

# Annual report summary

2016/17

## Your National Scheme: Regulating health practitioners in **Victoria**

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



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

Occupational therapy  
Optometry  
Osteopathy  
Pharmacy  
Physiotherapy  
Podiatry  
Psychology

Australian Health Practitioner Regulation Agency

# Performance summary for 2016/17

This annual report summary offers a snapshot of our work regulating more than 175,000 registered health practitioners in Victoria for the financial year to 30 June 2017.

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

Victorian practitioners accounted for **25.8%** of all registered health practitioners in Australia<sup>1</sup>



### Largest practitioner contingent:

**55.2%** of all osteopaths in Australia were based in Victoria

### Smallest practitioner contingent:

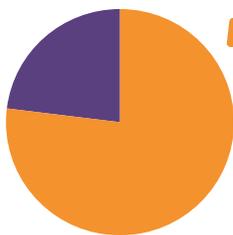
**2.1%** of all Aboriginal and Torres Strait Islander Health Practitioners in Australia were based in Victoria



**175,354** health practitioners were registered in Victoria in 2016/17, compared with 169,478 the previous year

**17,134** new applications for registration were received in Victoria this year

That's an increase of 8.4% from 2015/16



Women comprised **77.1%** of the registered Victorian health workforce<sup>2</sup>

**32.3%** of all notifications (complaints or concerns) received by AHPRA were about practitioners in Victoria, up from 31.1% in 2015/16

**2,230** notifications were received about registrants with a principal place of practice in Victoria

That's an 18.2% increase in notifications, from 1,886 in 2015/16

**1,106** health practitioners with a principal place of practice in Vic were being monitored for compliance with restrictions on their registration<sup>3</sup>



**807** new statutory offence complaints were received; up from 298 in 2015/16

AHPRA and the National Boards closed **2,192** notifications in Victoria this year, compared with 1,745 in the previous year

<sup>1</sup> This proportion has not varied over the past five years.

<sup>2</sup> The national percentage of women in the registered health workforce is 75.8%.

<sup>3</sup> Data as at 30 June 2017. See page 26 for more information about monitoring cases relating to compliance with restrictions on registration for practitioners in Victoria.

# Contents

About the National Scheme	2		
Foreword from the AHPRA Chair and the CEO	3		
Foreword from the Victorian State Manager	4		
<b>Part 1: Decision-making in Victoria: Board and committee reports</b>	<b>5</b>		
Victorian Registration and Notification Committee, Dental Board of Australia: Chair's message	6		
Victorian Board of the Medical Board of Australia: Chair's message	7		
Victorian Board of the Nursing and Midwifery Board of Australia: Chair's message	8		
Pharmacy Board of Australia: Chair's message	9		
ACT, Tasmania and Victoria Regional Board of the Psychology Board of Australia: Chair's message	10		
National Boards and committees making local decisions	11		
<b>Part 2: Regulating health practitioners in Victoria</b>	<b>12</b>		
Victorian data snapshot	13		
Registration in Victoria	14		
Notifications in Victoria	21		
Monitoring and compliance	26		
Statutory offence complaints	26		
Key data for 2016/17: A national view	32		
		<b>Tables</b>	
		<b>Table 1:</b> Registered practitioners with Victoria as the principal place of practice, by profession	14
		<b>Table 2:</b> Registered practitioners with Victoria as the principal place of practice, by registration type	15
		<b>Table 3:</b> Registered practitioners who hold an endorsement, with Victoria as the principal place of practice	16
		<b>Table 4:</b> Registered practitioners with Victoria as the principal place of practice, by profession and gender	16
		<b>Table 5:</b> Registered Chinese medicine, dental and medical radiation practitioners, and nurses and midwives with Victoria as the principal place of practice, by division	17
		<b>Table 6:</b> Health practitioners with specialties at 30 June 2017	18
		<b>Table 7:</b> Applications received, by profession and registration type	20
		<b>Table 8:</b> Outcome of applications for registration finalised in 2016/17	20
		<b>Table 9:</b> Notifications received or closed in 2016/17 or open at 30 June 2017, by profession	22
		<b>Table 10:</b> Percentage of registrant base with notifications received in 2016/17, by profession	22
		<b>Table 11:</b> Victorian registrants involved in mandatory notifications	23
		<b>Table 12:</b> Issues in notifications received in 2016/17	23
		<b>Table 13:</b> Source of notifications received in 2016/17	23
		<b>Table 14:</b> Immediate action cases about notifications received in 2016/17	24
		<b>Table 15:</b> Outcomes of enquiries received in 2016/17	24
		<b>Table 16:</b> Outcomes of assessments finalised in 2016/17	24
		<b>Table 17:</b> Outcomes of investigations finalised in 2016/17	24
		<b>Table 18:</b> Outcomes of panel hearings finalised in 2016/17	24
		<b>Table 19:</b> Outcomes of matters referred to tribunal finalised in 2016/17	25
		<b>Table 20:</b> Notifications closed in Victoria in 2016/17, by profession and stage at closure	25
		<b>Table 21:</b> Active monitoring cases at 30 June 2017, by profession	26
		<b>Table 22:</b> Active monitoring cases at 30 June 2017, by stream	26
		<b>Table 23:</b> Statutory offences received and closed, by profession	27
		<b>Figures</b>	
		<b>Figure 1:</b> Victorian registrant numbers, year by year, since the National Scheme began	14
		<b>Figure 2:</b> Total notifications received by AHPRA about practitioners with a principal place of practice in Victoria, year by year, since the National Scheme began	21

# About the National Scheme

## Who

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

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

### The 14 National Boards are:

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

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

## What

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

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

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

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

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

## When

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

## Where

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

## Why

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

For more information on the National Law, visit [www.ahpra.gov.au/about-ahpra/what-we-do/legislation](http://www.ahpra.gov.au/about-ahpra/what-we-do/legislation).

## Our regulatory principles

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

Protect the public

Take timely and necessary action

Administer the National Law

Ensure registrants are qualified

Work with stakeholders

Uphold professional standards

Identify and respond to risk

Use appropriate regulatory force

# Foreword from the AHPRA Chair and the CEO

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

For the first time, the number of registrants in Victoria grew to over 175,000 registered practitioners. Victoria is the principal place of practice for more than one quarter (25.8%) of the entire registered health workforce in Australia. Members of the community can be safe in the knowledge that registered health practitioners must meet national registration standards and be adequately trained and qualified.

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

This year, AHPRA received more notifications about health practitioners than ever before, and we worked with the National Boards to respond to these promptly. Victoria received 2,230 notifications in the past year, and closed 2,192. We work closely with the Victorian Health Complaints Commissioner and professional associations in the management of these concerns.

We are committed to improving the timely and efficient handling of notifications. We recognise that the notifications process can be very stressful and we have also made improvements in our information and communication with both notifiers and health practitioners subject to a notification.

This year, the Victorian office met with a range of stakeholders to build relationships, share knowledge and discuss ways to improve processes around complaints about health practitioners in the state. These included the Department of Health and Human Services, the Health Complaints Commissioner, the Mental Health Complaints Commissioner and Safer Care Victoria.

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



A handwritten signature in black ink, appearing to read 'Michael Gorton'.

**Mr Michael Gorton AM**

Chair,  
Agency Management  
Committee, AHPRA



A handwritten signature in black ink, appearing to read 'Martin Fletcher'.

**Mr Martin Fletcher**

Chief Executive Officer,  
AHPRA

# Foreword from the Victorian State Manager

Continuous improvement was a key focus in 2016/17. Teams across registrations, notifications and legal services identified and implemented changes, and supported pilots to develop and improve performance.

## Highlights for 2016/17

- ▶ Signed a regulatory compact with the Department of Health and Human Services (DHHS) that sets out how we engage in managing risks to the public.
- ▶ Led the national graduate registration project and supported pilots to strengthen triage and assessment of notifications and establish a team to assist a multi-profession immediate action committee.
- ▶ Strengthened the strategic management of investigations through case conferencing and integration of clinical, legal and investigative expertise.

## Working in partnership with National Boards

The Victorian office works closely with the Victorian Boards of the Medical Board of Australia and the Nursing and Midwifery Board of Australia; the Victorian Registration and Notifications Committee of the Dental Board of Australia; and the ACT, Tasmania and Victoria Regional Board of the Psychology Board of Australia.

Much of the day-to-day work of the Victorian office focuses on managing registration and notifications for these local decision-making Boards and committees, as well as national committees of other professions. Local teams also provide a focus of registration expertise for management of specialist dental applications and endorsement for scheduled medicines for podiatrists.

## Building stakeholder relationships

The Victorian office has engaged in broader conversations about how various organisations and regulators in the state can work to detect and respond to risks to the community. A regulatory compact was signed with the DHHS, setting out the basis for engaging in managing risks to the public.

Discussions with employers continued this year and the AHPRA CEO and I met with the peak group of CEOs of major health services. Regular stakeholder meetings are held with peak professional organisations and with other agencies with regulatory or safety functions.

AHPRA works closely with the office of the Health Complaints Commissioner, which operates under new legislation from this year, and with the Mental Health Complaints Commissioner. A new administrative office, Safer Care Victoria, was established this year, and AHPRA has worked with the office to manage our respective responsibilities to respond to issues.

## Managing local risks through decision-making

Mechanisms for managing risk are consistent in each state and territory under the National Scheme. They may include: immediate action, imposing restriction, accepting undertakings, suspension or cancellation of registration, ongoing compliance monitoring of practitioners and/or audits. Local jurisdictions may also refuse or impose conditions on registration when making decisions on registration applications.

Victorian AHPRA staff worked with national teams and local decision-makers to refine our approach to assessing and responding to regulatory risks. This has been informed by the *Independent review of the use of chaperones to protect patients in Australia* and the *Report of the review of hospital safety and quality assurance in Victoria*.

## Local office, national contribution

This year, the national graduate registration project was led by staff in Victoria, in collaboration with a team in the Western Australian office and local office teams that managed complex applications.

A number of national pilots were supported by the Victorian office this year, including work to strengthen triage and assessment of notifications, and an immediate action team that manages work nationally for a multi-profession committee as well as immediate actions for Victorian-based practitioners of all professions.

## Unique experience

The number of notifications received in Victoria continues to rise. This year, a project was led by the Victorian Director of Notifications to strengthen the strategic management of investigations. It was characterised by a case-conferencing model and integration of clinical, legal and investigative expertise to focus and progress cases. The project had a favourable impact on investigations' performance and will inform our future approach. Local Boards have been vital contributors to this work.

This year has presented significant challenges in responding effectively to the increasing numbers of notifications, ensuring timely and efficient management of registrations and notifications and continuing to improve our management of regulatory risk. The achievements of this year would not have been possible without the commitment of AHPRA staff and the strong regulatory partnership with local Boards and committees.



**Mary Russell**  
Victorian State Manager, AHPRA



## **Part 1**

Decision-making in  
Victoria: Board and  
committee reports

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

The Victoria Registration and Notification Committee of the Dental Board of Australia (the committee) has continued to work to meet the objectives of the National Scheme in managing risk to the public.

We make decisions about individual registered dental practitioners after receiving a notification (complaint) and assess the more complex applications for registration. The committee has been well supported by AHPRA staff in the areas of Investigation, Compliance and Registration.

Data showing the work of the committee are detailed in this report. More comprehensive information about the work of the Dental Board of Australia (the National Board) is included in the 2016/17 annual report of AHPRA and the National Boards.

The committee has been delegated by the National Board to make decisions regarding registration and notification matters relating to dental practitioners in Victoria. The decisions of the committee are guided by the national standards and policies set by the National Board. We make most decisions about dental practitioners in our state, supported by the local AHPRA office within a national policy framework.

As Chair, I have had the opportunity to meet with the other Chairs of state and territory committees around Australia, as well as the members of the National Board throughout the year.

I would like to take this opportunity to thank outgoing committee members Dr Craig McCracken (practitioner member – prosthetist) and Dr Gabrielle MacTeirnan (community member). Craig and Gabrielle were members of the previous state-based regulatory entities and have contributed significantly in their expertise and professionalism in support of the Board, profession and community of Victoria.

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

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



**Dr Werner Bischof**

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



**Dr John Lockwood AM**

Chair, Dental Board of Australia

## Members of the committee in 2016/17

Dr Werner Bischof (Chair)

Dr Janice Davies

Dr Ioan Jones

Dr Rachel Martin

Dr Craig McCracken (until 30 June 2017)

Dr Gabrielle MacTeirnan (until 30 June 2017)

# Victorian Board of the Medical Board of Australia: Presiding Member's message

As in previous years, the focus of the Victorian Board of the Medical Board of Australia (the Victorian Board) in 2016/17 was on public safety as we made decisions about individual medical practitioners.

These decisions fall into two broad categories: complex applications for registration, which require detailed individual assessment, and action required to manage risk to the public as a result of a notification (complaint).

The Victorian Board has had another busy year, focused on improving timely decision-making and effective communication with medical practitioners and the Victorian public.

In carrying out the requirements of the National Scheme to protect the Victorian public, the Victorian Board dealt with notifications about individual practitioners' performance, conduct and health, as well as registration and compliance matters. Some members of the Victorian Board also joined the new national Sexual Boundaries Notification Committee, which was formed this year following recommendations from the *Independent review into the use of chaperones to protect patients in Australia*, which was conducted by Professor Ron Paterson.

The Board continues to meet with Victorian stakeholders, including the Minister for Health, Mental Health Complaints Commissioner, CEO Postgraduate Medical Council of Victoria, Medical Director Victorian Doctors Health Program, Senior Drug and Poisons Officer (DPR) and others. These meetings provide valuable opportunities for improved understanding and collaboration.

Representatives from the Victorian Board attended the Medical Board of Australia's national conference, which enabled state and National Board members to join together to workshop ideas to streamline services and consider future directions.

We were sad to farewell Dr Peter Dohrmann and Dr William Kelly in June, after their many years of outstanding service to the Victorian Board. As the Presiding Member of the Victorian Board, I have the privilege of continuing to work with the very dedicated and knowledgeable Board members who remain, and look forward to welcoming new members in due course.



**Dr Debra O'Brien**

Presiding Member,  
Victorian Board of  
the Medical Board  
of Australia



**Dr Joanna Flynn AM**

Chair, Medical Board of  
Australia

## Members of the Victorian Board in 2016/17

Dr Debra O'Brien (from 26 August 2016; current Presiding Member)

Dr Peter Dohrmann (Chair until 30 June 2017)

Dr Christine Bessell

Dr John Carnie PSM

Mrs Paula Davey

Dr Arya Dissanayake

Mr Kevin Ekendahl

Ms Jennifer Jaeger

Dr William Kelly (until 30 June 2017)

Associate Professor Abdul Khalid

Dr Alison Lilley

Mr Simon Phipps

Dr Miriam Weisz

Dr Bernadette White (until 22 July 2016)

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

**In making decisions about individual nurses and midwives, the focus of the Victorian Board of the Nursing and Midwifery Board of Australia (the Victorian Board) remains on protecting the public.**

The Victorian Board of the Nursing and Midwifery Board of Australia (NMBA) has continued to work extremely hard in 2016/17, as notifications in our jurisdiction have increased when compared to previous years. We have been able to focus on the management of notifications thanks to the ongoing support, knowledge and diligence of the AHPRA team, as well as that of the National Board.

As Chair of the Victorian Board, I am very fortunate to work with our passionate and committed Board members. They have continued to offer their expertise, wisdom and enthusiasm. We welcomed three new practitioner members to the Victorian Board this year: Ms Paula Stephenson (registered nurse), Ms Amanda Singleton (midwife and registered nurse) and Ms Brenda Waites (enrolled nurse). These new members adapted quickly to their new regulatory roles and have assisted us greatly to fulfil our purpose.

The NMBA also approved two new Notifications Committee members: Ms Karen Sawyer and Ms Jennifer Kilmartin, both midwives. These midwives, along with Ms Amanda Singleton, have been active contributors to our decision-making on midwifery matters. They have enthusiastically brought their professional expertise to these meetings.

We have continued to improve and streamline our decision-making processes as a Board and in our Notification and our Registrations Committees under the National Law. With the support, collaboration and hard work of AHPRA staff, under the leadership of Mary Russell, we have been able to continue to take a risk-based and individualised approach to notification and registration matters. We have been able to triage matters so that decisions about high-risk matters are made quickly.

As a Board, we have been able to actively contribute to the development and content of the NMBA's *Code of conduct for nurses* and *Code of conduct for midwives*. Most of our Board members also attended the NMBA national conference in March 2017. This conference brought together many Board members and key AHPRA staff from around Australia, and included presentations, workshops and networking opportunities specific to the regulation of nurses and midwives in Australia.

I have continued to meet quarterly with the Chairs of the Victorian Boards for other professions, and with Mary Russell, to collaborate and share ideas to make improvements in processes and a broader understanding of the Victorian regulatory context.

I am incredibly honoured to be able to contribute to the National Scheme by chairing the Victorian Board of the NMBA. I am grateful for the continued hard work and diligence of our Board and committee members in their ongoing commitment to keeping the public safe.



**Ms Naomi Dobroff**

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



**Associate Professor Lynette Cusack RN**

Chair, Nursing and Midwifery Board of Australia

## Members of the Victorian Board in 2016/17

Ms Naomi Dobroff (Chair)

Dr Leslie Cannold

Ms Maureen Capp

Ms Kathryn Hough

Mr Gregory Miller

Ms Virginia Rogers

Ms Paula Stephenson

Ms Amanda Singleton

Ms Brenda Waites

# Pharmacy Board of Australia: Chair's message

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

Practitioner membership on the Board from each state and territory helps to ensure consistency and transparency in its work to implement the National Scheme at a local level. This is supported by a public perspective which comes from community member representatives from four states. Ms Joy Hewitt is the practitioner member from Victoria on the Board and Dr Rod Wellard from Victoria is a community member on the Board.

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

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

- ▶ Mr Brendon Moar, and
- ▶ Mr Tim Tran.

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

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

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

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

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

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



**Mr William Kelly**

Chair, Pharmacy Board of Australia

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

This year, the ACT, Tasmania and Victoria Regional Board has maintained its primary focus of ensuring public safety.

We continue to receive matters related to the notification and registration of psychology registrants in our region and make regulatory decisions in response. Much of this work remains in the notifications space, some of which has been very complex and has required significant resource and time allocation. The Regional Board receives these matters via our colleagues at AHPRA, and this partnership has worked very effectively in helping to achieve the goal of overseeing the regulation of psychologists in the public interest. We would like to extend our sincere gratitude to all our AHPRA colleagues for the hard work they do in preparing matters for the Board.

The Regional Board has also provided input to the National Board on a number of policies and guidelines. This has been in addition to the provision of feedback on matters of interest and trends identified by the Regional Board during the year, including a paper by Associate Professor Terry Laidler on Family Court matters and identifying issues in registration for provisional psychologists working through the 4 + 2 pathway in the ACT and Tasmania.

One of our other goals is to continue engaging with stakeholders via Board presentations, and this has undoubtedly been the case this year in ACT and Victoria, predominantly to student populations. We have had several speaking engagements over the last 12 months, including those delivered by various Board members in Victoria, and others delivered by myself in the ACT.

This year has also seen the departure of one of the Regional Board's Deputy Chairs, Dr Simon Kinsella, as he has opted to step down after completing two very successful terms as a Regional Board member. I would like to extend my warm and sincere gratitude to Simon for his very significant efforts over the last six years. His contributions both as a Board member and Deputy Chair, at times standing in as Chair in my absence, have been significant and very much appreciated by the Regional Board and AHPRA.



**Dr Cristian Torres**

Chair, Regional Chair of the Psychology Board of Australia



**Professor Brin Grenyer**

Chair, Psychology Board of Australia

## Members of the Regional Board in 2016/17

- Dr Cristian Torres (Chair; ACT member)
- Mr Robin Brown (ACT member)
- Dr Melissa Casey (Vic member)
- Ms Anne Horner (Tas Member)
- Dr Simon Kinsella (Deputy Chair; Vic member)
- Associate Professor Terry Laidler (Vic member)
- Professor Anthony Love (Vic member)
- Dr Patricia Mehegan (Vic member)
- Ms Maree Riley (Tas member)

# National Boards and committees making local decisions

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

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

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

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

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

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

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

## Meet the Chairs



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



**Professor Charlie Xue**  
Chair, Chinese  
Medicine Board of  
Australia



**Dr Wayne Minter AM**  
Chair, Chiropractic  
Board of Australia



**Mr Mark Marcenko**  
Chair, Medical  
Radiation Practice  
Board of Australia



**Ms Julie Brayshaw**  
Chair, Occupational  
Therapy Board of  
Australia



**Mr Ian Bluntish**  
Chair, Optometry  
Board of Australia



**Dr Nikole Grbin**  
Chair, Osteopathy  
Board of Australia



**Dr Charles Flynn**  
Chair, Physiotherapy  
Board of Australia



**Ms Catherine Loughry**  
Chair, Podiatry Board  
of Australia



## **Part 2**

Regulating health  
practitioners in  
Victoria

# Victorian data snapshot

Five local insights for 2016/17

**As at 30 June 2017, there were 175,354 registered health practitioners with a principal place of practice in Victoria.**

**Victoria is the principal place of practice for 55.2% of all osteopaths in Australia.**

**17,134 new applications were received for registration in Victoria, an increase of 8.4% from the previous year.**

**Notifications about practitioners in Victoria increased by 18.2% from the previous year, to 2,230 new complaints lodged with AHPRA in 2016/17.**

**Of the 2,297 new statutory offence complaints received by AHPRA nationally, 807 were about practice in Victoria.**

## Background

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

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

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

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

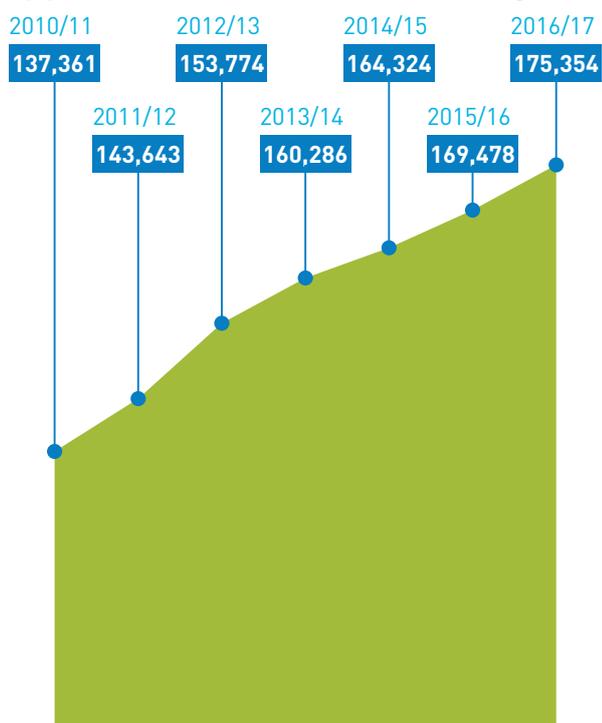
Data on statutory offence matters, tribunal and panel hearings, active monitoring cases and criminal history checks are also included.

To view the full 2016/17 annual report by AHPRA and the National Boards, visit [www.ahpra.gov.au/annualreport/2017](http://www.ahpra.gov.au/annualreport/2017).

Annual report summaries for each of the eight jurisdictions and 14 National Boards are also published on the website.

## Registration in Victoria

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



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

Tables 1–8 provide details of registered health practitioners with a PPP in Victoria. At 30 June 2017, the number of registered health practitioners in the state was 175,354, an increase of 5,876 practitioners (3.5%) from 2015/16. This jurisdiction now represents 25.8% of all registered health practitioners in Australia.

The proportion of practitioners who had a principal place of practice in Victoria ranged from 2.1% of all registered Aboriginal and Torres Strait Islander Health Practitioners to 55.2% of all registered osteopaths. See Table 1.

Data also showed that in 2016/17 Victoria had:

- ▶ 25.1% of registered health practitioners with a recognised specialty nationally, and
- ▶ 29% of health practitioners with a recognised endorsement or notation nationally, which permits an expanded scope of practice within their profession.

In 2016/17, applications received for registration in Victoria increased by 8.4%, with 17,134 new applications. This equates to 24.8% of new applications received by AHPRA nationally during the year. Details of new registration applications received, with a breakdown of profession and registration type, are provided in Table 7. Registration application outcomes are detailed at Table 8.

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

Profession	Vic	National total <sup>4</sup>	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	13	608	2.1%
Chinese medicine practitioner	1,308	4,860	26.9%
Chiropractor	1,371	5,284	25.9%
Dental practitioner	5,139	22,383	23.0%
Medical practitioner	27,030	111,166	24.3%
Medical radiation practitioner	3,844	15,683	24.5%
Midwife	1,272	4,624	27.5%
Nurse	94,114	357,701	26.3%
Nurse and midwife <sup>2</sup>	7,695	28,928	26.6%
Occupational therapist	4,857	19,516	24.9%
Optometrist	1,396	5,343	26.1%
Osteopath	1,231	2,230	55.2%
Pharmacist	7,608	30,360	25.1%
Physiotherapist	7,383	30,351	24.3%
Podiatrist	1,577	4,925	32.0%
Psychologist	9,516	34,976	27.2%
<b>Total 2016/17</b>	<b>175,354</b>	<b>678,938</b>	<b>25.8%</b>
<b>Total 2015/16</b>	<b>169,478</b>	<b>657,621</b>	<b>25.8%</b>
<b>Victoria's population as a proportion of national population<sup>3</sup></b>	<b>6,244,200</b>	<b>24,385,600</b>	<b>25.6%</b>

## Criminal history checks

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

In Victoria, 16,453 criminal history checks were carried out (compared with 20,046 in 2015/16). Of these, there were 377 disclosable court outcomes (compared with 423 in 2015/16).

In the majority of cases nationally, the applicant was granted registration because the nature of an individual's disclosable court outcome had little relevance to their ability to practise safely and competently.

No applicants had conditions imposed on their registration due to a disclosable court outcome this year, compared with 10 in 2015/16. No applicants were refused registration, compared with one in 2015/16.

See [www.ahpra.gov.au/Registration/Registration-Standards/Criminal-history](http://www.ahpra.gov.au/Registration/Registration-Standards/Criminal-history).

<sup>1</sup> Data are based on registered practitioners as at 30 June 2017 and are segmented from data in AHPRA and the National Boards' 2016/17 annual report.

<sup>2</sup> Registrants who hold dual registration as both a nurse and a midwife.

<sup>3</sup> Based on Australian Bureau of Statistics (ABS) Demographics Statistics as at 30 December 2016.

<sup>4</sup> National total also includes registrants who have no specified principal place of practice (PPP), including practitioners with an overseas address.

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

Profession/registration type	Vic	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	13	608	2.1%
General	13	605	2.1%
Non-practising	0	3	0.0%
Chinese medicine practitioner	1,308	4,860	26.9%
General	1,238	4,583	27.0%
General and non-practising	0	3	0.0%
Limited	0	2	0.0%
Non-practising	70	272	25.7%
Chiropractor	1,371	5,284	25.9%
General	1,297	4,967	26.1%
Limited	0	2	0.0%
Non-practising	74	315	23.5%
Dental practitioner	5,139	22,383	23.0%
General	4,580	20,053	22.8%
General and non-practising <sup>1</sup>	0	1	0.0%
General and specialist	415	1,655	25.1%
Limited	10	58	17.2%
Non-practising	123	576	21.4%
Specialist	11	40	27.5%
Medical practitioner	27,030	111,166	24.3%
General	9,224	38,798	23.8%
General (teaching and assessing)	10	40	25.0%
General (teaching and assessing) and specialist	0	1	0.0%
General and specialist	13,511	52,264	25.9%
Limited	702	2,473	28.4%
Non-practising	521	2,762	18.9%
Provisional	1,165	5,495	21.2%
Specialist	1,897	9,333	20.3%
Medical radiation practitioner	3,844	15,683	24.5%
General	3,642	15,010	24.3%
Limited	0	1	0.0%
Non-practising	81	235	34.5%
Provisional	121	437	27.7%
Midwife	1,272	4,624	27.5%
General	1,253	4,548	27.6%
Non-practising	18	73	24.7%
Provisional	1	3	33.3%

Profession/registration type	Vic	National total	% of national total
Nurse	94,114	357,701	26.3%
General	93,079	352,011	26.4%
General and non-practising <sup>1</sup>	8	27	29.6%
General and provisional	1	5	20.0%
Non-practising	966	5,421	17.8%
Provisional	60	237	25.3%
Nurse and Midwife	7,695	28,928	26.6%
General	7,368	26,835	27.5%
General and non-practising <sup>2</sup>	218	1,401	15.6%
General and provisional	3	8	37.5%
Non-practising	105	679	15.5%
Provisional	1	5	20.0%
Occupational therapist	4,857	19,516	24.9%
General	4,700	18,755	25.1%
Limited	12	69	17.4%
Non-practising	134	659	20.3%
Provisional	11	33	33.3%
Optometrist	1,396	5,343	26.1%
General	1,359	5,167	26.3%
Limited	0	4	0.0%
Non-practising	37	172	21.5%
Osteopath	1,231	2,230	55.2%
General	1,184	2,129	55.6%
Limited	0	1	0.0%
Non-practising	45	89	50.6%
Provisional	2	11	18.2%
Pharmacist	7,608	30,360	25.1%
General	6,906	27,544	25.1%
Limited	2	10	20.0%
Non-practising	302	1,097	27.5%
Provisional	398	1,709	23.3%
Physiotherapist	7,383	30,351	24.3%
General	7,035	29,114	24.2%
Limited	161	371	43.4%
Non-practising	187	866	21.6%
Podiatrist <sup>3</sup>	1,577	4,925	32.0%
General	1,539	4,790	32.1%
General and specialist	3	30	10.0%
Non-practising	35	105	33.3%
Psychologist	9,516	34,976	27.2%
General	7,845	28,442	27.6%
Non-practising	353	1,695	20.8%
Provisional	1,318	4,839	27.2%
Total	175,354	678,938	25.8%

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

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

3 Includes podiatric surgeons.

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

Profession/endorsement	Vic	National total	% of national total
Chiropractor	31	31	100.0%
Acupuncture	31	31	100.0%
Dental practitioner	5	96	5.2%
Area of practice - conscious sedation	5	96	5.2%
Medical practitioner	234	583	40.1%
Acupuncture	234	583	40.1%
Midwife <sup>1</sup>	63	333	18.9%
Midwife Practitioner	0	1	0.0%
Scheduled Medicines	63	332	19.0%
Nurse <sup>1</sup>	474	2,676	17.7%
Nurse Practitioner	301	1,559	19.3%
Scheduled Medicines - Rural and isolated practice	173	1117	15.5%
Optometrist	952	2,717	35.0%
Scheduled Medicines	952	2,717	35.0%
Osteopath	2	2	100.0%
Acupuncture	2	2	100.0%
Physiotherapist	7	7	100.0%
Acupuncture	7	7	100.0%
Podiatrist <sup>2</sup>	25	82	30.5%
Scheduled Medicines	25	82	30.5%
Psychologist	3,521	11,702	30.1%
Area of Practice	3,521	11,702	30.1%
<b>Total</b>	<b>5,314</b>	<b>18,229</b>	<b>29.2%</b>

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

Profession/gender	Vic	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	13	608	2.1%
Female	11	463	2.4%
Male	2	145	1.4%
Chinese medicine practitioner	1,308	4,860	26.9%
Female	738	2,683	27.5%
Male	570	2,177	26.2%
Chiropractor	1,371	5,284	25.9%
Female	581	2,064	28.1%
Male	790	3,220	24.5%

Profession/gender	Vic	National total	% of national total
Dental practitioner	5,139	22,383	23.0%
Female	2,621	11,244	23.3%
Male	2,518	11,139	22.6%
Medical practitioner	27,030	111,166	24.3%
Female	11,569	46,751	24.7%
Male	15,461	64,415	24.0%
Medical radiation practitioner	3,844	15,683	24.5%
Female	2,580	10,664	24.2%
Male	1,264	5,019	25.2%
Midwife	1,272	4,624	27.5%
Female	1,267	4,608	27.5%
Male	5	16	31.3%
Nurse	94,114	357,701	26.3%
Female	83,931	315,993	26.6%
Intersex or indeterminate	0	2	0.0%
Male	10,183	41,706	24.4%
Nurse and midwife	7,695	28,928	26.6%
Female	7,621	28,419	26.8%
Male	74	509	14.5%
Occupational therapist	4,857	19,516	24.9%
Female	4,460	17,812	25.0%
Male	397	1,704	23.3%
Optometrist	1,396	5,343	26.1%
Female	762	2,819	27.0%
Male	634	2,524	25.1%
Osteopath	1,231	2,230	55.2%
Female	757	1,217	62.2%
Male	474	1,013	46.8%
Pharmacist	7,608	30,360	25.1%
Female	4,673	18,782	24.9%
Male	2,935	11,578	25.3%
Physiotherapist	7,383	30,351	24.3%
Female	5,003	20,489	24.4%
Male	2,380	9,862	24.1%
Podiatrist	1,577	4,925	32.0%
Female	985	2,952	33.4%
Male	592	1,973	30.0%
Psychologist	9,516	34,976	27.2%
Female	7,649	27,854	27.5%
Intersex or indeterminate	0	1	0.0%
Male	1,867	7,121	26.2%
<b>Total</b>	<b>175,354</b>	<b>678,938</b>	<b>25.8%</b>

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

2 Includes podiatric surgeons.

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

Profession/division	Vic	National total	% of national total
<b>Chinese medicine practitioner</b>	<b>1,308</b>	<b>4,860</b>	<b>26.9%</b>
Acupuncturist	436	1,726	25.3%
Acupuncturist and Chinese herbal dispenser <sup>1</sup>	0	3	0.0%
Acupuncturist and Chinese herbal dispenser and Chinese herbal medicine practitioner <sup>1</sup>	183	833	22.0%
Acupuncturist and Chinese herbal medicine practitioner <sup>1</sup>	660	2,178	30.3%
Chinese herbal dispenser	5	45	11.1%
Chinese herbal dispenser and Chinese herbal medicine practitioner <sup>1</sup>	2	20	10.0%
Chinese herbal medicine practitioner	22	55	40.0%
<b>Dental practitioner</b>	<b>5,139</b>	<b>22,383</b>	<b>23.0%</b>
Dental hygienist	218	1,439	15.1%
Dental hygienist and dental prosthetist <sup>1</sup>	0	3	0.0%
Dental hygienist and dental prosthetist and dental therapist <sup>1</sup>	1	2	50.0%
Dental hygienist and dental therapist <sup>1</sup>	127	472	26.9%
Dental hygienist and dental therapist and dentist <sup>1</sup>	0	2	0.0%
Dental hygienist and dental therapist and oral health therapist <sup>1</sup>	0	3	0.0%
Dental hygienist and dentist <sup>1</sup>	1	4	25.0%
Dental hygienist and oral health therapist <sup>1</sup>	0	8	0.0%
Dental prosthetist	354	1,271	27.9%
Dental prosthetist and dental therapist <sup>1</sup>	1	1	100.0%
Dental prosthetist and dentist <sup>1</sup>	2	2	100.0%
Dental therapist	149	965	15.4%
Dental therapist and dentist <sup>1</sup>	1	1	100.0%
Dental therapist and oral health therapist <sup>1</sup>	0	6	0.0%
Dentist	3,936	16,732	23.5%
Dentist and oral health therapist <sup>1</sup>	0	2	0.0%
Oral health therapist	349	1,470	23.7%
<b>Medical radiation practitioner</b>	<b>3,844</b>	<b>15,683</b>	<b>24.5%</b>
Diagnostic radiographer	2,897	12,117	23.9%
Diagnostic radiographer and nuclear medicine technologist <sup>1</sup>	1	17	5.9%
Diagnostic radiographer and radiation therapist <sup>1</sup>	1	2	50.0%
Nuclear medicine technologist	338	1,145	29.5%
Radiation therapist	607	2,402	25.3%
<b>Nurse</b>	<b>94,114</b>	<b>357,701</b>	<b>26.3%</b>
Enrolled nurse (Division 2)	20,592	64,021	32.2%
Enrolled nurse (Division 2) and registered nurse (Division 1) <sup>1</sup>	2,746	7,264	37.8%
Registered nurse (Division 1)	70,776	286,416	24.7%
<b>Nurse and midwife<sup>2</sup></b>	<b>7,695</b>	<b>28,928</b>	<b>26.6%</b>
Enrolled nurse and midwife <sup>1</sup>	34	70	48.6%
Enrolled nurse and registered nurse and midwife <sup>1</sup>	30	66	45.5%
Registered nurse and midwife <sup>1</sup>	7,631	28,792	26.5%
<b>Total</b>	<b>112,100</b>	<b>429,555</b>	<b>26.1%</b>

1 Practitioners who hold dual or multiple registration.

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

**Table 6: Health practitioners with specialties at 30 June 2017<sup>1</sup>**

Profession/area of specialty practice	Vic	National total	% of national total
<b>Dental practitioner</b>	<b>433</b>	<b>1,745</b>	<b>24.8%</b>
Dento-maxillofacial radiology	1	10	10.0%
Endodontics	42	169	24.9%
Forensic odontology	5	25	20.0%
Oral and maxillofacial surgery	55	211	26.1%
Oral medicine	11	35	31.4%
Oral pathology	3	23	13.0%
Oral surgery	7	51	13.7%
Orthodontics	141	612	23.0%
Paediatric dentistry	38	134	28.4%
Periodontics	59	226	26.1%
Prosthodontics	55	216	25.5%
Public health dentistry (Community dentistry)	8	16	50.0%
Special needs dentistry	8	17	47.1%
<b>Medical practitioner</b>	<b>16,723</b>	<b>66,659</b>	<b>25.1%</b>
<b>Addiction medicine</b>	<b>29</b>	<b>172</b>	<b>16.9%</b>
<b>Anaesthesia</b>	<b>1,151</b>	<b>4,929</b>	<b>23.4%</b>
<b>Dermatology</b>	<b>144</b>	<b>540</b>	<b>26.7%</b>
<b>Emergency medicine</b>	<b>509</b>	<b>2,059</b>	<b>24.7%</b>
<b>General practice</b>	<b>6,006</b>	<b>25,240</b>	<b>23.8%</b>
<b>Intensive care medicine</b>	<b>206</b>	<b>888</b>	<b>23.2%</b>
Paediatric intensive care medicine	4	11	36.4%
No sub-specialty declared	202	877	23.0%
Medical administration	74	337	22.0%
<b>Obstetrics and gynaecology</b>	<b>539</b>	<b>1,983</b>	<b>27.2%</b>
Gynaecological oncology	12	47	25.5%
Maternal-fetal medicine	9	40	22.5%
Obstetrics and gynaecological ultrasound	48	73	65.8%
Reproductive endocrinology and infertility	14	54	25.9%
Urogynaecology	8	31	25.8%
No sub-specialty declared	448	1,738	25.8%
<b>Occupational and environmental medicine</b>	<b>64</b>	<b>310</b>	<b>20.6%</b>
<b>Ophthalmology</b>	<b>255</b>	<b>1,016</b>	<b>25.1%</b>
<b>Paediatrics and child health</b>	<b>668</b>	<b>2,698</b>	<b>24.8%</b>
Clinical genetics	8	31	25.8%
Community child health	13	62	21.0%
General paediatrics	462	1,880	24.6%

Profession/area of specialty practice	Vic	National total	% of national total
Neonatal and perinatal medicine	47	181	26.0%
Paediatric cardiology	10	40	25.0%
Paediatric clinical pharmacology	0	1	0.0%
Paediatric emergency medicine	10	59	16.9%
Paediatric endocrinology	5	34	14.7%
Paediatric gastroenterology and hepatology	11	30	36.7%
Paediatric haematology	5	15	33.3%
Paediatric immunology and allergy	9	29	31.0%
Paediatric infectious diseases	7	26	26.9%
Paediatric intensive care medicine	0	6	0.0%
Paediatric medical oncology	10	34	29.4%
Paediatric nephrology	4	11	36.4%
Paediatric neurology	8	40	20.0%
Paediatric palliative medicine	2	4	50.0%
Paediatric rehabilitation medicine	0	8	0.0%
Paediatric respiratory and sleep medicine	4	34	11.8%
Paediatric rheumatology	2	11	18.2%
Paediatric nuclear medicine	0	1	0.0%
No sub-specialty declared	51	161	31.7%
<b>Pain medicine</b>	<b>54</b>	<b>287</b>	<b>18.8%</b>
<b>Palliative medicine</b>	<b>72</b>	<b>329</b>	<b>21.9%</b>
<b>Pathology</b>	<b>470</b>	<b>2,116</b>	<b>22.2%</b>
Anatomical pathology (including cytopathology)	202	914	22.1%
Chemical pathology	19	93	20.4%
Forensic pathology	13	51	25.5%
General pathology	24	112	21.4%
Haematology	139	538	25.8%
Immunology	21	117	17.9%
Microbiology	45	241	18.7%
No sub-specialty declared	7	50	14.0%
<b>Physician</b>	<b>2,933</b>	<b>10,165</b>	<b>28.9%</b>
Cardiology	357	1,366	26.1%
Clinical genetics	20	70	28.6%
Clinical pharmacology	11	56	19.6%
Endocrinology	213	688	31.0%
Gastroenterology and hepatology	254	874	29.1%

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

**Table 6: Health practitioners with specialties at 30 June 2017** *(Continued from previous page)*

Profession/area of specialty practice	Vic	National total	% of national total
General medicine	521	1,798	29.0%
Geriatric medicine	217	718	30.2%
Haematology	165	563	29.3%
Immunology and allergy	31	163	19.0%
Infectious diseases	160	434	36.9%
Medical oncology	224	667	33.6%
Nephrology	173	556	31.1%
Neurology	193	601	32.1%
Nuclear medicine	59	255	23.1%
Respiratory and sleep medicine	177	685	25.8%
Rheumatology	109	371	29.4%
No sub-specialty declared	49	300	16.3%
<b>Psychiatry</b>	<b>1,014</b>	<b>3,689</b>	<b>27.5%</b>
<b>Public health medicine</b>	<b>77</b>	<b>433</b>	<b>17.8%</b>
<b>Radiation oncology</b>	<b>100</b>	<b>386</b>	<b>25.9%</b>
<b>Radiology</b>	<b>634</b>	<b>2,464</b>	<b>25.7%</b>
Diagnostic radiology	507	2,097	24.2%
Diagnostic ultrasound	4	4	100.0%
Nuclear medicine	69	188	36.7%
No sub-specialty declared	54	175	30.9%
<b>Rehabilitation medicine</b>	<b>138</b>	<b>517</b>	<b>26.7%</b>
<b>Sexual health medicine</b>	<b>26</b>	<b>127</b>	<b>20.5%</b>
<b>Sport and exercise medicine</b>	<b>40</b>	<b>121</b>	<b>33.1%</b>
<b>Surgery</b>	<b>1,520</b>	<b>5,853</b>	<b>26.0%</b>
Cardio-thoracic surgery	62	203	30.5%
General surgery	538	2,024	26.6%
Neurosurgery	69	252	27.4%
Oral and maxillofacial surgery	32	133	24.1%
Orthopaedic surgery	325	1,436	22.6%
Otolaryngology - head and neck surgery	125	510	24.5%
Paediatric surgery	23	102	22.5%
Plastic surgery	146	461	31.7%
Urology	123	445	27.6%
Vascular surgery	65	238	27.3%
No sub-specialty declared	12	49	24.5%
<b>Podiatrist</b>	<b>3</b>	<b>30</b>	<b>10.0%</b>
Podiatric surgeon	3	30	10.0%
<b>Total</b>	<b>17,159</b>	<b>68,434</b>	<b>25.1%</b>

**Table 7: Applications received, by profession and registration type**

Profession/registration type	Vic	National total	% of national total
<b>Aboriginal and Torres Strait Islander Health Practitioner</b>	<b>6</b>	<b>141</b>	<b>4.3%</b>
General	6	140	4.3%
Non-practising	0	1	0.0%
<b>Chinese medicine practitioner</b>	<b>197</b>	<b>629</b>	<b>31.3%</b>
General	156	446	35.0%
Limited	0	6	0.0%
Non-practising	41	177	23.2%
<b>Chiropractor</b>	<b>103</b>	<b>388</b>	<b>26.5%</b>
General	84	307	27.4%
Limited	0	2	0.0%
Non-practising	19	79	24.1%
<b>Dental practitioner</b>	<b>398</b>	<b>1,652</b>	<b>24.1%</b>
General	326	1,381	23.6%
Limited	5	30	16.7%
Non-practising	41	142	28.9%
<b>Specialist</b>	<b>26</b>	<b>99</b>	<b>26.3%</b>
<b>Medical practitioner</b>	<b>3,923</b>	<b>16,953</b>	<b>23.1%</b>
General	1,337	5,649	23.7%
Limited	382	1,540	24.8%
Non-practising	123	515	23.9%
Provisional	1,136	5,311	21.4%
Specialist	945	3,938	24.0%
<b>Medical radiation practitioner</b>	<b>394</b>	<b>1,596</b>	<b>24.7%</b>
General	247	1,130	21.9%
Non-practising	18	64	28.1%
Provisional	129	402	32.1%
<b>Midwife</b>	<b>462</b>	<b>1,848</b>	<b>25.0%</b>
General	392	1,557	25.2%
Non-practising	65	269	24.2%
Provisional	5	22	22.7%
<b>Nurse</b>	<b>7,771</b>	<b>31,412</b>	<b>24.7%</b>
General	7,423	29,687	25.0%
Non-practising	274	1,415	19.4%
Provisional	74	310	23.9%
<b>Occupational therapist</b>	<b>589</b>	<b>2,282</b>	<b>25.8%</b>
General	513	1,918	26.7%
Limited	17	102	16.7%
Non-practising	53	241	22.0%
Provisional	6	21	28.6%

Profession/registration type	Vic	National total	% of national total
<b>Optometrist</b>	<b>122</b>	<b>328</b>	<b>37.2%</b>
General	113	294	38.4%
Limited	1	3	33.3%
Non-practising	8	31	25.8%
<b>Osteopath</b>	<b>181</b>	<b>258</b>	<b>70.2%</b>
General	153	205	74.6%
Limited	0	1	0.0%
Non-practising	26	39	66.7%
Provisional	2	13	15.4%
<b>Pharmacist</b>	<b>816</b>	<b>3,321</b>	<b>24.6%</b>
General	380	1,576	24.1%
Limited	7	24	29.2%
Non-practising	61	221	27.6%
Provisional	368	1,500	24.5%
<b>Physiotherapist</b>	<b>621</b>	<b>2,695</b>	<b>23.0%</b>
General	494	2,276	21.7%
Limited	97	251	38.6%
Non-practising	30	168	17.9%
<b>Podiatrist</b>	<b>152</b>	<b>468</b>	<b>32.5%</b>
General	141	434	32.5%
Limited	0	1	0.0%
Non-practising	11	33	33.3%
<b>Psychologist</b>	<b>1,399</b>	<b>5,018</b>	<b>27.9%</b>
General	543	1,892	28.7%
Non-practising	128	515	24.9%
Provisional	728	2,611	27.9%
<b>Total 2016/17</b>	<b>17,134</b>	<b>68,989</b>	<b>24.8%</b>
<b>Total 2015/16</b>	<b>15,799</b>	<b>65,274</b>	<b>24.2%</b>

**Table 8: Outcome of applications for registration finalised in 2016/17**

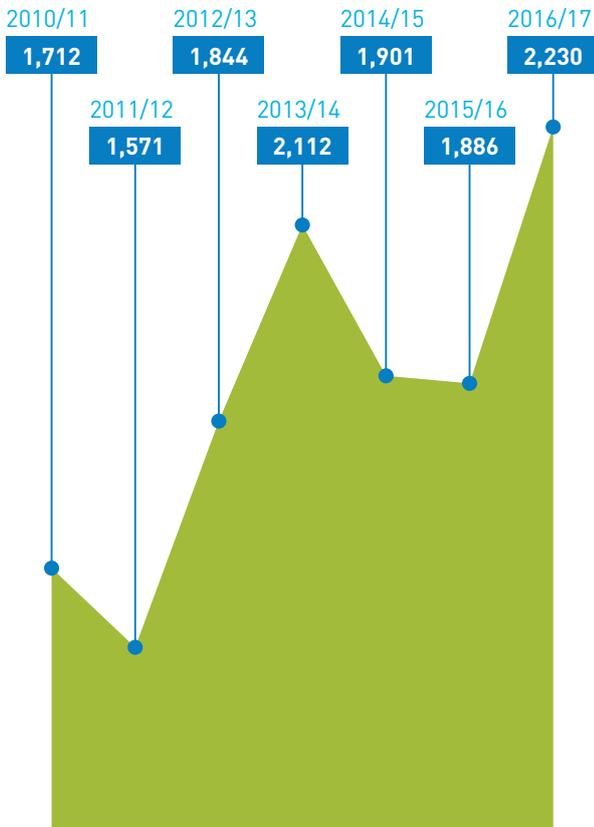
Outcome	Vic	National total <sup>2</sup>	% of national total
<b>Register</b>	<b>15,003</b>	<b>59,559</b>	<b>25.2%</b>
<b>Register with conditions</b>	<b>266</b>	<b>1,505</b>	<b>17.7%</b>
<b>Register in a type other than applied for</b>	<b>31</b>	<b>117</b>	<b>26.5%</b>
<b>Register in a type other than applied for with conditions</b>	<b>22</b>	<b>130</b>	<b>16.9%</b>
<b>Refuse application</b>	<b>322</b>	<b>2,800</b>	<b>11.5%</b>
<b>Withdrawn</b>	<b>894</b>	<b>4,194</b>	<b>21.3%</b>
<b>Total 2016/17<sup>1</sup></b>	<b>16,538</b>	<b>68,305</b>	<b>24.2%</b>

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

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

## Notifications in Victoria

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



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

Tables 9–20 contain data relating to notifications about registered health practitioners with a principal place of practice (PPP) in Victoria. Some tables do not contain data from the HPCA in NSW, as indicated in the table headings.

Nationally, notifications received by AHPRA in 2016/17 increased by 13.9%. Notifications received about practitioners with a PPP in Victoria increased by 18.2%, to 2,230 complaints, compared with 1,886 in the previous year. This represents 32.3% of all notifications received by AHPRA nationally during the year.

Of the new notifications received, mandatory notifications in Victoria increased from 224 matters in 2015/16 to 335 matters in 2016/17. This represents 39.6% of mandatory notifications received by AHPRA nationally. See Table 9. Refer to Table 11 for the number of individual practitioners involved in mandatory notifications (noting that a practitioner may have more than one mandatory notification lodged about them in the reporting year).

There were 43 more open notifications in Victoria as at 30 June 2017 than the previous year (1,125, compared with 1,082 in 2015/16). This represents 28% of open matters nationally. See Table 9.

The percentage of the Victorian registrant base with notifications received in 2016/17 was 1.1%, which was 0.5% lower than the national total (1.6% of all registered health practitioners).

The majority of notifications were about clinical care (877). See Table 12. Most complaints were lodged with AHPRA by a patient (831) or a patient's relative (291). See Table 13.

There were 126 cases where immediate action was considered against practitioners in Victoria. Of those, 31 resulted in suspension of the practitioner's registration as an interim measure to protect the public while the matter was being investigated. See Table 14.

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

The majority of the 3,695 enquiries received about Victorian registrants in 2016/17 were considered to meet the criteria for a notification or statutory offence complaint (2,371) and an assessment commenced.

On completion of assessment of cases in 2016/17, 1,466 were closed and 622 were taken to a further stage. See Table 16. Refer to Table 17 for the outcomes of investigations finalised during the year.

Nineteen cases were closed following a panel hearing and 52 were closed following a tribunal hearing. See Tables 18 and 19.

In total, 2,192 matters were closed in Victoria in 2016/17. See Table 20.

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

Notifications	All received			Mandatory received			Closed			Open at 30 June		
	Vic	National total	% of national total	Vic	National total	% of national total	Vic	National total	% of national total	Vic	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	0	7	0.0%	0	2	0.0%	0	6	0.0%	0	2	0.0%
Chinese medicine practitioner	15	36	41.7%	0	0	0.0%	13	34	38.2%	8	16	50.0%
Chiropractor	27	103	26.2%	4	11	36.4%	24	88	27.3%	24	108	22.2%
Dental practitioner	166	526	31.6%	9	21	42.9%	153	485	31.5%	81	362	22.4%
Medical practitioner	1,140	3,617	31.5%	86	224	38.4%	1,130	3,557	31.8%	547	1,905	28.7%
Medical radiation practitioner	10	23	43.5%	5	6	83.3%	12	29	41.4%	3	17	17.6%
Midwife	7	75	9.3%	3	17	17.6%	25	86	29.1%	10	65	15.4%
Nurse	457	1,568	29.1%	190	471	40.3%	439	1,473	29.8%	252	992	25.4%
Occupational therapist	8	37	21.6%	0	4	0.0%	13	39	33.3%	3	17	17.6%
Optometrist	14	33	42.4%	0	1	0.0%	8	27	29.6%	5	17	29.4%
Osteopath	10	14	71.4%	0	0	0.0%	9	13	69.2%	5	8	62.5%
Pharmacist	167	373	44.8%	19	51	37.3%	162	355	45.6%	80	202	39.6%
Physiotherapist	34	80	42.5%	2	8	25.0%	30	83	36.1%	17	46	37.0%
Podiatrist	10	42	23.8%	1	4	25.0%	13	47	27.7%	6	17	35.3%
Psychologist	161	360	44.7%	16	27	59.3%	158	344	45.9%	83	241	34.4%
Not identified <sup>2</sup>	4	4	100.0%	0	0	0.0%	3	3	100.0%	1	1	100.0%
<b>Total 2016/17</b>	<b>2,230</b>	<b>6,898</b>	<b>32.3%</b>	<b>335</b>	<b>847</b>	<b>39.6%</b>	<b>2,192</b>	<b>6,669</b>	<b>32.9%</b>	<b>1,125</b>	<b>4,016</b>	<b>28.0%</b>
<b>Total 2015/16</b>	<b>1,886</b>	<b>6,056</b>	<b>31.1%</b>	<b>224</b>	<b>641</b>	<b>34.9%</b>	<b>1,745</b>	<b>5,227</b>	<b>33.4%</b>	<b>1,082</b>	<b>3,787</b>	<b>28.6%</b>

**Table 10: Percentage of registrant base with notifications received in 2016/17, by profession<sup>3</sup>**

Profession	Vic	National total
Aboriginal and Torres Strait Islander Health Practitioner	0.0%	1.2%
Chinese medicine practitioner	1.1%	1.2%
Chiropractor	1.6%	3.1%
Dental practitioner	2.9%	3.8%
Medical practitioner	3.7%	5.1%
Medical radiation practitioner	0.3%	0.3%
Midwife <sup>4</sup>	0.1%	0.3%
Nurse <sup>5</sup>	0.4%	0.6%
Occupational therapist	0.2%	0.3%
Optometrist	0.9%	1.1%
Osteopath	0.8%	1.1%
Pharmacist	2.0%	1.8%
Physiotherapist	0.4%	0.4%
Podiatrist	0.6%	1.3%
Psychologist	1.5%	1.6%
<b>Total 2016/17</b>	<b>1.1%</b>	<b>1.6%</b>
<b>Total 2015/16</b>	<b>1.1%</b>	<b>1.5%</b>

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

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

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

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

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

**Table 11: Victorian registrants involved in mandatory notifications**

Practitioners	Vic	National total
Number of practitioners <sup>1</sup> 2016/17	298	1,023
Rate/10,000 practitioners <sup>2</sup> 2016/17	17	15.1
Number of practitioners <sup>1</sup> 2015/16	210	920
Rate/10,000 practitioners <sup>2</sup> 2015/16	12.4	14.0

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

Issue	Vic	National total	% of national total
Behaviour	83	257	32.3%
Billing	33	70	47.1%
Boundary violation	108	248	43.5%
Clinical care	877	2,950	29.7%
Communication	182	496	36.7%
Confidentiality	50	159	31.4%
Conflict of interest	9	15	60.0%
Discrimination	3	6	50.0%
Documentation	92	272	33.8%
Health impairment	157	581	27.0%
Infection/hygiene	30	71	42.3%
Informed consent	22	54	40.7%
Medico-legal conduct	32	64	50.0%
National Law breach	52	178	29.2%
National Law offence	9	45	20.0%
Offence	58	214	27.1%
Offence by student	0	3	0.0%
Other	146	282	51.8%
Pharmacy/medication	253	821	30.8%
Professional conduct	1	3	33.3%
Research/teaching/assessment	1	3	33.3%
Response to adverse event	6	22	27.3%
Teamwork/supervision	15	47	31.9%
Treatment	0	1	0.0%
Not recorded	11	36	30.6%
<b>Total</b>	<b>2,230</b>	<b>6,898</b>	<b>32.3%</b>

**Table 13: Source of notifications received in 2016/17**

Source	Vic	National total (excluding HPCA) <sup>3</sup>	% of national total (excluding HPCA)
Anonymous	60	141	42.6%
Drugs and poisons	14	20	70.0%
Education provider	11	26	42.3%
Employer	224	585	38.3%
Government department	39	169	23.1%
Health complaints entity	61	438	13.9%
Health advisory service	2	34	5.9%
Hospital	5	123	4.1%
HPCA/HCCC	1	1	100.0%
Insurance company	2	9	22.2%
Lawyer	19	44	43.2%
Medicare	1	3	33.3%
Member of the public	93	318	29.2%
Ombudsman	2	82	2.4%
Other Board	6	46	13.0%
Other practitioner	246	879	28.0%
Own motion	131	291	45.0%
Patient	831	2,406	34.5%
Police	20	56	35.7%
Relative	291	748	38.9%
Self	49	186	26.3%
Treating practitioner	12	57	21.1%
Unclassified	110	236	46.6%
<b>Total</b>	<b>2,230</b>	<b>6,898</b>	<b>32.3%</b>

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

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

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

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

Outcome	Vic	National total	% of national total
Not take immediate action	25	139	18.0%
Accept undertaking	18	69	26.1%
Impose conditions	41	314	13.1%
Accept surrender of registration	0	9	0.0%
Suspend registration	31	145	21.4%
Decision pending	11	23	47.8%
<b>Total</b>	<b>126</b>	<b>699</b>	<b>18.0%</b>

**Table 15: Outcomes of enquiries received in 2016/17 (excluding HPCA)**

Outcome	Vic	National total	% of national total
Moved to notification, complaint or offence	2,371	7,275	32.6%
Closed at lodgement	709	1,233	57.5%
Yet to be determined	615	1,497	41.1%
<b>Total</b>	<b>3,695</b>	<b>10,005</b>	<b>36.9%</b>

**Table 16: Outcomes of assessments finalised in 2016/17**

Outcome	Vic	National total (excluding HPCA)	% of national total
<b>Outcome of decisions to take the notification further</b>			
Investigation	520	2,159	24.1%
Health or performance assessment	45	228	19.7%
Panel hearing	0	11	0.0%
Other stage	57	88	64.8%
<b>Total</b>	<b>622</b>	<b>2,486</b>	<b>25.0%</b>
<b>Outcome of notifications closed following assessment</b>			
No further action <sup>1</sup>	1,198	3,111	38.5%
Health complaints entity to retain	10	148	6.8%
Refer all or part of the notification to another body	19	29	65.5%
Dealt with as enquiry	10	10	100.0%
Caution	147	485	30.3%
Accept undertaking	17	44	38.6%
Impose conditions	65	200	32.5%
<b>Total</b>	<b>1,466</b>	<b>4,027</b>	<b>36.4%</b>

**Table 17: Outcomes of investigations finalised in 2016/17**

Outcome	Vic	National total (excluding HPCA)	% of national total
<b>Outcome of decisions to take the notification further</b>			
Assessment	3	7	42.9%
Health or performance assessment	28	152	18.4%
Panel hearing	24	61	39.3%
Tribunal hearing	67	153	43.8%
Other stage	1	3	33.3%
<b>Total</b>	<b>123</b>	<b>376</b>	<b>32.7%</b>
<b>Outcome of notifications closed following investigation</b>			
No further action <sup>1</sup>	265	1,170	22.6%
Refer all or part of the notification to another body	5	25	20.0%
Caution	120	400	30.0%
Accept undertaking	12	64	18.8%
Impose conditions	67	261	25.7%
<b>Total</b>	<b>469</b>	<b>1,920</b>	<b>24.4%</b>

**Table 18: Outcomes of panel hearings finalised in 2016/17**

Outcome	Vic	National total (excluding HPCA)	% of national total
No further action <sup>1</sup>	4	11	36.4%
Caution	6	28	21.4%
Reprimand	0	5	0.0%
Impose conditions	9	26	34.6%
Suspend registration	0	2	0.0%
<b>Total</b>	<b>19</b>	<b>72</b>	<b>26.4%</b>

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

**Table 19: Outcomes of matters referred to tribunal finalised in 2016/17**

Outcome	Vic	National total [excluding HPCA]	% of national total
No further action <sup>1</sup>	2	15	13.3%
Caution	2	3	66.7%
Reprimand	3	16	18.8%
Fine registrant	0	11	0.0%
Accept undertaking	0	3	0.0%
Impose conditions	17	60	28.3%
Practitioner surrenders registration	0	1	0.0%
Suspend registration	14	27	51.9%
Cancel registration	14	34	41.2%
Not permitted to reapply for registration for 12 months or more	0	3	0.0%
<b>Total</b>	<b>52</b>	<b>173</b>	<b>30.1%</b>

**Table 20: Notifications closed in Victoria in 2016/17, by profession and stage at closure**

Profession	Assessment	Investigation	Health or performance assessment	Panel hearing	Tribunal hearing	Total 2016/17
Aboriginal and Torres Strait Islander Health Practitioner	0	0	0	0	0	0
Chinese medicine practitioner	9	4	0	0	0	13
Chiropractor	12	11	0	1	0	24
Dental practitioner	108	40	5	0	0	153
Medical practitioner	840	219	45	4	22	1,130
Medical radiation practitioner	8	3	1	0	0	12
Midwife	6	16	0	2	1	25
Nurse	256	100	60	4	19	439
Occupational therapist	8	1	4	0	0	13
Optometrist	8	0	0	0	0	8
Osteopath	6	3	0	0	0	9
Pharmacist	117	38	1	1	5	162
Physiotherapist	23	3	0	4	0	30
Podiatrist	5	7	1	0	0	13
Psychologist	121	26	3	3	5	158
Not identified <sup>2</sup>	3	0	0	0	0	3
<b>Total 2016/17</b>	<b>1,530</b>	<b>471</b>	<b>120</b>	<b>19</b>	<b>52</b>	<b>2,192</b>

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

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

## Monitoring and compliance

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

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

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

The 1,138 active monitoring cases shown in Table 21 relate to 1,106 individuals with a principal place of practice in Victoria<sup>1</sup>. The majority of these cases related to nurses (476 cases) and medical practitioners (348 cases). See Table 22 for the breakdown by stream.

For more information on monitoring and compliance, visit the AHPRA website at [www.ahpra.gov.au/Registration/Monitoring-and-compliance](http://www.ahpra.gov.au/Registration/Monitoring-and-compliance).

**Table 21: Active monitoring cases at 30 June 2017, by profession (excluding HPCA)**

Profession	Vic	National total (excluding HPCA)	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	4	72	5.6%
Chinese medicine practitioner	67	945	7.1%
Chiropractor	12	49	24.5%
Dental practitioner	38	134	28.4%
Medical practitioner	348	1,620	21.5%
Medical radiation practitioner	12	88	13.6%
Midwife	44	155	28.4%
Nurse	476	1,553	30.7%
Occupational therapist	15	51	29.4%
Optometrist	6	15	40.0%
Osteopath	4	6	66.7%
Pharmacist	42	175	24.0%
Physiotherapist	18	64	28.1%
Podiatrist	4	14	28.6%
Psychologist	48	143	33.6%
<b>Total</b>	<b>1,138</b>	<b>5,084</b>	<b>22.4%</b>

1 A practitioner who has restrictions for more than one reason may be allocated more than one 'monitoring case'. For example, if a practitioner in Victoria has conditions imposed as a result of health concerns and conduct, they may be allocated two monitoring cases.

2 Excludes cases monitored by the HPCA.

3 Includes cases to be transitioned from AHPRA to the Health Professional Councils Authority (HPCA) for Conduct, Health and Performance streams.

**Table 22: Active monitoring cases<sup>1</sup> at 30 June 2017, by stream**

Stream	Vic	National total <sup>2</sup>	% of national total
Conduct <sup>3</sup>	125	356	35.1%
Health <sup>3</sup>	116	577	20.1%
Performance <sup>3</sup>	170	552	30.8%
Prohibited practitioner/student	97	256	37.9%
Suitability/eligibility	630	3,343	18.8%
<b>Total</b>	<b>1,138</b>	<b>5,084</b>	<b>22.4%</b>

## Statutory offence complaints

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

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

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

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

In 2016/17, 807 new statutory offence complaints were made about Victorian practice, an increase of over 170% from 2015/16, which is consistent with the national pattern. Victoria received 35.1% of all offence complaints nationally in the year.

There were 639 statutory offence matters closed in Victoria in 2016/17, which was significantly more than in 2015/16 (see Table 23). This was largely due to the unprecedented increase of new complaints and a new approach to the management of advertising matters (read about our advertising compliance and enforcement strategy on the next page). Almost all new matters in Victoria related to title protection or advertising concerns.

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

**Table 23: Statutory offences received and closed, by profession<sup>1</sup>**

Profession	Vic		National total <sup>2</sup>		% of national total	
	Received	Closed	Received	Closed	Received	Closed
Aboriginal and Torres Strait Islander Health Practitioner	0	0	3	2	0.0%	0.0%
Chinese medicine practitioner	7	7	72	38	9.7%	18.4%
Chiropractor	38	76	162	192	23.5%	39.6%
Dental practitioner	43	77	239	295	18.0%	26.1%
Medical practitioner	49	46	273	283	17.9%	16.3%
Medical radiation practitioner	0	0	4	9	0.0%	0.0%
Midwife	0	1	8	35	0.0%	2.9%
Nurse	19	22	76	80	25.0%	27.5%
Occupational therapist	1	1	9	13	11.1%	7.7%
Optometrist	3	2	23	24	13.0%	8.3%
Osteopath	122	4	252	24	48.4%	16.7%
Pharmacist	4	5	53	48	7.5%	10.4%
Physiotherapist	496	372	940	657	52.8%	56.6%
Podiatrist	4	10	20	19	20.0%	52.6%
Psychologist	20	15	116	110	17.2%	13.6%
Unknown <sup>3</sup>	1	1	47	56	2.1%	1.8%
<b>Total 2016/17<sup>4</sup></b>	<b>807</b>	<b>639</b>	<b>2,297</b>	<b>1,885</b>	<b>35.1%</b>	<b>33.9%</b>
<b>Total 2015/16<sup>4</sup></b>	<b>298</b>	<b>63</b>	<b>1,348</b>	<b>600</b>	<b>22.1%</b>	<b>10.5%</b>

## Launch of an advertising compliance and enforcement strategy

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

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

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

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

For more information about advertising and the National Law, see [www.ahpra.gov.au/Publications/Advertising-resources](http://www.ahpra.gov.au/Publications/Advertising-resources).

1 This table captures offence complaints by principal place of practice (PPP) and includes all offences from sections 113-116 of the National Law, not only offences about advertising, title and practice protection.  
 2 The national total includes offences managed about unregistered persons where there is no PPP recorded.  
 3 AHPRA also receives offence complaints about unregistered persons where there is no PPP recorded. Only registered practitioners have a designated PPP.  
 4 Based on state and territory of the practitioners' PPP.









## Key data for 2016/17: A national view

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

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

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

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

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

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

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

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

### Download the report

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

### Useful links

**Register of practitioners:** [www.ahpra.gov.au/registration/register-of-practitioners](http://www.ahpra.gov.au/registration/register-of-practitioners)

**Complaints portal:** [www.ahpra.gov.au/About-AHPRA/Complaints](http://www.ahpra.gov.au/About-AHPRA/Complaints)

**Court and tribunal outcomes:** [www.ahpra.gov.au/Publications/Tribunal-Decisions](http://www.ahpra.gov.au/Publications/Tribunal-Decisions)

**National restrictions library:** [www.ahpra.gov.au/Registration/Monitoring-and-compliance/National-Restrictions-Library](http://www.ahpra.gov.au/Registration/Monitoring-and-compliance/National-Restrictions-Library)

## Australian Health Practitioner Regulation Agency

### Phone

Within Australia, call 1300 419 495

From outside Australia, call +61 3 9275 9009

### Email

Via the online enquiry form at the AHPRA website at [www.ahpra.gov.au/About-AHPRA/Contact-Us/Make-an-Enquiry](http://www.ahpra.gov.au/About-AHPRA/Contact-Us/Make-an-Enquiry)

### Published

©Australian Health Practitioner Regulation Agency

Melbourne, February 2018

ISSN: 2204-1222

### Printed

Cover printed on Precision Offset 310gsm

Internals printed on Precision Offset 120gsm



# Australian Health Practitioner Regulation Agency

GPO Box 9958  
Melbourne VIC 3001

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

## Victoria

Level 8  
111 Bourke St  
Melbourne VIC 3000

## Australian Capital Territory

Ground Floor  
50 Blackall Street  
Barton ACT 2600

## New South Wales

Level 51  
680 George Street  
Sydney NSW 2000

## Northern Territory

Level 5  
22 Harry Chan Ave  
Darwin NT 0800

## Queensland

Level 18  
179 Turbot St  
Brisbane QLD 4000

## South Australia

Level 11  
80 Grenfell St  
Adelaide SA 5000

## Tasmania

Level 5  
99 Bathurst St  
Hobart TAS 7000

## Western Australia

Level 1  
541 Hay St  
Subiaco WA 6008

Connect with us

 [@ahpra](https://twitter.com/ahpra)

 [ahpra.gov.au](https://www.facebook.com/ahpra.gov.au)

 Search for AHPRA

 Search for AHPRA