expenditure classified as accreditation increased by $4.019 million in 2014/15 representing funding paid to external accreditation entities for accreditation functions.

Balance sheet

AHPRA's net assets increased by $1.861 million to $84.904 million at 30 June 2015. Cash and cash equivalents combined with investments remained similar to the previous year ($167.2 million at 30 June 2015, compared with $167.3 million at 30 June 2014). The most significant change was that investments classified as non-current increased from $35 million to $71 million, reflecting the change in maturity timeframes for a number of the investments due to the cash flow requirements of the business.

AHPRA receives income in advance and this reduced slightly at 30 June 2015, reflecting the reduction in registration fees, particularly for the Nursing and Midwifery Board of Australia where the renewal period closed on 31 May 2015.

The balance sheet for the 2014/15 financial year also includes for the first time the recognition of a lease asset item under assets and also a lease liability item under liabilities. This relates to the recognition of a lease incentive relating to the office in Adelaide which was agreed to during 2014/15.

Overall the balance sheet is healthy and the largest contributor to this is both cash and cash equivalents and investments held by AHPRA.

The year ahead

There is a significant and important program of capital replacement that will be started in 2015/16 and will require the partial use of accumulated surpluses from previous years. Overall we expect equity to reduce from its current level of $84.904 million in 2015/16.

It is expected that AHPRA, in partnership with the National Boards, will continue to be solvent throughout 2015/16. We have secured appropriate funding ($260k) for the Aboriginal and Torres Strait Islander Health Practice Board of Australia for 2015/16. However, their longer term financial sustainability will be a priority for AHPRA and new plans will be developed during the coming financial year.

Declaration by Chair, Agency Management Committee, Chief Executive Officer, Executive Director, Business Services and Chief Financial Officer

We certify that the attached financial statements for the Australian Health Practitioner Regulation Agency have been prepared in accordance with Schedule 3, Part 3 of the *Health Practitioner Regulation National Law Act 2009* as in force in each state and territory (the National Law), Australian Accounting Standards and Interpretations, and other mandatory professional reporting requirements.

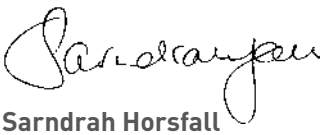
We further state that, in our opinion, the information set out in the Comprehensive Income Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement and notes to and forming part of the financial statements, presents fairly the financial transactions for the year ended 30 June 2015 and the financial position of the Australian Health Practitioner Regulation Agency as at 30 June 2015.

We are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We were authorised by the Agency Management Committee to issue the attached financial statements on this day.

Michael Gorton AM
Chair, Agency Management Committee

18 August 2015



Sarndrah Horsfall
Executive Director, Business Services

18 August 2015

Martin Fletcher
Chief Executive Officer

18 August 2015

Anthony DeJong
National Director Finance and Procurement
(Chief Financial Officer)

18 August 2015

Australian Health Practitioner Regulation Agency
Comprehensive income statement for the year ended 30 June 2015

Continuing operations	Notes	2015 $'000	2014 $'000
Income from transactions			
Registration fee income	2a	159,698	156,436
Interest		6,543	6,827
Other income	2b	4,222	4,596
Total income from transactions		**170,463**	**167,859**
Expenses from transactions			
Board sitting fees and direct board costs		10,247	10,419
Legal and notification costs		13,186	13,892
Office of the Health Ombudsman (Queensland)	1e	4,500	0
Accreditation expenses (external)	3a	11,063	7,044
Staffing costs		92,226	88,465
Travel and accommodation		2,316	2,097
Systems and communications		6,554	6,242
Property expenses		9,338	8,995
Strategic and project consultant costs		1,754	1,768
Depreciation and amortisation	8,9,3b	3,861	2,752
Administration expenses	3e	13,557	10,213
Total expenses from transactions		**168,602**	**151,887**
Net result for the year		**1,861**	**15,972**

The comprehensive income statement should be read in conjunction with the accompanying notes.

Australian Health Practitioner Regulation Agency
Balance sheet as at 30 June 2015

	Notes	2015 $'000	2014 $'000
Current assets			
Cash and cash equivalents	4a	6,217	1,366
Investments	4b	90,000	131,000
Prepayments		1,801	1,751
Receivables	5	1,412	1,690
Accrued income	6	2,728	3,455
Lease assets	12c	577	0
Total current assets		**102,735**	**139,262**
Non-current assets			
Long-term investments	4b	71,000	35,000
Plant and equipment	8	9,915	6,884
Intangible assets	9	4,761	3,824
Total non-current assets		**85,676**	**45,708**
Total assets		**188,411**	**184,970**
Current liabilities			
Payables and accruals	10	11,914	13,834
Income in advance	11	75,633	77,268
Employee benefits	12a 12b	10,252	8,839
Total current liabilities		**97,799**	**99,941**
Non-current liabilities			
Employee benefits	12a 12b	2,323	1,986
Lease liability	12c	3,325	0
Make good provision		60	0
Total non-current liabilities		**5,708**	**1,986**
Total liabilities		**103,507**	**101,927**
Net assets		**84,904**	**83,043**
Equity			
Contributed capital	13	43,895	43,895
Accumulated surplus	13	41,009	39,148
Total equity		**84,904**	**83,043**
Commitments	17		
Contingent assets and liabilities	18		

The balance sheet should be read in conjunction with the accompanying notes.

Australian Health Practitioner Regulation Agency
Statement of changes in equity for the year ended 30 June 2015

	Note	Contributed capital $'000	Accumulated surplus $'000	Total $'000
Balance at 1 July 2013		**43,895**	**23,176**	**67,071**
Net result for the year		0	15,972	15,972
Balance at 30 June 2014		**43,895**	**39,148**	**83,043**
Net result for the year		0	1,861	1,861
Balance at 30 June 2015	**13**	**43,895**	**41,009**	**84,904**

The statement of changes in equity should be read in conjunction with the accompanying notes.

Australian Health Practitioner Regulation Agency
Cash flow statement for the year ended 30 June 2015

	Notes	2015 $'000	2014 $'000
Cash flows from operating activities			
Payments to suppliers, employees and others		(168,198)	(151,575)
Receipts relating to registrant fees		158,122	158,317
Net GST received from ATO		6,097	6,067
Other receipts		4,442	4,463
Interest received		7,270	6,330
Net cash flows from operating activities	**19**	**7,733**	**23,602**
Cash flows from investing activities			
Payments for plant and equipment		(7,890)	(4,126)
Receipts from the disposal of assets	3c	8	0
Purchase of investments		0	(20,000)
Proceeds from sale of investments		5,000	0
Net cash flows used in investing activities		**(2,882)**	**(24,126)**
Net increase/ (decrease) in cash and cash equivalents		4,851	(524)
Cash and cash equivalents at the beginning of the year		1,366	1,890
Cash and cash equivalents at end of the year	**4a**	**6,217**	**1,366**

All amounts are inclusive of GST. The cash flow statement should be read in conjunction with the accompanying notes.

Notes

Note 1: Summary of significant accounting policies

a) Statement of compliance

These financial statements are referred to as a general purpose financial report prepared in accordance with the Australian Accounting Standards and Interpretations (AAS) and other mandatory requirements. AASs include Australian equivalents to the International Financial Reporting Standards.

The financial statements have also been prepared in accordance with the relevant requirements of the *Health Practitioner Regulation National Law Act 2009*.

b) Basis of accounting preparation and measurement

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2015.

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The financial statements have been prepared using the accrual basis of accounting. Under the accrual basis, items are recognised as assets, liabilities, equity, income or expenses when they satisfy the definition and recognition criteria for those items, that is they are recognised in the reporting period to which they relate.

The financial report is prepared in accordance with the historical cost convention and not for profit elements of AASs.

In the application of AASs, management is required to make judgements, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making judgements. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision. Judgements and assumptions made by management in the application of AASs that have significant effects on the financial statements and estimates relate to:

- Assumptions for employee benefit provisions based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates; and
- The fair value of plant and equipment and intangible assets.

These financial statements were authorised to be issued by the Agency Management Committee on the 18th day of August 2015.

c) Reporting entity

The Australian Health Practitioner Regulation Agency (AHPRA) is given the authority to operate by way of the *Health Practitioner Regulation National Law Act 2009*.

The financial statements include the controlled activities of AHPRA.

AHPRA is the organisation responsible for the administration of the National Registration and Accreditation Scheme across Australia.

AHPRA's operations are governed by the *Health Practitioner Regulation National Law Act 2009* as in force in each state and territory, which came into effect on 1 July 2010 and on 18 October 2010 in Western Australia. This law means that registered health professions are regulated by nationally consistent legislation.

AHPRA supports the National Health Practitioner Boards in the administration of the National Registration and Accreditation Scheme. National Boards are responsible for regulating their respective health professions. The primary role of the National Boards is to protect the public and set standards and policies that all registered health practitioners must meet.

The Agency Management Committee oversees the work of AHPRA. The Chair is Mr Michael Gorton AM. The Chief Executive Officer is Mr Martin Fletcher.

AHPRA's corporate address is 111 Bourke Street, Melbourne 3000.

d) Corporate structure

AHPRA is a statutory body governed by the *Health Practitioner Regulation National Law Act 2009* as in force in each state and territory (the National Law).

e) Co-regulatory jurisdictions

The *Health Practitioner Regulation National Law* (NSW) No 86a and the Queensland *Health Ombudsman Act 2013* allow for co-regulation of registered health practitioners at the discretion of the respective member jurisdictions. Both New South Wales (NSW) and Queensland (QLD) have determined that co-regulation applies.

In NSW, the Health Minister informs AHPRA and the National Boards of the amount to collect per registrant on behalf of the NSW Health Professional Councils Authority (HPCA), for the purpose of handling notifications related to NSW-based practitioners. AHPRA collects these amounts and passes them onto the various Health Profession Councils, via HPCA. As this amount is set per registrant and collected by AHPRA and remitted to the HPCA within seven days after the end of the month, it is treated as an administered item in these financial statements and is disclosed in more detail in Note 7. These amounts are not recorded within the comprehensive income statement or balance sheet.

In Queensland, the Health Minister informs AHPRA and the National Boards of the amount to be paid to the Office of the Health Ombudsman (Queensland). This payment is included in the comprehensive income statement as an expense. In 2014/15, AHPRA paid $4.5 million to the Office of the Health Ombudsman (Queensland) under these arrangements (2013/14: $NIL). The breakdown of the $4.5 million paid in 2014/15 is shown in the table below:

National Board	Amount $,000
ATSIHPBA	0.0
CMBA	11.7
ChiroBA	38.2
DBA	502.2
MBA	2,007.9
MRPBA	12.6
NMBA	1,197.5
OTBA	48.2
OptomBA	9.0
OsteoBA	0.5
PharmBA	427.9
PhysioBA	41.4
PodBA	16.6
PsyBA	186.3
Total	**4,500.0**

f) Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial

liability or equity instrument of another entity. Due to the nature of AHPRA's activities, certain financial assets and financial liabilities arise under statute rather than a contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation.*

Where relevant, for note disclosure purposes, a distinction is made between those financial assets and financial liabilities that meet the definition of financial instruments in accordance with AASB 132 and those that do not.

The following refers to financial instruments unless otherwise stated.

Categories of non derivative financial instruments:

- Receivables

  Receivables are financial instrument assets with fixed and determinable payments that are not quoted on an active market. These assets are initially recognised at fair value plus any directly attributable transaction costs. Subsequent to initial measurement, receivables are measured at amortised cost using the effective interest method, less any impairment.

  Receivables category includes cash and deposits (refer to Note 1(i)), term deposits with maturity greater than three months, trade receivables and other receivables, but not statutory receivables.

  Receivables are subject to impairment testing as described in Note 1(l) below.

- Financial liabilities at amortised cost

  Financial instrument liabilities are initially recognised on the date they are originated. They are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these liabilities are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in Comprehensive Income Statement over the period of the interest bearing liability, using the effective interest rate method.

  Financial instrument liabilities measured at amortised cost include all of AHPRA's contractual payables.

g) Income from transactions

Income is recognised to the extent that it is probable that the economic benefits will flow to AHPRA and it can be reliably measured.

- Registration fees

  Registrations are payable periodically in advance. Only those registration fees that are attributable to the current financial year are recognised as income. Registration fees that relate to future periods are recorded as income in advance within the balance sheet.

  Where a registrant pays an application fee, the fee is recognised in the financial year in which it is received.

- Interest

  Interest income is accrued by reference to the principal of a financial asset at the effective interest rate applicable to the reporting period.

- Other income

  Other income includes income that is not registration fees or interest. Key items of other income include certificates of registration status requested by registrants, legal fee recoveries and fees related to the Pharmacy Board of Australia's examinations.

- Sale of non-current assets

  The net gain or loss arising from the sale of non-current asset sales are included as revenue (Other Income) or expenses (Administration Expenses – Other) at the date control passes to the buyer, usually when an unconditional contract of sale is signed.

  The net gain or loss on disposal is calculated as the difference between the carrying amount of the asset at the time of the disposal and the net proceeds on disposal.

h) Expenses from transactions

Expenses from transactions are recognised in the Comprehensive Income Statement when they are incurred.

- Board sitting fees and direct board costs

  Board sitting fees and direct board costs include all national, state and regional board expenditure relating to meetings held by the boards and their committees, and travel associated with the meetings.

- Legal and notification costs

  Legal costs include external costs relating to managing the notification (complaint) process by AHPRA. These costs include legal fees paid to external firms and costs of civil tribunals. They do not include the costs associated with AHPRA staff in the assessment and investigation of notifications, or the cost of legal staff employed by AHPRA.

- Accreditation expenses

  Accreditation relates to payments to external accreditation bodies to exercise accreditation functions under Section 42 of the National Law. It does not include staff costs and committee sitting fees when these functions are carried out by board committees.

- AHPRA allocated costs

  AHPRA incurs the following expenses and then proportionally allocates the expenditure to the National Boards, based on an agreed formula. The formula, which is reviewed annually, is based on an analysis of historical and financial data to estimate the proportion of AHPRA costs required to regulate each profession. Costs include salaries, systems and communication, property and administration costs. AHPRA supports the work of the National Boards by employing all staff and providing systems and infrastructure to manage registration and notification functions, as well as the support services necessary to run a national organisation with eight state and territory offices.

  - Staffing costs

    Staffing costs relate to AHPRA employee costs including on-costs and contractors.

  - Travel and accommodation

    Travel and accommodation relates to flights, taxis and hotel costs incurred by AHPRA and National Boards and their committees for travel other than attending scheduled board and committee meetings.

  - Systems and communication

    Systems and communication costs relate to the technology systems of AHPRA.

  - Property expenses

    Property expenses include rental, outgoings and maintenance of all properties.

  - Strategic and project consultant costs

    Strategic and project consultant costs relate to project costs incurred in the year for both the National Board and AHPRA projects.

  - Administration expenses

    Administration expenses include expenses not listed above. The major component of administration expenses are corporate legal, bank charges and merchant fees, postage, freight and couriers, printing and stationery, insurance and recruitment.

i) Cash and cash equivalents

Cash and cash equivalents include cash on hand and cash at bank, deposits held at call, and other short-term liquid deposits with an original maturity of three months or less, which are readily convertible to known amounts of cash with an insignificant risk of changes in value.

j) Investments

Investments include term deposits for which AHPRA has the positive intent and ability to hold to maturity at fixed or repricing interest rates.

k) Receivables

Receivables consist of:

- contractual receivables, such as debtors in relation to goods and services, and accrued investment income; and
- statutory receivables, such as Goods and Services Tax (GST) input tax credits recoverable.

Contractual receivables are classified as financial instruments and categorised as receivables. Statutory receivables, are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments because they do not arise from a contract.

The terms of trade are 30 days from invoice date. Receivables are recognised and carried at original invoice amount less any allowance for any uncollectable amounts. Receivables are subject to annual impairment testing. A provision for doubtful receivables is recognised when collection of the full amount is no longer probable. Bad debts are written off when identified, and recognised in the comprehensive income statement.

l) Impairment of financial assets

At the end of each reporting period, AHPRA assesses whether there is objective evidence that a financial asset or group of financial assets is impaired. All financial instrument assets are subject to annual review for impairment. Any impairment loss is recognised in the comprehensive income statement.

m) Plant and equipment and depreciation

Plant and equipment is measured at cost less accumulated depreciation and impairment. These assets are depreciated and amortised at rates based on their expected useful lives, using the straight-line method, which is reviewed annually.

The annual depreciation rates used for major assets in each class are as follows:

	2015	2014
Furniture and fittings	13%	13%
Computer equipment	20% to 40%	20% to 40%
Office equipment	15%	15%

Leasehold improvements are amortised over the term of the lease, or the life of the assets, whichever is shorter.

Work in progress (WIP) is not depreciated until it reaches service delivery capacity.

n) Intangible assets and amortisation

When the recognition criteria in AASB138 *Intangible assets* is met, internally generated intangible assets are recognised and measured at cost less accumulated amortisation and impairment.

Expenditure on research activities is recognised as an expense in the period in which it is incurred.

An internally generated intangible asset arising from development (or from the development phase of an internal project) is recognised if, and only if, all of the following are demonstrated:

i. the technical feasibility of completing the intangible asset so that it will be available for use or sale
ii. an intention to complete the intangible asset and use it
iii. the ability to use the intangible asset
iv. the intangible asset will generate probable future economic benefits
v. the availability of adequate technical, financial and other resources to complete the development and to use the intangible asset; and
vi. the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Intangible assets are amortised annually at a rate of between 10% and 40% depending on their useful life.

o) Prepayments

Prepaid expenditure is recognised when payments are made in advance of receipt of goods or services or expenditure made in one accounting period that covers a term extending beyond that period. It is then recognised as expenditure to the period in which the service relates.

p) Impairment of non-financial assets

All non-financial assets are assessed annually for indications of impairment. If there is an indication of impairment, the assets concerned are tested as to whether their carrying value exceeds their possible recoverable amount. The difference is written-off as an expense except to the extent that the write-down can be debited to an asset revaluation surplus amount applicable to that same class of asset.

q) Payables and accruals

Payables are initially recognised at fair value and subsequently carried at amortised cost. Payables represent liabilities for goods and services provided to AHPRA prior to the end of the financial year that are unpaid, and arise when AHPRA is obliged to make future payments in respect of the purchase of goods and services. Terms of settlement are generally 30 days from the date of invoice.

r) Employee benefits

i. Annual leave

Employee benefits including non-monetary benefits and annual leave are recognised in the provision for employee benefits as current liabilities.

When the annual leave is expected to wholly settle within 12 months of the reporting date, it is measured at its nominal value. Those liabilities not expected to be wholly settled within 12 months of the reporting date are measured at the present value of the amounts expected to be paid when the liabilities are settled using remuneration rates expected to apply at the time of settlement.

ii. Long service leave

The long service leave entitlement under existing arrangements is recognised from an employee's commencement date and becomes payable according to the employment arrangements in place. The valuation of long service leave for employees who have met the conditions of service to take long service leave is recognised as a current liability, whilst the valuation for those employees still to meet the conditions of service is recognised as a non-current liability.

Part of the current liability is measured at nominal value when it is expected to wholly settle within 12 months of the reporting date. When liabilities are not expected to wholly settle within 12 months of the reporting date, it is measured at the present value of the expected future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given to expected future wage and salary levels, experience of employee departures, and periods of service. Expected future payments are discounted using interest rates on national government guaranteed securities with terms to maturity that match, as closely as possible, the estimated future cash outflows.

iii. Termination benefits

Termination benefits are payable when employment is terminated before the normal retirement date or when an employee accepts voluntary redundancy in exchange for these benefits. AHPRA recognises termination benefits when it demonstrably committed to either terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal or providing termination benefits as a result of an offer made to encourage voluntary redundancy. Benefits falling

due more than 12 months after the end of the reporting period are discounted to present value.

s) Superannuation

The amount expensed in respect of superannuation represents AHPRA contributions for members of both defined benefit and defined contribution superannuation plans that are paid or payable during the reporting period.

AHPRA does not recognise any defined benefit asset or liability in respect of defined benefit superannuation plan because AHPRA has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due.

t) Employee benefits on-costs

Employee benefits on-costs, including payroll tax, workcover insurance premiums and superannuation entitlements, are recognised and included in employee benefit liabilities and costs when the employee benefits to which they relate are recognised as liabilities.

u) Goods and service tax (GST)

All application, registration and late fees are exempt from GST legislation. Income, expenses and assets are recognised net of GST except where the amount of GST incurred is not recoverable, in which case it is recognised as part of the cost of acquisition of an asset or part of an item of expense or revenue. GST receivable from and payable to the Australian Taxation Office is included in the balance sheet. The GST component of a receipt or payment is recognised on a gross basis in the cash flow statement in accordance with AASB 107 *Statement of Cash Flows*.

v) Income tax

Tax effect accounting has not been applied as AHPRA is exempt from income tax under section 50-25 of the *Income Tax Assessment Act 1997*.

w) Leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. AHPRA is not party to any finance leases.

In the event that lease incentives are received to enter into operating leases, the aggregate cost of incentives are recognised as a reduction of rental expense over the lease term on a straight line basis.

x) Equity

Consistent with the requirements of AASB 1004 *Contributions*, contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of AHPRA.

Additions to net assets which have been designated as contributions by government or statutory bodies are recognised as contributed capital.

y) Commitments

Commitments include operating and capital commitments arising from non-cancellable contractual or statutory obligations. All amounts shown in the commitments note are inclusive of GST.

z) Contingent assets and contingent liabilities

Contingent assets and contingent liabilities are not recognised in the balance sheet, but are disclosed by way of note and, if quantifiable, are measured at nominal value. Contingent assets and contingent liabilities are presented inclusive of GST receivable or payable respectively.

aa) Events after the reporting period

Assets, liabilities, income or expenses arise from past transactions or other past events. Where the transactions result from an agreement between AHPRA and other parties, the transactions are only recognised when the agreement is irrevocable at or before the end of the reporting period. Adjustments are made to amounts recognised in the financial statements for events which occur between the end of the reporting period and the date when the financial statements are authorised for issue, where those events provide information about conditions which existed at the reporting date. Note disclosure is made about events between the end of the reporting period and the date the financial statements are authorised for issue where the events relate to conditions which arose after the end of the reporting period that are considered to be of material interest.

bb) Functional and presentation currency

All amounts specified in these statements are presented in Australian dollars.

cc) Rounding of amounts

Amounts in the financial statements have been rounded to the nearest thousand dollars unless otherwise stated. Figures in the financial statements may not equate due to rounding.

dd) Changes in accounting policy

Subsequent to the 2013/14 reporting period, the following new and revised Australian accounting standards have been adopted in the current period with their financial impact detailed below:

i. AASB 10 *Consolidated financial statements*

In accordance with AASB 10, AHPRA has assessed its relationship with the National Boards and/or other parties and concluded that AHPRA does not have control over the parties based on the 'new' control criteria. Therefore, application of AASB 10 does not require adjustment in the financial statements.

ii. AASB 11 *Joint arrangements*

In accordance with AASB 11, AHPRA has assessed its relationship with the National Boards and concluded that no joint arrangement exists between AHPRA and the National Boards. Therefore, application of AASB 11 does not require adjustment in the financial statements.

iii. **AASB 12 *Disclosure of interests in other entities***

AHPRA has no interest in other entities that requires disclosure of information that enables users of financial statements to evaluate the nature of, and risks associated with, those interests and the effects of those interests on the financial statements.

ee) New accounting standards and interpretations

Certain new Australian accounting standards and interpretations that are not mandatory for the 30 June 2015 reporting period have been published.

As at 30 June 2015, the following standards and interpretations had been issued but were not mandatory for the financial year ended 30 June 2015. AHPRA has not adopted, and does not intend to adopt, these standards early.

AASB 108 requires disclosure of the impact on AHPRA's financial statements of these changes. These are set out below.

Standard/interpretation	Summary	Applicable for annual reporting periods beginning on	Impact on AHPRA financial statements
AASB 9 *Financial instruments*	The key changes include the simplified requirements for the classification and measurement of financial assets, a new hedging accounting model, and a revised impairment loss model to recognise impairment losses earlier, as opposed to the current approach that recognises impairment only when incurred.	1 Jan 2018	While the preliminary assessment has not identified any material impact arising from AASB 9, it will continue to be monitored and assessed.
AASB 15 *Revenue* from contracts with customers	The core principle of AASB 15 requires an entity to recognise revenue when the entity satisfies a performance obligation by transferring a promised good or service to a customer.	1 Jan 2017 (Exposure draft 263 – potential deferral to 1 Jan 2018)	The changes in revenue recognition requirements in AASB 15 may result in changes to the timing and amount of revenue recorded in the financial statements. A potential impact will be the upfront recognition of revenue from registrations that cover multiple reporting periods. Revenue that was deferred and amortised over a period may now need to be recognised immediately as a transitional adjustment against the opening accumulated surplus if there are no former performance obligations outstanding.
AASB 2014-1 *Amendments to Australian Accounting Standards [Part E financial instruments]*	Amends various AASs to reflect the AASB's decision to defer the mandatory application date of AASB 9 to annual reporting periods beginning on or after 1 January 2018 as a consequence of Chapter 6 Hedge accounting, and to amend reduced disclosure requirements.	1 Jan 2018	This amended standard will defer the application period of AASB 9 to the 2018/19 reporting period in accordance with the transition requirements.
AASB 2014-4 *Amendments to Australian Accounting Standards – Clarification of acceptable methods of depreciation and amortisation* *[AASB 116 and AASB 138]*	Amends AASB 116 *Property, plant and equipment* and AASB 138 *Intangible assets* to: establish the principle for the basis of depreciation and amortisation as being the expected pattern of consumption of the future economic benefits of an asset prohibit the use of revenuebased methods to calculate the depreciation or amortisation of an asset, tangible or intangible, because revenue generally reflects the pattern of economic benefits that are generated from operating the business, rather than the consumption through the use of the asset.	1 Jan 2016	The assessment has indicated that there is no expected impact as the revenue-based method is not used for depreciation and amortisation.
AASB 2015-6 *Amendments to Australian Accounting Standards – Extending related party disclosures to not-for-profit public sector entities [AASB 10, AASB 124 and AASB 1049]*	The amendments extend the scope of AASB 124 *Related party disclosures* to not-for-profit public sector entities. Guidance has been included to assist the application of the standard by not-for-profit public sector entities.	1 Jan 2016	The amended standard will result in extended disclosures on key management personnel (KMP), and the related party transactions.

ff) Abbreviations

ATSIHPBA	Aboriginal and Torres Strait Islander Health Practice Board of Australia
CMBA	Chinese Medicine Board of Australia
ChiroBA	Chiropractic Board of Australia
DBA	Dental Board of Australia
MBA	Medical Board of Australia
MRPBA	Medical Radiation Practice Board of Australia
NMBA	Nursing and Midwifery Board of Australia
OTBA	Occupational Therapy Board of Australia
OptomBA	Optometry Board of Australia
OsteoBA	Osteopathy Board of Australia
PharmBA	Pharmacy Board of Australia
PhysioBA	Physiotherapy Board of Australia
PodBA	Podiatry Board of Australia
PsyBA	Psychology Board of Australia

Note 2a: Registration fee income

	2015 $'000	2014 $'000
Registration fees	150,411	146,035
Application fees	9,287	10,401
Total registration fee income	**159,698**	**156,436**

Note 2b: Other income

	2015 $'000	2014 $'000
Government grant	0	586
Certificate of registration status	449	514
Pharmacy Board of Australia examinations	1,032	760
Accreditation	245	0
Legal fee recovery	1,743	1,266
Other	753	1,470
Total other income	**4,222**	**4,596**

Note 3a: Accreditation expenses

Accreditation ($'000)										
Board	AHPRA		External accreditation entities						Grand total	
	Net expenditure[1]		Accreditation functions[2]		Projects		Subtotal			
	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014
ATSIHPBA[3]	214	149	0	0	0	0	0	0	214	149
CMBA[3]	63[4]	131	0	0	0	0	0	0	63	131
ChiroBA	0	0	171	160	14	0	185	160	185	160
DBA	0	0	415	300	71	50	486	350	486	350
MBA	0	0	3,563	2,182	80[5]	114	3,643	2,296	3,643	2,296
MRPBA[3]	319[6]	114[6]	0	0	0	0	0	0	319	114
NMBA	0	0	4,528	2,429	0	0	4,528	2,429	4,528	2,429
OTBA	0	0	170	167	0	0	170	167	170	167
OptomBA	0	0	290	290	0	0	290	290	290	290
OsteoBA	0	0	161	150	29	36	190	186	190	186
PharmBA	0	0	330	300	0	0	330	300	330	300
PhysioBA	0	0	250	250	115	0	365	250	365	250
PodBA	0	0	155	121	19	0	174	121	174	121
PsyBA	0	0	614	494	88	0	702	495	702	495
Total	**596**	**394**	**10,647**	**6,843**	**416**	**200**	**11,063**	**7,044**	**11,659**	**7,438**

1 Net expenditure is extracted from various income and expense lines in the comprehensive income statement.

2 Accreditation functions as defined in s42 of the National Law. Accrediting activities relating to registration of health practitioners under s52 of the National Law are disclosed separately in note 3e.

3 These Boards have assigned accreditation functions under s42 of the National Law to accreditation committees.

4 Chinese Medicine accreditation committee issued invoices to education providers for $108k of accreditation assessment income in 2014/15 and the corresponding accreditation assessment expense will be completed in 2015/16.

5 $80k funding paid to Australian Medical Council for review of intern training accreditation (s52). During 2014/15, funding for accrediting activities of $999k (2014: $809k) were incurred for intern training accreditation authorities (refer Note 3e).

6 Medical Radiation Practice accreditation committee issued invoices to education providers for $130k of accreditation assessment income in 2013/14 and the corresponding accreditation assessment expenses were completed in 2014/15.

Note 3b: Depreciation and amortisation

	Note	2015 $'000	2014 $'000
Depreciation			
Leasehold improvements	8	972	860
Furniture and fittings	8	87	79
Computer equipment	8	541	406
Office equipment	8	35	29
Amortisation			
Computer software	9	2,226	1,378
Total depreciation and amortisation		**3,861**	**2,752**

Note 3c: Net gain/(loss) on disposal of non-financial assets

	2015 $'000	2014 $'000
Proceeds from disposals of non-current assets		
Furniture and fittings	8	0
Total proceeds from disposal of non-current assets	**8**	**0**
Less: written down value of non-current assets sold		
Furniture and fittings	12	0
Total written down value of non-current assets sold	**12**	**0**
Net gain/(loss) on disposal of non-financial assets	**(4)**	**0**

Note 3d: Written down value of non-financial assets written off

	2015 $'000	2014 $'000
Office equipment	14	0
Furniture and fittings	17	27
Computer equipment	0	3
Lease hold improvement	18	0
Total written down value of non-current assets written off	**49**	**30**

Note 3e: Administration expenses

	2015 $'000	2014 $'000
Legal – corporate	352	593
Bank charges and merchant fees	486	830
Postage, freight and courier	1,041	1,023
Printing and stationery	981	1,000
Insurance	1,147	488
Recruitment	309	385
Health programs	1,159	1,120
Publications	306	382
National Health Practitioner Ombudsman and Privacy Commissioner Office	1,500	0
Funding for intern training accreditation authorities for registration of health practitioners	999	809
External contract services	2,121	1,602
Venue hire	399	342
Meals and catering	311	301
Pharmacy Board of Australia examinations	447	356
Other	1,999	982
Total administration expenses	**13,557**	**10,213**

Note 4a: Cash and cash equivalents

	2015 $'000	2014 $'000
Cash and cash equivalents, at bank and term deposits less than 90 days	6,217	1,366
Total cash and cash equivalents	**6,217**	**1,366**

Note 4b: Investments

	Note	2015 $'000	2014 $'000
Current			
Bank term deposits more than 90 days but less than 1 year	20	90,000	131,000
Non-current			
Bank term deposits greater than 1 year	20	71,000	35,000
Total investments		**161,000**	**166,000**

Note 5: Receivables

	Note	2015 $'000	2014 $'000
Trade receivables	20	859	1,016
Less allowances for doubtful debts		(311)	(252)
GST receivable		864	926
Total receivables		**1,412**	**1,690**

Movement in the allowance for doubtful debts	2015 $'000	2014 $'000
Balance at beginning of year	252	241
Increase in allowance recognised in net result for the year	59	11
Balance at end of year	**311**	**252**

Note 6: Accrued income

	2015 $'000	2014 $'000
Accrued interest on term deposits	2,695	3,432
Other accrued income	33	23
Total accrued income	**2,728**	**3,455**

Note 7: Administered (non-controlled) items

Summary of HPCA fee collected and payable

	ATSIHPBA	CMBA	ChiroBA	DBA	MBA	MRPBA	NMBA	OTBA	OptomBA	OsteoBA	PharmBA	PhysioBA	PodBA	PsyBA	Total
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
2010-11	0	0	43	980	5,893	0	6,124	0	141	39	1,304	380	44	399	15,348
2011-12	0	0	185	1,230	7,049	0	6,947	0	162	92	1,475	445	119	1,067	18,771
2012-13	1	482	164	1,279	10,924	512	6,902	410	167	88	1,534	466	125	1,044	24,099
2013-14	1	462	174	2,175	11,552	522	7,368	366	177	151	1,641	495	184	1,101	26,368
2014-15	2	548	187	2,318	12,311	489	7,565	255	186	169	1,719	531	240	1,161	27,682

In addition to the operations which are included in the financial statements, AHPRA administers/collects fees on behalf of the HPCA in NSW. The transactions relating to this activity are reported as administered items (refer also to note 1(e)).

Payments to HPCA are made by the 7th of the month following receipt; June 2015 payment of $511,321 was processed 7th July 2015.

Note 8: Plant and equipment (PE)

	Leasehold improvements	Furniture and fittings	Computer equipment	Office equipment	Work in progress	Total PE
	$'000	$'000	$'000	$'000	$'000	$'000
At cost						
Balance at 30 June 2013	6,018	563	1,065	173	2,372	10,191
Additions	80	136	604	47	3,290	4,157
Disposals/write offs	0	(41)	(5)	(1)	0	(47)
Transfers to additions	0	0	0	0	(3,019)	(3,019)
Balance at 30 June 2014	**6,098**	**658**	**1,664**	**219**	**2,643**	**11,282**
Additions	3,039	36	340	36	4,438	7,889
Disposals/write offs	(658)	(43)	0	(27)	0	(728)
Transfers to additions	0	0	0	0	(3,162)	(3,162)
Balance at 30 June 2015	**8,479**	**651**	**2,004**	**228**	**3,919**	**15,281**
Accumulated depreciation						
Balance at 30 June 2013	(2,217)	(172)	(598)	(54)	0	(3,041)
Depreciation charge during the year	(860)	(79)	(406)	(29)	0	(1,374)
Disposals/write offs	0	14	2	1	0	17
Balance at 30 June 2014	**(3,077)**	**(237)**	**(1,002)**	**(82)**	**0**	**(4,398)**
Depreciation charge during the year	(972)	(87)	(541)	(35)	0	(1,635)
Disposals/write offs	640	14	0	13	0	667
Balance at 30 June 2015	**(3,409)**	**(310)**	**(1,543)**	**(104)**	**0**	**(5,366)**
Net book value						
At 30 June 2014	3,021	421	662	137	2,643	6,884
At 30 June 2015	5,070	341	461	124	3,919	9,915

Note 9: Intangible assets

Computer software	2015 $'000	2014 $'000
At cost		
Opening balance	6,140	3,121
Additions	3,163	3,019
Closing balance	9,303	6,140
Accumulated amortisation		
Opening balance	(2,316)	(938)
Amortisation charge during the year	(2,226)	(1,378)
Closing balance	**(4,542)**	**(2,316)**
Net book value at end of financial year	**4,761**	**3,824**

Note 10: Payables and accruals

	Note	2015 $'000	2014 $'000
Trade creditors	20	2,130	4,449
Accrued expenses		9,784	9,385
Total payables and accruals		**11,914**	**13,834**

Note 11: Income in advance

	2015 $'000	2014 $'000
Aboriginal and Torres Strait Islander Health Practice Board of Australia	24	14
Chinese Medicine Board of Australia	904	802
Chiropractic Board of Australia	915	903
Dental Board of Australia	3,735	3,533
Medical Board of Australia	14,361	13,593
Medical Radiation Practice Board of Australia	1,353	1,545
Nursing and Midwifery Board of Australia	42,203	44,688
Occupational Therapy Board of Australia	1,027	1,389
Optometry Board of Australia	646	658
Osteopathy Board of Australia	290	354
Pharmacy Board of Australia	3,040	2,949
Physiotherapy Board of Australia	1,578	1,644
Podiatry Board of Australia	622	590
Psychology Board of Australia	4,935	4,606
Total income in advance	**75,633**	**77,268**

Note 12a: Employee benefits and on-costs

	2015 $'000	2014 $'000
Current		
Unconditional annual leave expected to be settled within 12 months	5,115	2,047
Unconditional annual leave expected to be settled after 12 months	1,215	3,642
Unconditional long service leave expected to be settled within 12 months	3,922	3,150
Total current employee benefits and on-costs	**10,252**	**8,839**
Non-current		
Conditional long service leave entitlements expected to be settled after 12 months	2,323	1,986
Total non-current employee benefits and on-costs	**2,323**	**1,986**
Total employee benefits and on-costs	**12,575**	**10,825**

	2015 $'000	2014 $'000
Current employee benefits		
Annual leave	5,342	4,800
Long service leave	3,310	2,658
Non-current employee benefits		
Long service leave	1,960	1,676
Total employee benefits	**10,612**	**9,134**
Current on-costs	1,600	1,380
Non-current on-costs	363	311
Total on-costs	**1,963**	**1,691**
Total employee benefits and on-costs	**12,575**	**10,825**

Note 12b: Movement in provisions

	Annual leave $'000	Long service leave $'000	Make-good $'000	Total $'000
Opening balance	5,689	5,136	0	10,825
Additional provisions required	7,591	1,792	60	9,443
Reductions arising from payments	6,950	683	0	7,633
Closing balance	**6,330**	**6,245**	**60**	**12,635**
Current	6,330	3,922	0	10,252
Non-current	0	2,323	60	2,383
Total	**6,330**	**6,245**	**60**	**12,635**

Note 12c: Lease assets and liabilities

During 2014/15, AHPRA entered into a new 10-year underlease office agreement. The lease contract includes a $3.5 million lease incentive clause. AHPRA has recognised this as a lease liability which is reduced over the term of the lease.

The lease incentive comprised reimbursement for the fit out of the new premises to a total of $2.836 million, with the balance of $0.664 million recorded as rent-free period. The $0.664 million is recorded as leased asset and reduced over the rent-free period.

Note 13: Equity

Summary of contributed capital, equity and net result by board ($'000)

	ATSHIBA	CMBA	ChiroBA	DBA	MBA	MRPBA	NMBA	OTBA	OptomBA	OsteoBA	PharmBA	PhysioBA	PodBA	PsyBa	Other	Total
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Contributed capital	276	1,293	1,164	3,120	12,257	2,218	12,816	3,574	1,061	996	2,716	2,728	420	2,194	(2,938)	43,895
2009-10 net result	0	0	(50)	(277)	(1,761)	0	(1,671)	0	(38)	(11)	(225)	(120)	(22)	(342)	0	(4,517)
2010-11 net result	0	0	(160)	(583)	(5,305)	0	(716)	0	(160)	(107)	966	399	34	(786)	0	(6,418)
2011-12 net result	0	0	173	959	1,732	0	(1,368)	0	273	115	623	1,148	290	320	2,938	7,203
2012-13 net result	368	(177)	(311)	921	5,343	1,265	12,913	2,089	301	248	1,634	1,086	421	807	0	26,908
2013-14 net result	101	387	(240)	93	4,405	2,089	6,280	1,282	26	(55)	351	1,008	319	(74)	0	15,972
Accumulated net result to 30 June 2014	469	210	(588)	1,113	4,414	3,354	15,438	3,371	402	190	3,349	3,521	1,042	(75)	2,938	39,148
Equity at 30 June 2014	745	1,503	576	4,233	16,671	5,572	28,254	6,945	1,463	1,186	6,065	6,249	1,462	2,119	0	83,043
2014-15 net result	(401)	1,385	836	(592)	1,434	609	(2,796)	789	264	44	(225)	542	273	(301)	0	1,861
2014-15 Result funded from equity	401	0	0	592	0	0	2,796	0	0	0	225	0	0	301	0	4,315
Total	0	1,385	836	0	1,434	609	0	789	264	44	0	542	273	0	0	6,176
Accumulated net result to 30 June 2015	68	1,595	248	521	5,848	3,963	12,642	4,160	666	234	3,124	4,063	1,315	(376)	2,938	41,009
Equity at 30 June 2015	344	2,888	1,412	3,641	18,105	6,181	25,458	7,734	1,727	1,230	5,840	6,791	1,735	1,818	0	84,904

	2015 $'000	2014 $'000
(A) Contributed capital		
Balance at the beginning of financial year	43,895	43,895
Capital contributions from former boards	0	0
Balance at end of financial year	**43,895**	**43,895**
(B) Accumulated surplus		
Balance at the beginning of financial year	39,148	23,176
Net result for the year	1,861	15,972
Balance at end of financial year	**41,009**	**39,148**

Note 14: Responsible persons and accountable officer

(a) Australian Health Workforce Ministerial Council

The Ministerial Council comprises ministers of the governments of the participating jurisdictions and the Commonwealth with portfolio responsibility for health. The following ministers were members of the Australian Health Workforce Ministerial Council during the year 1 July 2014 to 30 June 2015, unless otherwise noted.

Name	Portfolio	Jurisdiction
The Hon Peter Dutton MP (1 July 2014 to 23 December 2014)	Minister for Health Minister for Sport	Commonwealth
The Hon Sussan Ley MP (from 23 December 2014)	Minister for Health Minister for Sport	Commonwealth
The Hon Jillian Skinner MP	Minister for Health Minister for Medical Research (23 April 2014 to 2 April 2015)	New South Wales
The Hon David Davis MLC (1 July 2014 to 3 December 2014)	Minister for Health Minister for Ageing	Victoria
The Hon Jill Hennessey MP (from 4 December 2014)	Minister for Health Minister for Ambulance Services	Victoria
The Hon Lawrence Springborg MP (1 July 2014 to 14 February 2015)	Minister for Health	Queensland
The Hon Cameron Dick MP (From 16 February 2015)	Minister for Health Minister for Ambulance Services	Queensland
The Hon Jack Snelling MP	Minister for Health Minister for Mental Health and Substance Abuse Minister for Health Industries	South Australia
The Hon Michael Ferguson MHA	Minister for Health Minister for Information Technology and Innovation	Tasmania
The Hon Dr Kim Hames MLA	Deputy Premier Minister for Health Minister for Tourism	Western Australia
Ms Katy Gallagher MLA (1 July 2014 to 11 December 2014)	Chief Minister Minister for Health Minister for Regional Development Minister for Higher Education	Australian Capital Territory
Simon Corbell MLA (from 12 December 2014)	Minister for Health Deputy Chief Minister Attorney-General Minister for the Environment Minister for Capital Metro	Australian Capital Territory
The Hon Robyn Jane Lambley MLA (1 July 2014 to 4 February 2015)	Minister for Health Minister for Alcohol Rehabilitation Minster for Disability Services	Northern Territory
Hon Johan (John) Wessel Elferink MLA (from 4 February 2015)	Attorney-General and Minister for Justice Minister for Children and Families Minister for Health Minister for Disability Services Minister for Mental Health Services Minister for Correctional Services	Northern Territory

Amounts relating to responsible ministers are reported in the financial statements of the relevant minister's jurisdiction.

(b) Agency Management Committee members

	Period
Mr Michael Gorton AM	1/07/14 – 30/06/15
Ms Karen Crawshaw PSM	1/07/14 – 30/06/15
Professor Con Michael AO	1/07/14 – 30/06/15
Professor Merrilyn Walton AM	1/07/14 – 30/06/15
Mr Ian Smith PSM	1/07/14 – 30/06/15
Ms Jenny Taing	1/07/14 – 30/06/15
Mr David Taylor	1/07/14 – 30/06/15
Ms Barbara Yeoh	1/07/14 – 30/06/15

Note 15: Remuneration of executives and payments to other personnel

(a) Remuneration of Agency Management Committee

Income	2015 Number	2014 Number
$0 - $ 9,999	5	8
$10,000 - $19,999	1	0
$20,000 - $29,999	1	0
$30,000 - $39,999	0	0
$40,000 - $49,999	0	2
$50,000 - $59,999	1	0
Total numbers	**8**	**10**
Total amount	**$119,067**	**$110,759**

Remuneration shown above includes all committee meetings the Agency Management Committee members attended.

(b) Remuneration of Chief Executive Officer and Executive Directors

The Chief Executive Officer (CEO) is Mr Martin Fletcher who held the position for the period 1 July 2014 to 30 June 2015.

The aggregate compensation made to the CEO and Executive Directors is set out below:

	2015	2014
Short-term employee benefits	1,112,616	1,324,261
Post-employment benefits	78,583	105,870
Long-term benefits	0	0
Termination benefits	96,199	112,708
Share-based payments	0	0
	1,287,398	**1,542,838**
Total number of executives	5	5
Total annualised employee equivalents	3.8	5

(c) Related party transactions

Mr Michael Gorton AM is a principal of Russell Kennedy Solicitors which provides legal services on notification matters to AHPRA on normal commercial terms and conditions.

	2015 $'000	2014 $'000
Russell Kennedy Solicitors	396	363

Note 16: Remuneration of external auditor

	2015 $'000	2014 $'000
Amount payable to VAGO for auditing the statements	151	148
	151	**148**

Note 17: Commitments

Operating lease commitments

Commitments (including GST) in relation to operating leases are payable as:

Non-cancellable:	2015 $'000	2014 $'000
Not later than 1 year	8,596	7,296
Later than 1 year but not later than 5 years	17,908	18,094
Later than 5 years	8,250	0
Total operating leases	**34,754**	**25,390**

AHPRA is not party to any finance lease.

Note 18: Contingent assets and liabilities

Contingent assets	2015 $'000	2014 $'000
Legal proceeding and disputes	0	0

No claim for damages was lodged during the year.

Contingent liabilities	2015 $'000	2014 $'000
Legal proceeding and disputes	0	0

Claims for damages were lodged during the year. Liabilities have been disclaimed and the actions have been defended. Insurers are involved in defending these matters. The extent to which an outflow of funds required in excess of insurance is dependent on the case outcomes being more or less favourable than currently expected.

Note 19: Reconciliation of net result for the year to operating cash flows

	2015 $'000	2014 $'000
Net result for the year	**1,861**	**15,972**
Adjustments for:		
Depreciation	3,861	2,752
Loss on disposal of assets	4	0
Write off of assets	49	0
Recognition of lease assets	(577)	0
Make good provision	60	0
Provision for doubtful debts	59	11
Changes in assets and liabilities		
Decrease / (increase) in receivables	219	(143)
(Increase) / decrease in prepayments	(50)	280
Decrease / (increase) in accrued income	727	(497)
(Decrease) / increase in income in advance	(1,635)	1,881
(Decrease) / increase in payables and accruals	(1,920)	1,561
Increase in employee benefits	1,750	1,785
Increase in lease liability	3,325	0
Net cash flows from operating activities	**7,733**	**23,602**

Note 20: Financial instruments

(a) Financial risk management

AHPRA's principal financial instruments consist of at call variable interest deposits, fixed and repricing term deposits and trade receivables and payables. AHPRA has no exposure to exchange rate risk.

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement, and the basis of which income and expenses are recognised, with respect to each class of financial asset and financial liability are disclosed in note 1 to the financial statements.

(b) Credit risk exposure

Credit risk is the risk that a party will fail to fulfil its obligations to AHPRA resulting in financial loss. The maximum exposure to credit risk, excluding the value of any collateral or other security at balance date, is the carrying amount, net of any provisions for impairment of those assets, as disclosed in the balance sheet and notes to the financial statements. AHPRA does not have any material credit risk exposure to any single receivable or group of receivables under financial instruments entered into by the entity.

There are no material amounts of collateral held as security at 30 June 2015 (2014:$Nil).

Credit risk is managed by the entity and reviewed regularly. It arises from exposures to customers as well as through deposits with financial institutions.

AHPRA monitors the credit risk by actively assessing the rating quality and liquidity of counterparties.

Credit quality of contractual assets that are neither past due nor impaired

2015	Financial institutions (*AA- credit rating) $ '000	Other $ '000	Total $ '000
Financial assets			
Cash and cash equivalents	6,217	0	6,217
Investments	161,000	0	161,000
Receivables	0	548	548
Total	**167,217**	**548**	**167,765**

Credit quality of contractual assets that are neither past due nor impaired

2014	Financial institutions (*AA- credit rating) $ '000	Other $ '000	Total $ '000
Financial assets			
Cash and cash equivalents	1,366	0	1,366
Investments	166,000	0	166,000
Receivables	0	764	764
Total	**167,366**	**764**	**168,130**

Ageing analysis of financial assets

2015	Carrying amount	Not past due and not impaired	Past due but not impaired				Impaired financial assets
			Less than 1 month	1–3 months	3 -12 months	More than 1 year	
	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000
Financial assets							
Cash and cash equivalents	6,217	6,217	0	0	0	0	0
Investments	161,000	0	0	35,000	55,000	71,000	0
Receivables	859	136	123	66	31	503	(311)
Total	**168,076**	**6,353**	**123**	**35,066**	**55,031**	**71,503**	**(311)**

Ageing analysis of financial assets							
2014	Carrying amount	Not past due and not impaired	Past due but not impaired				Impaired financial assets
			Less than 1 month	1–3 months	3 - 12 months	More than 1 year	
	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000
Financial assets							
Cash and cash equivalents	1,366	1,366	0	0	0	0	0
Investments	166,000	0	7,000	48,000	76,000	35,000	0
Receivables	1,016	218	0	153	393	252	(252)
Total	**168,382**	**1,584**	**7,000**	**48,153**	**76,393**	**35,252**	**(252)**

* Fitch Ratings and Standard & Poor's both rate AA-. Moody's Investors Service rate Aa2.

(c) Liquidity risk exposure

Liquidity risk is the risk that AHPRA will encounter difficulty in meeting obligations associated with financial liabilities. AHPRA manages liquidity risk by monitoring cash flows' forecast and ensuring that adequate liquid funds are available to meet current obligations.

The following tables disclose the maturity analysis of AHPRA's financial liabilities

Maturity dates				
2015	Carrying amount	Less than 1 month	1–3 months	3 months –1 year
	$ '000	$ '000	$ '000	$ '000
Payables				
Trade creditors	2,130	2,064	41	25
Accrued expenses	9,784	9,784	0	0
Total	**11,914**	**11,848**	**41**	**25**

Maturity dates				
2014	Carrying amount	Less than 1 month	1–3 months	3 months –1 year
	$'000	$'000	$'000	$'000
Payables				
Trade creditors	4,449	4,277	160	12
Accrued expenses	9,385	9,385	0	0
Total	13,834	13,662	160	12

The maximum exposure to liquidity risk is the total carrying amount of the financial liabilities as shown above.

(d) Market risk exposure

Currency risk

AHPRA has no exposure to currency risk at 30 June 2015 or at 30 June 2014.

Equity price risk

AHPRA has no exposure to equity price risk at 30 June 2015 or at 30 June 2014.

Interest rate risk

Exposure to interest rate risk is limited to assets bearing variable interest rates. AHPRA has a combination of deposits with floating and fixed interest rates. Exposure to variable interest rate risk is with financial institutions with *AA- credit rating.

Interest rate exposure of financial instruments					
2015	**Weighted average interest rate**	**Non- interest bearing**	**Floating interest rate**	**Fixed interest rate**	**Total**
		$'000	**$'000**	**$'000**	**$'000**
Financial assets					
Cash and cash equivalents	2%	0	6,217	0	6,217
Investments	3.59%	0	3,000	158,000	161,000
Receivables	0	548	0	0	548
Total		**548**	**9,217**	**158,000**	**167,765**
Financial liabilities					
Payables	0	2,130	0	0	2,130
Accrued expenses	0	9,784	0	0	9,784
Total		**11,914**	**0**	**0**	**11,914**

2014	**Weighted average interest rate**	**Non- interest bearing**	**Floating interest rate**	**Fixed interest rate**	**Total**
		$'000	**$'000**	**$'000**	**$'000**
Financial assets					
Cash and cash equivalents	1.71%	6	1,360	0	1,366
Investments	4.03%	0	0	166,000	166,000
Receivables	0	764	0	0	764
Total		**770**	**1,360**	**166,000**	**168,130**
Financial liabilities					
Payables	0	4,449	0	0	4,449
Accrued expenses	0	9,385	0	0	9,385
Total		**13,834**	**0**	**0**	**13,834**

* Fitch Ratings and Standard & Poor's both rate AA-. Moody's Investors Service rate Aa2.

Sensitivity analysis

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, AHPRA believes the following movements are 'reasonably possible' over the next 12 months:

- A parallel shift of +0.5% and -1.0% (2014: +1.0% and -1.0%) in market interest rates (AUD) from year-end rates of 2.0% and 3.59%.

The following table discloses the impact on net operating result and equity for each category of financial instrument held by AHPRA at year end as presented to key management personnel, if changes in the market interest rates occur.

2015	Carrying amount $'000	At -1.0% $'000 Surplus	At -1.0% $'000 Equity	At +0.5% $'000 Surplus	At +0.5% $'000 Equity
Financial assets					
Cash and cash equivalents	6,217	(62)	(62)	31	31
Investments	161,000	(558)	(558)	279	279
Receivables	859	0	0	0	0
Financial liabilities					
Payables	2,130	0	0	0	0
Accruals	9,784	0	0	0	0
		(620)	(620)	310	310

2014	Carrying amount $'000	at -1.0% $'000 Surplus	At -1.0% $'000 Equity	At +1.0% $'000 Surplus	At +1.0% $'000 Equity
Financial assets					
Cash and cash equivalents	1,366	(14)	(14)	14	14
Investments	166,000	(628)	(628)	628	628
Receivables	1,016	0	0	0	0
Financial liabilities					
Payables	4,449	0	0	0	0
Accruals	9,385	0	0	0	0
		(642)	(642)	642	642

Other market risk

AHPRA has no exposure to other market risk at 30 June 2015 or at 30 June 2014.

(e) Fair value

The fair values and net fair values of financial instrument assets and liabilities are determined as follows:

- Level 1 – the fair value of financial instrument with standard terms and conditions and traded in active liquid markets are determined with reference to quoted market prices.
- Level 2 – the fair value is determined using inputs other than quoted prices that are observable for the financial asset or liability, either directly or indirectly.
- Level 3 – the fair value is determined in accordance with generally accepted pricing models based on discounted cash flow analysis using unobservable market inputs.

AHPRA considers that the carrying amount of financial instrument assets and liabilities recorded in the financial statements to be a fair approximation of their fair values, because of the short-term nature of the financial instruments and the expectation that they will be paid in full.
The following table shows that the fair values of the contractual financial assets and liabilities are the same as the carrying amounts.

Comparison between carrying amount and fair value				
	Carrying amount 2015 $'000	Fair value 2015 $'000	Carrying amount 2014 $'000	Fair value 2014 $'000
Contractual financial assets				
Cash and cash equivalents	6,217	6,217	1,366	1,366
Investments	161,000	161,000	166,000	166,000
Receivables	859	548	1,016	764
Total contractual financial assets	**168,076**	**167,765**	**168,382**	**168,130**
Contractual financial liabilities				
Payables	2,130	2,130	4,449	4,449
Accrued expenses	9,784	9,784	9,385	9,385
Total contractual financial liabilities	**11,914**	**11,914**	**13,834**	**13,834**

Note 21: Superannuation

Employees of AHPRA are entitled to receive superannuation benefits and AHPRA contributes to both defined benefit and defined contribution plans. The defined benefit plans provide benefits based on years of service and final average salary.

AHPRA does not recognise any defined benefit liability in respect of the plans because it has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due.

Superannuation contributions paid or payable for the reporting period are included as part of staffing costs in AHPRA's Comprehensive Income Statement.

The name, details and amounts expensed in relation to the major employee superannuation funds and contributions made by AHPRA are as follows:

Fund	Paid contribution for the year		Contribution outstanding at year end	
	2015 $'000	2014 $'000	2015 $'000	2014 $'000
Defined benefit plans:				
Gold state	46	44	0	0
Q super	150	165	0	0
Other	79	69	0	0
Defined contribution plans:				
AGEST super	1,379	497	47	31
Australian super	1,023	1,408	45	50
First state accumulation fund	277	289	9	10
Qsuper accumulation V2	293	315	14	11
VicSuper FutureSaver	339	309	13	13
Other	4,073	3,423	251	242
Total	**7,659**	**6,519**	**379**	**357**

Note 22: Events occurring after the balance sheet date

On 17 April 2015, the Australian Health Workforce Ministerial Council (AHWMC) released a communiqué announcing the independent review of the National Registration and Accreditation Scheme for health professionals, conducted by Mr Kim Snowball, the former Director General of WA Health.

The review comprised an extensive consultation process which included over 230 written submissions and the involvement of more than 1,000 individuals in consultation forums held in each capital city.

Subsequently at the health ministers' meeting held on 7 August 2015 the report was released. We are currently assessing the impact of the recommendations and decisions of the report.

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INDEPENDENT AUDITOR'S REPORT

To the Agency Management Committee, Australian Health Practitioner Regulation Agency

The Financial Report

The accompanying financial report for the year ended 30 June 2015 of the Australian Health Practitioner Regulation Agency which comprises the comprehensive income statement, balance sheet, statement of changes in equity, cash flow statement, notes comprising a summary of significant accounting policies and other explanatory information, and the declaration by the Chair, Agency Management Committee, Chief Executive Officer, Executive Director, Business Services and Chief Financial Officer has been audited.

The Agency Management Committee's Responsibility for the Financial Report

The Agency Management Committee of the Australian Health Practitioner Regulation Agency is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, and the financial reporting requirements of the *Health Practitioner Regulation National Law Act 2009* and for such internal control as the Agency Management Committee determines is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit, which has been conducted in accordance with Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The audit procedures selected depend on judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, consideration is given to the internal control relevant to the Australian Health Practitioner Regulation Agency's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Australian Health Practitioner Regulation Agency's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Agency Management Committee, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

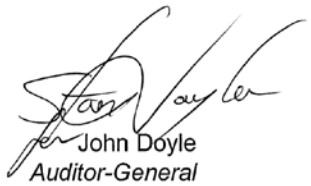
Independent Auditor's Report (continued)

Independence

The Auditor-General's independence is established by the *Constitution Act 1975*. The Auditor-General is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised. In conducting the audit, the Auditor-General, his staff and delegates complied with all applicable independence requirements of the Australian accounting profession.

Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of the Australian Health Practitioner Regulation Agency for the financial year ended 30 June 2015 and its financial performance and its cash flows for the year then ended in accordance with applicable Australian Accounting Standards, and the financial reporting requirements of the *Health Practitioner Regulation National Law Act 2009.*



John Doyle
Auditor-General

MELBOURNE
24 August 2015

Appendices

Appendix 1: Regulatory principles for the National Scheme

These regulatory principles underpin the work of the Boards and AHPRA in regulating Australia's health practitioners, in the public interest. They shape our thinking about regulatory decision-making and have been designed to encourage a responsive, risk-based approach to regulation across all professions.

1. The Boards and AHPRA **administer and comply with the Health Practitioner Regulation National Law**, as in force in each state and territory. The scope of our work is defined by the National Law.
2. We protect the **health and safety of the public** by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.
3. While we balance all the objectives of the National Registration and Accreditation Scheme, **our primary consideration is to protect the public**.
4. When we are considering an application for registration, or when we become aware of concerns about a health practitioner, **we protect the public by taking timely and necessary action under the National Law.**
5. In all areas of our work we:
    - **identify the risks** that we are obliged to respond to
    - **assess the likelihood and possible consequences** of the risks, and
    - **respond in ways that are proportionate and manage risks** so we can adequately protect the public.

    This does not only apply to the way in which we manage individual practitioners but in all of our regulatory decision-making, including in the development of standards, policies, codes and guidelines.
6. When we take action about practitioners, **we use the minimum regulatory force to manage the risk** posed by their practice, to protect the public. **Our actions are designed to protect the public and not to punish practitioners.**

    While our actions are not intended to punish, we acknowledge that practitioners will sometimes feel that our actions are punitive.
7. Community confidence in health practitioner regulation is important. Our response to risk considers **the need to uphold professional standards and maintain public confidence in the regulated health professions.**
8. **We work with our stakeholders**, including the public and professional associations, to achieve good and protective outcomes. **We do not represent the health professions or health practitioners**. However, we will work with practitioners and their representatives to achieve outcomes that protect the public.

Appendix 2: National Board consultations 2014/15

All-Board consultations, completed 2014/15

Released: 24 July 2014 Closed: 26 September 2014	Draft guidelines for the regulatory management of registered health practitioners and students infected with blood-borne viruses

Board-specific consultations, completed 2014/15

Board	Consultations completed, July 2014 – June 2015
Aboriginal and Torres Strait Islander Health Practice Board	Nil
Chinese Medicine Board	Draft supervision guidelines for Chinese medicine practitioners Released: 5 June 2014 Closed: 31 July 2014 Draft guidelines for safe Chinese herbal medicine practice Released: 28 May 2014 Closed: 23 July 2014 Draft registration standard: Limited registration for teaching or research Released: Friday 19 December 2014 Closed: Friday 13 February 2015
Chiropractic Board	Nil
Dental Board	Review of the following registration standards: ▸ Professional indemnity insurance ▸ Continuing professional development ▸ Recency of practice ▸ Endorsement for conscious sedation ▸ Specialist Review of the following guidelines: ▸ Continuing professional development Released: 19 May 2014 Closed: 14 July 2014
Medical Board	Draft guidelines – supervised practice for international medical graduates Released: 18 November 2014 Closed: 30 January 2015 Consultation paper and regulation impact statement – Registered medical practitioners who provide cosmetic medical and surgical procedures Released: 17 March 2015 Closed: 29 May 2015
Medical Radiation Practice Board	Nil

Nursing and Midwifery Board	Review of the following registration standards: ▸ Professional indemnity insurance ▸ Continuing professional development ▸ Recency of practice Review of the following guidelines: ▸ Continuing professional development Released: 19 May 2014 Closed: 14 July 2014 Draft enrolled nurse standards for practice Released: 7 August 2014 Closed: 2 October 2014 Review of the registration standard endorsement for scheduled medicines for eligible midwives Released: 24 October 2014 Closed: 19 December 2014 Review of the endorsement as a nurse practitioner registration standard and associated guidelines Released: 24 October 2014 Closed: 19 December 2014
Occupational Therapy Board	Nil
Optometry Board	Review of the following registration standards: ▸ Professional indemnity insurance arrangements ▸ Recency of practice registration Released: 19 May 2014 Closed: 14 July 2014
Osteopathy Board	Review of the CPD guidelines Released: 7 July 2014 Closed: 29 August 2014
Pharmacy Board	Review of following guidelines: ▸ Dispensing of medicines ▸ Practice-specific issues ▸ Specialised supply arrangements ▸ Responsibilities of pharmacists when practising as proprietors Released: 6 March 2015 Closed: 1 May 2015
Physiotherapy Board	Draft proposed binational practice thresholds for physiotherapy Released: 17 November 2014 Closed: 12 January 2015
Podiatry Board of Australia	Review of the following registration standards and guidelines: ▸ Professional indemnity insurance (PII) arrangements registration standard (no guideline) ▸ CPD registration standard and guidelines ▸ Recency of practice registration standard and guidelines Released: 19 May 2014 Closed: 14 July 2014 Review of the guidelines for infection control Released: 19 May 2014 Closed: 14 July 2014
Psychology Board	Proposed amendments to the provisional registration standard and the guidelines for the 4+2 internship program Released: 19 December 2014 Closed: 27 February 2015

Appendix 3: Approved registration standards, codes and guidelines

For the reporting period 1 July 2014 to 30 June 2015, a number of registration standards for the 14 regulated health professions were submitted for approval by the Australian Health Workforce Ministerial Council (AHWMC) in accordance with the Health Practitioner Regulation National Law as in force in each state and territory (the National Law).

Codes and guidelines were also developed and approved by the relevant National Boards.

Prior to approval, there must be public consultations on the proposed registration standards, codes and guidelines.

Registration standards, codes and guidelines are developed by the relevant National Board in accordance with the National Law and AHPRA's *Procedures for the development of registration standards, codes and guidelines*, and are published on our website at www.ahpra.gov.au/Publications/Procedures.aspx.

In alphabetical order:

13 National Boards' review of common registration standards, codes and guidelines

Chinese Medicine Board of Australia	Occupational Therapy Board of Australia
Chiropractic Board of Australia	Optometry Board of Australia
Dental Board of Australia	Osteopathy Board of Australia
Medical Board of Australia	Pharmacy Board of Australia
Medical Radiation Practice Board of Australia	Physiotherapy Board of Australia
Nursing and Midwifery Board of Australia	Podiatry Board of Australia
	Psychology Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Status
English language skills registration standard *(revised standard)*	AHWMC	17 March 2015	Commenced on 1 July 2015

14 National Boards' review of common registration standards, codes and guidelines

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

Registration standard, code or guideline	Approved by	Date of approval	Status
Criminal history registration standard *(revised standard)*	AHWMC	17 March 2015	Commenced on 1 July 2015

Chinese Medicine Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Status
Supervision guidelines for Chinese medicine practitioners	Chinese Medicine Board of Australia	23 September 2014	Commenced on 31 October 2014

Medical Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Status
Guideline – supervised practice for international medical graduates	Medical Board of Australia	25 March 2015	To commence on 4 January 2016

Optometry Board of Australia			
Registration standard, code or guideline	**Approved by**	**Date of approval**	**Status**
Guidelines for use of scheduled medicines	Optometry Board of Australia	27 November 2014	Commenced on 8 December 2014

Pharmacy Board of Australia			
Registration standard, code or guideline	**Approved by**	**Date of approval**	**Status**
Guidelines on compounding of medicines	Pharmacy Board of Australia	17 October 2014	Commenced on 28 April 2015*
*Guidelines commenced with the exception of the section on 'Expiry of compounded parenteral medicines'. Further consultation is underway.			

Podiatry Board of Australia			
Registration standard, code or guideline	**Approved by**	**Date of approval**	**Status**
Registration standard for specialist registration for the podiatry specialty of podiatric surgery	AHWMC	10 October 2014	Commenced on 24 February 2015

Glossary

Accreditation

Accreditation of courses ensures that the education and training leading to registration as a health practitioner is rigorous and prepares the graduates to practise a health profession safely.

The accreditation authority may be a committee of a National Board, or a separate organisation. For more information, see page 57.

AHPRA

The Australian Health Practitioner Regulation Agency, established by section 23(1) of the National Law.

Caution

A formal caution may be issued by a National Board or an adjudication body. A caution is intended to act as a deterrent so that the practitioner does not repeat the conduct. A caution is not usually recorded on the national register. However, a National Board can require a caution to be recorded on the register of practitioners.

Condition

A National Board or an adjudication body can impose a condition on the registration of a practitioner or student, or on an endorsement of registration. A condition aims to restrict a practitioner's practice in some way, to protect the public.

Current conditions which restrict a practitioner's practice of the profession are published on the register of practitioners. When a National Board or adjudication body decides they are no longer required to ensure safe practice, they are removed and no longer published.

Examples of conditions include requiring the practitioner to:

- complete specified further education or training within a specified period
- undertake a specified period of supervised practice
- do, or refrain from doing, something in connection with the practitioner's practice
- manage their practice in a specified way
- report to a specified person at specified times about the practitioner's practice, or
- not employ, engage or recommend a specified person, or class of persons.

There may also be conditions related to a practitioner's health (such as psychiatric care or drug screening). The details of health conditions are not usually published on the register of practitioners.

Also see the definition of *Undertaking*.

Division

Part of a health profession. A practitioner can be registered in more than one division within a profession. Not all professions have divisions. For more information, please refer to the list published online at www.ahpra.gov.au/Registration/Registers-of-Practitioners/Professions-and-Divisions.aspx.

Education provider

The name of the university, tertiary education institution, specialist medical or other health profession college that provides a program of study.

Endorsement

An endorsement of registration recognises that a person has an extended scope of practice in a particular area because they have an additional qualification that is approved by the National Board. There are a number of different types of endorsement available under the National Law, including:

- scheduled medicines[19]
- nurse practitioner
- acupuncture, and
- approved area of practice.

In psychology, these are divided into 'subtypes' which describe additional qualifications and expertise. An endorsement can include more than one 'subtype'.

Health impairment

Physical or mental impairment, disability, condition or disorder (including substance abuse or dependence), that detrimentally affects or is likely to detrimentally affect a registered health practitioner's capacity to safely practise the profession or a student's capacity to undertake clinical training.

Health complaints entity (HCE)

An entity:

- that is established by or under an Act of a participating jurisdiction, and
- whose functions include conciliating, investigating and resolving complaints made against health service providers and investigating failures in the health system.

19 For registered nurses, there is an additional endorsement subtype to supply scheduled medicines (rural and isolated practice).

Immediate action

Immediate action can include:

- the suspension, or imposition of a condition on, the registered health practitioner's or student's registration, or
- accepting an undertaking from the registered health practitioner or student, or
- accepting the surrender of the registered health practitioner's or student's registration.

Issue/s

Concerns about the registered practitioner's health, performance, or conduct, related to events/behaviour raised within a notification. Also applies to concerns about a student's health.

Mandatory notifications

Notification that an entity is required to make to AHPRA under Division 2 of Part 8 of the National Law.

Ministerial Council

Australian Health Workforce Ministerial Council comprising Commonwealth, state and territory health ministers, which oversees the National Scheme.

National Board

Appointed by Ministerial Council to regulate the profession in the public interest and meet the responsibilities set down in the National Law. National Board members and/or state board members and/or committee members are delegated the functions/powers of the National Board.

National Law

The Act, adopted in each state and territory, setting out the provisions of the Health Practitioner Regulation National Law. The National Law has been adopted by the parliament of each state or territory through adopting legislation. The National Law is generally consistent in all states and territories. New South Wales did not adopt Part 8 of the National Law.

National Scheme

The National Registration and Accreditation Scheme for registered health practitioners, established by the Council of Australian Governments (COAG). In 2010, under the National Law, 10 professions became nationally regulated by a corresponding National Board. In 2012, four additional professions joined the National Scheme.

Notation

Records a limitation on the practice of a registrant. Used by National Boards to describe and explain the scope of a practitioner's practice by noting the limitations on that practice. The notation does not change the practitioner's scope of practice but may reflect the requirements of a registration standard.

Notifiable conduct

The registered health practitioner has:

- practised the practitioner's profession while intoxicated by alcohol or drugs
- engaged in sexual misconduct in connection with the practice of the practitioner's profession
- placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment, or
- placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.

Notification

Anyone can make a notification (complaint) about a registered health practitioner. This is the way to raise a concern about a practitioner's professional conduct, performance or health. More detailed information about notifications is published on our website at www.ahpra.gov.au/Notifications.aspx. Notifications can be made by contacting AHPRA on 1300 419 495.

Notifications may be investigated by National Boards. A National Board may decide to take action about the notification if:

- the practitioner has been found to have engaged in unprofessional conduct or professional misconduct
- the practitioner has been found to have engaged in unsatisfactory professional performance, or
- the practitioner's health is impaired and their practice may place the public at risk.

The Boards are 'notified' of an issue. The word 'notification' is deliberate and reflects that the Boards are not complaint resolution agencies. Health practitioner regulation is a protective jurisdiction. The role of the National Boards is to protect the public by dealing with practitioners who may be putting the public at risk as a result of their conduct, professional performance or health.

Practice

This definition of practice is used in a number of National Board registration standards.

It means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.

Some National Boards have also issued guidance about when practitioners need to be registered.

Principal place of practice

Location declared by the practitioner as the address at which they mostly practise the profession. If the practitioner is not practising, or not practising mostly at one address, then the practitioner's principal place of residence is used instead.

If the location of the principal place of practice is in Australia, the following information is displayed on the registers of practitioners:

- suburb
- state
- postcode
- country.

If the location is outside Australia, the following information is displayed on the registers of practitioners:

- international state/province
- international postcode
- country.

In rare cases, when a practitioner has demonstrated that their health and safety may be at risk from the publication of this information about their principal place of practice, a National Board may choose to not publish this information.

Profession

Name of the profession being practised by a practitioner.

Qualifications

Professional qualifications that a practitioner must have to meet the requirements for registration in a profession. Undergraduate and postgraduate Australian qualifications recognised by National Boards are published on the National Boards' websites.

Individual practitioner's approved qualifications are published on the register of practitioners.

Registered health practitioner

An individual who:

- is registered under the National Law to practise a health profession, other than as a student
- was, but is no longer, registered in a health profession under the National Law, or
- holds a non-practising registration in a health profession under the National Law.

Registration expiry date

Date when a practitioner's current registration expires. Practitioners must apply to renew their registration annually. If the practitioner's name appears on the register, they are registered and can practise within the scope of their registration and consistent with any conditions or undertakings that apply.

Under the National Law, registrants who apply to renew on time are able to practise while their annual renewal application is being processed.

Practitioners remain registered for one month after their registration expiry date. If they apply to renew their registration during this period, they are required to pay a late fee and are able to continue to practise while their application is being processed.

Registration number

Since March 2012, practitioners have been allocated one unique registration number for each profession in which they are registered. This number stays with the practitioner for life, even if they have periods when they are not registered. Practitioners registered in more than one profession have one registration number for each profession.

Registration status

The status of a registration can be:

- Registered: The practitioner is registered to practise.
- Suspended: The registration has been suspended and the practitioner is not permitted to practise while suspended. The practitioner's name is published on the register of practitioners.
- Cancelled: The registration has been cancelled and the practitioner is not permitted to practise. The practitioner's name is not published on the register of practitioners but is published on the list of cancelled practitioners.

Registration type

The National Law defines the type of registration that a National Board can grant to an eligible practitioner. More information is available in a fact sheet on AHPRA's website: www.ahpra.gov.au/Publications/AHPRA-FAQ-and-Fact-Sheets.aspx.

Reprimand

A reprimand is a chastisement for conduct; a formal rebuke. Reprimands issued since the start of the National Scheme (1 July 2010 or 18 October 2010 in WA) are published on the registers of practitioners.

Specialty

There are currently three professions with specialist registration under the National Law: podiatry, dental and medicine. The Ministerial Council is responsible for approving a list of specialties for each profession and for approving one or more specialist titles for each specialty on the list. The National Boards each decide the requirements for specialist registration in their profession.

Requirements for specialist registration vary across the professions that have specialist recognition (medical, dental and podiatry).

Student

A person whose name is entered in a student register as being currently registered under the National Law.

Suspension

If a practitioner's registration is suspended, they are not eligible to practise. A tribunal has the power to suspend a practitioner's registration as a result of a hearing. A National Board also has the power to suspend a practitioner's registration pending other assessment or action, if it believes there is serious risk to the health and safety of the public from the practitioner's continued practice of the profession, and that suspension is necessary to protect the public from that risk. A health panel can suspend a practitioner's registration if the panel finds that the practitioner (or student) has an impairment and it is necessary to suspend the practitioner's registration to protect the public.

Undertaking

National Boards can seek and accept an undertaking from a practitioner to limit the practitioner's practice in some way if this is necessary to protect the public. The undertaking means the practitioner agrees to do, or to not do, something in relation to their practice of the profession. Current undertakings which restrict a practitioner's practice of the profession are published on the register of practitioners. When a National Board or adjudication body decides they are no longer required to ensure safe practice, they are revoked and are no longer published. Current undertakings which relate to a practitioner's health are mentioned on the national register but details are not provided.

An undertaking is voluntary, whereas a condition is imposed on a practitioner's registration.

Unprofessional conduct

Professional conduct that is of a lesser standard than that which might reasonably be expected of the health practitioner by the public or the practitioner's professional peers. A more extensive definition is available under section 5 of the National Law.

Each profession has a set of standards and guidelines which clarify the acceptable standard of professional conduct.

Unsatisfactory professional performance

The knowledge, skill or judgement possessed, or care exercised by, the practitioner in the practice of the health profession in which the practitioner is registered is below the standard reasonably expected for a health practitioner of an equivalent level of training or experience.

Voluntary notification

A notification made on a voluntary basis. The grounds for a voluntary notification are set out in section 144 of the National Law.

Notes

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