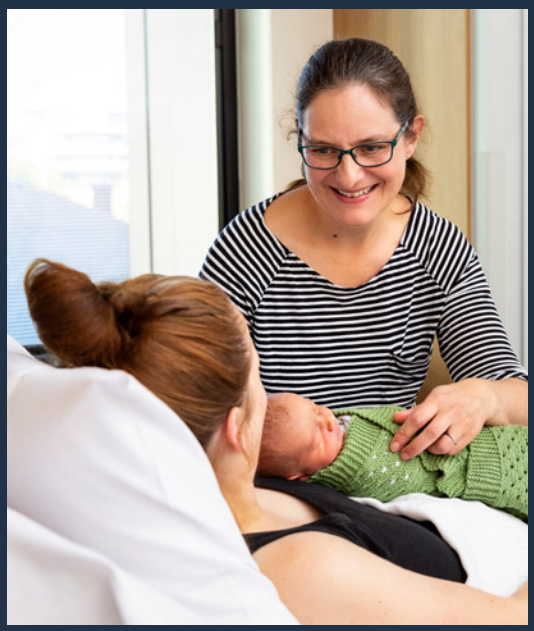
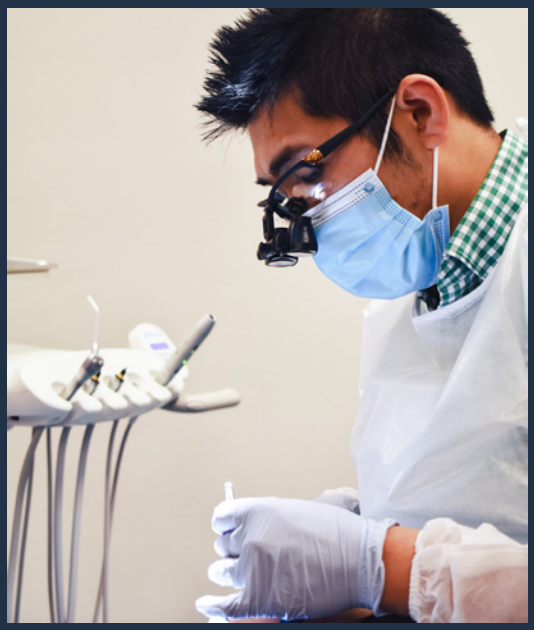




Ahpra & National Boards

ANNUAL REPORT 2023/24

Leadership and collaboration for safer healthcare

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

Contents

This report provides Ahpra data, unless stated otherwise. Due to rounding (to one decimal place), percentages may not add to exactly 100%. Data from 2019/20 to 2022/23 include practitioners on the temporary pandemic sub-registers. This affects some percentages.

We refine our data collection and reporting each year so data may not directly correlate across annual reports.

The report's supplementary data tables, available at www.ahpra.gov.au, are the source for some of the statistics cited. Other statistics are drawn from internal reports.

The 'Most common types of complaint' graphs in the National Board reports are based on the main reason for a notification.

For definitions of words and phrases, refer to the list of common abbreviations and the glossary. Throughout the report, the term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise specified.

The appendices are available online; they contain more information about Boards and committees.

You will see photos of Ahpra staff, members of National Boards and committees, and participants in National Scheme meetings. We thank everyone who agreed to be photographed for this report.

Tables and figures

Tables

Figures

Growing our health workforce in 2023/24

920,535

registered health practitioners

↑4.9% on last year

96.9% hold practising registration

70,216

first-time registrants

41,599 domestic (including new graduates)

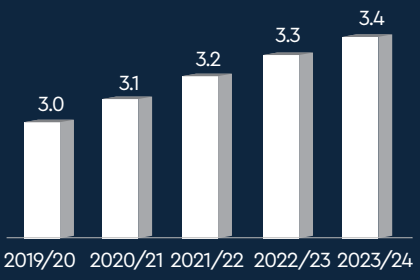
28,617 international

182,647 students

More than 800 approved programs of study delivered by more than 130 education providers

3.4

registered health practitioners for every 100 Australians



Internationally qualified practitioners

48.6% more new nurses than last year

29.0% more new medical practitioners

71.8% more new practitioners across the other professions

Faster assessments

it took **44.9%** less time to finalise complete applications

↑5% more renewals than last year

840,816 practitioners renewed their registration

↑5.7%

more health practitioners who identify as Aboriginal and/or Torres Strait Islander

Regulating our health workforce in 2023/24

Most health practitioners practise safely

19,522

notifications made about **15,078** practitioners nationally

11,200 received by Ahpra

1.6%

of all registered health practitioners received a notification

The most common concern was clinical care

2%

of closed notifications resulted in the practitioner losing their registration or being disqualified from applying for registration

514

calls to cosmetic surgery hotline

- 4,470 cases involving 4,461 practitioners monitored by Ahpra at 30 June
- 28.1% were about conduct, health or performance
- 667 advertising complaints assessed

547

criminal complaints received

↑ 23.8%

on last year

A custodial sentence was imposed for the first time under the National Law

Matters involving 180 practitioners (relating to 305 notifications) decided by a tribunal

- 96.8% resulted in disciplinary action
- disqualification periods up to 40 years imposed

12 Aboriginal and/or Torres Strait Islander people were appointed to Boards and committees, bringing the current total to

44

8 Aboriginal and/or Torres Strait Islander staff members were hired at Ahpra, bringing the total to

23

About us

Our purpose
Safe and professional health practitioners for Australia

Our vision
Our communities have trust and confidence in regulated health practitioners

Our values
Integrity **Collaboration**
Respect **Achievement**

The Australian Health Practitioner Regulation Agency (Ahpra) supports the 15 national health practitioner boards (the National Boards) to implement the National Registration and Accreditation Scheme. The National Scheme regulates the 16 registered health professions.

Every decision we make is guided by a nationally consistent law passed in each state and territory – the Health Practitioner Regulation National Law. A Ministerial Council made up of all of Australia's health ministers oversees the scheme.

The National Boards set standards for registration, develop regulatory policy and guidance, and make regulatory decisions about concerns raised about registered health practitioners.

While public safety is our priority, we also have an important focus on the health workforce. The objectives of the National Law include:

- ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered
- facilitating workforce mobility across Australia
- facilitating high-quality education and training
- providing culturally safe health services to Aboriginal and Torres Strait Islander Peoples
- facilitating the rigorous and responsive assessment of overseas-trained health practitioners
- facilitating access to services provided by health practitioners
- enabling the continuous development of a flexible, responsive and sustainable Australian health workforce.

Core regulatory functions

Professional standards
National Boards establish registration standards, codes and guidelines for health practitioners.

Accreditation
We work with accreditation authorities and committees to ensure that graduating students are suitably qualified and skilled to apply for registration as health practitioners.

Registration
We ensure that only health practitioners with the skills and qualifications to provide competent and ethical care are registered to practise. We publish the national online *Register of practitioners* so that the public can access important information about their health practitioner.

Notifications
We manage complaints and concerns raised about the performance, health and conduct of individual health practitioners in all states and territories except New South Wales. In Queensland, we jointly consider notifications with the Office of the Health Ombudsman and manage those referred to us.

Compliance
We monitor and audit registered health practitioners to make sure they are complying with Board requirements.

National regulation

The National Scheme is a vital part of the Australian health system.

Ahpra and the National Boards are responsible for the registration of every practitioner in the registered health professions across Australia.

In most states and territories, we also handle notifications about registered health practitioners. However, this process is different in New South Wales and Queensland.

New South Wales
Complaints about registered and unregistered health practitioners' conduct, health and performance are assessed and managed by 15 health professional councils supported by the Health Professional Councils Authority (HPCA) and working with the Health Care Complaints Commission (HCCC).

Ahpra has a role in accepting mandatory notifications in NSW and referring them to the HCCC.

Queensland
The Office of the Health Ombudsman (OHO) receives concerns about registered and unregistered health practitioners. All concerns about registered health practitioners are jointly considered by OHO and Ahpra and a portion of them are referred to us to manage.

Health complaints organisations
Ahpra and the National Boards are professional standards regulators. Health complaints organisations (HCOs, also known as health complaints entities or HCEs) can handle complaints and provide outcomes on a wider range of issues.

We work with the HCOs to decide which organisation should take responsibility for each complaint or concern that is raised about a registered health practitioner. A list of HCOs is available at www.ahpra.gov.au/Notifications/Further-information/Health-complaints-organisations.

Independent ombudsman
The National Health Practitioner Ombudsman (NHPO) and Privacy Commissioner provides an independent ombudsman, as well as privacy and freedom of information oversight of the National Scheme, the work of Ahpra and the National Boards, and the administrative processes experienced by practitioners and the public.

Introduction

Towards 1 million practitioners

The National Scheme has a core focus on ensuring a safe, high-quality health workforce that can be accessed throughout Australia. At 30 June, Australia had 920,535 registered health practitioners, an increase of nearly 5% since last year.

We have been working hard to get new international practitioners registered faster and safely by implementing changes in response to the Kruk review. These included making identity checks easier, opening a second assessment centre for nurses and midwives, reviewing English-language requirements, and developing fast-track registration pathways for specialist medical graduates and other priority professions.

The growth in internationally qualified health practitioners is strong, with 48.4% more new overseas practitioners gaining registration than last year. Improvements to our registration processes reduced the time it took to assess a complete international application from an average of 60 days to 33 days.

The number of health practitioners per capita continues to grow steadily and there are now 3.4 registered health practitioners for every 100 Australians. This is positive news, although a challenge remains in the geographic distribution of skill and specialisation of practitioners around the country so the community is able to access healthcare when they need it.

Leadership and collaboration

Two landmark rulings were made under the National Law this year. In September, the first custodial sentence was imposed on someone falsely claiming to be a registered health practitioner. And in October, a tribunal ruled against a doctor over his discriminatory, culturally unsafe, insulting and offensive behaviour towards a Yuggera, Warangoo and Wiradjuri man. The doctor was reprimanded and disqualified for 12 months. This outcome reflects changes made in 2022 to strengthen the National Law to eliminate racism from Australian healthcare.

We remain vigilant about new models of care, which bring both benefits and potential risks for patient safety. Issues such as medicinal cannabis and vaping cut across regulatory areas and we have been working with the Therapeutic Goods Administration to develop cross-regulatory solutions. Emerging services that are driven in part by social media trends, such as cosmetic procedures and weight-loss drugs, often fall outside of traditional healthcare models, and when people are harmed it is not always reported to us. In response, we have bolstered our work to draw on multiple sources of regulatory data to gain earlier insights on emerging issues that may require a strengthened regulatory response.

Working with other agencies helps us to act faster to prevent future harm. We convened a number of fora and symposia during the year to explore how to improve data and information sharing among regulatory agencies, and to bring together agencies and services to address other pressing issues such as racism in healthcare, practitioner distress during the notifications process, and family and domestic violence.

Improvements and initiatives

The final group of changes in the *Health Practitioner Regulation National Law and Other Legislation Amendment Act 2022* were made this year. And in September, the *Health Practitioner Regulation National Law (Surgeons) Amendment Act 2023* enacted protection of the title 'surgeon' when used by medical practitioners.

Helping consumers to get to the right place when they have a concern about their healthcare has been the focus of a joint initiative with the Australian Commission on Safety and Quality in Health Care. Working closely with consumers, we published a suite of resources for health practitioners and consumers to improve the consumer experience of making a complaint.

We were pleased to see increased traffic to our website after launching a new design. The updated pages include improved information for consumers and practitioners, including how to find the right place to report a concern. It is now easier to search the *Register of practitioners* and there was a 36.0% increase in register use compared with last year.

Farewelling our CEO

After 15 years, Ahpra CEO Martin Fletcher announced his intention to step down in December 2024. Martin was appointed as the inaugural CEO of Ahpra in 2009. He has worked tirelessly to establish and lead an internationally respected regulatory scheme for health practitioners. He will leave Ahpra well placed to face the challenges of the future in protecting the public and enabling access to a highly skilled and safe health workforce in Australia.

In closing, we thank Ahpra staff and National Board and committee members for their commitment, efforts and achievements throughout an exceptionally busy year. And we thank the registered health practitioners around Australia for their continued dedication to safe, high-quality healthcare.

Mr Martin Fletcher
Chief Executive Officer, Ahpra

Ms Gill Callister PSM
Co-convenor, Forum of National Registration and Accreditation Scheme Chairs
Chair, Ahpra Board

Ms Rachel Phillips
Co-convenor, Forum of National Registration and Accreditation Scheme Chairs
Chair, Psychology Board of Australia

Growing the workforce

Making it easier for internationally qualified practitioners to register

The Australian health workforce is growing but national shortages persist.

In December, National Cabinet endorsed the 28 recommendations of the final report of the *Independent review of Australia's regulatory settings relating to overseas health practitioners*. The review was undertaken by Ms Robyn Kruk AO and is referred to as the Kruk review. Ahpra is the lead or has a key role in several of the Kruk review recommendations. We welcomed the findings of the review and immediately began work on reforms to make it simpler, quicker and cheaper for internationally qualified practitioners to practise in Australia.

In response to the review, Ahpra and relevant National Boards:

- removed requirements for overseas-based applicants to present in person for identity checks in Australia before their registration can be granted
- opened a new purpose-built centre in Melbourne for the examination of the clinical skills of internationally qualified nurses and midwives – this means shorter wait times for overseas-trained nurses and midwives to sit their exams so they can work in Australia sooner
- completed a review of English language standards (and health ministers approved revised standards on 14 June)
- made significant progress on a fast-track pathway to registration for specialist international medical graduates (see the box), and public consultation on a draft revised registration standard for specialist registration was carried out in June
- began scoping work on fast-track pathways for other priority professions beyond medical, as well as work to provide greater flexibility to meet other requirements such as supervision and English language skills.

What drives practitioner retention and attrition?

Understanding what motivates health practitioners to stay or leave their profession is an important aspect of workforce sustainability and quality. Analysis of registration data from 2014 to 2023 showed that the overall number of registered practitioners increased in that period, but the retention rate declined, highlighting concerns about workforce stability.

In June 2023, nine National Boards agreed to participate in the Workforce Retention and Attrition Project (WRAP). A survey was sent to 145,120 health practitioners and 18.0% completed it in full.

Most respondents said they intended to stay and provided insights into what motivates them in their work. Factors that predict whether a practitioner will stay or leave, such as work hours, years of experience, gender and age, were also examined. A paper detailing the findings has been submitted to a peer-reviewed journal and is likely to be published in late 2024, when the findings will be published on Ahpra's website.

Expedited pathway for medical specialists

We have begun working to establish an expedited specialist pathway for specialist international medical graduates (SIMGs) in four priority areas: anaesthesia, general practice, obstetrics and gynaecology, and psychiatry.

Once it's in place, the pathway will provide an additional route to specialist registration for SIMGs who have qualifications considered substantially equivalent or based on similar competencies to an approved medical specialist qualification in Australia.

SIMGs with a qualification that is listed as eligible for the pathway will be able to apply directly for specialist registration without requiring a specialist medical college assessment. For further information, see page 20.

Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy

We again made significant progress in implementing the Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025, now in its fourth year.

Eliminating racism from Australian healthcare

In October, the ACT Civil and Administrative Tribunal delivered a landmark ruling against a doctor over discriminatory and offensive behaviour, supporting the goal of eliminating racism from Australian healthcare.

The doctor has been prohibited from providing any health service and cannot apply for registration for 12 months, after admitting that his conduct towards ophthalmologist Associate Professor Kris Rallah-Baker, a Yuggera, Warangoo and Wiradjuri man, was culturally unsafe, insulting and offensive.

This outcome is in line with changes made in 2022 to strengthen the National Law, which were supported by the Aboriginal and Torres Strait Islander Health Strategy Group.

Culturally safe notifications process

The medical and nursing and midwifery Indigenous National Special Issues Committees have been established, made up of Aboriginal and Torres Strait Islander practitioner and community members. These committees have been making decisions about regulatory matters affecting Aboriginal and Torres Strait Islander Peoples.

International regulatory excellence team award

In September at Salt Lake City, the Aboriginal and Torres Strait Islander Health Strategy Unit (HSU) and Ahpra were recognised by the peak international regulatory body Council of Licensure, Enforcement and Regulation (CLEAR) for a Regulatory Excellence Team Award for their work to ensure culturally safe practice in Australia's health system. The award requires the team or agency to have demonstrated exceptional leadership, vision, creativity, results and outcomes above and beyond the regular functions of the job or expectations, and beyond what is normally achieved.

Increased visibility

The HSU committed to a year of visibility for their strategic work in 2023 to share progress towards eliminating racism in healthcare for Aboriginal and Torres Strait Islander Peoples. To fulfil this commitment, a number of abstracts were submitted and accepted to present at Indigenous health practitioner and regulatory conferences, in addition to having exhibition booths providing profile and engagement opportunities with stakeholder groups.

Indigenous leadership at the Combined Meeting

In October, during the week of the referendum on the Voice to Parliament, the National Scheme Combined Meeting and the first in-person Aboriginal and Torres Strait Islander Health Strategy Group was held in Naarm. The meeting featured an impressive line-up of Indigenous keynote and guest speakers. Dr Janet Smylie, Professor Lisa Whop, Dr Clinton Schultz, Dr Ali Drummond and Mr Francis Nona discussed issues topical to regulators that affect the wellbeing of Aboriginal and Torres Strait Islander Peoples.

Increased participation

Aboriginal and Torres Strait Islander workforce participation in the National Scheme and within Ahpra has continued to grow. The total number of Aboriginal or Torres Strait Islander Ahpra staff is now 23, eight more than last year. Mr Olli Wynyard Gonfond was appointed as National Director – Aboriginal and Torres Strait Islander People and Culture Programs.

Targeted recruitment campaigns resulted in the appointment of 12 new Aboriginal and Torres Strait Islander Board and committee members, bringing the current total to 44.

For information about Aboriginal and Torres Strait Islander practitioners in all professions, and about the engagement and support team that supports those registrants, see page 58.

Ahpra Board

The Ahpra Board is the governing board for Ahpra. Its members are appointed by the Ministerial Council.

The board ensures that Ahpra performs its functions in a proper, effective and efficient way. It is responsible for determining Ahpra policies, setting the strategic direction for the National Scheme and assuring its performance.

We thank outgoing members Ms Jenny Taing OAM and Dr Susan Young.

Ms Gill Callister PSM
Chair

Mr Andrew Brown
from 10 Nov

Professor Patricia Davidson AM
from 10 Nov

Emeritus Professor Arie Freiberg AM

Ms Tanya McGregor
from 8 Nov

Mr Jeff Moffet

Mr Lynton Norris

Ms Leanne O'Shannessy PSM
from 8 Nov

Associate Professor Carmen Parter

Ms Barbara Yeoh AM

National Boards

Each of the registered health professions is regulated by a National Board. The Boards work to ensure that Australia's health practitioners provide safe, quality healthcare.

All Chairs are registered health practitioners in their profession. The other Board members are a mix of practitioners and people from the community. All are appointed by the Ministerial Council.

This section contains reports from all the National Boards.

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

Aboriginal and Torres Strait Islander Health Practitioners

Aboriginal and Torres Strait Islander Health Practice Board Ahpra

Issues this year

Aboriginal and Torres Strait Islander Health Practitioners play an important role in ensuring their families and communities receive culturally and clinically safe healthcare. The Aboriginal and Torres Strait Islander Health Practice Board of Australia continues to actively engage with employers and other stakeholders to support initiatives that ensure understanding of the registration requirements for practitioners.

The Board and the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) began working together on Strategic Direction 1.1 of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*. This project is revising, expanding and nationally standardising the professional scope of practice for Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners.

Accreditation

The Board participated in the review of accreditation arrangements conducted along with other National Boards, and agreed to assign the accreditation functions for the profession to the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee for a period of five years from 1 July 2024.

The Board acknowledges the excellent ongoing work of the committee and the accreditation support team. The committee continues to engage with its stakeholders, including education providers, around a range of topics relating to Aboriginal and Torres Strait Islander Health Practice education and accreditation, and this is an important pillar in the effective work of the committee.

Stakeholder engagement

The Board and the Nursing and Midwifery Board of Australia developed a fact sheet, *Guidance for nurses and midwives working with Aboriginal and Torres Strait Islander Health Practitioners*, to recognise the collaborative role that nurses and midwives have with our profession. A detailed program of presentations and webinars was offered to support the dissemination of this important piece of work.

Strategic workshop

The Aboriginal and Torres Strait Islander Health Practice profession continues to grow, but in some years at too slow a rate. To better understand the issues facing the profession, in May the Board brought together a group of its regulatory colleagues and stakeholders to gain a shared understanding of priority issues. The Board aims to continue this significant piece of work by engaging more broadly with industry and the profession in the future.

Other news

In March, the Board thanked Ms Renee Owen and Mr Bruce Brown for their unwavering commitment and hard work as they retired from the Board. Renee retired as our Chair and practitioner member after 12 years of service; Bruce, a community member, retired after nine years.

The Board welcomed two new members, Ms Jessica Mitchell and Mr Steven Satour, to the Board, and I had the opportunity and privilege of being appointed as Chair of the Board.

As Board Chair, I offer my personal thanks and appreciation to all Board and committee members, whose efforts and contributions enable the Board to continue its significant work.

On behalf of the Board, I thank Ahpra for the continued support it provides to our work. And special thanks must go to Mr Paul Fisher, Executive Officer; Mr John Brady, Senior Policy and Project Officer; and Ms Bet Tennant, Board Support Officer, for their amazing work and incredible support throughout the year.

Ms Iris Raye, Chair

Board members

Ms Iris Raye (practitioner), Chair – from 13 Mar

Ms Renee Owen (practitioner), Chair – to 1 Mar

Mr Bruce Brown (community) – to 1 Mar

Mrs Danielle Martin (practitioner)

Ms Margaret McCallum (community)

Mr Christopher O'Brien (practitioner)

Ms Leanne Quirino (practitioner)

Ms Jessica Mitchell (practitioner) – from 22 Mar

Mr Steven Satour (community) – from 20 Mar

Ms Abbey Shillingford (community)

Mr Paul Fisher is the Executive Officer, Aboriginal and Torres Strait Islander Health Practice.

For more information, see the online appendices and www.atsihealthpracticeboard.gov.au.

Registration

972 Aboriginal and Torres Strait Islander Health Practitioners

- Up **9.6%** from 2022/23
- **0.1%** of all registered health practitioners

164 first-time registrants (including new graduates)

100% are Aboriginal and/or Torres Strait Islander

Figure 1. Gender

● **76.4%** Female ● **23.6%** Male

Figure 2. Age

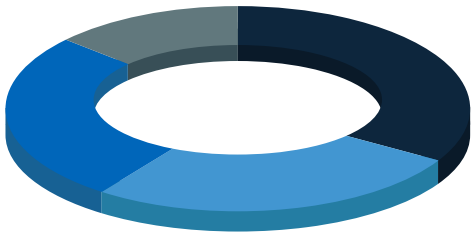
Regulation

15 notifications lodged with Ahpra about **12** Aboriginal and Torres Strait Islander Health Practitioners

19 notifications about **12** Aboriginal and Torres Strait Islander Health Practitioners made Australia-wide, including HPCA and OHO data

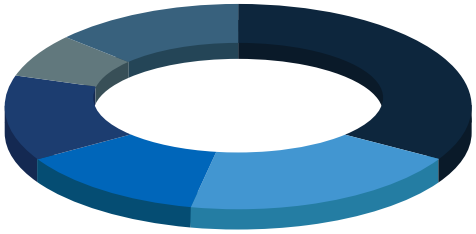
- **1.2%** of the profession Australia-wide

Figure 3. Sources of notifications



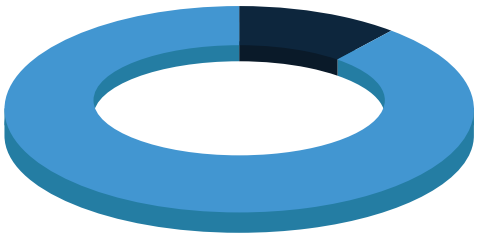
- **33.3%** Employer
- **26.7%** Patient, relative or member of the public
- **26.7%** Other practitioner
- **13.3%** Other

Figure 4. Most common types of complaints



- **33.3%** Health impairment
- **20.0%** Offence against other law
- **13.3%** Behaviour
- **13.3%** Communication
- **6.7%** Medication
- **13.3%** Other

Figure 5. Notifications closed



9 notifications closed

- **11.1%** Cautioned or reprimanded
- **88.9%** No further regulatory action (including where practitioner has taken steps to address)

No immediate actions taken

7 mandatory notifications received

- **3** about professional standards
- **3** about impairment
- **1** about alcohol or drugs

1 practitioner monitored for health, performance and/or conduct

2 criminal offence complaints made

No notifications decided by a tribunal

No matters decided by a panel

No appeals lodged

Chinese medicine practitioners

Chinese Medicine Board Ahpra

New OSCEs

The Chinese Medicine Board of Australia held its objective structured clinical examinations (OSCEs) for overseas-trained acupuncturists and Chinese herbal medicine practitioners for the first time. There were two opportunities for candidates to take the exam this year.

By embedding this component into the regulatory examination process, the Board is able to assess whether each candidate has the knowledge, clinical skills and professional attributes needed to safely and competently practise as an acupuncturist or Chinese herbal medicine practitioner in Australia.

Highlights this year

Following the easing of travel restrictions due to COVID-19 in various regions and countries, the Board resumed communication with our international counterparts. In January, the Board Chair met with the regulator and educators in Hong Kong. In April, representatives of the Board met with regulators, educators and professional bodies of Chinese medicine practitioners in Beijing, Shanghai and Singapore. These international engagements offered a constructive platform for knowledge exchange and learning with our international counterparts. Our global partnerships are vital for the exchange of knowledge and best practices.

Policy updates

The Board published two revised guidelines, *Guidelines on safe Chinese herbal medicine practice* and *Guidelines on infection prevention and control for acupuncture and related practices,* which came into effect in December.

The Board undertook preliminary and public consultations on the *Guidelines on patient health records,* and will consider the valuable feedback it received. The annual review and update of the *Nomenclature compendium* was also completed.

Stakeholder engagement

In July, the Board visited education providers based in Melbourne, at Torrens University Australia and RMIT. It was an opportunity to see their centres and clinical facilities and learn more about practitioners' and students' clinical experiences. These visits completed the Board's undertaking to visit all education providers of approved programs – a first since the Board's inception. The visits are integral to our ongoing commitment to fostering strong relationships and ensuring the highest education and training standards in Chinese medicine to protect the public.

In August, the Board held its annual Reference Group meeting, welcoming representatives from Chinese medicine professional associations, education providers, individual practitioners, insurance company representatives and community consumer representatives. This was the first meeting of the expanded Reference Group and it provided an opportunity to foster communication and a common understanding among participants.

In June, the Board met with representatives from the national professional associations. Following presentations on topics such as workforce and advertising from Ahpra, there was positive discussion on several profession-specific issues. The Board published a communiqué following the meeting.

The Board was pleased to continue its engagement with the Chinese Medicine Council of New South Wales and the Chinese Medicine Council of New Zealand. This provided a great opportunity for the Board to share experiences of regulation and to exchange views.

Accreditation

The Board considered reports from the Chinese Medicine Accreditation Committee about Chinese medicine education programs to decide whether to approve the programs of study as providing a qualification for registration in Australia. The Board agreed to the assignment of accreditation functions to the committee for the next five years. The Chairs of the Board and committee met quarterly.

Other news

In May, health ministers announced the appointment of members to the Board. The Board was delighted to welcome Mr Craig Bennett AM as a community member and to learn of the Board members who were reappointed. We farewelled outgoing members Mr Roderick Martin and Mr David Brereton and thanked them for their valuable contribution and commitment.

Adjunct Professor Danforn Lim, Chair

Board members

Adjunct Professor Chi Eung Danforn Lim (practitioner), Chair

Ms Sophy Athan (community)

Mr Craig Bennett AM (community) – from 16 Apr

Mr David Brereton (community) – to 1 Mar

Ms Stephanie Campbell (community)

Mr Luke Hubbard (practitioner)

Mr Roderick Martin (practitioner) – to 1 Mar

Dr Johannah Shergis PhD (practitioner)

Ms Bing Tian (practitioner)

Ms Dina Tsiopelas (practitioner)

Ms Kirsten Hibberd is the Executive Officer, Chinese Medicine.

For more information, see the online appendices and www.chinesemedicineboard.gov.au.

Registration

4,853 Chinese medicine practitioners

- Up **0.6%** from 2022/23
- **0.5%** of all registered health practitioners

406 first-time registrants

- **345** domestic (including new graduates)
- **61** international

0.5% identified as Aboriginal and/or Torres Strait Islander

Figure 6. Gender

- **59.2%** Female
- **40.8%** Male

Figure 7. Age

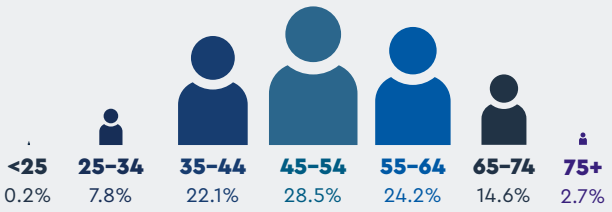
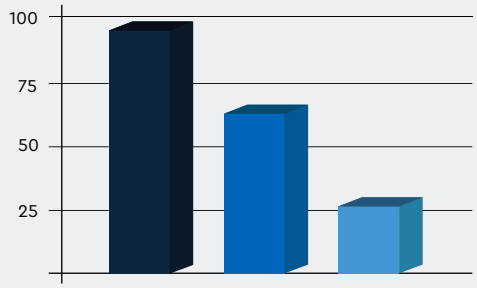
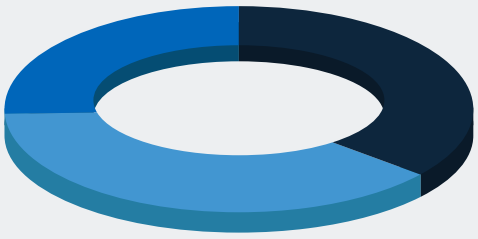


Figure 8. Divisions



- **98.2%** Acupuncturist
- **64.9%** Chinese herbal medicine practitioner
- **26.6%** Chinese herbal dispenser



- **35.8%** Registered in one division
- **38.6%** Registered in two divisions
- **25.6%** Registered in three divisions

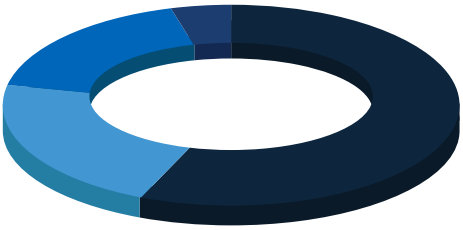
Regulation

23 notifications lodged with Ahpra about **22** Chinese medicine practitioners

53 notifications about **47** Chinese medicine practitioners made Australia-wide, including HPCA and OHO data

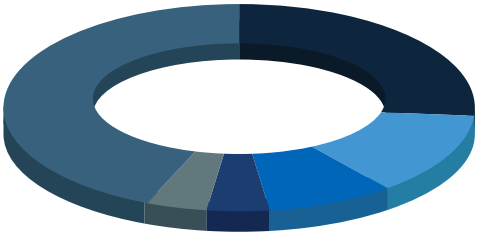
- **1.0%** of the profession Australia-wide

Figure 9. Sources of notifications



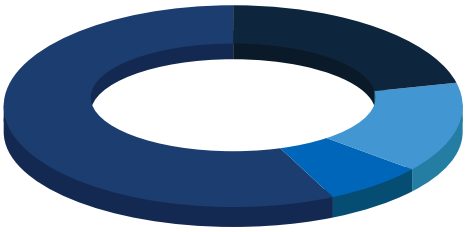
- **56.5%** Patient, relative or member of the public
- **21.7%** Police, government or co-regulator
- **17.4%** Other practitioner
- **4.3%** Board initiated

Figure 10. Most common types of complaints



- **26.1%** Offence against other law
- **13.0%** Breach of non-offence provision – National Law
- **8.7%** Boundary violation
- **4.3%** Clinical care
- **4.3%** Communication
- **43.5%** Other

Figure 11. Notifications closed



14 notifications closed

- **21.4%** Cautioned or reprimanded
- **14.3%** Conditions imposed on registration
- **7.1%** Registration cancelled
- **57.1%** No further regulatory action (including where practitioner has taken steps to address)

5 immediate actions taken

4 mandatory notifications received

- **2** about sexual misconduct
- **1** about professional standards
- **1** about impairment

7 practitioners monitored for health, performance and/or conduct

8 criminal offence complaints made

1 notification decided by a tribunal

No matters decided by a panel

No appeals lodged

Chiropractors

Chiropractic Board Ahpra

Highlights this year

The Chiropractic Board of Australia remains committed to ensuring that the public receive care from safe, competent and ethical chiropractors.

The Board held forums in each state and territory to inform the revised *Statement on paediatric care*. These forums were an opportunity to reinforce the need for parents to fully understand their rights and the evidence of treatment before it is provided to children. The Board was delighted to be able to meet with practitioners and thanks them for their willingness to contribute professional insights during the sessions.

Policy updates

The Board published its *Statement on paediatric care,* which provides strengthened guidance on best practice and evidence-based care; proper informed consent; practice within a chiropractor's skills, competence and expertise; advertising that is in accordance with the National Law; communication; and good practice when treating vulnerable communities.

In reviewing the statement, the Board ensured its guidance was based on contemporary information, and commissioned Cochrane Australia to update its systematic review of the effectiveness and safety of spinal manipulation in children under 12 years, which was originally conducted for the Safer Care Victoria review in 2019.

In November, the *Interim policy on spinal manipulation for infants and young children* was retired. It was reinstated in June following a request from health ministers and is pending further research.

The Board continued its review of the *Guidelines for clinical record keeping for chiropractors*.

Stakeholder engagement

The Board met regularly with its stakeholders and regulatory partners, including professional associations, the Chiropractic Council of New South Wales and the Council on Chiropractic Education Australasia. The Chair and Executive Officer met regularly with the New Zealand Chiropractic Board to exchange information and share experiences about regulating the profession.

In October, the Chair, Executive Officer and a Board member were delighted to attend the World Federation Chiropractic Congress held on the Gold Coast. They met with international chiropractic leaders and regulators and strengthened existing networks.

The Board continued its program of presentations to students, offering a great chance to engage with the next generation of chiropractors and to help them understand the expectations and requirements for registration in Australia.

Accreditation

The Board completed a review of its accreditation arrangements and has assigned accreditation functions to the Council on Chiropractic Education Australasia (CCEA) for the next five years.

The Board continued to work closely with the CCEA and held quarterly meetings to exchange information.

Other news

In April, health ministers announced the appointment of members to the Board. The Board was pleased to welcome Dr Sam Millard (practitioner member) and Ms Emma Slaytor (community member).

The Board farewelled Professor Anna Ryan and Dr Arcady Turczynowicz (practitioner members) and thanked them for their contribution and commitment to the regulation of the chiropractic profession during their time on the Board.

Dr Wayne Minter AM, Chair

Board members

Dr Wayne Minter AM (practitioner), Chair

Dr Abbey Chilcott (practitioner)

Dr Samuel Millard (practitioner) – from 19 Mar

Mrs Colleen Papadopoulos (community)

Mr Ken Riddiford (community)

Professor Anna Ryan (practitioner) – to 19 Jan

Dr Michael Shobbrook AM (practitioner)

Ms Emma Slaytor (community) – from 19 Mar

Dr Arcady Turczynowicz (practitioner) – to 1 Mar

Dr Ailsa Wood (practitioner)

Ms Kirsten Hibberd is the Executive Officer, Chiropractic.

For more information, see the online appendices and www.chiropracticboard.gov.au.

Registration

6,526 chiropractors

- Up **2.9%** from 2022/23
- **0.7%** of all registered health practitioners

296 first-time registrants

- **252** domestic (including new graduates)
- **44** international

0.7% identified as Aboriginal and/or Torres Strait Islander

Figure 12. Gender

● **42.0%** Female ● **58.0%** Male

Figure 13. Age

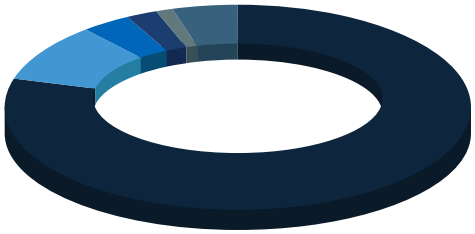
Regulation

87 notifications lodged with Ahpra about **74** chiropractors

140 notifications about **120** chiropractors made Australia-wide, including HPCA and OHO data

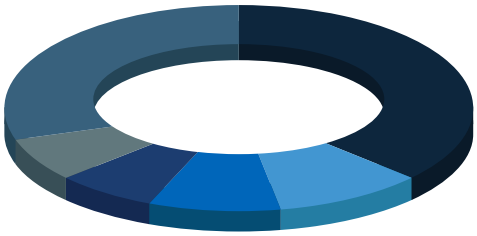
- **1.8%** of the profession Australia-wide

Figure 14. Sources of notifications



- **79.3%** Patient, relative or member of the public
- **9.2%** Other practitioner
- **3.4%** Police, government or co-regulator
- **2.3%** Board initiated
- **1.1%** Employer
- **4.6%** Other

Figure 15. Most common types of complaints



- **36.8%** Clinical care
- **10.3%** Boundary violation
- **9.2%** Breach of non-offence provision – National Law
- **6.9%** Communication
- **6.9%** Documentation
- **29.9%** Other

Figure 16. Notifications closed

88 notifications closed

- **26.1%** Conditions imposed on registration or an undertaking accepted
- **6.8%** Registration suspended or cancelled or disqualified from applying
- **5.7%** Cautioned or reprimanded
- **10.2%** Referred to another body or retained by a health complaints organisation
- **51.1%** No further regulatory action (including where practitioner has taken steps to address)

5 immediate actions taken

4 mandatory notifications received

- **2** about professional standards
- **1** about sexual misconduct
- **1** about impairment

34 practitioners monitored for health, performance and/or conduct

14 criminal offence complaints made

9 notifications decided by a tribunal

1 matter decided by a panel

3 appeals lodged

Dental practitioners

The Dental Board of Australia achieves its role of protecting the public by setting standards for entering and maintaining registration in the dental profession, and by supporting practitioners to practise professionally. We focused on achieving these goals by working collaboratively and consultatively with the profession, our stakeholders and the public.

Highlights this year

Throughout the year, the Board met with stakeholders in Brisbane and Adelaide, and engaged with co-regulators, dental directors, education providers, professional associations and the Board's Dental Stakeholder Liaison Group.

The Board trialled a new committee for matters that have been identified as not needing a regulatory response. The Low-Risk Early Determination Committee pilot aims to reduce practitioner and notifier distress by improving the efficiency and timeliness of the notification process. Early indications from the pilot are that matters are being finalised more quickly, which should improve the practitioner and notifier experience.

The Board increased community representation on its decision-making committees, approving revised terms of reference in line with Ahpra's *Blueprint to improve public safety in health regulation*. These changes came into effect from 1 July 2024.

Biennial conference

The Board held its two-yearly conference on 8 September under the theme *Safety, capacity, capability – What's next in dental practitioner regulation?*

The keynote was delivered by Associate Professor Carmen Parter, who invited participants to take a deep look beyond cultural safety to tackle institutional and systemic racism.

Dental practitioner support

The Board continued to fund the Dental Practitioner Support Service, a free, 24/7, confidential nationwide telephone and online service for all dental practitioners and students. Following a review of the service, the current provider has been contracted to deliver the service for another two years.

Accreditation

The Board again worked closely with its accreditation authority, the Australian Dental Council (ADC), to oversee accredited programs of study that, when approved by the Board, lead to registration as a dental practitioner. The Board agreed to reappoint the ADC as the accreditation authority for the dental profession for the next five years.

Registration standards, guidelines and codes

The Board made progress on its review of its *Specialist registration standard*, with a revised standard released for preliminary consultation in May. Work continues on a review of the Board's registration standards for conscious sedation and general registration for overseas-qualified dental practitioners.

The Board participated in the multiprofession reviews of the following standards:

- continuing professional development
- recency of practice
- English language skills
- criminal history
- limited registration standards.

The Board is also part of the multiprofession development of guidelines for registered health practitioners who perform and advertise non-surgical cosmetic procedures.

Dr Murray Thomas, Chair

Board members

Dr Murray Thomas (practitioner), Chair

Mr Robin Brown (community)

Dr Penelope Burns (practitioner)

Mrs Julia Christensen (community)

Ms Jacqueline Gibson-Roos (community)

Mrs Kim Jones (community)

Professor Richard Logan (practitioner)

Mr Tan Nguyen (practitioner)

Mrs Janice Okine (practitioner)

Dr Kate Raymond (practitioner)

Dr Simon Shanahan (practitioner)

Ms Carolynne Smith (practitioner)

Mr Mark Ford is the Executive Officer, Dental, at 30 June and also held the position from 1 July to 15 December. Ms Maja Doma was the Executive Officer, Dental, from 18 December to 10 May.

For more information, see the online appendices and www.dentalboard.gov.au.

Registration

27,583 dental practitioners

- Up **3.3%** from 2022/23
- **3.0%** of all registered health practitioners

1,507 first-time registrants

- **942** domestic (including new graduates)
- **565** international

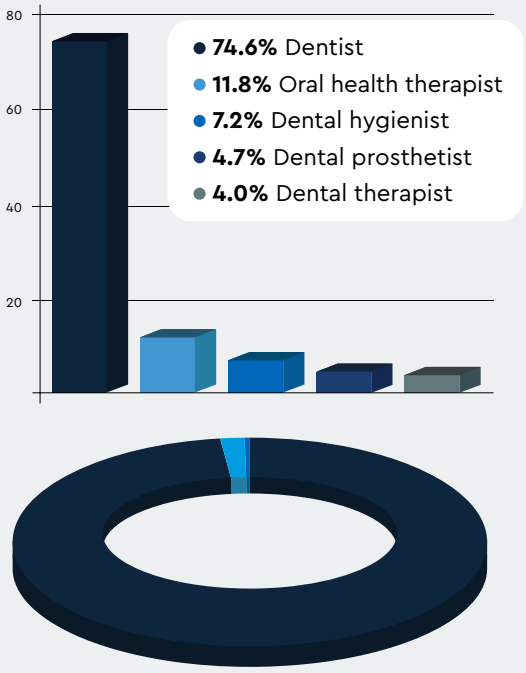
0.6% identified as Aboriginal and/or Torres Strait Islander

Figure 17. Gender

● **56.2%** Female ● **43.8%** Male

Figure 18. Age

Figure 19. Divisions



● **98.1%** Registered in one division
● **1.5%** Registered in two divisions
● **0.4%** Registered in three divisions

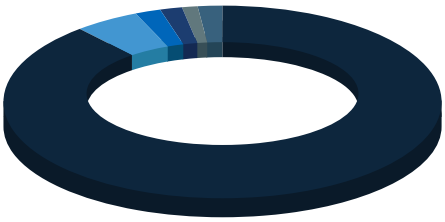
Regulation

723 notifications lodged with Ahpra about **597** dental practitioners

1,316 notifications about **1,058** dental practitioners made Australia-wide, including HPCA and OHO data

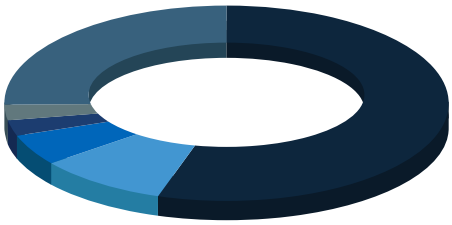
- **3.8%** of the profession Australia-wide

Figure 20. Sources of notifications



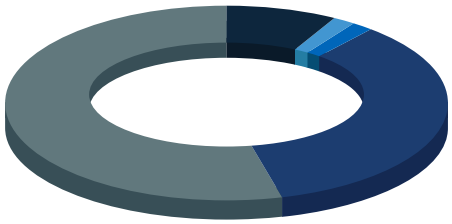
● **88.7%** Patient, relative or member of the public
● **4.8%** Other practitioner
● **1.9%** Employer
● **1.7%** Board initiated
● **1.1%** Police, government or co-regulator
● **1.8%** Other

Figure 21. Most common types of complaints



● **54.9%** Clinical care
● **9.5%** Communication
● **5.1%** Documentation
● **2.6%** Behaviour
● **2.6%** Offence against other law
● **25.2%** Other

Figure 22. Notifications closed



704 notifications closed

- **8.2%** Conditions imposed on registration or an undertaking accepted
- **1.6%** Cautioned or reprimanded
- **1.6%** Disqualified from applying for registration
- **34.5%** Referred to another body or retained by a health complaints organisation
- **54.1%** No further regulatory action (including where practitioner has taken steps to address)

21 immediate actions taken

29 mandatory notifications received

- **14** about impairment
- **9** about professional standards
- **3** about sexual misconduct
- **3** about alcohol or drugs

80 practitioners monitored for health, performance and/or conduct

26 criminal offence complaints made

15 notifications decided by a tribunal

No matters decided by a panel

1 appeal lodged

Medical practitioners

Medical Board Ahpra

Workforce

Workforce has been a substantial focus for the Medical Board of Australia.

To address the relevant recommendations flowing from the Kruk review (see page 8), we have designed a program of reforms to help increase Australia's appeal in a competitive global market for doctors.

This includes the development of an expedited pathway for registration of specialist international medical graduates (SIMGs). Jurisdictions have set the priority specialties – anaesthesia, general practice, obstetrics and gynaecology, and psychiatry.

Ahpra and the Board set up a taskforce to work on the Kruk recommendations. This includes developing and implementing the new expedited pathway to meet deadlines set by ministers. We consulted with specialist colleges for the priority medical specialties to develop a list of qualifications that will be the gateway to fast-track registration.

Once the pathway is established, international specialists with a qualification on this 'expedited list' will be deemed qualified for specialist registration without assessment by medical specialist colleges.

The Board will grant conditional specialist registration to eligible specialist international medical graduates, requiring them to complete a period of supervised practice to confirm their competence. These practitioners will also be required to have training in the Australian health system and in cultural safety. Their registration conditions will be removed when all these requirements have been met.

The Board established a steering committee and a stakeholder advisory group to advise the Board on the development of the expedited pathway. Both groups are supported by a dedicated new project team leading our SIMG reforms.

We developed and carried out a consultation on a new registration standard for specialist registration. This is the regulatory tool we are using to improve the path to specialist registration in Australia while maintaining high standards.

We also completed other significant policy, consultative and process work to meet the challenging 2024 implementation date for the priority specialties in the new pathway.

The Board is partnering with the Australian Medical Council (AMC), which will provide advice on the assessment of qualifications for the expedited pathway, drawing on the expertise of specialist medical colleges.

CPD homes

From 2024, most medical practitioners were required to have a continuing professional development (CPD) home. The Board approved an additional three accredited CPD homes, bringing the total to 20. All of the 16 AMC-accredited specialist medical colleges are accredited CPD homes and a further four non-college CPD homes have been accredited.

The Board has prioritised communication with medical practitioners about the requirement to have a CPD home. Other upgrades to CPD have flowed from the revised registration standard introduced in 2023.

Headline changes include a requirement for doctors to develop a professional development plan and to complete the prescribed mix of educational activities, review of performance and measurement of outcomes in their individual CPD program. While this is a significant change for medical practitioners who were previously doing self-directed CPD, there should be little change for specialists completing college CPD.

Medical Training Survey

More than 23,000 doctors took part in the 2023 Medical Training Survey (MTS). This represents a 54.5% response rate, which continues to build a robust data set that is already being used to improve training.

Broadly, this year's results were consistent with previous years. Doctors in training reported that medical training in Australia continues to be of high quality, with demonstrable improvements in the quality of supervision, orientation, education and training, and patient safety training. Trainees reported that their workload and hours of work have reduced, and fewer trainees are considering leaving the profession.

The culture of medicine continues to be a problem, with 35% of trainees reporting that they have experienced and/or witnessed bullying, harassment, discrimination or racism. It is deeply concerning that 54% of Aboriginal and Torres Strait Islander trainees experienced or witnessed these behaviours.

The Board commissioned a new report of MTS data, enabling an analysis of trainee experience based on gender. Non-binary trainees reported the highest rates of experiencing bullying, harassment, discrimination or racism. Female trainees consistently reported higher rates of experiencing bullying, harassment, discrimination or racism than male trainees.

We are delighted that we were able to publish static reports of MTS results in December, within two months of the survey closing. Early access to MTS data provided doctors in training and health services with timely access to results they can apply to support positive change.

Cosmetic surgery

The Board and Ahpra put in place a number of regulatory reforms aimed at increasing safety and quality in the cosmetic surgery industry.

The *Guidelines for medical practitioners who perform cosmetic surgery and procedures* and the *Guidelines for registered medical practitioners who advertise cosmetic surgery* came into effect on 1 July 2023, creating additional protections for patients.

Ahpra has been auditing practitioners for compliance with the guidelines and the advertising provisions in the National Law. Results show improvements over time as practitioners and the wider industry changed their practice to meet the higher standards. See page 80 for more information on the outcome of advertising audits.

Legislative changes restricting the use of the title 'surgeon' to practitioners with specialist registration in surgery, obstetrics and gynaecology, and ophthalmology were passed this year. Consumers can be confident that only surgically qualified practitioners can call themselves 'surgeon'.

The Board also established a national committee to handle all matters related to cosmetic surgery, to support consistent, robust decision making. See page 74 for information about cosmetic surgery notifications.

The Board, along with other National Boards, consulted on a number of guidelines about non-surgical cosmetic practice.

The independently chaired Cosmetic Surgery Oversight Group confirmed that Ahpra and the Board have completed implementation of the 16 recommendations from the *Independent review of the regulation of medical practitioners who perform cosmetic surgery*.

Other issues of concern

The Board's telehealth guidelines came into effect on 1 September. They describe good medical practice in telemedicine and acknowledge the important role of telehealth in facilitating access to and delivery of healthcare. The guidelines aim to support practitioners to maintain safe standards of care.

In February, the Board, together with Ahpra and other National Boards, convened a forum addressing issues related to medicinal cannabis. The forum aimed to share information and regulatory intelligence, discuss current risks to the public and optimise collaboration between regulators.

In June, the Medical Board, the Nursing and Midwifery Board, the Pharmacy Board and Ahpra published a joint statement on professional responsibilities for prescribing and dispensing medication. We wanted to address rising concerns that some health practitioners appeared to be putting profit ahead of patient welfare by providing customers with access to a predetermined medicine with inadequate patient assessment and increased risks of unsafe care.

The Board faces ongoing challenges in the coming year, as we design regulatory tools to ensure patient safety protections keep pace with emerging models of care.

Accreditation

The Australian Medical Council (AMC) is the appointed external accreditation authority for the medical profession. It has a range of functions, including to accredit medical schools and their programs of study, specialist colleges and their programs of study, intern training accreditation authorities and CPD homes.

After a program of study has been accredited by the AMC, the Board decides whether to approve the accredited programs as providing qualifications for registration.

In 2023/24, the Board approved the following:

Medical school programs of study	6
Specialist medical college programs of study	5
CPD homes	3
Intern training accreditation authorities	2
Programs of study for endorsement for acupuncture	1

The Board assigned the accreditation function for the medical profession to the AMC for a new period of five years from 1 July 2024.

Stakeholder engagement

Newsletters and media

The Board published 10 editions of the *Medical Board Update* and two editions of a newsletter for medical students.

The Board responded to many media requests for comment on a range of issues. We also received requests for comment about individual practitioners, and answered with limited information, guided by law.

Meetings with stakeholders

The Board has an active program of stakeholder engagement that includes regular meetings with the:

- Australian Medical Association (AMA) – annual workshop held 5 December
- Australian Medical Council (AMC)
- Medical Council of New South Wales
- Medical Council of New Zealand
- specialist colleges through the Council of Presidents of Medical Colleges
- professional indemnity providers
- Drs4Drs – the Board provides more than $2m funding annually for state-based health services for all medical practitioners and students.

Internal engagement

The Board has a program of internal stakeholder engagement to promote consistency in decision making and respond to feedback from our decision makers, including:

- regular meetings with the chairs of state and territory boards
- the internal MBA annual conference for all members of the Board and some Ahpra staff.

Medical school education packages

The Board published a suite of education resources on regulation and professionalism for medical students in Australia.

The purpose of the resources is to dispel myths and misconceptions about regulation and to help medical students understand the regulation of medical practitioners in Australia. They provide an optional resource for medical schools and align with their 'Professionalism and leadership' curriculum.

The resources are published on the Board's website. A working group of the Medical Board and Ahpra staff developed the packages.

We also trialled interactive workshops for final year medical students that will be offered to all medical schools.

Consultations and registration standards

The registration standard *Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of postgraduate year one training* was approved by health ministers on 13 December and came into effect in 2024.

The Board undertook public consultation on the draft *Specialist registration* standard.

The Board, together with other Boards, consulted on the following:

- *Criminal history* registration standard
- *English language skills* registration standard
- *Guidelines for registered health practitioners who advertise non-surgical cosmetic procedures* (advertising guidelines)
- *Guidelines for nurses who perform non-surgical cosmetic procedures* (nursing practice guidelines)
- *Guidelines for registered health practitioners who perform non-surgical cosmetic procedures* (shared practice guidelines).

New fields and specialties

The Board consulted on a joint application from the Australian College of Rural and Remote Medicine and the Royal Australian College of General Practitioners seeking recognition of rural generalist medicine as a new field of specialty practice within the current specialty of general practice.

Dr Anne Tonkin AO, Chair

Board members

Dr Anne Tonkin AO (practitioner), Chair

Associate Professor Stephen Adelstein (practitioner)

Mr Mark Bodycoat (community)

Dr Kerrie Bradbury (practitioner)

Dr Samuel Goodwin (practitioner)

Dr Daniel Heredia (practitioner)

Ms Eileen Jerga AM (community)

Dr Andrew Mulcahy (practitioner)

Dr Debra O'Brien (practitioner)

Dr Susan O'Dwyer (practitioner)

Ms Donna Thomas (community) – from 12 Sep

Ms Fearn (Michelle) Wright (community)

Dr Joanne Katsoris is the Executive Officer, Medical.

For more information, see the online appendices and www.medicalboard.gov.au.

Registration

142,569 medical practitioners

- Up **4.3%** from 2022/23
- **15.5%** of all registered health practitioners

9,490 first-time registrants

- **4,059** domestic (including new graduates)
- **5,431** international

0.6% identified as Aboriginal and/or Torres Strait Islander

Figure 23. Gender

● **46.6%** Female ● **53.4%** Male

Figure 24. Age

<25	25–34	35–44	45–54	55–64	65–74	75+
1.1%	26.4%	27.4%	20.0%	14.2%	8.2%	2.8%

Table 1. Specialties

Addiction medicine	195
Anaesthesia	6,079
Dermatology	676
Emergency medicine	3,599
General practice	35,514
Intensive care medicine	1,208
Medical administration	339
Obstetrics and gynaecology	2,340
Occupational and environmental medicine	289
Ophthalmology	1,092
Paediatrics and child health	4,002
Pain medicine	426
Palliative medicine	499
Pathology	2,422
Physician	13,606
Psychiatry	4,742
Public health medicine	449
Radiation oncology	482
Radiology	3,148
Rehabilitation medicine	638
Sexual health medicine	134
Sport and exercise medicine	174
Surgery	6,562
Total	**88,615**

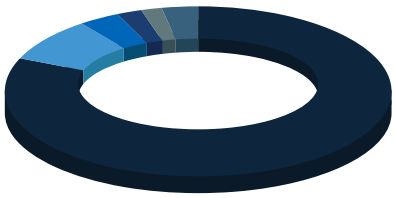
Regulation

6,380 notifications lodged with Ahpra about **4,893** medical practitioners

11,207 notifications about **8,418** medical practitioners made Australia-wide, including HPCA and OHO data

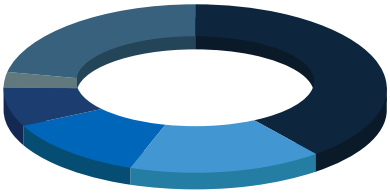
- **5.9%** of the profession Australia-wide

Figure 25. Sources of notifications



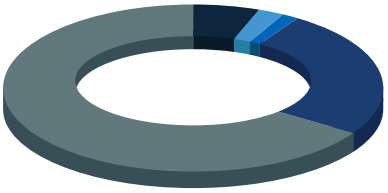
- **81.5%** Patient, relative or member of the public
- **8.3%** Other practitioner
- **3.4%** Police, government or co-regulator
- **2.1%** Employer
- **1.7%** Board initiated
- **3.0%** Other

Figure 26. Most common types of complaints



- **39.2%** Clinical care
- **16.3%** Communication
- **12.3%** Medication
- **7.6%** Documentation
- **3.0%** Boundary violation
- **21.7%** Other

Figure 27. Notifications closed



6,356 notifications closed

- **5.7%** Conditions imposed on registration or an undertaking accepted
- **2.2%** Cautioned, reprimanded or fined
- **1.4%** Registration suspended or cancelled or disqualified from applying
- **24.7%** Referred to another body or retained by a health complaints organisation
- **66.0%** No further regulatory action (including where practitioner has taken steps to address)

445 immediate actions taken

343 mandatory notifications received

- **148** about professional standards
- **136** about impairment
- **43** about sexual misconduct
- **16** about alcohol or drugs

516 practitioners monitored for health, performance and/or conduct

176 criminal offence complaints made

116 notifications decided by a tribunal

No matters decided by a panel

65 appeals lodged

Medical radiation practitioners

Medical Radiation Practice Board
Ahpra

This year marked the midpoint of the Medical Radiation Practice Board of Australia's three-year strategic work plan. We made significant progress in delivering benefit for patients, the public and the medical radiation practice workforce.

Visibility and awareness

Increasing visibility and awareness about regulation and medical radiation practice is an important pillar of our work plan.

We met with national and international stakeholders, including the New Zealand Medical Radiation Practice Board, the Canadian Association of Medical Radiation Technologists, Medical Radiations Australia, the Australian Society of Medical Imaging and Radiation Therapy (ASMIRT), the Australian and New Zealand Society of Nuclear Medicine (ANZSNM) and the Australian Sonographers Association. We discussed emerging issues in medical radiation practice, with a focus on workforce availability, education pipelines and capabilities necessary for professional practice.

The Board has developed a closer working relationship with the Medical Radiation Practice Council of New South Wales and looks forward to further collaboration on joint projects and presentations.

Our representatives attended a number of important conferences:

- the Indigenous Allied Health Association meeting in November
- the ANZSNM annual conference in Christchurch in April
- the ASMIRT national conference in Darwin in May.

Symposium 2023 generates future-focused discussions

We maintain a continuous watch on issues that affect patient care, safety and the service capacity of the workforce. A key feature of the work this year was consideration of alternative models of education, rural and remote education, and scope-of-practice enablers. Many of these issues were presented and discussed at Symposium 2023, an event hosted by the Board on 27 October. More than 250 people joined us in Melbourne and online. The program included international guests, Chief Allied Health Officers, a range of health practitioners, education providers and professional associations.

The Board spent the day listening to the discussions occurring not just on the stage but also at the tables and during breaks. With the focus on issues related to capacity, capability and collaboration, there was much to discuss. A highlight of the day was questions from the audience that prompted lively and topical discussions about the future of the medical radiation practice workforce.

We have begun weaving the feedback into our work and will start with the revision of professional capabilities in 2024.

Fee setting

The Board continues to be attentive to setting registration fees to recover the costs of the efficient and effective delivery of regulatory functions in the context of our Health Profession Agreement.

Workforce safety and sustainability

We continued work on a number of practice issues including radiation use, consent and anaphylaxis. We engaged with a range of stakeholders in the development phase of this work.

We are committed to supporting the continued development of a culturally safe workforce. With the assistance of Aboriginal and Torres Strait Islander advisors, we developed specific resources for practitioners and we look forward to doing more work in this area in the third year of our work plan.

Ms Cara Miller, Chair

Board members

Ms Cara Miller (practitioner), Chair

Mr Richard Bialkowski (community)

Ms Joan Burns (community)

Mr Anthony Buxton (practitioner)

Mrs Shannon Crick (practitioner) – from 20 Mar

Ms Lucy Galloway (practitioner)

Mrs Monique Gaspar (practitioner) – from 20 Mar

Miss Nicole Gatt (community) – from 18 Sep

Mr James Green (practitioner) – to 1 Mar

Mrs Kate Henderson (community) – from 12 Sep

Miss Suzanne McGavin (practitioner) – from 25 Mar

Mr Brendan McKernan (practitioner)

Mr Travis Pearson (practitioner)

Mr Roger Weckert (practitioner) – to 1 Mar

Associate Professor Caroline Wright (practitioner) – to 1 Mar

Mr Adam Reinhard is the Executive Officer, Medical Radiation Practice.

For more information, see the online appendices and www.medicalradiationpracticeboard.gov.au.

Registration

19,851 medical radiation practitioners

- Up **4.6%** from 2022/23
- **2.2%** of all registered health practitioners

1,350 first-time registrants

- **956** domestic (including new graduates)
- **394** international

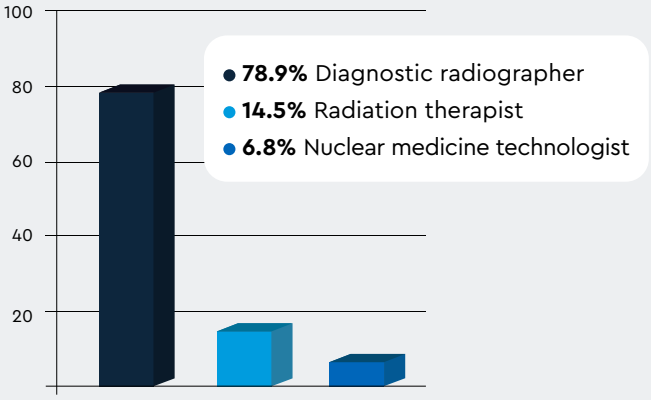
0.7% identified as Aboriginal and/or Torres Strait Islander

Figure 28. Gender

● **69.2%** Female ● **30.8%** Male

Figure 29. Age

Figure 30. Divisions



99.9% Registered in one division

0.1% Registered in two divisions

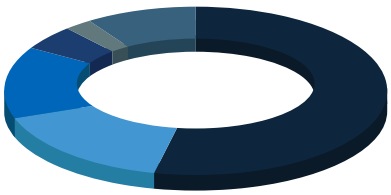
Regulation

43 notifications lodged with Ahpra about **34** medical radiation practitioners

72 notifications about **56** medical radiation practitioners made Australia-wide, including HPCA and OHO data

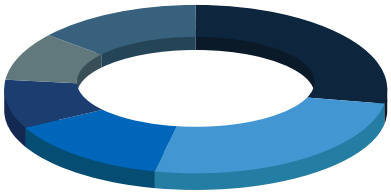
- **0.3%** of the profession Australia-wide

Figure 31. Sources of notifications



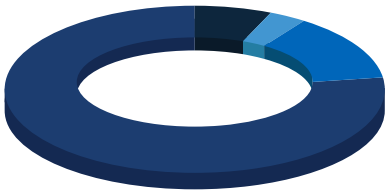
● **53.5%** Patient, relative or member of the public
● **16.3%** Employer
● **14.0%** Other practitioner
● **4.7%** Board initiated
● **2.3%** Police, government or co-regulator
● **9.3%** Other

Figure 32. Most common types of complaints



● **27.9%** Clinical care
● **25.6%** Health impairment
● **14.0%** Offence against other law
● **9.3%** Boundary violation
● **9.3%** Confidentiality
● **14.0%** Other

Figure 33. Notifications closed



31 notifications closed

● **6.5%** Conditions imposed on registration
● **3.2%** Cautioned or reprimanded
● **12.9%** Referred to another body or retained by a health complaints organisation
● **77.4%** No further regulatory action (including where practitioner has taken steps to address)

9 immediate actions taken

11 mandatory notifications received

- **4** about alcohol or drugs
- **3** about impairment
- **2** about professional standards
- **2** about sexual misconduct

9 practitioners monitored for health, performance and/or conduct

4 criminal offence complaints made

No notifications decided by a tribunal

No matters decided by a panel

No appeals lodged

Nurses and midwives

Nursing and Midwifery Board Ahpra

Highlights and issues

A sustainable workforce for the future

In collaboration with the Chief Nursing and Midwifery Officers of Australia, the Nursing and Midwifery Board of Australia (NMBA) funded a review of the current state of Australia's midwifery workforce to generate information to support policy, regulatory, industrial and educational change.

Midwifery Futures is an in-depth review of Australia's midwifery workforce we are conducting in partnership with the Macfarlane Burnet Institute for Medical Research and Public Health (Burnet Institute) and colleagues. It aims to set the foundation for the continued growth and sustainability of the midwifery profession.

On 14 March, as part of the project, we hosted the National Midwifery Futures Symposium with our project partners from the Burnet Institute. This event brought together leaders, policy makers, regulators, clinicians and consumers from across Australia.

A final report outlining the current state of Australia's midwifery workforce and identifying opportunities to strengthen and grow the profession will be published in October.

Our response to the Kruk review

The NMBA is scoping the next phase of work required to support implementation of the recommendations from the Kruk review – the *Independent review of Australia's regulatory settings relating to overseas health practitioners*.

We are looking at how the NMBA can contribute to easing workforce pressures through aiding the supply of critically needed safe and competent internationally qualified nurses and midwives (IQNMs).

The work includes exploring evidence-based expedited registration pathways beyond the Board-approved comparable international regulatory jurisdictions, and improving the outcomes-based assessment model to ensure it is responsive to future demands.

Designated RN prescribing

This year has seen significant progress of the NMBA's proposal to allow registered nurses (RNs) with an endorsement to prescribe scheduled medicines.

The NMBA issued a *Consultation regulation impact statement* that considered several options for and impacts of a proposed model of designated RN prescribing.

The proposed model will enable RNs with an endorsement for scheduled medicines to prescribe within their level of competence and scope of practice, in partnership with an authorised prescriber such as a medical practitioner or a nurse practitioner.

We recently submitted a *Decision regulation impact statement* to the Office of Impact Analysis, which was considered compliant. The endorsement and standard were submitted to health ministers for approval.

Accreditation

The NMBA assigned the Australian Nursing and Midwifery Accreditation Council (ANMAC) responsibility for accrediting education providers and programs of study for nursing and midwifery for an additional two years.

ANMAC and the NMBA work together to provide efficient and relevant accreditation services for nursing and midwifery, and engage on other projects to ensure the provision of safe healthcare to all Australians.

Policies, standards and guidelines

Non-surgical cosmetic procedures

The NMBA identified the need to raise the regulatory status of the current *Position statement: Nurses and cosmetic medical procedures* by consulting on *Guidelines for nurses who perform non-surgical cosmetic procedures*.

These guidelines will apply to all enrolled nurses, registered nurses and nurse practitioners who work on non-surgical cosmetic procedures.

Privately practising nurses

The NMBA consulted on the introduction of *Guidelines for privately practising nurses*, developed to be more responsive to the current healthcare environment. The guidelines outline the regulatory requirements within which privately practising nurses must practise.

When implemented, the guidelines will give people accessing the services of a privately practising nurse confidence that they are practising in accordance with their regulatory requirements and are committed to continuously improving the safety and quality of their practice.

RN and EN standards for practice

The Board began a review of the *Enrolled nurse standards for practice* and *Registered nurse standards for practice* as part of our regulatory remit to ensure they are nationally fit-for-purpose and evidence based.

Our stakeholders expressed value in aligning the two reviews to strengthen the project and create consistent and connected enrolled nurse (EN) and RN standards for practice based on best international regulatory practice.

Nurse practitioner regulatory framework

In collaboration with ANMAC, the NMBA consulted on our regulatory documents that form part of the nurse practitioner regulatory framework.

The public consultation sought feedback on the NMBA's *Registration standard: Endorsement as a nurse practitioner* and *Safety and quality guidelines for nurse practitioners* and on ANMAC's *Nurse practitioner accreditation standards*.

Following a review of the feedback, amendments were put forward that seek to ensure our regulatory documents remain relevant and fit-for-purpose.

Enabling the international workforce

IQNM assessment and registration

In 2020, Ahpra and the NMBA introduced a new assessment and registration model to expedite suitably qualified and experienced internationally qualified nurses and midwives (IQNMs) into the workforce.

As part of a quality improvement review, we evaluated the assessment process, registration process and orientation program designed to introduce IQNMs to a range of concepts relating to Australian healthcare.

Our aim is to make targeted enhancements to improve the experience of IQNMs who go through assessment, registration and orientation in Australia.

Registration standard for IQRNs

The NMBA consulted on a draft registration standard designed to streamline the registration process for eligible internationally qualified registered nurses (IQRNs) who have already been registered to practise as a registered nurse in a Board-approved comparable international regulatory jurisdiction.

Streamlining the registration of IQRNs has the potential to ease workforce pressures across Australia through the supply of critically needed safe, competent and effective practitioners.

The registration standard would mean that IQRNs who are usually required to complete the NMBA's Stream B outcomes-based assessment pathway would be eligible to apply for general registration with the NMBA.

Supporting nurses and midwives

Nurse and Midwife Support

The NMBA continued to work with Nurse and Midwife Support to provide 24-hour access to confidential advice and referral services for:

- nurses
- midwives
- students
- managers
- employers
- educators
- concerned family and friends.

Online education modules

We contracted the Australian College of Nursing to develop two standardised online education modules for registered nurses, enrolled nurses and midwives who are required to complete education following a notification made about them.

The modules are now live and available on the college's website.

Fostering culturally safe relationships

In August, the NMBA and the Aboriginal and Torres Strait Islander Health Practice Board of Australia developed a fact sheet to guide nurses and midwives on the collaborative practice role they have with Aboriginal and Torres Strait Islander Health Practitioners.

The new guidance gives nurses and midwives information on working collaboratively with Aboriginal and Torres Strait Islander Health Practitioners to provide culturally safe healthcare and to improve health outcomes for Aboriginal and Torres Strait Islander Peoples.

Adjunct Professor Veronica Casey AM, Chair

Board members

Adjunct Professor Veronica Casey AM (practitioner), Chair

Mrs Theresa Best (community)

Mr David Carpenter (practitioner)

Dr Christopher Helms PhD (practitioner) – to 20 Apr

Ms Sonja Ilievska (community)

Ms Penelope Marshall (practitioner)

Ms Paula Medway (practitioner) – from 2 Oct

Dr Jessica (Jessa) Rogers PhD (community) – to 31 Jan

Ms Catherine Schofield (practitioner)

Associate Professor Linda Starr (practitioner) – to 1 Oct

Ms Annette Symes (practitioner)

Ms Alison Verhoeven (community) – from 19 Mar

Mrs Jennifer Wood (practitioner)

Ms Alessandra Peck is the Executive Officer, Nursing and Midwifery, at 30 June. Ms Tanya Vogt was the Executive Officer, Nursing and Midwifery, to 9 February. For more information, see the online appendices and www.nursingmidwiferyboard.gov.au.

New IQNM exam location

Ahpra and the NMBA partnered with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists to use their Assessment, Learning and Examination Centre in Melbourne for the assessment of internationally qualified nurses and midwives (IQNMs).

Previously, overseas-trained nurses and midwives who were assessed as holding relevant but not equivalent qualifications had to travel to South Australia to take the Objective Structured Clinical Examinations (OSCE) before they could be registered.

The opening of this second site increased capacity and shortened wait times to sit the examinations.

This partnership meets the commitments made by Ahpra and the National Boards to the National Cabinet to develop options that streamline and accelerate the recognition of health practitioners' skills and qualifications to support a sustainable health workforce for the future.

For more about this year's OSCEs, see page 57.

Table 2. Divisions and endorsements

Nurses by division	
Enrolled nurse	70,769
Enrolled nurse and registered nurse	12,268
Registered nurse	394,785
Total	**477,822**

Dual-registered nurses and midwives by division	
Enrolled nurse and midwife	116
Enrolled nurse and registered nurse and midwife	110
Registered nurse and midwife	26,001
Total	**26,227**

Nurses with endorsements	
Nurse practitioner	2,900
Scheduled medicines	1,210
Total	**4,110**

Midwives with endorsements	
Midwife practitioner	1
Scheduled medicines	1,298
Total	**1,299**

Snapshot dual registered

26,227 registered as both nurse and midwife

- Down **1.2%** from 2022/23
- **2.8%** of all registered health practitioners

Figure 34. Gender

● **98.5%** Female ● **1.5%** Male

Snapshot nurses

504,049 nurses (including those also registered as midwives)

- Up **5.0%** from 2022/23
- **54.8%** of all registered health practitioners

38,816 first-time registrants

- **22,194** domestic (including new graduates)
- **16,622** international

1.5% identified as Aboriginal and/or Torres Strait Islander (including those also registered as midwives)

Figure 35. Gender

● **88.0%** Female ● **12.0%** Male

Figure 36. Age

<25	25–34	35–44	45–54	55–64	65–74	75+
6.0%	27.6%	25.8%	17.8%	16.1%	6.2%	0.4%

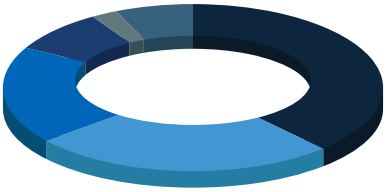
Nurse regulation

2,014 notifications lodged with Ahpra about **1,666** nurses

3,243 notifications about **2,671** nurses made Australia-wide, including HPCA and OHO data

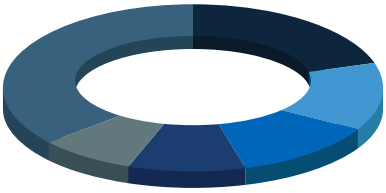
- **0.5%** of the profession Australia-wide

Figure 37. Sources of notifications



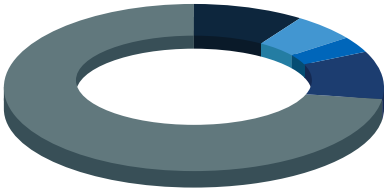
- **37.9%** Patient, relative or member of the public
- **26.2%** Employer
- **18.7%** Other practitioner
- **8.3%** Police, government or co-regulator
- **2.2%** Board initiated
- **6.7%** Other

Figure 38. Most common types of complaints



- **20.1%** Clinical care
- **13.1%** Health impairment
- **12.3%** Offence against other law
- **10.1%** Medication
- **8.2%** Communication
- **36.2%** Other

Figure 39. Notifications closed



2,058 notifications closed

- **9.6%** Conditions imposed on registration or an undertaking accepted
- **5.4%** Cautioned or reprimanded
- **3.0%** Registration suspended or cancelled or disqualified from applying
- **9.2%** Referred to another body or retained by a health complaints organisation
- **72.8%** No further regulatory action (including where practitioner has taken steps to address)

235 immediate actions taken

510 mandatory notifications received

- **224** about impairment
- **185** about professional standards
- **63** about alcohol or drugs
- **38** about sexual misconduct

384 practitioners monitored for health, performance and/or conduct

105 criminal offence complaints made

89 notifications decided by a tribunal

1 matter decided by a panel

19 appeals lodged

Snapshot midwives

34,510 midwives (including those also registered as nurses)

- Up **0.8%** from 2022/23
- **3.7%** of all registered health practitioners

1,752 first-time registrants

- **1,401** domestic (including new graduates)
- **351** international

1.6% identified as Aboriginal and/or Torres Strait Islander (including those also registered as nurses)

Figure 40. Gender

- **98.8%** Female
- **1.2%** Male

Figure 41. Age

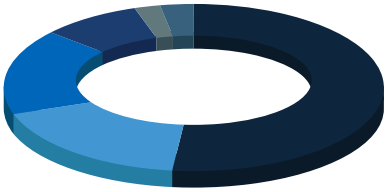
Midwife regulation

139 notifications lodged with Ahpra about **115** midwives

238 notifications about **195** midwives made Australia-wide, including HPCA and OHO data

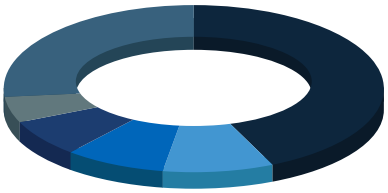
- **0.6%** of the profession Australia-wide

Figure 42. Sources of notifications



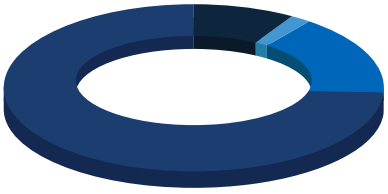
- **51.8%** Patient, relative or member of the public
- **18.0%** Other practitioner
- **16.5%** Employer
- **8.6%** Police, government or co-regulator
- **2.2%** Board initiated
- **2.9%** Other

Figure 43. Most common types of complaints



- **43.2%** Clinical care
- **9.4%** Offence against other law
- **8.6%** Health impairment
- **7.2%** Documentation
- **5.0%** Breach of non-offence provision – National Law
- **26.6%** Other

Figure 44. Notifications closed



116 notifications closed

- **8.6%** Conditions imposed on registration
- **1.7%** Cautioned or reprimanded
- **15.5%** Referred to another body or retained by a health complaints organisation
- **74.1%** No further regulatory action (including where practitioner has taken steps to address)

7 immediate actions taken

26 mandatory notifications received

- **12** about professional standards
- **9** about impairment
- **4** about alcohol or drugs
- **1** about sexual misconduct

13 practitioners monitored for health, performance and/or conduct

6 criminal offence complaints made

No notifications decided by a tribunal

No matters decided by a panel

No appeals lodged

Occupational therapists

Focus on workforce

Responding to workforce pressures has been a major focus of the Occupational Therapy Board of Australia this year.

Growing a safe workforce involves responding to the current shortage and maldistribution of registered occupational therapists, while ensuring that the public continues to receive safe care.

The Board is partnering with the Occupational Therapy Council of Australia to create a streamlined qualifications assessment pathway for practitioners who have non-Australian qualifications that are substantially equivalent or based on similar competencies to Australian qualifications.

The Board is also considering other ways to streamline assessments of overseas qualifications so that appropriately qualified occupational therapists can more easily apply for registration to work in Australia.

Other work underway includes reviewing and improving pathways for safe re-entry to registration for occupational therapists who wish to return to the profession after taking a substantial break from practice.

Accreditation

The Board continued to approve the accreditation of programs undergoing their scheduled reviews during the year.

There are now 48 occupational therapy programs of study delivered by 26 education providers across Australia.

Stakeholder engagement

The Board met with a number of key stakeholders, including:

- Occupational Therapy Australia (the national professional association)
- Occupational Therapy Council of Australia
- Occupational Therapy Board of New Zealand.

These meetings provided the chance to discuss emerging issues and to look for opportunities to enhance collaboration on activities that are being carried out across the respective organisations.

In August, the Board hosted a breakfast event in Darwin to meet with local practitioners to share important information and discuss issues and concerns.

The engagement with local practitioners was valuable in allowing the Board to remain abreast of emerging issues for occupational therapists, and we have planned similar events in Hobart and Adelaide to be held later in the year.

Other news

In March, we said farewell to Ms Julie Brayshaw, who was an inaugural member of the Board and served as Chair from 2016.

We also farewelled Ms Roxane Marcelle-Shaw, a community member who had been on the Board since 2014.

Our sincere thanks to both Julie and Roxane for their commitment and passion to regulating occupational therapists and their contributions to the National Scheme.

Also in March, I was pleased to accept appointment as the new Chair of the Board. I joined the Board in 2021 as practitioner member for South Australia. I am deeply committed to promoting the profession and enhancing the quality and safety of health services.

Ms Rebecca Singh, Chair

Board members

Ms Rebecca Singh (practitioner), Chair – from 19 Mar

Ms Julie Brayshaw (practitioner), Chair – to 1 Mar

Ms Kate Andrews (practitioner)

Mr Darryl Annett (community)

Dr Tracey Harbour PhD (community) – from 19 Mar to 17 Jun

Ms Roxane Marcelle-Shaw (community) – to 1 Mar

Ms Jennifer Morris (community)

Dr Claire Pearce PhD (practitioner)

Associate Professor Justin Scanlan (practitioner)

Ms Angela Thynne (practitioner)

Dr Vanessa Oelkers PhD is the Executive Officer, Occupational Therapy.

For more information, see the online appendices and www.occupationaltherapyboard.gov.au.

Registration

32,047 occupational therapists

- Up **7.7%** from 2022/23
- **3.5%** of all registered health practitioners

2,698 first-time registrants

- **2,074** domestic (including new graduates)
- **624** international

0.6% identified as Aboriginal and/or Torres Strait Islander

Figure 45. Gender

● **89.2%** Female ● **10.7%** Male

Figure 46. Age

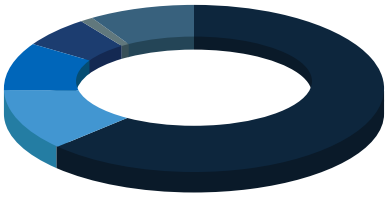
Regulation

100 notifications lodged with Ahpra about **87** occupational therapists

176 notifications about **148** occupational therapists made Australia-wide, including HPCA and OHO data

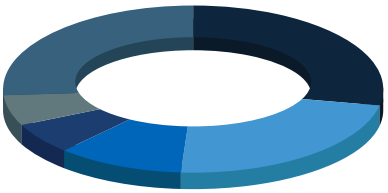
- **0.5%** of the profession Australia-wide

Figure 47. Sources of notifications



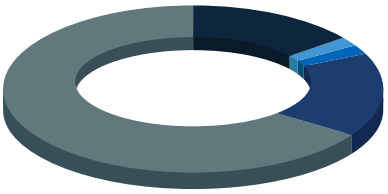
- **63.0%** Patient, relative or member of the public
- **12.0%** Other practitioner
- **9.0%** Employer
- **6.0%** Police, government or co-regulator
- **1.0%** Board initiated
- **9.0%** Other

Figure 48. Most common types of complaints



- **28.0%** Clinical care
- **23.0%** Documentation
- **11.0%** Communication
- **6.0%** Boundary violation
- **6.0%** Health impairment
- **26.0%** Other

Figure 49. Notifications closed



111 notifications closed

- **14.4%** Conditions imposed on registration
- **1.8%** Cautioned or reprimanded
- **1.8%** Registration cancelled
- **16.2%** Referred to another body or retained by a health complaints organisation
- **65.8%** No further regulatory action (including where practitioner has taken steps to address)

3 immediate actions taken

13 mandatory notifications received

- **8** about professional standards
- **3** about sexual misconduct
- **2** about impairment

11 practitioners monitored for health, performance and/or conduct

11 criminal offence complaints made

2 notifications decided by a tribunal

1 matter decided by a panel

No appeals lodged

Optometrists

Stakeholder engagement

In August, the Optometry Board of Australia hosted its annual meeting of the Optometry Regulatory Reference Group in Melbourne.

Attendees included stakeholders in the optometry profession and the meeting's focus was on cultural safety for Aboriginal and Torres Strait Islander Peoples.

Representatives of the Board attended the Indigenous Allied Health Australia National Conference in November and the National Aboriginal and Torres Strait Islander Eye Health Conference in May, gaining further understanding of culturally safe eye care, which will inform future policies.

The Board welcomed the Chair of the Optometrists and Dispensing Opticians Board of New Zealand to its meeting in Melbourne in September.

This was a great opportunity to strengthen trans-Tasman relationships.

Policy updates

Along with the other National Boards and Ahpra, the Board consulted on further changes to the *Registration standard: English language skills, Registration standard: Recency of practice, Registration standard: Criminal history* and the limited registration standards.

Accreditation

In January, the Optometry Council of Australia and New Zealand's (OCANZ) revised standards for the accreditation of Board-approved programs of study in ocular therapeutics came into effect.

These standards include greater emphasis on the integration of Aboriginal and Torres Strait Islander cultural safety into ocular therapeutics programs.

Along with Ahpra and the other National Boards, the Board completed a scheduled review of National Scheme accreditation arrangements.

The Board decided to continue its assignment of accreditation functions to OCANZ for the next five years.

Other news

The Board welcomed the health ministers' appointment of Mr Terence Wong as the new practitioner member for New South Wales in March.

In November, the Board was pleased to welcome new community member appointees to its Registration and Notifications Committee (RNC) and its Policy and Education Committee (PEC).

It also welcomed a new practitioner member appointee to its PEC.

Mr Stuart Aamodt was the Presiding Member of the Board until March, a position that was in place until the health ministers appointed a new Chair. On 19 March, Mr Aamodt was appointed as the Board's Chair.

Mr Stuart Aamodt, Chair

Board members

Mr Stuart Aamodt (practitioner), Chair – from 19 Mar, Presiding Member – to 18 Mar

Dr Carla Abbott PhD (practitioner)

Professor Sharon Bentley (practitioner)

Mr Anthony Evans (community)

Mr Benjamin Graham (community)

Associate Professor Rosemary Knight (community)

Mr Martin Robinson (practitioner)

Miss Renee Slunjski (practitioner)

Mr Terence Wong (practitioner) – from 19 Mar

Ms Lynda Pham is the Executive Officer, Optometry.

For more information, see the online appendices and www.optometryboard.gov.au.

Registration

7,051 optometrists

- Up **4.3%** from 2022/23
- **0.8%** of all registered health practitioners

422 first-time registrants

- **376** domestic (including new graduates)
- **46** international

0.2% identified as Aboriginal and/or Torres Strait Islander

Figure 50. Gender

● **59.4%** Female ● **40.6%** Male

Figure 51. Age

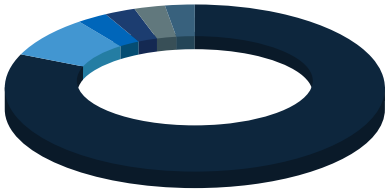
Regulation

38 notifications lodged with Ahpra about **33** optometrists

75 notifications about **69** optometrists made Australia-wide, including HPCA and OHO data

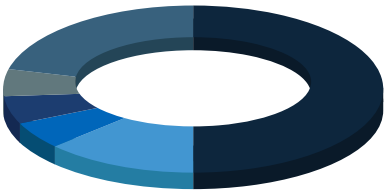
- **1.0%** of the profession Australia-wide

Figure 52. Sources of notifications



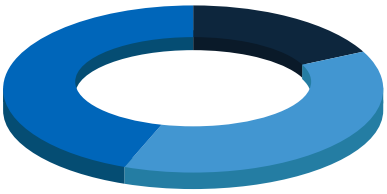
- **81.6%** Patient, relative or member of the public
- **7.9%** Board initiated
- **2.6%** Other practitioner
- **2.6%** Employer
- **2.6%** Police, government or co-regulator
- **2.6%** Other

Figure 53. Most common types of complaints



- **50.0%** Clinical care
- **13.2%** Communication
- **5.3%** Behaviour
- **5.3%** Documentation
- **5.3%** Offence against other law
- **21.1%** Other

Figure 54. Notifications closed



34 notifications closed

- **17.6%** Conditions imposed on registration
- **38.2%** Referred to another body or retained by a health complaints organisation
- **44.1%** No further regulatory action (including where practitioner has taken steps to address)

No immediate actions taken

2 mandatory notifications received

- **1** about impairment
- **1** about alcohol or drugs

6 practitioners monitored for health, performance and/or conduct

7 criminal offence complaints made

No notifications decided by a tribunal

No matters decided by a panel

No appeals lodged

Osteopaths

Osteopathy Board Ahpra

Issues this year

The Osteopathy Board of Australia carried out consultations for four registration standards in conjunction with other National Boards: English language, criminal history, recency of practice and continuing professional development. The Board also completed preliminary consultation on introducing limited registration standards. Board members served on many other committees and reference groups in the National Scheme to develop multiprofession initiatives.

Accreditation

The Chair and CEO of the Australian Osteopathic Accreditation Council (AOAC) met with the Board online every two months. The Board conducted a scheduled review of accreditation arrangements.

Stakeholder engagement

Local

The Board held an evening forum at the Gold Coast campus of Southern Cross University for osteopathy registrants based in the area from Brisbane to northern New South Wales.

The Chair participated in the quarterly Osteopathy Think Tank organised by Osteopathy Australia (OA), which is focused on education, workforce issues, research, data and information sharing, and also participated in the consultations and reviews within the National Scheme. The Chair continued to attend Osteopathic Research Alliance meetings, which comprise academic and individual osteopathy researchers in Australia.

Regular separate meetings were held with AOAC, the Osteopathy Council of New South Wales and OA. These meetings were mainly virtual.

Three newsletters were sent to registered osteopaths and students, and we published social media posts on various issues and events such as World Osteopathic Healthcare Week in April. A short social media post celebrating 45 years of osteopathy regulation in Australia was viewed 5,000 times.

Strengthening the community voice

The Board moved quickly to balance the numbers of community and practitioner members on its registration and notifications decision-making committee. This was an approach set out in the blueprint to better protect patients from sexual misconduct in healthcare.

The committee previously had six practitioners and three community members. The Board was pleased to appoint an experienced community member from another Board, Dr Miriam Weisz OAM, for a period of 12 months until the vacant community member position on the Board is filled.

International

The Chairs, Executive Officer and Registrars of the Board, the Osteopathy Council of New Zealand and the UK's General Osteopathic Council met regularly during the year, either virtually or in association with the 2023 Osteopathic International Alliance (OIA) conference in London. The OIA conference is the annual meeting for osteopathy regulators and associations from across the world, and planning is underway for the next OIA conference to be held in Sydney in October 2024.

Other news

The Board farewelled Dr Nikole Grbin and thanked her for her tireless work as the practitioner member from South Australia for 11 years, and for her leadership as Chair of the Board since October 2014.

The Board also farewelled Dr Pamela Dennis, practitioner member from Tasmania, with 10 years of service on the Board; Dr Andrew Yaksich from Western Australia, with nine years Board experience; and Dr Julia Duffy, community member from Queensland. We welcomed three practitioner members: Dr Casey Beaumont from South Australia, Ms Zoe Wood from Tasmania and Dr Kate Locke from Western Australia.

Associate Professor Paul Orrock, Chair

Board members

Associate Professor Paul Orrock (practitioner), Chair – from 2 Oct

Dr Nikole Grbin (practitioner), Chair – to 1 Oct

Dr Casey Beaumont (practitioner) – from 2 Oct

Ms Robyn Davis (community)

Dr Pamela Dennis (practitioner) – to 23 Aug

Dr Julia Duffy PhD (community) – to 23 Aug

Ms Marcella Lazarus (community)

Dr Kate Locke (practitioner) – from 19 Mar

Dr Rebecca Malon (practitioner)

Dr Timothy McNamara (practitioner)

Ms Zoe Wood (practitioner) – from 12 Sep

Dr Andrew Yaksich (practitioner) – to 1 Mar

Dr Cathy Woodward PhD is the Executive Officer, Osteopathy.

For more information, see the online appendices and www.osteopathyboard.gov.au.

Registration

3,526 osteopaths

- Up **6.0%** from 2022/23
- **0.4%** of all registered health practitioners

273 first-time registrants

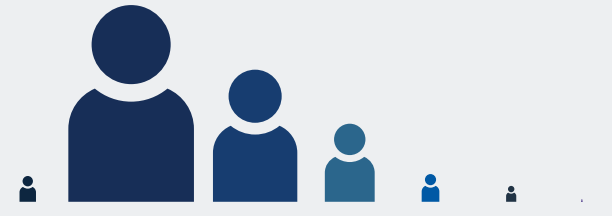
- **256** domestic (including new graduates)
- **17** international

0.8% identified as Aboriginal and/or Torres Strait Islander

Figure 55. Gender

● **54.0%** Female ● **46.0%** Male

Figure 56. Age



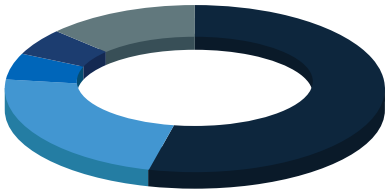
Regulation

39 notifications lodged with Ahpra about **35** osteopaths

55 notifications about **47** osteopaths made Australia-wide, including HPCA and OHO data

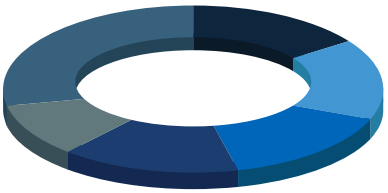
- **1.3%** of the profession Australia-wide

Figure 57. Sources of notifications



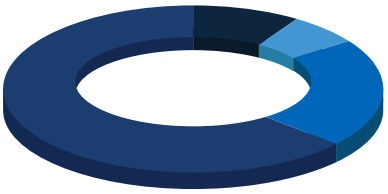
- **53.8%** Patient, relative or member of the public
- **23.1%** Other practitioner
- **5.1%** Police, government or co-regulator
- **5.1%** Board initiated
- **12.8%** Other

Figure 58. Most common types of complaints



- **15.4%** Behaviour
- **15.4%** Boundary violation
- **15.4%** Breach of non-offence provision – National Law
- **15.4%** Clinical care
- **10.3%** Offence against other law
- **28.2%** Other

Figure 59. Notifications closed



33 notifications closed

- **9.1%** Cautioned or reprimanded
- **6.1%** Conditions imposed on registration
- **21.2%** Referred to another body or retained by a health complaints organisation
- **63.6%** No further regulatory action (including where practitioner has taken steps to address)

2 immediate actions taken

7 mandatory notifications received

- **3** about professional standards
- **3** about impairment
- **1** about sexual misconduct

5 practitioners monitored for health, performance and/or conduct

3 criminal offence complaints made

4 notifications decided by a tribunal

No matters decided by a panel

1 appeal lodged

Paramedics

Paramedicine Board Ahpra

Advanced practice

Paramedics have long been recognised for their exceptional skills in urgent care situations. However, as the healthcare needs of the community change, so does the role that paramedics can play in primary and community care settings. Paramedicine functions in an environment of rapid change, and modern healthcare trends in Australia and overseas continue to influence the skills and capabilities of paramedics. This includes how paramedics contribute beyond a first-response role and whether there is a role for advanced practice in paramedicine.

As the national regulator, the Paramedicine Board of Australia is keen to understand the challenges, opportunities and regulatory infrastructure needed to provide a flexible, responsive and sustainable workforce. To explore these matters, the Board invited senior state, territory and Commonwealth representatives, private and public sector employers, education providers, community groups and regulatory bodies for a one-day national forum to consider the future practice of the profession, including advanced practice.

The Board thanks everyone who attended and contributed to the discussion.

The Australian health ministers have agreed to work with the Board to establish area-of-practice endorsement for advanced practice paramedicine. This includes reviewing applicable aspects of critical care and community paramedicine elements, along with full access to independent prescribing rights outside the state ambulance services. This is an important piece of work that highlights the important role paramedics can play in the health workforce.

Accreditation

The Board appreciates and acknowledges the important work undertaken by the Paramedicine Accreditation Committee in exercising the accreditation function for the paramedicine profession.

The Board joined the other National Boards in reviewing the accreditation arrangements for their professions and agreed to continue to assign the accreditation functions to the Paramedicine Accreditation Committee for the period 1 December 2023 to 30 June 2029.

Policy updates

The Board participated in the ongoing cross-profession reviews of registration standards including those related to criminal history, English language skills, recency of practice and continuing professional development. It continued to routinely review and update other published material to ensure it is up-to-date, clear and accurate.

Stakeholder engagement

The Board implemented an enhanced communications and engagement strategy for the profession.

Other news

Health ministers communicated their decision on appointments and reappointments to the Board.

Ministers appointed Dr Simon Sawyer (practitioner member Victoria) and Mr Sam Perillo (practitioner member Australian Capital Territory) to the Board to replace retiring practitioner members Associate Professor Ian Patrick ASM and Mr Howard Wren ASM. The knowledge, insight and experience that both Ian and Howard have contributed to the Board over the past seven years have been invaluable in transitioning the profession into the regulatory scheme.

All other members were reappointed for a further term including my continuing role as Paramedicine Board Chair.

Professor Stephen Gough ASM, Chair

Board members

Professor Stephen Gough ASM (practitioner), Chair

Ms Clare Beech (practitioner)

Mr Keith Driscoll ASM (practitioner)

Ms Kate Griggs (community)

Associate Professor Ian Patrick ASM (practitioner) – to 1 Mar

Mr Samuel Perillo (practitioner) – from 19 Mar

Ms Linda Renouf (community)

Dr Simon Sawyer (practitioner) – from 19 Mar

Ms Tiina-Liisa Sexton (community)

Mr Howard Wren ASM (practitioner) – to 1 Mar

Ms Angela Wright (practitioner)

Mr Paul Fisher is the Executive Officer, Paramedicine.

For more information, see the online appendices and www.paramedicineboard.gov.au.

Registration

25,345 paramedics

- Up **4.9%** from 2022/23
- **2.8%** of all registered health practitioners

2,001 first-time registrants

- **1,960** domestic (including new graduates)
- **41** international

2.1% identified as Aboriginal and/or Torres Strait Islander

Figure 60. Gender

● **50.6%** Female ● **49.3%** Male

Figure 61. Age

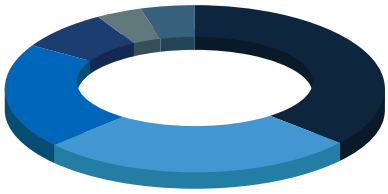
Regulation

152 notifications lodged with Ahpra about **111** paramedics

293 notifications about **225** paramedics made Australia-wide, including HPCA and OHO data

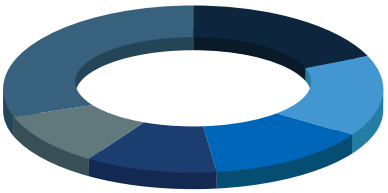
- **0.9%** of the profession Australia-wide

Figure 62. Sources of notifications



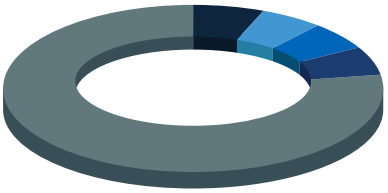
- **36.2%** Patient, relative or member of the public
- **27.0%** Employer
- **20.4%** Other practitioner
- **7.9%** Police, government or co-regulator
- **3.9%** Board initiated
- **4.6%** Other

Figure 63. Most common types of complaints



- **18.4%** Clinical care
- **15.8%** Offence against other law
- **13.8%** Health impairment
- **11.2%** Boundary violation
- **10.5%** Behaviour
- **30.3%** Other

Figure 64. Notifications closed



148 notifications closed

- **6.1%** Conditions imposed on registration or an undertaking accepted
- **5.4%** Cautioned or reprimanded
- **5.4%** Registration suspended or cancelled or disqualified from applying
- **5.4%** Referred to another body or retained by a health complaints organisation
- **77.7%** No further regulatory action (including where practitioner has taken steps to address)

10 immediate actions taken

40 mandatory notifications received

- **15** about professional standards
- **13** about impairment
- **7** about alcohol or drugs
- **5** about sexual misconduct

22 practitioners monitored for health, performance and/or conduct

14 criminal offence complaints made

8 notifications decided by a tribunal

No matters decided by a panel

1 appeal lodged

Pharmacists

Pharmacist prescribing

The Pharmacy Board of Australia updated its position statement on pharmacist prescribing, confirming that it doesn't have regulatory barriers in place to prevent pharmacist participation in public health prescribing initiatives approved by states and territories.

We also announced the publication of the *Accreditation standards for pharmacist prescriber education programs*, funded by the Board. The accreditation standards are available as a resource for potential education providers to inform the development of education programs on prescribing. They are supported by a Performance Outcomes Framework and evidence guide to support education providers and accreditation decision makers. The accreditation standards will also ensure that graduates of an accredited education program meet the competencies in the NPS *MedicineWise prescribing competencies framework* (second edition), which describes the practice expectations of Australian prescribers regardless of profession.

We continued to work with government, stakeholders and the public to explore the impact of future developments in health service delivery by pharmacists to support safe practice in the public interest.

Supporting professional practice

The Board released a joint statement with the Medical Board of Australia and the Nursing and Midwifery Board of Australia in response to concerns about emerging models of care designed solely to provide customers with access to a predetermined medicine including compounded medicines.

The statement urged health practitioners to ensure that the framework for their practice is consistent with their professional obligations, and aimed to address concerns that some practitioners may be putting profit ahead of patient welfare.

Review of registration standards and guidelines

Public consultation on the review of the *Guidelines on compounding of medicines* was completed and the Board analysed stakeholder feedback to inform revised guidance. The guidelines will apply to pharmacists to support safe compounding of medicines that meet the unique needs of patients.

The Board also began a review of the following guidelines in preparation for consultation:

- *Guidelines for dispensing of medicines*
- *Guidelines on practice-specific issues*
- *Guidelines on dose administration aids and staged supply of dispensed medicines*
- *Guidelines for proprietor pharmacists.*

To inform the review of its registration standard on the supervised practice requirements for intern pharmacists holding provisional registration, the Board held a forum with stakeholders including pharmacy member organisations, state and territory health departments, pharmacy banner groups, schools of pharmacy, other regulators, as well as students, interns, preceptors and consumers.

Attendees shared their thoughts on the current internship model and options for supervised practice in the future. This feedback informed our drafting of revised proposals for supervised practice of interns, which we will test with stakeholders before we begin public consultation on a revised registration standard.

The Board collaborated with other National Boards in reviewing registration standards common to all health professions.

Stakeholder engagement

The Board continued its face-to-face engagement with pharmacists and stakeholders by holding meetings in Darwin and Perth. This enabled it to hear first-hand about local issues affecting pharmacists and their practice, and to discuss the Board's role in protecting the public.

Mr Brett Simmonds, Chair

Board members

Mr Brett Simmonds (practitioner), Chair

Mrs Elise Apolloni (practitioner)

Ms Melissa Cadzow (community)

Dr Alice Gilbert PhD (practitioner)

Mr Mark Kirschbaum (practitioner)

Ms Hannah Mann (practitioner)

Dr Suzanne Martin (veterinarian) (community)

Dr Amy Page PhD (practitioner)

Dr Cameron Phillips PhD (practitioner)

Dr Janet Preuss PhD (community)

Mr Rodney Wellington (community)

Mr Laurence (Ben) Wilkins (practitioner) – to 16 Jan

Mr Joe Brizzi is the Executive Officer, Pharmacy.

For more information, see the online appendices and www.pharmacyboard.gov.au.

Registration

38,610 pharmacists

- Up **6.0%** from 2022/23
- **4.2%** of all registered health practitioners

3,041 first-time registrants

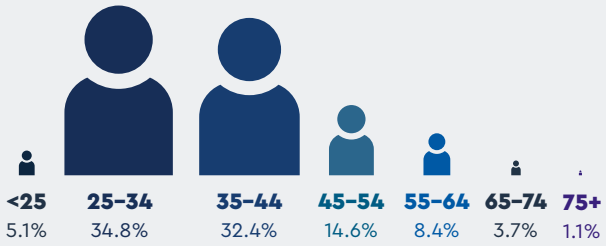
- **1,322** domestic (including new graduates)
- **1,719** international

0.3% identified as Aboriginal and/or Torres Strait Islander

Figure 65. Gender

● **64.4%** Female ● **35.6%** Male

Figure 66. Age



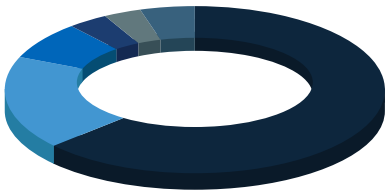
Regulation

466 notifications lodged with Ahpra about **372** pharmacists

939 notifications about **661** pharmacists made Australia-wide, including HPCA and OHO data

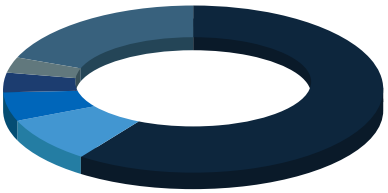
- **1.7%** of the profession Australia-wide

Figure 67. Sources of notifications



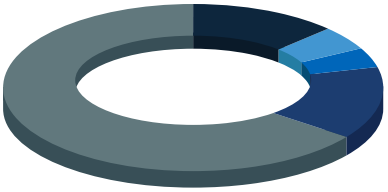
- **63.3%** Patient, relative or member of the public
- **18.0%** Other practitioner
- **7.3%** Police, government or co-regulator
- **3.4%** Board initiated
- **3.2%** Employer
- **4.7%** Other

Figure 68. Most common types of complaints



- **59.9%** Medication
- **8.8%** Communication
- **5.6%** Behaviour
- **3.9%** Offence against other law
- **3.0%** Confidentiality
- **18.9%** Other

Figure 69. Notifications closed



446 notifications closed

- **12.6%** Cautioned or reprimanded
- **4.7%** Conditions imposed on registration
- **3.8%** Registration suspended or cancelled or disqualified from applying
- **13.9%** Referred to another body or retained by a health complaints organisation
- **65.0%** No further regulatory action (including where practitioner has taken steps to address)

32 immediate actions taken

56 mandatory notifications received

- **28** about professional standards
- **22** about impairment
- **4** about sexual misconduct
- **2** about alcohol or drugs

30 practitioners monitored for health, performance and/or conduct

14 criminal offence complaints made

24 notifications decided by a tribunal

3 matters decided by a panel

4 appeals lodged

Physiotherapists

Physiotherapy Board
Ahpra

Workforce

The Physiotherapy Board of Australia continued its important work on understanding the physiotherapy workforce in Australia.

The Board focused on a number of initiatives, including the collaborative research with the Australian Physiotherapy Association (APA) on physiotherapist attrition rates. The aim of this research is to help understand why physiotherapists are leaving the profession.

Practitioners were surveyed and interviewed to ascertain the reasons for changing careers or moving away from clinical practice. The results of this research will be published and used to inform the workforce strategic plan into the future.

In addition, the Board, in partnership with the Australian Physiotherapy Council, has been reviewing the process for assessing overseas practitioners to register for practice in Australia and has facilitated more efficient ways of supporting overseas-trained practitioners to become registered in Australia. The Express FLYR Pathway was launched in July 2023 to expedite the Australian registration of practitioners from comparable countries.

Practice thresholds

The Board, in conjunction with the Physiotherapy Board of New Zealand, revised the bi-national practice thresholds. The focus of the review was to update the key competencies on providing culturally safe care and digital competency, to reflect the increasing reliance on technology to deliver services remotely.

Strategic projects – prescribing

The Board, in partnership with the APA, is exploring the public value of prescribing by physiotherapists.

The Board carried out several activities to investigate the potential risks and benefits of physiotherapy prescribing through analysis, evidence gathering, dialogue and engagement with stakeholders and practitioners.

The Board and the APA formed a national working group, which is made up of physiotherapy practitioners from various clinical settings and areas of expertise, representatives from the APA and the Board, and a number of prescribers and consumers.

The working group is focused on developing a position on physiotherapy prescribing, assessing its potential public value and determining the clinical settings that would be suitable.

Ahpra and the Board are drafting a paper for consultation on the options for registered physiotherapists to be involved in the prescribing of medications.

Stakeholder engagement

The Board continued to pursue its engagement with key stakeholders, physiotherapy practitioners and the community. It held Board meetings in Tasmania and Rockhampton, where we met with local health services and practitioners to understand the local health context.

The focus of these visits was to understand the unique challenges of healthcare within rural and remote areas, to hear about innovative approaches to care in the local communities and to discuss any emerging issues.

The stakeholders included local practitioners, representatives from public health services and representatives from regional physiotherapy programs of study.

The Board is committed to keeping abreast of issues relevant to its regulatory mandate such as workforce and protection of the public.

Ms Kim Gibson, Chair

Board members

Ms Kim Gibson (practitioner), Chair

Ms Sally Adamson (practitioner)

Mrs Janet Blake (community) – to 20 Apr

Mr David Cross (practitioner)

Dr Paula Harding PhD (practitioner)

Ms Cherie Hearn (practitioner)

Emeritus Professor Sheila Lennon (practitioner)

Ms Rosemary Mathlin (community)

Mr Allan Renouf (community)

Ms Elizabeth Trickett (practitioner)

Ms Katherine Waterford (community)

Mr Simon Watt (practitioner)

Ms Alison Abud is the Executive Officer, Physiotherapy.

For more information, see the online appendices and www.physiotherapyboard.gov.au.

Registration

44,895 physiotherapists

- Up **6.6%** from 2022/23
- **4.9%** of all registered health practitioners

4,393 first-time registrants

- **2,127** domestic (including new graduates)
- **2,266** international

0.7% identified as Aboriginal and/or Torres Strait Islander

Figure 70. Gender

- **63.5%** Female
- **36.5%** Male

Figure 71. Age

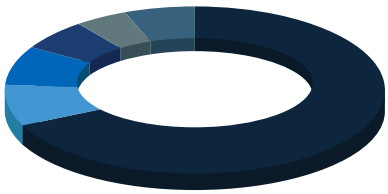
Regulation

201 notifications lodged with Ahpra about **141** physiotherapists

320 notifications about **234** physiotherapists made Australia-wide, including HPCA and OHO data

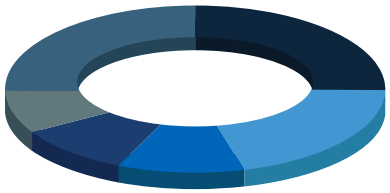
- **0.5%** of the profession Australia-wide

Figure 72. Sources of notifications



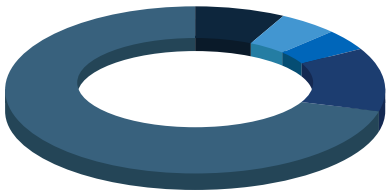
- **68.2%** Patient, relative or member of the public
- **8.0%** Other practitioner
- **7.5%** Employer
- **6.0%** Board initiated
- **4.5%** Police, government or co-regulator
- **6.0%** Other

Figure 73. Most common types of complaints



- **24.9%** Clinical care
- **20.9%** Behaviour
- **10.9%** Communication
- **10.0%** Breach of non-offence provision – National Law
- **8.5%** Offence against other law
- **24.9%** Other

Figure 74. Notifications closed



196 notifications closed

- **7.7%** Conditions imposed on registration or an undertaking accepted
- **5.1%** Cautioned or reprimanded
- **4.1%** Registration suspended or disqualified from applying
- **12.2%** Referred to another body or retained by a health complaints organisation
- **70.9%** No further regulatory action (including where practitioner has taken steps to address)

18 immediate actions taken

22 mandatory notifications received

- **9** about professional standards
- **7** about sexual misconduct
- **6** about impairment

27 practitioners monitored for health, performance and/or conduct

30 criminal offence complaints made

8 notifications decided by a tribunal

No matters decided by a panel

9 appeals lodged

Podiatrists

Podiatry Board Ahpra

Review of the regulation of podiatric surgeons

In response to concerns about the high rate of notifications about podiatric surgeons, the Podiatry Board of Australia and Ahpra commissioned an independent review to look at the regulatory framework for podiatric surgeons, identify any risks to patient safety and recommend improvements to better protect the public. The review, which was led by Professor Ron Paterson, included a thorough examination of the Board's regulatory framework for podiatric surgeons, a public consultation and interviews with stakeholders.

The final report was published in March. The Board and Ahpra have accepted all 14 recommendations, which relate to:

- registration and practice
- education and training
- title
- advertising
- handling of complaints
- system safety and quality.

The review found a good standard of care is provided by podiatric surgeons, with only a small number of practitioners generating the higher rate of notifications. No evidence was found for the need to reduce or regulate podiatric surgeons' scope of practice. The review recommended measures to improve some aspects of the accreditation assessment of education programs and to align ongoing continuing professional development requirements more closely with those of medical practitioners.

Concerns were also raised about the title 'podiatric surgeon' in relation to clarity and transparency for the consumer about the type of practitioner they are seeing, and the type of training the practitioner has completed. The review recommended the Board seek health ministers' approval to change the protected title for the specialty from 'podiatric surgeon' to an alternative title such as 'surgical podiatrist'.

The Board and Ahpra will progressively implement the recommendations, which will involve wide-ranging consultation on these important reforms to strengthen the safety of podiatric surgery.

Policy updates

The Board began a scheduled review of its registration standard for endorsement of scheduled medicines and guidelines for podiatrists working with assistants in podiatry practice, which will involve wide-ranging consultation.

We consulted on new guidelines for registered health practitioners who perform and who advertise non-surgical cosmetic procedures, and revised English language skills and criminal history registration standards together with other National Boards.

We also published a checklist to help practitioners manage feedback and complaints. This checklist was jointly developed by Ahpra, the National Boards and the Australian Commission on Safety and Quality in Health Care.

Accreditation

The Board continued to assign the accreditation functions for the podiatry profession to the Podiatry Accreditation Committee for a period of five years from 1 July 2024, following a scheduled review of the accreditation arrangements with the other National Boards.

The Board considered reports from the committee on monitoring of podiatry programs and on accreditation decisions to decide whether to approve the accredited program of study as providing a qualification for registration.

Stakeholder engagement

The Board's regular program of stakeholder engagement included publishing three newsletters and holding quarterly meetings with the Australian Podiatry Association, Podiatry Council of New South Wales and Podiatry Accreditation Committee. The Board also met with the Podiatrists Board of New Zealand, the Health Ombudsman Queensland, the National Health Practitioner Ombudsman, and local stakeholders in Adelaide and Melbourne.

Professor Cylie Williams, Chair

Board members

Professor Cylie Williams (practitioner), Chair

Mr Andrew van Essen (practitioner)

Ms Raelene Harrison (community)

Ms Julia Kurowski (practitioner)

Dr Kristy Robson PhD (practitioner)

Mr Anthony Short (practitioner)

Ms Shellee Smith (community) – to 28 Feb

Mrs Kathryn Storer (Shonk) (practitioner)

Professor Andrew Taggart (community)

Ms Jenny Collis is the Executive Officer, Podiatry.

For more information, see the online appendices and www.podiatryboard.gov.au.

Note: Throughout this report, the term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise specified.

Registration

6,135 podiatrists

- Up **1.6%** from 2022/23
- **0.7%** of all registered health practitioners
- **42** are podiatric surgeons

244 first-time registrants

- **170** domestic (including new graduates)
- **74** international

0.7% identified as Aboriginal and/or Torres Strait Islander

Figure 75. Gender

● **59.0%** Female ● **41.0%** Male

Figure 76. Age

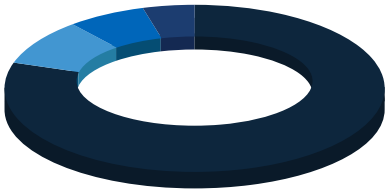
Regulation

45 notifications lodged with Ahpra about **37** podiatrists

94 notifications about **78** podiatrists made Australia-wide, including HPCA and OHO data

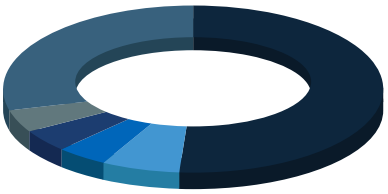
- **1.3%** of the profession Australia-wide

Figure 77. Sources of notifications



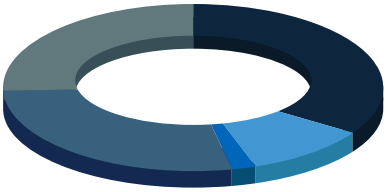
- **80.0%** Patient, relative or member of the public
- **8.9%** Employer
- **6.7%** Other practitioner
- **4.4%** Other

Figure 78. Most common types of complaints



- **51.1%** Clinical care
- **6.7%** Boundary violation
- **4.4%** Communication
- **4.4%** Documentation
- **4.4%** Offence against other law
- **28.9%** Other

Figure 79. Notifications closed



47 notifications closed

- **34.0%** Conditions imposed on registration or an undertaking accepted
- **10.6%** Cautioned or reprimanded
- **2.1%** Registration suspended
- **27.7%** Referred to another body or retained by a health complaints organisation
- **25.5%** No further regulatory action (including where practitioner has taken steps to address)

4 immediate actions taken

3 mandatory notifications received

- **2** about professional standards
- **1** about impairment

14 practitioners monitored for health, performance and/or conduct

2 criminal offence complaints made

1 notification decided by a tribunal

No matters decided by a panel

No appeals lodged

Psychologists

Education and training reform

The Psychology Board of Australia continued its education and training reform work, with the aim of reviewing and updating the competencies for general registration.

We carefully reviewed the feedback from our public consultation on an updated competency document. A consultation report is available on the 'past consultations' page of our website.

We worked on finalising the *Professional competencies for psychologists* and on developing various additional resources and guidance documents to assist psychologists in applying the updated competencies in their scope of practice.

Once all documents have been approved, we will publish an advance copy of the *Professional competencies for psychologists* on our website at least 12 months before they come into effect.

Safety for Aboriginal and Torres Strait Islander clients

The Board has continued its commitment to the Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025, with efforts to improve safety for Aboriginal and Torres Strait Islander clients and to support workforce participation of Aboriginal and Torres Strait Islander psychologists.

Code of conduct

The Board publicly consulted on an updated code of conduct.

Our consultation proposed the following key updates to the code:

- Changes to language and structure: including a more regulatory approach to the expectations of professional conduct and behaviour.
- A greater emphasis on cultural safety: specifically in relation to Aboriginal and Torres Strait Islander Peoples, families and communities.
- Updated professional boundaries provisions: such as removing the time-dependent prohibition on sexual relationships with former clients.

We would like to thank the many individuals, organisations and professional associations who provided feedback on our public consultation paper.

Once we have reviewed and incorporated the feedback, we will publish an advance copy of the *Code of conduct for psychologists* on our website at least 12 months before it comes into effect.

Upcoming changes to the code of conduct and general registration competencies are both major steps forward in ensuring that psychologists deliver healthcare that is free of racism, and in helping achieve equity in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians, to close the gap by 2031.

We would like to thank the many individuals and Aboriginal and Torres Strait Islander peak psychology organisations who kindly agreed to partner with us in this work.

Other news

The Board welcomed two new practitioner members: Ms Sheena Neill from the Northern Territory and Professor Kimberley Norris from Tasmania.

We thank outgoing member Professor Jennifer Scott, a practitioner from Tasmania, for her contributions to the Board.

Ms Rachel Phillips, Chair

Board members

Ms Rachel Phillips (practitioner), Chair

Ms Miranda Bruyniks (community)

Professor Petrina Coventry (community)

Ms Marion Hale (community)

Ms Vanessa Hamilton (practitioner)

Mr Christopher Joseph (community)

Ms Sheena Neill (practitioner) – from 20 Mar

Professor Kimberley Norris (practitioner) – from 13 Sep

Mr Timothy Ridgway (practitioner)

Professor Jennifer Scott (practitioner) – to 23 Aug

Dr Jennifer Thornton PhD (practitioner)

Professor Kathryn von Treuer (practitioner)

Dr Robyn Vines PhD (practitioner)

Mr Matt Jessimer is the Executive Officer, Psychology, at 30 June. Ms Angela Smith was the Executive Officer, Psychology, until 10 May.

For more information, see the online appendices and www.psychologyboard.gov.au.

Registration

48,240 psychologists

- Up **4.1%** from 2022/23
- **5.2%** of all registered health practitioners

3,363 first-time registrants

- **3,001** domestic (including new graduates)
- **362** international

0.8% identified as Aboriginal and/or Torres Strait Islander

Figure 80. Gender

● **80.4%** Female ● **19.6%** Male

Figure 81. Age

<25	25–34	35–44	45–54	55–64	65–74	75+
2.9%	25.5%	27.1%	21.6%	13.3%	7.6%	2.0%

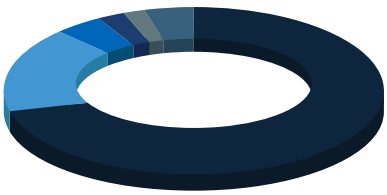
Regulation

735 notifications lodged with Ahpra about **592** psychologists

1,282 notifications about **1,039** psychologists made Australia-wide, including HPCA and OHO data

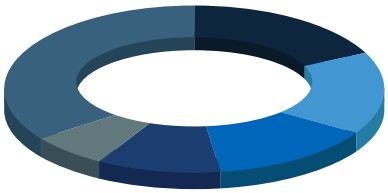
- **2.2%** of the profession Australia-wide

Figure 82. Sources of notifications



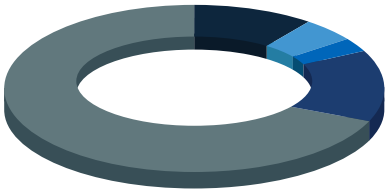
- **71.2%** Patient, relative or member of the public
- **16.3%** Other practitioner
- **4.1%** Employer
- **2.4%** Police, government or co-regulator
- **1.8%** Board initiated
- **4.2%** Other

Figure 83. Most common types of complaints



- **17.8%** Clinical care
- **15.9%** Documentation
- **14.0%** Communication
- **10.6%** Boundary violation
- **6.5%** Confidentiality
- **35.1%** Other

Figure 84. Notifications closed



765 notifications closed

- **10.3%** Conditions imposed on registration or an undertaking accepted
- **4.7%** Cautioned or reprimanded
- **2.6%** Registration suspended or cancelled or disqualified from applying
- **13.7%** Referred to another body or retained by a health complaints organisation
- **68.6%** No further regulatory action (including where practitioner has taken steps to address)

55 immediate actions taken

88 mandatory notifications received

- **43** about impairment
- **27** about professional standards
- **14** about sexual misconduct
- **4** about alcohol or drugs

97 practitioners monitored for health, performance and/or conduct

125 criminal offence complaints made

28 notifications decided by a tribunal

2 matters decided by a panel

8 appeals lodged

Supporting the Boards

Appointments

National Board members are appointed by the Ministerial Council, and state and territory board members are appointed by the relevant health minister in each jurisdiction.

Our regulatory work is not possible without the right people serving on boards and committees. Ahpra provided administrative support for 483 statutory appointments made within the year (Table 3).

Table 3. Statutory appointments

	Appointed 2023/24
National Boards	49
National Board committees and panels	288
State and territory boards	26
State and territory committees	120
Total	**483**

We have been working to increase the participation of people from diverse backgrounds through advertising and engagement strategies. There were 50.0% more Aboriginal and/or Torres Strait Islander people, 66.7% more people with disability and 164.3% more people from rural and/or regional areas appointed to boards and committees than last year, but 20.0% fewer culturally and/or linguistically diverse appointees (Table 4).

Table 4. Board and committee diversity

	Appointed 2023/24	National Scheme total
Aboriginal and/or Torres Strait Islander	12	44
Culturally and/or linguistically diverse	20	181
Identified with disability	5	22
Rural and/or regional	37	186

Supporting good governance

Ahpra develops, manages and delivers a coordinated governance program. The program has four areas, aligned to the three-year regulatory 'life cycle' of members and boards:

- orientation and induction of new members
- professional development, including member skills development
- board effectiveness reviews
- documentation for good governance practice.

Regulatory decision makers from many professions also received professional development to support them in assessing matters involving sexual misconduct and family violence.

Orientation and induction

During the year, 28 new board and committee members attended our orientation program. It included an introduction to the National Scheme and four self-paced online learning modules on governance, decision making and the National Law, information management and cybersecurity, and workplace respect.

Professional development

Two professional development programs were launched:

- An online regulatory governance learning module covering 10 topics, available for members to access on demand for a governance refresh or to support them in navigating their board and committee roles.
- One-day face-to-face workshops on regulatory governance and decision making, addressing key governance concepts, competencies and behavioural attributes using a scenario-based approach. The workshops were delivered by Board Matters, our external governance services provider. During the year, 49 board and committee members attended the quarterly workshops, together with Ahpra staff who work with the National Boards.

Board effectiveness reviews

Board effectiveness reviews are conducted annually over a rolling three-year cycle: the Year 2 reviews are in-depth and formal, and Years 1 and 3 are 'check-in' years.

The 2023 review was in-depth, and involved a peer assessment as well as the overall check-in that is conducted as part of every review. Reports were provided to individual board members and Chairs, and a thematic report was prepared for Ahpra. The review was completed in October.

The 2024 check-in review began in May.

Governance documentation

- We developed tailored content for an online training module about workplace respect.
- We reviewed and updated online learning modules in preparation for the introduction of a new learning and development platform.
- We began a review of the *Code of conduct* for board and committee members.

Payments to Board Chairs

Board members are entitled to remuneration (Table 5), including travel and subsistence allowances, within the framework determined by the Ministerial Council. In addition to sitting fees for scheduled board and committee meetings, Chairs may also be remunerated for the additional work that is required.

Table 5. Payments to Board Chairs

Range	Number of Chairs[1]	2023/24 total payments[2]
$0–$20,000	4	$54,410
$20,001–$40,000	4	$111,304
$40,001–$60,000	3	$144,384
$60,001–$80,000	4	$274,515
$80,001 plus	4	$468,324
Total	**19**	**$1,052,937**

1. Three new Chairs were appointed to replace Chairs whose appointments expired.
2. Payments to Board Chairs, including the Ahpra Board Chair, under the approved remuneration framework.

Accreditation

Accreditation helps ensure that people seeking registration are suitably trained, qualified and competent to practise as health practitioners.

National Boards and accreditation authorities have separate but complementary functions. For example, an accreditation authority accredits a program of study and the relevant National Board approves it as a basis for registration. The accreditation authority for each profession can be an external council or a committee of the National Board.

The Ahpra Board provides a whole-of-scheme perspective on accreditation governance, accountability and transparency issues. This includes oversight of financial arrangements and performance reporting. Its Accreditation Committee provides independent and expert advice on accreditation reform and other accreditation matters to the National Boards, accreditation authorities and Ahpra.

Figure 85 (on page 48) outlines how the accreditation process works.

The year in summary

- 182,647 registered students were enrolled in approved programs.
- More than 800 programs of study were accredited and approved.
- More than 130 education providers delivered accredited and approved programs of study.

Approved programs of study can be searched on our website.

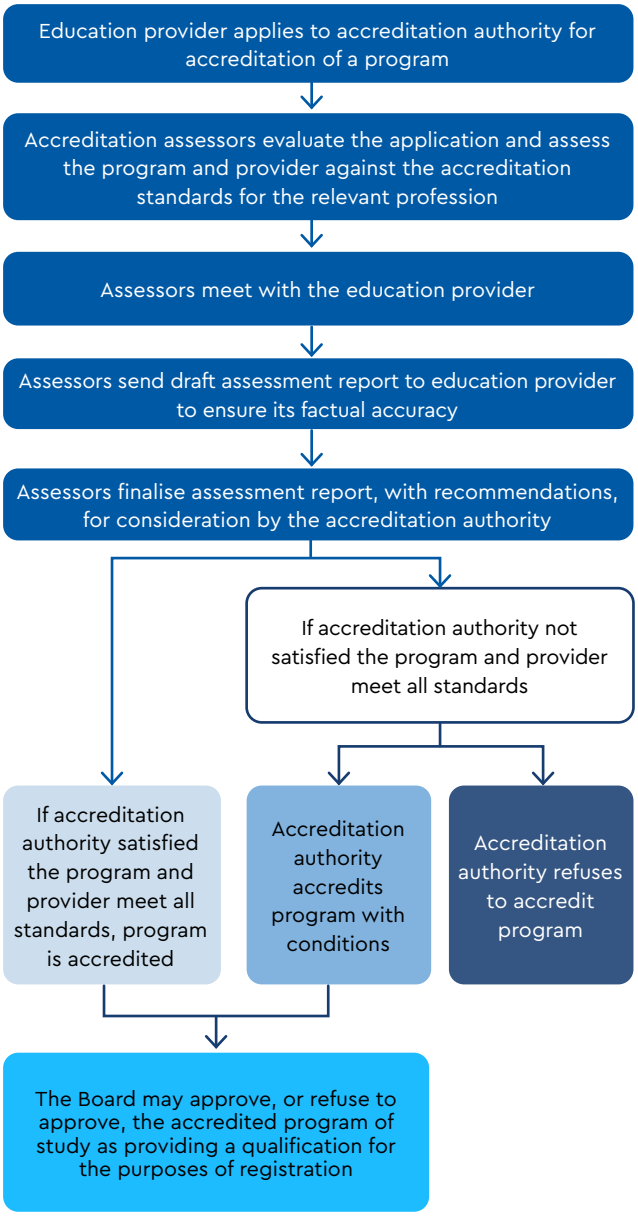
Accreditation Committee

The committee met four times; Professor Andrew Wilson AO is its independent Chair. Its priority areas of work are supporting the future health workforce and strengthening accreditation systems. The committee published its *Interprofessional collaborative practice statement of intent* in March. The statement represents a joint commitment from 53 health and education organisations to embed interprofessional collaborative practice across the Australian health system, in education, training, clinical governance, research and practice. The statement is a fundamental step towards achieving effective team-based and coordinated care across Australia. It is a commitment to improving outcomes for patients and consumers by reducing the risk of fragmented and uncoordinated care.

The committee published a glossary of accreditation terms designed to support the interpretation and implementation of its advice. It also carried out two public consultations:

- on draft principles to strengthen the involvement of consumers in accreditation
- on draft guidance on embedding good practice in clinical placements, simulation-based learning and virtual care to help improve initial student health practitioner education.

Figure 85. The accreditation process



Accreditation arrangements

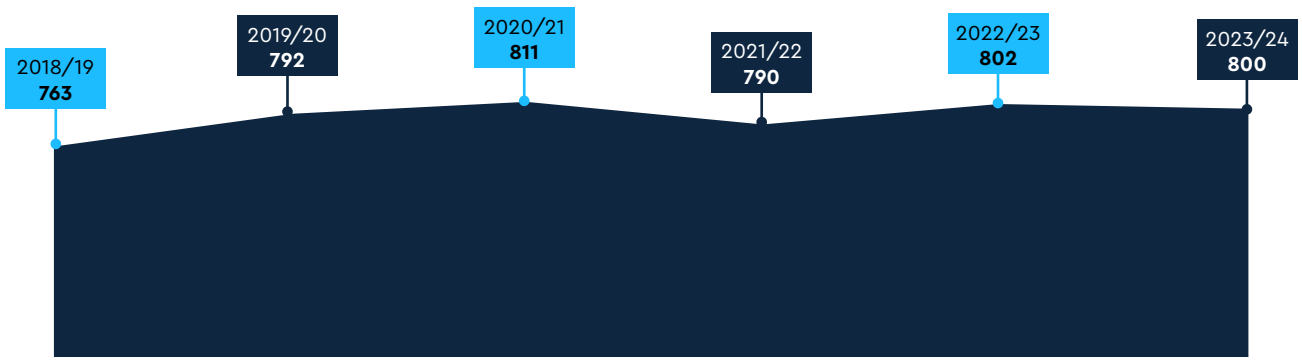
The current accreditation arrangements ended on 30 June 2024 for all professions except paramedicine, which ended on 30 November 2023. Ahpra and all National Boards completed the third scheduled review of accreditation arrangements in 2023 and agreed on arrangements for the next period to mid-2029.

The National Boards all made a decision on the accreditation authority for their profession, and the terms of reference and accreditation agreements for the authorities contain a fresh set of key performance indicators that will provide insight into both accreditation authority and scheme-wide performance.

Annual collaborative meeting

In May, Ahpra, the Health Professions Accreditation Collaborative Forum and the Forum of National Registration and Accreditation Scheme Chairs held their first annual accreditation meeting to discuss accreditation issues relevant to the National Scheme strategy and scheme priorities. The meeting focused on cultural safety and eliminating racism, artificial intelligence, and changing workforce priorities, and was attended by more than 100 accreditation stakeholders from across the scheme.

Figure 86. Number of accredited programs 2018/19 to 2023/24



Funding

Nine National Boards exercise accreditation functions through external councils.

Five National Boards – Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Medical Radiation Practice, Paramedicine and Podiatry – exercise accreditation functions through a committee established by their Boards.

One National Board – Nursing and Midwifery – exercises accreditation functions related to education programs through an external council, and exercises functions related to assessment of internationally qualified nurses and midwives (IQNM) through a committee established by the Board.

The National Boards contributed over $12 million of funding to these accreditation authorities and committees (see Table 6).

Table 6. National Board funding contributions

Board	2023/24 $'000[1]	2022/23 $'000[1]
Aboriginal and Torres Strait Islander Health Practice	205	187
Chinese Medicine	108	133
Chiropractic	351	257
Dental	507	470
Medical	4,084	3,368[3]
Medical Radiation	175	196
Nursing and Midwifery	3,282	3,078[3]
Occupational Therapy	0	0
Optometry	364	353
Osteopathy	215	199
Paramedicine	515	90
Pharmacy	734[3]	893[2]
Physiotherapy	341	331
Podiatry	332	188
Psychology	1,123	1,091
Total	**12,336**	**10,834**

1. Actual amounts. Requirements of the accounting standards may result in differences between these and the amounts in our financial statements.
2. Includes funding for accreditation-related projects.
3. Includes funding for the review of accreditation standards.

The work of the committees

Ahpra supported the accreditation committees for Aboriginal and Torres Strait Islander Health Practice, Chinese medicine, medical radiation practice, paramedicine and podiatry to:

- assess and accredit programs of study
- monitor approved programs of study
- develop and/or review accreditation standards for paramedicine and podiatry
- develop and implement consistent guidelines for accreditation of education and training programs in these five professions.

We also supported the nursing and midwifery accreditation committee to oversee the outcomes-based assessment of the knowledge, clinical skills and professional attributes of internationally qualified nurses and midwives who want to register in Australia.

This work across six professions supports our multiprofession approach to accreditation.

Accrediting and monitoring programs

We supported the accreditation committees to assess, accredit and monitor programs of study:

- 14 for Aboriginal and Torres Strait Islander Health Practice
- 6 for Chinese medicine
- 32 for medical radiation practice
- 24 for paramedicine
- 17 for podiatry and 2 for podiatric surgery.

Policy and process

We also supported the accreditation committees to:

- continue to apply a flexible approach to monitoring education providers' compliance with accreditation standards, based on specific issues and risk profile – this flexible, risk-based model enables responsive and proportionate regulatory approaches to assessment and monitoring activities
- implement consistent cross-profession guidelines for accreditation, complemented by profession-specific processes (such as establishing assessment teams)
- collaborate to implement consistent cross-profession processes and tools to collect data from 43 education providers delivering almost 100 approved programs across the five professions
- begin a joint review of their accreditation standards.

Cultural safety in accreditation

ABSTARR Consulting completed the development of Aboriginal and Torres Strait Islander cultural safety training specifically for accreditation assessors within the National Scheme. The training began in 2024.

There are six online modules that improve assessors' understanding of cultural safety and their ability to apply cultural safety in accreditation. Assessors will be able to use and interpret the accreditation standards applying to cultural safety to accredit and monitor programs of study for the regulated health professions; guide and compel education providers, and their educators and supervisors, to provide culturally safe training; and ultimately help students and supervisors to contribute to culturally safe patient care.

Leadership and collaboration to address emerging risk

As a risk-based regulator, we act on concerns raised by colleagues, patients, employers and others. Where concerns relate to specific individual health practitioners, we have an established notifications process to deal with them. To gain insights into changes in the wider healthcare environment, we can analyse our data, which helps us to recognise and respond to risks early on.

However, recent trends in healthcare are moving quickly, driven by change and innovation, and there is potential for significant harm to occur that may not get reported. We saw this in the rise of cosmetic surgery in the past few years and, more recently, in newer models of healthcare marketed directly to consumers such as the surge in prescriptions for medicinal cannabis and for semaglutide for weight loss.

Maintaining a balance between access and the safety of emerging models of care that may pose significant risk is a key priority amid a growing number of prescriptions and the emergence of telehealth, online prescribing and direct-to-consumer health services.

Many of these novel risks go beyond individual health practitioners and also involve the regulation of places and products. To address them, we join forces with other regulators such as the Therapeutic Goods Administration (TGA) to take a system-wide approach to patient safety. Collaboration with other agencies is critical to keeping up with social and technological changes. Coming together to share knowledge, information and approaches results in the best outcomes for the public.

This year, we boosted our work with other regulators and services on cross-regulatory issues – leading where appropriate, supporting where needed, and taking a stewardship role in uniting organisations.

> **"We boosted our work with other regulators and services on cross-regulatory issues – leading where appropriate, supporting where needed, and taking a stewardship role in uniting organisations"**

In February, we hosted a forum on medicinal cannabis that brought together health regulators to share information and regulatory intelligence, with the aim of balancing safety with access. Ahpra called this forum together to examine how the responsible regulatory agencies can work together in a rapidly growing field to ensure clarity of roles and use our regulatory tools to reduce harms to the public.

We are part of an expert advisory group on medicinal cannabis with the TGA, and have worked with the TGA to organise discussions with state and territory pharmacy authorities about specific medications and the regulation of new models of care. We also meet with the TGA and Australian Competition and Consumer Commission about our respective work on shared issues such as vaping and artificial intelligence.

This cooperative approach is echoed in other areas of our work. In February, we hosted a series of three symposia to explore ways to minimise distress for practitioners who receive a notification. We invited support services, mental health organisations, professional associations, co-regulators and others to collaborate on improving the experience for practitioners.

Practitioners need support and guidance to help them understand their obligations under new healthcare models, which also call for a new approach to analysing and determining risk. Ahpra is only one part of Australia's health system and we can't solve these problems on our own. By leading collaborative efforts to address emerging issues, we are aiming to get ahead of them before they lead to serious harm and ensure that, among the rapid changes across the health sector, emerging models of care continue to put patients first.

Registration

Collaboration with stakeholders and continued streamlining of registration processes has been a focus this year.

- In December, we changed the way overseas applicants verify their identity – they no longer need to present in person in Australia before being registered. The change has reduced travel costs and application assessment times, enabling practitioners to start work sooner.
- In response to demand, a new nursing examination centre was opened for international applicants. All candidates are now able to sit an exam within eight weeks of us receiving their examination request.
- Overseas midwives can now take their first exam online, reducing cost and time as they no longer need to travel to Australia or New Zealand.
- We held education sessions for employers and stakeholders who work with international medical graduates, nurses and midwives to increase their understanding of the registration process. As a result, we saw more complete and accurate registration applications being submitted.
- Subscriptions to the Practitioner Information Exchange (PIE) increased from 161 to 192. This secure web-based service enables government departments, hospitals, healthcare businesses, pharmaceutical companies, medical insurers and nursing and aged care agencies to do a bulk check of registration status and other information published in the *Register of practitioners*.

The year in summary

- The number of registered health practitioners grew by 4.9% to 920,535 (Figure 87).
- 96.9% of all registered practitioners hold some form of practising registration.
- 90,629 practitioners hold specialist registration in an approved specialty.
- 28,922 practitioners hold endorsement to extend their scope of practice in a particular area because of an additional approved qualification.

Figure 87. Registration numbers since the National Scheme began

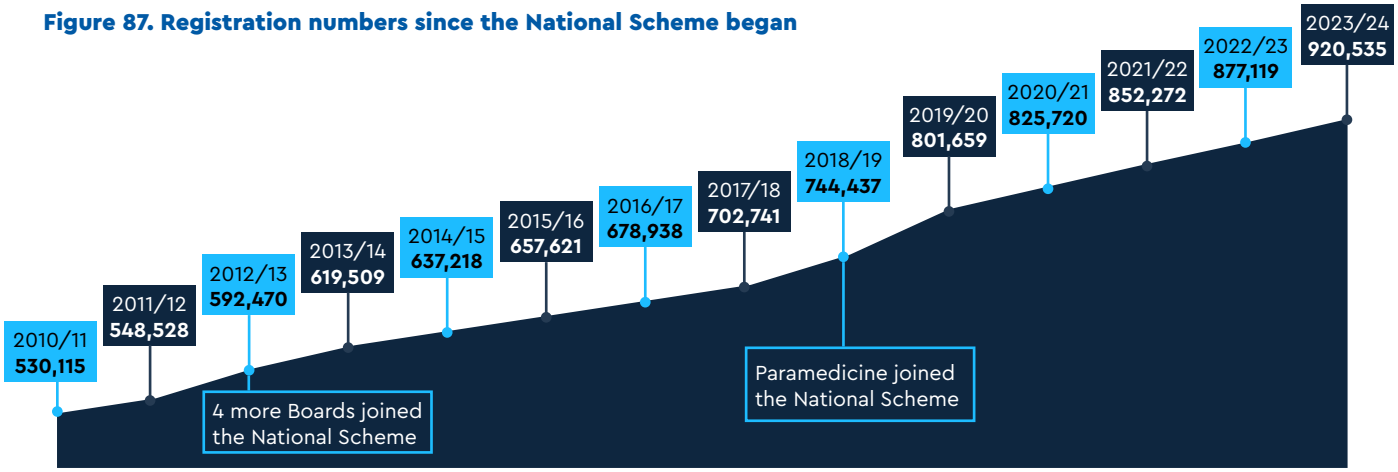


Figure 88. Health practitioners by state and territory

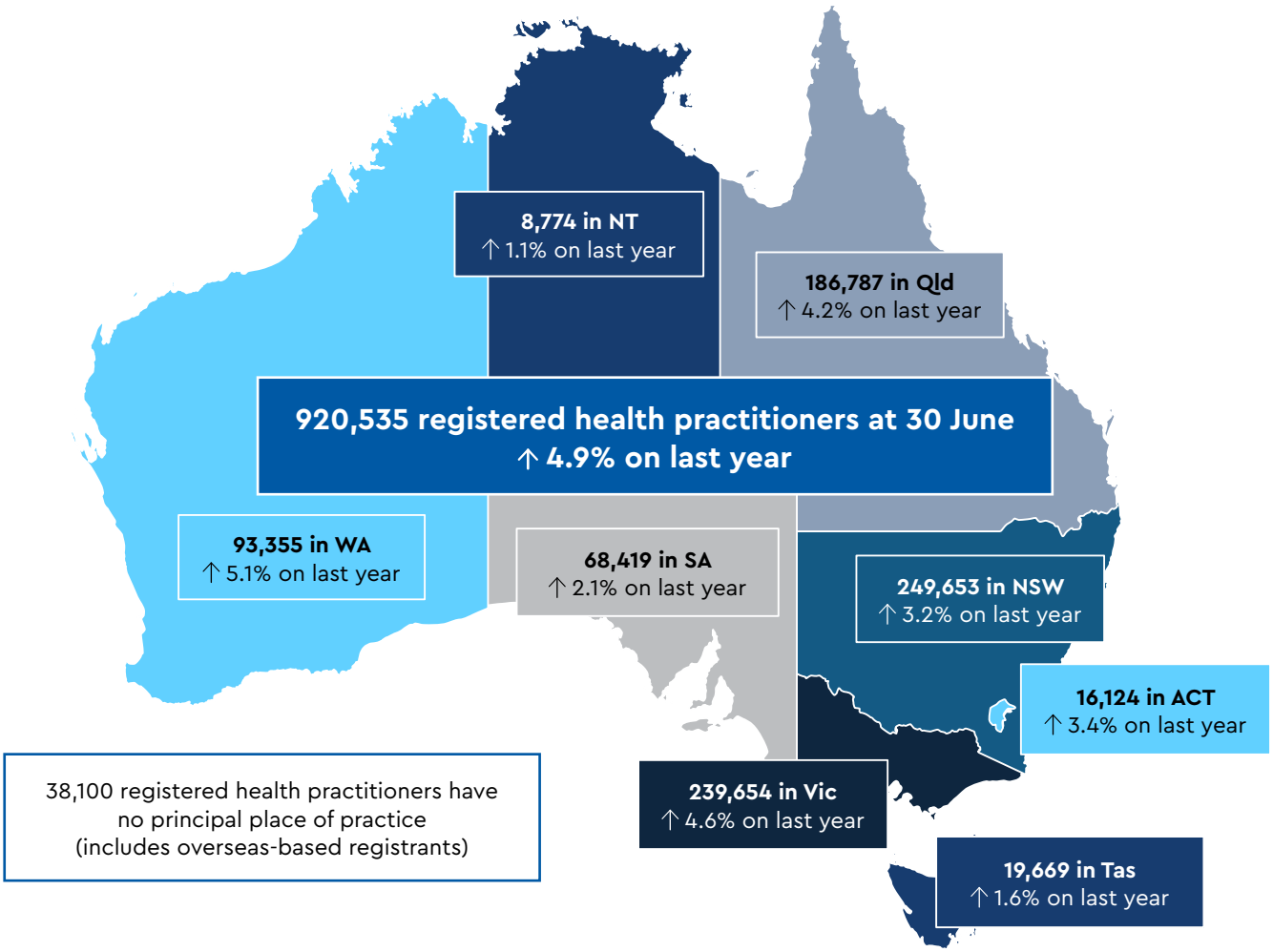


Table 7. Registered health practitioners, 30 June

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[1]	Total 2023/24	Total 2022/23	% change 2022/23–2023/24
Aboriginal and Torres Strait Islander Health Practitioner		252	191	184	101	5	53	186		972	887	9.6%
Chinese medicine practitioner	63	1,901	14	898	210	48	1,332	267	120	4,853	4,823	0.6%
Chiropractor	71	2,125	25	1,097	381	74	1,626	914	213	6,526	6,345	2.9%
Dental practitioner	489	8,023	168	5,621	2,196	444	6,664	3,181	797	27,583	26,692	3.3%
Medical practitioner	2,745	41,623	1,586	29,017	9,735	3,182	36,098	15,019	3,564	142,569	136,742	4.3%
Medical radiation practitioner	361	6,524	145	4,032	1,525	378	4,646	1,743	497	19,851	18,976	4.6%
Midwife	262	2,040	112	1,972	1,001	92	1,813	628	363	8,283	7,683	7.8%
Nurse	7,749	121,532	4,638	97,711	38,020	10,925	123,658	46,670	26,919	477,822	453,515	5.4%
Nurse and midwife[2]	414	6,968	445	5,374	1,539	614	7,789	2,818	266	26,227	26,555	-1.2%
Occupational therapist	498	8,608	256	6,515	2,531	430	8,231	4,394	584	32,047	29,742	7.7%
Optometrist	110	2,205	40	1,406	471	127	1,952	587	153	7,051	6,762	4.3%
Osteopath	40	686	6	381	47	54	2,172	81	59	3,526	3,325	6.0%
Paramedic	355	6,412	278	6,469	1,677	696	7,100	1,900	458	25,345	24,164	4.9%
Pharmacist	786	10,977	284	7,521	2,632	900	10,157	4,237	1,116	38,610	36,425	6.0%
Physiotherapist	909	12,726	271	8,691	3,462	717	10,761	5,129	2,229	44,895	42,098	6.6%
Podiatrist	83	1,732	30	1,091	571	122	1,846	567	93	6,135	6,038	1.6%
Psychologist	1,189	15,319	285	8,807	2,320	861	13,756	5,034	669	48,240	46,347	4.1%
Total 2023/24	**16,124**	**249,653**	**8,774**	**186,787**	**68,419**	**19,669**	**239,654**	**93,355**	**38,100**	**920,535**		
Total 2022/23	**15,598**	**241,892**	**8,676**	**179,330**	**66,995**	**19,359**	**229,160**	**88,806**	**27,303**		**877,119**	**4.9%**

1. No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
2. Registrants who hold dual registration as both a nurse and a midwife.

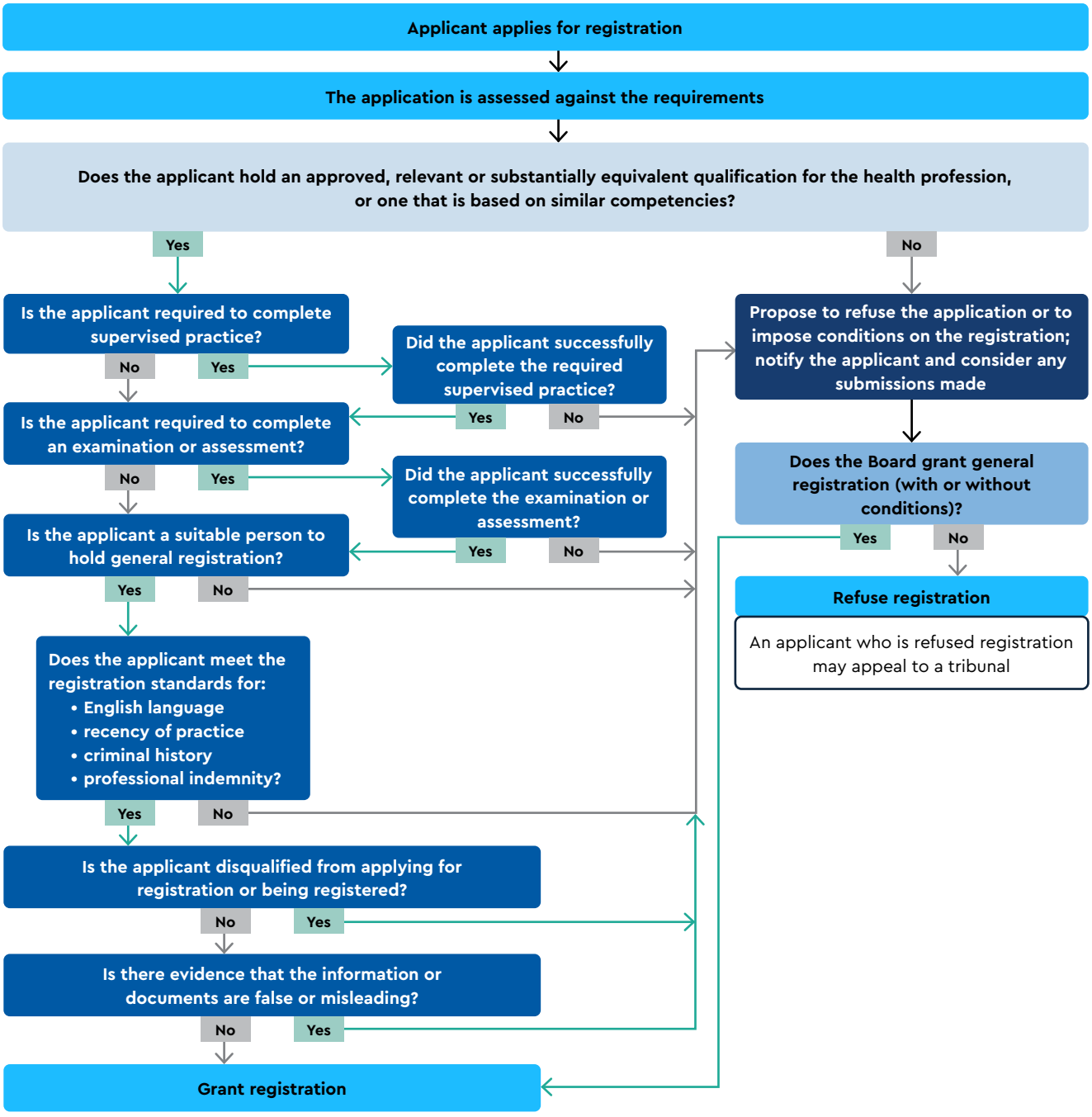
Who can be registered?

Practitioners who are suitably trained and qualified to practise in a competent manner can be registered.

National Boards can place conditions on a practitioner's registration or refuse an application entirely.

Figure 89 summarises how we decide an application for general registration.

Figure 89. The general registration process



Applications for registration

We received 105,382 applications for registration, of which 96,972 (92.0%) were for practising registration.

We finalised 106,236 applications for registration (see Table 8), an increase of 10.5% on last year.

More applications were finalised than received as some applications received in the previous year were finalised this year.

- 1,675 (1.6%) of finalised applications were granted registration with conditions.
- 105 (0.1%) were refused.
- 3,407 (3.2%) applicants withdrew before a final decision was made on their application. This is a reduction on last year when there were 3,805 withdrawals. (The usual reason for withdrawal is the applicant not being able to provide the evidence necessary to complete their application.)

New graduate applications

We received 41,476 applications from new graduates, including 22,997 nursing applications. This is a decrease of 2.6% and 4.5%, respectively, from last year, and a second year of lower numbers following a big jump (6.2% increase) in 2021/22.

- 30,185 of this year's applications were received between mid-September and March, the peak registration period for new graduates.
- Timeframes to assign, assess, make first contact and finalise when complete all improved on last year, and contributed to the improved results in our end-of-year graduate survey. The average time to assign and assess an application was down from seven days to six days.

> **10.5% more applications for registration were finalised this year**

Table 8. All applications finalised, by profession and outcome

Profession	Register	Register with conditions	Refuse application[1]	Withdrawn[2]	Total 2023/24	Total 2022/23
Aboriginal and Torres Strait Islander Health Practitioner	213	7	1	22	**243**	**170**
Chinese medicine practitioner	565	23	4	76	**668**	**701**
Chiropractor	439	15	6	17	**477**	**505**
Dental practitioner	2,064	30	4	55	**2,153**	**2,152**
Medical practitioner	21,712	361	19	587	**22,679**	**20,672**
Medical radiation practitioner	1,617	30	5	102	**1,754**	**1,567**
Midwife	2,217	22	1	82	**2,322**	**2,225**
Nurse	47,313	719	38	1,726	**49,796**	**45,625**
Occupational therapist	3,372	222	8	73	**3,675**	**3,367**
Optometrist	492	2	1	8	**503**	**504**
Osteopath	390	9		5	**404**	**349**
Paramedic	2,474	38	5	84	**2,601**	**2,504**
Pharmacist	5,267	101	1	104	**5,473**	**4,298**
Physiotherapist	5,431	40	3	234	**5,708**	**4,622**
Podiatrist	357	12		17	**386**	**413**
Psychologist	7,126	44	9	215	**7,394**	**6,462**
Total 2023/24	**101,049**	**1,675**	**105**	**3,407**	**106,236**	
Total 2022/23	**90,672**	**1,548**	**111**	**3,805**		**96,136**

1. If an applicant cannot demonstrate that they meet the eligibility, suitability and/or qualification requirements of the relevant National Board, their application will be refused.
2. If an application for registration is withdrawn by the applicant before a final decision is made, it is counted as withdrawn.

Register of practitioners

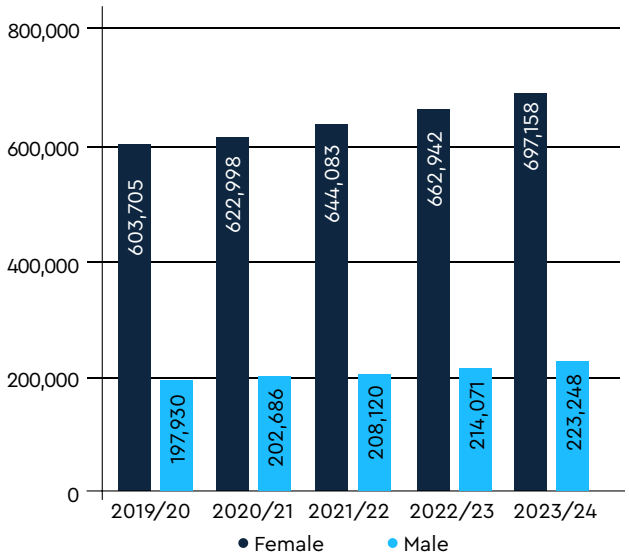
You can check our online *Register of practitioners* to see if someone is registered and if there are any special requirements on their registration.

The register was again the most popular part of our website, with more than 8 million unique visits. More than 11 million searches were made, of which over half were for medical practitioners.

Following a redesign of our website, there was a 36% increase in register use compared with last year. Every page of the website now has a prominent button to 'Look up a practitioner'; in the previous site design, most users navigated to the home page to access the register.

The website design improvements also resulted in more searches of the *Register of cancelled practitioners*: 121,427 searches were made and there was a 94% increase in unique visits since last year.

Figure 90. Registered health practitioners by gender



Note: Less than 0.1% of practitioners registered as intersex, indeterminate or preferred not to say.

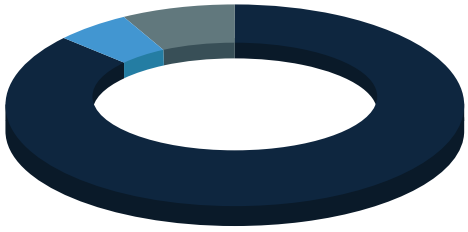
End-of-year graduate survey

The end-of-year graduate survey is a voluntary applicant experience survey now in its fifth year. The results give us valuable insights into the graduate experience of becoming registered as a qualified health practitioner.

We invited 28,152 new graduates to participate in the survey and 2,843 responded (a 10.1% participation rate). Overall, most measures improved when compared to last year.

This year saw the best result to date in satisfaction with how well we managed graduate applications, with 86.8% of respondents satisfied overall, compared to 86.2% last year.

Figure 91. Graduate survey



- **86.8%** Satisfied
- **5.3%** Neither satisfied nor dissatisfied
- **7.9%** Dissatisfied

Criminal history checks

We check every applicant's criminal history before they are registered.

- 82,458 results were received from domestic and international criminal history checks of practitioners and/or applicants (Table 9). This is an increase on the 79,759 results received in 2022/23.

Table 9. Criminal history checks and disclosable court outcomes

State/ territory[1]	2023/24		2022/23	
	Number of criminal history checks[2]	Number of disclosable court outcomes	Number of criminal history checks[2]	Number of disclosable court outcomes
ACT	1,617	22	1,589	45
NSW	19,987	622	20,009	657
NT	828	30	771	35
QLD	14,789	404	13,994	430
SA	5,595	204	6,443	191
TAS[3]	1,563	330	1,551	290
VIC	19,862	393	19,886	394
WA	8,435	358	8,142	354
No PPP[4]	9,782	13	7,374	12
Total 2023/24	**82,458**	**2,376**		
Total 2022/23			**79,759**	**2,408**

1. Data are by principal place of practice.
2. Refers to both domestic and international criminal history checks submitted.
3. The National Law requires that all criminal history be released. In Tasmania, police include traffic offences such as speeding and seatbelt use in their definition of 'criminal history', while other states do not.
4. No PPP (principal place of practice) includes practitioners with an overseas or unknown address.

International applicants

This year, 28,617 overseas-qualified practitioners gained registration, a 48.4% increase from last year.

- We registered 5,431 international medical graduates, a 29.0% increase on last year.
- We registered 351 internationally qualified midwives and 16,622 internationally qualified nurses, an increase of 28.6% and 48.6%, respectively.
- We registered 6,213 overseas-qualified practitioners across the other health professions, an increase of 71.8% from last year.

We focused on improving the process and timeframes for overseas applicants, including reducing the time to finalise applications. It took 44.9% less time to finalise 'complete' applications (those that included all the necessary information): 33 days this year, down from 60 days last year.

Mutual recognition with New Zealand

The *Trans-Tasman Mutual Recognition Act 1997* (TTMR Act) allows for many types of health practitioners registered in either Australia or New Zealand to apply for registration in the other country through a streamlined registration process. The objective is to remove regulatory barriers and drive workforce mobility for health practitioners who hold current practising registration in either jurisdiction.

Registration in Australia will only be granted in the same category as the practitioner's New Zealand registration. Any conditions, limitations or endorsements that apply in New Zealand may also apply to the practitioner's registration in Australia.

There has been a significant increase in approved TTMR applications: 14,452 this year and 9,129 last year, a 58.3% increase (Table 10). The increase is most notable for nurses and physiotherapists.

Changes to verification of identity

We have changed the way overseas applicants prove their identity, aligning it with the Attorney-General's Department's *National identity proofing guidelines*. The new requirements mean applicants no longer need to present in person in Australia before being registered. Instead, they can provide identity evidence while still overseas, which can enable them to be registered before coming to work in Australia.

This reduces the uncertainty for applicants and employers and significantly decreases application assessment times, thus enabling practitioners to start work sooner. Once overseas practitioners are registered and have moved to Australia, they must provide further proof of identity.

Supporting employers

Ahpra delivered eight virtual education sessions in every state and territory to employers and stakeholders who work with international applicants. This was to support employers seeking overseas-qualified practitioners to ease pressure on stretched local health services. The objective of the sessions was to increase understanding of registration processes for international medical graduates (IMGs) and internationally qualified nurses and midwives (IQNMs).

These sessions received very positive feedback from employers and resulted in more complete and accurate applications being submitted. This in turn reduced the time taken to finalise applications and improved the overall experience for applicants and employers.

Table 10. Newly registered international practitioners

	2022/23				2023/24			
Profession[1]	TTMR[2]	Other international	Total	% change 2021/22–2022/23	TTMR[2]	Other international	Total	% change 2022/23–2023/24
Chinese medicine practitioner[3]					49	12	**61**	
Chiropractor	31	12	**43**	**115.0%**	33	11	**44**	**2.3%**
Dental practitioner	92	388	**480**	**10.3%**	127	438	**565**	**17.7%**
Medical practitioner		4,211	**4,211**	**41.1%**		5,431	**5,431**	**29.0%**
Medical radiation practitioner	85	207	**292**	**207.4%**	120	274	**394**	**34.9%**
Midwife	85	188	**273**	**127.5%**	96	255	**351**	**28.6%**
Nurse	7,848	3,340	**11,188**	**148.1%**	11,989	4,633	**16,622**	**48.6%**
Occupational therapist	243	279	**522**	**85.8%**	287	337	**624**	**19.5%**
Optometrist	11	12	**23**	**76.9%**	29	17	**46**	**100.0%**
Osteopath	4	11	**15**	**87.5%**	11	6	**17**	**13.3%**
Paramedic	60	9	**69**	**-39.5%**	40	1	**41**	**-40.6%**
Pharmacist	73	706	**779**	**70.5%**	88	1,631	**1,719**	**120.7%**
Physiotherapist	540	569	**1,109**	**61.7%**	1,503	763	**2,266**	**104.3%**
Podiatrist	21	27	**48**	**92.0%**	21	53	**74**	**54.2%**
Psychologist	36	200	**236**	**-12.9%**	59	303	**362**	**53.4%**
Total	**9,129**	**10,159**	**19,288**	**92.5%**	**14,452**	**14,165**	**28,617**	**48.4%**

1. Applications finalised with an outcome of registered or registered with conditions. The Aboriginal and Torres Strait Islander Health Practice Board of Australia does not have a specific pathway for international practitioners.
2. Practitioners registered under the *Trans-Tasman Mutual Recognition Act 1997*. The TTMR Act does not include Aboriginal and Torres Strait Islander Health Practitioners or medical practitioners.
3. Chinese medicine practitioners became part of the TTMR Act on 1 July 2023.

More nurse and midwife exams

In response to demand, a new examination centre in Melbourne was opened for nurse and midwife objective structured clinical examinations (OSCEs), and we can now run up to 20 exam weeks each year across Adelaide and Melbourne. Each exam week has capacity for 240 candidates.

At 30 June, all candidates had been offered an exam date.

Some applicants sit an exam

The number of international applicants sitting an exam increased by 28.6% from last year.

Nursing and midwifery exams

IQNMs are required to complete a self-check of their qualifications before applying for registration. Those who hold qualifications that are substantially equivalent or based on similar competencies to an Australian graduate (and who meet the mandatory registration standards) progress to an application for registration. Some IQNMs will need to pass an outcomes-based assessment before being eligible to apply. The examination process for these IQNMs consists of:

- a multiple-choice question (MCQ) examination (knowledge test)
- an objective structured clinical examination (OSCE) (knowledge, skills and competence test).

The MCQ examinations:

- Enrolled nurse – a paper-based exam coordinated by Ahpra and held at our offices around Australia. Two exams were conducted this year.
- Registered nurse – the National Council of State Boards of Nursing's online National Council Licensure Examination – Registered Nurse (NCLEX-RN) held at Pearson VUE testing centres in more than 20 countries, including Australia. This year, 9,859 exams (including re-sits) were conducted, an increase from 8,077 last year.
- Midwife – an online exam held at Aspeq-managed facilities. There were 38 exams (including re-sits) conducted this year in Australia and New Zealand. Overseas midwives who are required to sit this exam are now able to do so from their overseas base. This reduces the candidate's cost and time significantly as they no longer need to travel to Australia or New Zealand to take the exam in person.

The OSCEs:

- 2,333 internationally qualified registered nurses participated in the registered nurse OSCE.
- The midwife OSCE was held twice during the year, with 21 midwives (including re-sits) participating in the exam.

Pharmacy, psychology, medical radiation practice and Chinese medicine exams

Ahpra coordinated the following exams:

- 2,331 pharmacy interns were assessed in the oral examination (practice) in October, February and June. All these exams used a hybrid online and face-to-face model.
- 112 oral exams were held for pharmacy practitioners holding limited or general registration with conditions on their registration that required the completion of an examination in practice, or in law and ethics. These exams were offered monthly.
- 2,270 candidates sat the quarterly national psychology examination. Candidates could choose to sit the exam in a test centre or online.
- 102 candidates sat the quarterly national medical radiation practice examination. These exams were also offered in a test centre or online.
- 19 candidates sat the scenario-based multiple-choice exam for Chinese medicine. Again, candidates could choose to sit the exam in a test centre (where available) or by online supervision.
- 20 candidates sat the OSCE for Chinese medicine over two examination periods.
- 12 candidates sat the paramedicine competency assessment.

Renewals

Ahpra renewed registration for 840,816 health practitioners. This is an increase of 5.0% from last year.

Each year when they renew, practitioners must confirm they continue to meet their National Board's mandatory registration standards. They must also let us know if there's been any change to their criminal history or any health impairment that may negatively affect their ability to practise safely.

Ahpra has continued to provide help to practitioners who were not able to renew their registration online. Only nine practitioners took up this option.

> **Renewals of registration were 5% higher than last year**

Aboriginal and Torres Strait Islander Peoples in the workforce

Aboriginal and Torres Strait Islander Peoples are under-represented in our health workforce. Increasing participation in the registered health workforce is a goal of our Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy. For more about the work we are doing to improve cultural safety, see page 9.

Ahpra and the National Boards ask about Aboriginal and/or Torres Strait Islander cultural identity in application and renewal processes. This enables us to understand workforce trends and the proportion of registered health practitioners who identify as Aboriginal and/or Torres Strait Islander.

At 30 June:

- Aboriginal and/or Torres Strait Islander Peoples' participation in the regulated health professions was 1.2%. This rate has remained the same for several years – the number of Aboriginal and/or Torres Strait Islander practitioners is growing steadily but is increasing at the same rate as the total number of registrants.
- The participation rate is well short of the 3.8% Aboriginal and Torres Strait Islander representation in the general population.
- 100% of Aboriginal and Torres Strait Islander Health Practitioners are Aboriginal and/or Torres Strait Islander. It is a requirement for registration in that profession. Paramedicine had the second-highest representation with 2.1% of its workforce identifying as Aboriginal and/or Torres Strait Islander.
- Midwifery (including dual-registered midwives and nurses) had the third-highest representation with 1.6%, followed by nursing (including dual-registered) with 1.5%.
- During the end-of-year new-graduate registration campaign, an additional 540 health practitioners who identified as Aboriginal and/or Torres Strait Islander joined the workforce.

Support for registrants

The Aboriginal and Torres Strait Islander Engagement and Support team was established last year to better support Aboriginal and Torres Strait Islander applicants, registrants and stakeholders to engage with our registration processes.

The team continued to support Aboriginal and/or Torres Strait Islander graduates with their application for registration (especially with any issues that arose or disclosures they needed to make). The team also supported practitioners who were renewing their registration, providing guidance and support across a range of issues and individual circumstances.

The team continues to use feedback from the new graduate survey, from stakeholders, and directly from the applicants and registrants they support to better understand the barriers to getting registered and renewed, and to improve the services we provide to Aboriginal and Torres Strait Islander applicants and registrants.

Table 11. Health practitioners who identified as Aboriginal and/or Torres Strait Islander

	2021/22[1]		2022/23		2023/24	
Profession	Registrants	%	Registrants	%	Registrants	%
Aboriginal and Torres Strait Islander Health Practitioner	886	100.0%	887	100.0%	972	100.0%
Chinese medicine practitioner	24	0.5%	21	0.4%	24	0.5%
Chiropractor	39	0.6%	38	0.6%	43	0.7%
Dental practitioner	144	0.6%	151	0.6%	152	0.6%
Medical practitioner	790	0.6%	845	0.6%	863	0.6%
Medical radiation practitioner	118	0.6%	122	0.6%	130	0.7%
Midwife	155	2.2%	180	2.3%	205	2.5%
Nurse	6,317	1.4%	6,759	1.5%	7,075	1.5%
Nurse and midwife[2]	357	1.3%	362	1.4%	354	1.3%
Occupational therapist	167	0.6%	172	0.6%	203	0.6%
Optometrist	14	0.2%	15	0.2%	13	0.2%
Osteopath	24	0.8%	25	0.8%	27	0.8%
Paramedic	454	2.0%	477	2.0%	527	2.1%
Pharmacist	116	0.3%	118	0.3%	120	0.3%
Physiotherapist	265	0.7%	292	0.7%	308	0.7%
Podiatrist	41	0.7%	38	0.6%	40	0.7%
Psychologist	298	0.7%	311	0.7%	373	0.8%
Total	10,209	1.2%	10,813	1.2%	11,429	1.2%

1. Includes practitioners on the temporary sub-register created in response to the COVID-19 pandemic. The pandemic sub-register was closed on 8 June 2023 and any practitioners who remained on it were transitioned to the main *Register of practitioners*.
2. Registrants who hold dual registration as both a nurse and a midwife.

Registered students

Students are the health practitioners of the future.

- 182,647 students were studying to be health practitioners through an approved program of study or clinical training program (Table 12).

Education providers supply student information so students can be registered.

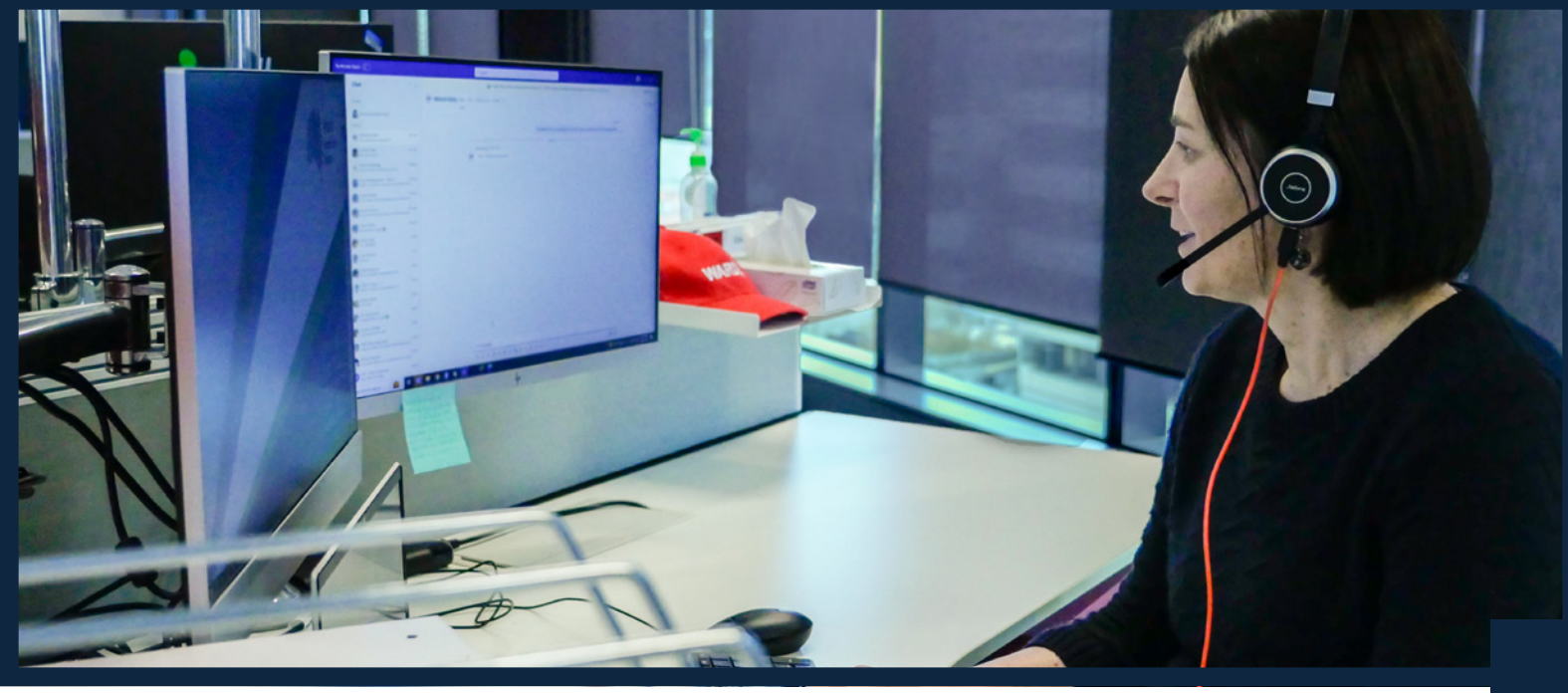
All National Boards except the Psychology Board register students. Psychology students receive provisional registration.

The student register is not open to the public.

Table 12. Registered students

Students by profession[1]	Approved program of study[2] students by expected completion date	Clinical training[3] students by expected completion date	Total 2023/24[4,5]	Total 2022/23
Aboriginal and Torres Strait Islander Health Practice	318	27	**345**	**348**
Chinese medicine	644		**644**	**923**
Chiropractic	1,504	97	**1,601**	**2,255**
Dental	4,994		**4,994**	**4,855**
Medical	21,171	158	**21,329**	**21,456**
Medical radiation practice	4,973	493	**5,466**	**5,600**
Midwifery[6]	3,973		**3,973**	**4,068**
Nursing[6]	98,827	437	**99,264**	**99,904**
Occupational therapy	12,553		**12,553**	**11,756**
Optometry	1,899	123	**2,022**	**2,085**
Osteopathy	1,238		**1,238**	**1,256**
Paramedicine[6]	7,449	18	**7,467**	**7,447**
Pharmacy	8,645	7	**8,652**	**9,580**
Physiotherapy	11,870	258	**12,128**	**11,270**
Podiatry	971		**971**	**1,097**
Total 2023/24	**181,029**	**1,618**	**182,647**	
Total 2022/23	**181,825**	**2,075**		**183,900**

1. The number of students reported as being in an approved program of study/clinical training program at 30 June (does not account for fluctuations throughout the year). This may include ongoing students or students with a completion date falling within the year. These data reflect the information received from education providers, and as such have limitations if being used as a comprehensive, comparative or planning tool.
2. A course that has been approved by a National Board and that leads to a qualification for registration.
3. Clinical training is defined as any form of clinical experience that does not form part of an approved program of study.
4. Due to ongoing improvements in validation and reporting processes, these data should not be objectively compared to those of previous years.
5. These data have been adjusted to remove duplicate students who meet the 100% match criteria, based on full name, date of birth, education provider, email address and program of study name.
6. To avoid double-counting, 3,200 students undertaking an approved double degree involving more than one profession (nursing/midwifery and nursing/paramedicine) have only been assigned to a single profession (nursing [1,884]/midwifery [171] and nursing [1,145]/paramedicine [0]).



Notifications

Hearing from individuals or organisations with concerns about health practitioners is an important way we identify safety and professionalism issues among registered health professionals.

Our role is to decide whether, because of a single concern or a pattern of concerns, we need to restrict a practitioner's ability to practise.

When we make these decisions, we are guided by the National Boards' codes of conduct, community expectations and public safety.

Explaining the data

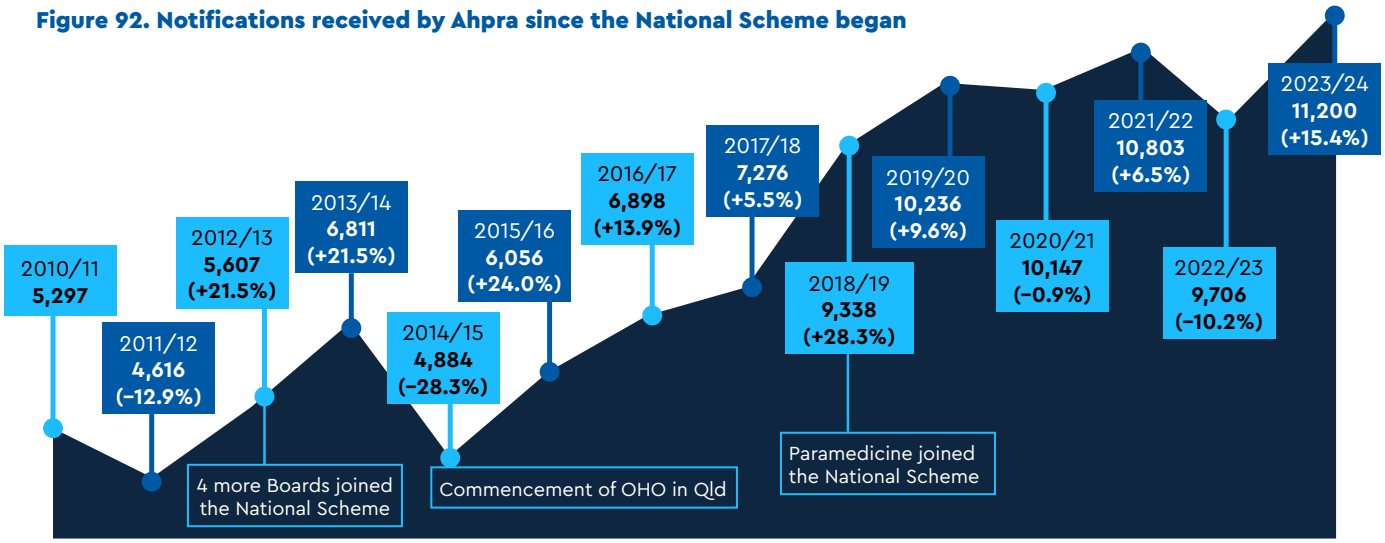
In this report, we mostly report on notifications received and managed by Ahpra and the National Boards.

When we include data about matters received and managed by the HPCA in New South Wales and OHO in Queensland, they are either provided in separate columns or, if incorporated into Ahpra data, acknowledged in the table title.

The year in summary

- Ahpra received 11,200 notifications (Figure 92), 15.4% more than last year.
- Nationally there were 19,522 notifications about 15,078 practitioners (Tables 13 and 14).
- We closed 11,156 notifications. This was 4.7% more than last year and more than any previous year.
- At 30 June, there were 5,049 open notifications, 0.9% (43) more than last year.
- 608 of the open notifications were awaiting a tribunal hearing or outcome.

Figure 92. Notifications received by Ahpra since the National Scheme began



Notifications received

Table 13. Notifications received, by profession and state or territory

Profession	Ahpra[1]									Ahpra subtotal	HPCA[5]	OHO[6]	Total 2023/24[7]	Total 2022/23[7]
	ACT	NSW[2]	NT	QLD[3]	SA	TAS	VIC	WA	No PPP[4]					
Aboriginal and Torres Strait Islander Health Practitioner			5	2			3	5		**15**	**4**		**19**	**6**
Chinese medicine practitioner			1	5	3	1	11	2		**23**	**25**	**5**	**53**	**41**
Chiropractor		1	3	17	17	3	30	14	2	**87**	**37**	**16**	**140**	**123**
Dental practitioner	19	10	4	119	73	13	351	116	18	**723**	**433**	**160**	**1,316**	**1,074**
Medical practitioner	164	76	82	1,207	712	192	2,750	1,025	202	**6,380**	**3,212**	**1,615**	**11,207**	**9,938**
Medical radiation practitioner	1	2	2	11	4		12	7	4	**43**	**19**	**10**	**72**	**53**
Midwife	15	2	5	43	17	10	25	12	10	**139**	**60**	**39**	**238**	**168**
Nurse	29	27	60	475	306	105	589	278	145	**2,014**	**932**	**297**	**3,243**	**2,884**
Occupational therapist	1		1	12	6	7	53	17	3	**100**	**46**	**30**	**176**	**149**
Optometrist		1		4	6	1	20	5	1	**38**	**32**	**5**	**75**	**63**
Osteopath		1		6			31	1		**39**	**15**	**1**	**55**	**29**
Paramedic	1	2	3	31	18	9	52	17	19	**152**	**93**	**48**	**293**	**216**
Pharmacist	16	1	4	80	45	16	171	60	73	**466**	**401**	**72**	**939**	**830**
Physiotherapist	4		3	36	14	5	78	18	43	**201**	**97**	**22**	**320**	**224**
Podiatrist	3	1		4	4	1	16	15	1	**45**	**40**	**9**	**94**	**90**
Psychologist	32	11	9	110	68	26	347	125	7	**735**	**383**	**164**	**1,282**	**1,208**
Total 2023/24	**285**	**135**	**182**	**2,162**	**1,293**	**389**	**4,509**	**1,717**	**528**	**11,200**	**5,829**	**2,493**	**19,522**	
Total 2022/23	**292**	**90**	**173**	**2,212**	**1,276**	**333**	**3,634**	**1,444**	**252**	**9,706**	**5,535**	**1,855**		**17,096**

1. Based on state or territory of the practitioner's principal place of practice (PPP).
2. Matters managed by Ahpra where the conduct occurred outside NSW.
3. Matters referred to Ahpra to manage, where the practitioner's PPP is in Queensland.
4. No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
5. Matters received and managed by the HPCA in NSW.
6. Matters received and managed by OHO in Queensland.
7. Includes matters managed by the HPCA and OHO.

Table 14. Number of practitioners with notifications (including HPCA and OHO)

Profession[1]	ACT	NSW[2]	NT	QLD[3]	SA	TAS	VIC	WA	No PPP[4]	Total 2023/24	Total 2022/23
Aboriginal and Torres Strait Islander Health Practitioner			3	2			2	5		**12**	**3**
Chinese medicine practitioner		19	1	11	3	1	10	2		**47**	**33**
Chiropractor		33	4	29	12	3	26	13		**120**	**106**
Dental practitioner	18	336	4	227	68	13	293	91	8	**1,058**	**903**
Medical practitioner	133	2,381	77	2,118	570	158	2,129	805	47	**8,418**	**7,761**
Medical radiation practitioner	1	18	2	15	3		11	5	1	**56**	**43**
Midwife[5]	15	41	5	75	16	8	23	10	2	**195**	**135**
Nurse[6]	27	731	55	689	262	89	545	240	33	**2,671**	**2,365**
Occupational therapist	1	36	1	37	6	4	47	14	2	**148**	**132**
Optometrist		30		9	5	1	20	4		**69**	**57**
Osteopath		12		6			28	1		**47**	**29**
Paramedic	1	71	2	71	17	9	36	15	3	**225**	**175**
Pharmacist	14	225	4	129	42	12	152	52	31	**661**	**599**
Physiotherapist	4	75	3	49	14	5	63	17	4	**234**	**191**
Podiatrist	3	31		13	4	1	13	13		**78**	**71**
Psychologist	24	318	8	232	55	17	278	103	4	**1,039**	**981**
Total 2023/24	**241**	**4,357**	**169**	**3,712**	**1,077**	**321**	**3,676**	**1,390**	**135**	**15,078**	
Total 2022/23	**249**	**4,182**	**141**	**3,297**	**1,087**	**291**	**3,090**	**1,183**	**64**		**13,584**

1. Data for each profession are for registrants whose profession has been identified.
2. Matters managed by the HPCA, and notifications managed by Ahpra about a practitioner with a principal place of practice (PPP) in NSW.
3. Matters managed by OHO, and matters referred to Ahpra to manage, where the practitioner's PPP is in Queensland.
4. No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
5. Registrants with midwifery registration or with dual nursing and midwifery registration.
6. Registrants with nursing registration or with dual nursing and midwifery registration.

Table 15. Percentage of all registered health practitioners with notifications (including HPCA and OHO)

Profession[1]	ACT	NSW[2]	NT	QLD[3]	SA	TAS	VIC	WA	No PPP[4]	Total 2023/24	Total 2022/23
Aboriginal and Torres Strait Islander Health Practitioner			1.6%	1.1%			3.8%	2.7%		**1.2%**	**0.3%**
Chinese medicine practitioner		1.0%	7.1%	1.2%	1.4%	2.1%	0.8%	0.7%		**1.0%**	**0.7%**
Chiropractor		1.6%	16.0%	2.6%	3.1%	4.1%	1.6%	1.4%		**1.8%**	**1.7%**
Dental practitioner	3.7%	4.2%	2.4%	4.0%	3.1%	2.9%	4.4%	2.9%	1.0%	**3.8%**	**3.4%**
Medical practitioner	4.8%	5.7%	4.9%	7.3%	5.9%	5.0%	5.9%	5.4%	1.3%	**5.9%**	**5.7%**
Medical radiation practitioner	0.3%	0.3%	1.4%	0.4%	0.2%		0.2%	0.3%	0.2%	**0.3%**	**0.2%**
Midwife[5]	2.2%	0.5%	0.9%	1.0%	0.6%	1.1%	0.2%	0.3%	0.3%	**0.6%**	**0.4%**
Nurse[6]	0.3%	0.6%	1.1%	0.7%	0.7%	0.8%	0.4%	0.5%	0.1%	**0.5%**	**0.5%**
Occupational therapist	0.2%	0.4%	0.4%	0.6%	0.2%	0.9%	0.6%	0.3%	0.3%	**0.5%**	**0.4%**
Optometrist		1.4%		0.6%	1.1%	0.8%	1.0%	0.7%		**1.0%**	**0.8%**
Osteopath		1.7%		1.6%			1.3%	1.2%		**1.3%**	**0.9%**
Paramedic	0.3%	1.1%	0.7%	1.1%	1.0%	1.3%	0.5%	0.8%	0.7%	**0.9%**	**0.7%**
Pharmacist	1.8%	2.0%	1.4%	1.7%	1.6%	1.3%	1.5%	1.2%	2.8%	**1.7%**	**1.6%**
Physiotherapist	0.4%	0.6%	1.1%	0.6%	0.4%	0.7%	0.6%	0.3%	0.2%	**0.5%**	**0.5%**
Podiatrist	3.6%	1.8%		1.2%	0.7%	0.8%	0.7%	2.3%		**1.3%**	**1.2%**
Psychologist	2.0%	2.1%	2.8%	2.6%	2.4%	2.0%	2.0%	2.0%	0.6%	**2.2%**	**2.1%**
Total 2023/24	**1.5%**	**1.7%**	**1.9%**	**2.0%**	**1.6%**	**1.6%**	**1.5%**	**1.5%**	**0.4%**	**1.6%**	
Total 2022/23	**1.6%**	**1.7%**	**1.6%**	**1.8%**	**1.6%**	**1.5%**	**1.3%**	**1.3%**	**0.2%**		**1.5%**

1. Data for each profession are for registrants whose profession has been identified.
2. Matters managed by the HPCA, and notifications managed by Ahpra about a practitioner with a principal place of practice (PPP) in NSW.
3. Matters managed by OHO, and matters referred to Ahpra to manage, where the practitioner's PPP is in Queensland.
4. No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
5. Registrants with midwifery registration or with dual nursing and midwifery registration.
6. Registrants with nursing registration or with dual nursing and midwifery registration.

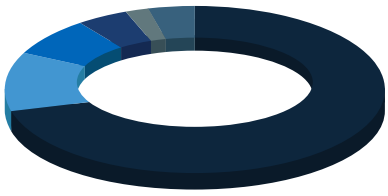
Who makes notifications?

Figure 93 shows the sources of notifications. Most notifications (70.9%) are made by patients, their families and friends, and other members of the public. This was consistent with last year (71.0%).

A further 18.7% were from health practitioners and employers.

We received 2,620 confidential (we know the identity of the notifier and were asked not to disclose it) and anonymous (the notifier does not disclose any identifying information to us) notifications. This was 44.9% more than we received last year.

Figure 93. Who makes notifications?



- Patient, relative or member of the public **70.9%**
- Other practitioner **11.3%**
- Employer **7.4%**
- Police, government or co-regulator **4.4%**
- Board initiated **2.0%**
- Other **3.9%**

Managing notifications

Improvements

Across the year we made several process improvements, including the following:

- Redesigned a webpage with clearer and more streamlined information on how to raise a concern about a health practitioner. Visits were 89% higher than in the same period last year and it has had more than 87,000 visits since launch.
- Improved engagement with notifiers through a dedicated intake team to take all new notifications. This team had more than 9,000 phone calls and more than 11,000 emails with notifiers.
- Established a team to support improved consultation with the health complaints organisations (HCOs) in each state and territory. As a result, consultations between Ahpra and the HCOs were completed an average of 7.6 days sooner than last year.
- Worked with the Medical Board of Australia and Dental Board of Australia to streamline decision making for lower-risk concerns. This has resulted in a 33-day reduction in the time taken to complete lower-risk matters.
- Certificate IV Investigator Training for staff who manage notifications to hone their investigative and case-management skills. More than 200 notifications staff have completed this program since January 2022.

- Greater support for the wellbeing of notifiers and practitioners interacting with us through promotion of profession-specific support services. An update of our support services webpage (www.ahpra.gov.au/Notifications/Support-services) has resulted in more visits.

Experience

We seek direct feedback from notifiers and practitioners by sending them a survey when a notification is completed. This year we saw an increase in notifier and practitioner satisfaction with our processes.

- Practitioner responses reflected an increase in overall satisfaction (from 57% last year to 62% this year)
- Notifier responses reflected an increase in overall satisfaction (from 30% last year to 36% this year)

Specific to the process improvements we made in relation to lower-risk concerns, practitioners are reporting an increase in satisfaction (from 60% last year to 64% this year).

For those practitioners where we adopted a strengthening practice approach there was an increase in practitioner satisfaction (from 57% last year to 60% this year).

The work we have done to support notifiers has also had a positive impact. Notifiers whose matter resulted in no restrictions on the practitioner's registration reported an increase in satisfaction with the process (from 25% last year to 32% this year). Where regulatory action was taken, notifiers also reported an increase in satisfaction (from 59% last year to 64% this year).

Though these rates are improving, we recognise they are low and we continue to work on several fronts to improve the experience of notifiers and practitioners.

Managing concerns

There are three types of allegations we can manage. They are that:

- a practitioner is practising their profession in an unsafe way
- a practitioner's behaviour is placing the public at risk
- a practitioner's ability to make safe judgements about their patients might be impaired because of their health.

The most common type of concern relates to the way a practitioner is practising their profession, including concerns about inadequate or inappropriate treatment (see Table 16).

A notification can be about more than one concern and 35.3% of notifications we received contained multiple concerns.

Not all concerns raised with us are about individuals we register or things that we can deal with. When concerns are not within our jurisdiction, we speak with the notifier about why we are not able to consider their concerns and, where appropriate, help them to seek support elsewhere.

Figure 94. The notifications process

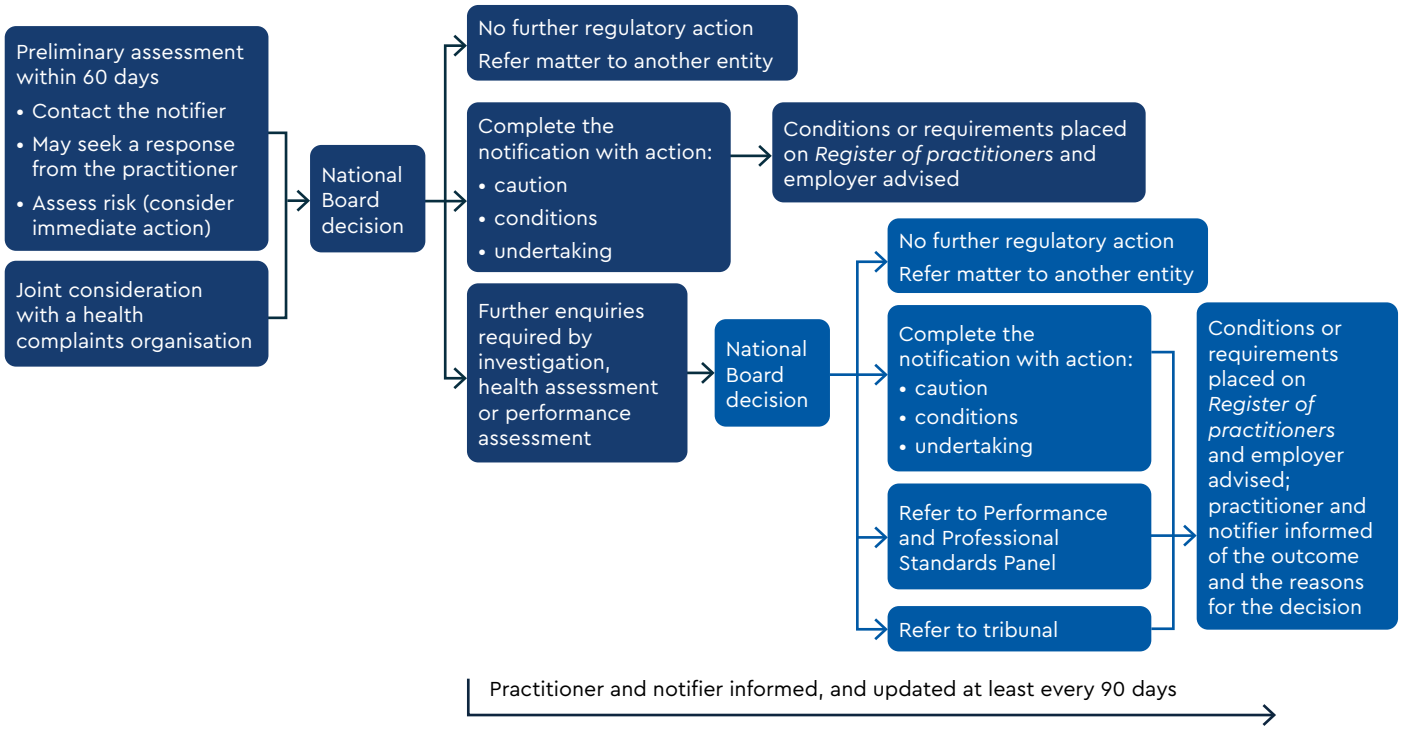


Table 16. Types of concerns raised

Concern category (and specific issue)[1]	Patient, relative, member of public	Other practitioner	Employer	Police, government, co-regulator	Board initiated	Other	Total	% of all concerns raised
Clinical care	**4,976**	**382**	**268**	**70**	**44**	**87**	**5,827**	**34.7%**
Inadequate or inappropriate treatment	1,506	129	97	21	16	21	**1,790**	**10.7%**
Inadequate or inappropriate procedure	570	32	17	4	2	15	**640**	**3.8%**
Inadequate or inappropriate history or examination	493	41	17	9	5	7	**572**	**3.4%**
Missed, incorrect or delayed diagnosis	419	20	3	3	3	11	**459**	**2.7%**
Other clinical care issue	355	30	47	11	2	12	**457**	**2.7%**
Inadequate or inappropriate follow-up or review	332	17	7	4	4	4	**368**	**2.2%**
Refusal to assist or attend or admit	317	11	7	4		3	**342**	**2.0%**
Inadequate or inappropriate testing or investigation	233	15	8	4	2	2	**264**	**1.6%**
Delayed or inadequate or inappropriate referral	203	9	6	1		5	**224**	**1.3%**
Inappropriate delay in care	144	21	23	1			**189**	**1.1%**
Inadequate or inappropriate monitoring	103	30	29	2	4	3	**171**	**1.0%**
Inappropriate discharge or transfer	97	4	1	1	1		**104**	**0.6%**
Unnecessary treatment/over-servicing	74	13	3	1	1	1	**93**	**0.6%**
Cosmetic procedure or treatment	55	5	1	1	2	1	**65**	**0.4%**
Cosmetic surgery	42	2			1		**45**	**0.3%**
Failure to ensure physical privacy	23	3	2	3			**31**	**0.2%**
Inappropriate admission	10				1	2	**13**	**0.1%**
Communication	**2,072**	**143**	**77**	**9**	**10**	**20**	**2,331**	**13.9%**
Management of medication	**1,129**	**297**	**190**	**165**	**47**	**35**	**1,863**	**11.1%**
Record keeping and documentation	**837**	**84**	**111**	**30**	**16**	**23**	**1,101**	**6.6%**
Behaviour	**482**	**162**	**113**	**15**	**6**	**29**	**807**	**4.8%**
Other	**2,373**	**910**	**639**	**364**	**186**	**378**	**4,850**	**28.9%**

1. Either as a single concern or one of multiple concerns received in a notification.

Our case-management approach

Once we determine that a concern is within our jurisdiction to manage, we decide how it can best be managed by considering:

- the nature of the concern
- the powers or processes best suited to gathering the required information
- the likelihood that regulatory action might be needed.

Where possible, each notification is allocated to a single case manager from beginning to end.

Early determination

When a notification indicates no or low ongoing risk to patients, we consider whether it is appropriate to refer it to a health complaints organisation (HCO; also known as a health complaints entity).

There are HCOs in every state and territory. They are vital partners in ensuring that consumer complaints about health services are resolved. HCOs share the complaints they receive about registered health practitioners with Ahpra, and Ahpra shares relevant consumer complaints it receives with HCOs. Together we decide which is the most appropriate body to deal with the complaint.

A total of 2,057 notifications were retained by, or referred to, an HCO during the year. This is 18.4% of all the notifications we completed and slightly fewer than the previous year.

A further 1,841 (16.5%) did not require referral to an HCO but did not require any action from us. These were closed.

Identifying at an early point which notifications can be dealt with through early determination has significantly improved the time it takes to close notifications. We closed:

- 50% of low-risk notifications in less than 3 months compared to 42% last year
- 88% of low-risk notifications in less than 6 months compared to 67% last year.

Strengthening practice

When a concern identifies some risk to the public, we engage with practitioners.

Our specialist teams gather information from practitioners, employers and others about a practitioner's practice and, where required, to understand what steps have already been taken to improve it.

When this information indicates that we can rely on individual, organisational or regulatory risk controls to be confident there is no ongoing risk to the public, we can take no further action (see Figure 95).

Around half of notifications this year were referred to the strengthening practice team and 19% of these matters were closed without any regulatory action because the practitioner demonstrated the steps they had taken to reflect on and improve their practice.

Figure 95. Assessing and controlling levels of risk

Higher risk: Risk controls at the individual and organisational level are bolstered by regulatory action, such as monitoring, to ensure safe, professional practice

Medium risk: Risk controls at the individual level are strengthened through organisational risk controls to ensure ongoing safe, professional practice

Lower risk: Risk controls at the individual level are identified and assessed for their suitability in ensuring ongoing safe, professional practice

Case studies

Not a ground for a notification

A patient raised concerns with us about having to wait 45 minutes to see her general practitioner. When she asked about the delay, the reception staff advised her that the doctor was delayed due to a phone consultation. The notifier cancelled her appointment and told the reception staff she would not return. She believed the doctor should have better managed their time and not made her wait in the reception area.

We acknowledged the frustrations felt by the notifier but are not able to assist with concerns about waiting times or the scheduling of appointments. We spoke with the notifier and provided her advice on seeking a resolution directly with the medical clinic.

Referral to an HCO

A notifier advised that their regular medical practitioner had closed down their clinic. Signs on the front desk and website advised patients to contact the clinic to organise transfer of their medical records to another clinic.

The notifier had sent two emails to the clinic within a two-week period and had left at least one voice message. The notifier had received no response from the clinic and their medical records had not been transferred to their new general practitioner.

Ahpra consulted with the relevant HCO, which agreed they would help the patient to get their medical records transferred to their new clinic.

Strengthening practice: Steps taken to address

The Psychology Board of Australia reviewed patient records in the course of managing a notification. It identified that the records of consultations with a patient did not appear to be adequate, contrary to parts of the code of conduct that applies to psychologists.

The practitioner agreed with the Board's concerns and provided a copy of the professional development and supervision plan they had agreed with their employer to improve their record keeping. The plan included completion of an education module on record keeping and regular auditing of the practitioner's records to confirm they were compliant with the education.

The Board decided that both the practitioner and their employer had taken steps to address the concerns. They decided to close the notification without regulatory action being taken.

No response required

A patient raised concerns about a medical practitioner who had refused to prescribe medication for their joint pain.

The Medical Board of Australia decided that, as the practitioner had practised for over 15 years with no prior notifications, as it is best practice for medical practitioners to exercise their own professional judgement in prescribing medications, and that to refuse to prescribe is not unreasonable, a response from the practitioner was not needed. The Board decided no regulatory action was required.

Strengthening practice: Regulatory action necessary

Two notifications were received about a pharmacist. The concerns raised included failure to:

- adequately store and monitor schedule 8 medications
- follow adequate protocols for destroying schedule 8 medications
- follow documented infection control procedures while working in the pharmacy.

The practitioner had a history of notifications, which resulted in the Pharmacy Board of Australia requiring them to undertake further education in medication management.

In their response to the most recent concerns the practitioner advised they had introduced new policies and procedures within the pharmacy.

The Board noted the practitioner had taken some steps to address the concerns but felt the steps were not adequate to address the ongoing concerns about the failure to follow established protocols.

The Board imposed conditions on the practitioner's registration requiring the practitioner to undergo mentoring with a registered pharmacist and to be subject to practice audits.

Health management

When a practitioner has a health impairment that affects their ability to practise safely, we have a role to ensure public safety. We have a specialist team that manages health-related concerns and we continue to implement changes to minimise distress for practitioners involved in our regulatory processes (see page 81).

The improvements we are making have had a significant impact on timeframes. During the year, 41% of health concerns were completed within three months, compared to 39% in 2022/23 and 28% in 2021/22.

Professional standards

Behaviour by a practitioner that is substantially below the standard expected by the public or their peers, or inconsistent with the requirement to be a fit and proper person to hold registration, is investigated by the National Boards. They can refer the concerns relating to the practitioner to tribunals across the country.

This year, 235 practitioners were referred to a tribunal. This is a 1.7% increase compared with last year.

Matters referred to tribunals include allegations of sexual misconduct. Sexual misconduct notifications are included in our data on boundary violations (Table 17), which are 37.5% higher than last year. The numbers of boundary violations reported to us have been growing over recent years, and we have developed a plan of work to manage concerns specific to sexual misconduct. For more, see page 75.

Under new legislative provisions that came into effect in May 2023, the National Boards have limited discretion to decide not to refer professional misconduct matters to a tribunal. This year, Boards decided not to refer three practitioners (eight notifications) as there was no public interest in their notifications being heard by a tribunal.

> **"Improvements to how we manage health concerns are helping to decrease timeframes – 41% of health concerns were completed within three months, compared to 39% in 2022/23 and 28% in 2021/22"**

Case study: A health concern

A nurse self-notified about their recent inpatient admission following a new diagnosis of bipolar disorder. This diagnosis, if unmanaged, could affect the practitioner's ability to practise safely.

The nurse provided a letter from their employer that demonstrated support for them to return to work and a letter from a treating mental health clinician outlining the steps the nurse had taken to ensure a safe return to practice.

The Nursing and Midwifery Board of Australia noted that the nurse had taken time off work, sought treatment and was engaging with their employer and treating practitioner to ensure they were practising safely. The Board decided no further regulatory action was required.

Case study: Serious conduct concerns

Eight notifications were received across a two-year period about a medical practitioner. The concerns included:

- engaging in a personal relationship with a patient and their children, including making personal visits to their home, providing financial assistance and, when the patient ceased contact with the practitioner, engaging in threatening and intimidating behaviour
- threatening and intimidating other health practitioners
- disclosing personal information to another patient in voicemails and texts, despite the patient not responding to or engaging in the correspondence
- billing Medicare for services not provided to patients and other inappropriate billing practices.

The Medical Board of Australia decided to take immediate action to suspend the practitioner's registration. Several months later, the practitioner surrendered their registration.

After an investigation, the Board decided that the concerns amounted to professional misconduct and required referral to a tribunal.

Table 17. Notifications received about boundary violations

Profession	ACT	NSW[1]	NT	QLD[2]	SA	TAS	VIC	WA	No PPP[3]	Total 2023/24	Total 2022/23
Aboriginal and Torres Strait Islander Health Practitioner								2		2	1
Chinese medicine practitioner				1			4	1		6	3
Chiropractor				2	3	2	6	2	1	16	16
Dental practitioner				9	3		24	9	2	47	25
Medical practitioner	12	12	1	77	63	25	197	75	10	472	361
Medical radiation practitioner					3		1	2	2	8	5
Midwife	2		1		2	1	3	2		11	4
Nurse	8	2	8	52	52	22	99	57	20	320	215
Occupational therapist				1			5	3		9	7
Optometrist							2		1	3	0
Osteopath		1		2			10	1		14	5
Paramedicine	1			3	2	5	21	5	2	39	19
Pharmacist	1			4	1	1	15	10		32	20
Physiotherapist	1			7	1	1	19	2	1	32	33
Podiatrist				1			3	2		6	6
Psychologist	7	3	2	15	10	7	67	27	1	139	121
Total 2023/24	32	18	12	174	140	64	476	200	40	1,156	
Total 2022/23	18	17	17	143	124	32	323	148	19		841

1. Matters managed by Ahpra where the conduct occurred outside NSW.
2. Matters managed by OHO, and matters referred to Ahpra to manage where the practitioner's principal place of practice is in Queensland.
3. No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Mandatory notifications

In certain circumstances, practitioners and employers must tell us if they think a practitioner's conduct, performance or health places their patients at risk.

Mandatory notifications made up 10.4% of notifications received.

We received 1,165 mandatory notifications, 15.2% more than last year (see Table 18).

- 43.8% (510) were about nurses.
- 29.4% (343) were about medical practitioners.

Most mandatory notifications received related to the practitioner suffering from a possible impairment (41.4%), followed by departure from professional standards (39.0%), sexual misconduct (10.6%) and intoxication (9.0%).

Table 18. Mandatory notifications received

Profession	Ahpra[1]									Ahpra subtotal	HPCA[5]	OHO[6]	Total 2023/24[7]	Total 2022/23[7]
	ACT	NSW[2]	NT	QLD[3]	SA	TAS	VIC	WA	No PPP[4]					
Aboriginal and Torres Strait Islander Health Practitioner			5				2			7			7	1
Chinese medicine practitioner							3	1		4	1		5	5
Chiropractor							2	1	1	4	4	2	10	10
Dental practitioner		2		3	4	1	11	8		29	6	1	36	23
Medical practitioner	11	7	5	43	54	25	129	63	6	343	128	34	505	447
Medical radiation practitioner				3	3		2	3		11	2		13	10
Midwife	2	1	1	3	6	3	6	4		26	15	8	49	43
Nurse	7	2	10	75	111	32	168	99	6	510	196	59	765	790
Occupational therapist							7	6		13	5	3	21	12
Optometrist							1	1		2	1		3	2
Osteopath							6	1		7			7	3
Paramedic		2	2	4	5	2	17	6	2	40	24	11	75	45
Pharmacist	3		1	5	2	4	28	13		56	16	7	79	54
Physiotherapist	1		1	2	2	2	9	2	3	22	12	1	35	22
Podiatrist					1		1	1		3	2		5	7
Psychologist	8	1	4	13	8	2	34	17	1	88	43	2	133	119
Total 2023/24	32	15	29	151	196	71	426	226	19	1,165	455	128	1,748	
Total 2022/23	30	13	38	103	204	65	379	165	14	1,011	479	103		1,593

1. Based on state and territory of the practitioner's principal place of practice (PPP).
2. Matters managed by Ahpra where the conduct occurred outside NSW.
3. Matters referred to Ahpra to manage, where the practitioner's PPP is in Queensland.
4. No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
5. Matters received and managed by the HPCA in NSW.
6. Matters received and managed by OHO in Queensland.
7. Includes matters managed by the HPCA and OHO.

Immediate action

When we are worried that there is a serious risk to public safety, or it is otherwise in the public interest, we can take immediate action while we make further enquiries.

Table 19 shows that immediate action was taken 413 times (Ahpra data only). This is up 23.3% from last year, largely due to the increase in notifications received.

Being the subject of an immediate action by a Board can be extremely daunting. We only use our immediate action powers when:

- there is a serious risk to the public
- we believe a practitioner's registration has been improperly obtained because they have provided misleading information when applying for registration
- the practitioner holds registration outside Australia and that registration has been suspended or cancelled by another regulator
- there is a clear and compelling reason to restrict or suspend the practitioner's registration based on public interest reasons (including, for example, that a practitioner has been charged with, or convicted of, serious criminal behaviour).

Table 19. Immediate action cases

Profession	No immediate action taken			Action taken[1]										Decision pending[2]			Total 2023/24			Total 2022/23		
				Suspend registration			Accept surrender of registration		Impose conditions			Accept undertaking										
	Ahpra	HPCA[3]	OHO[4]	Ahpra	HPCA	OHO	Ahpra	HPCA	Ahpra	HPCA	OHO	Ahpra	HPCA	Ahpra	HPCA	OHO	Ahpra	HPCA	OHO	Ahpra	HPCA	OHO[5]
Aboriginal and Torres Strait Islander Health Practitioner																	**0**	**0**	**0**	**0**	**1**	**0**
Chinese medicine practitioner		1		2	1					1				3		1	**5**	**3**	**1**	**4**	**2**	**0**
Chiropractor	1		1	3		1				1		1					**5**	**1**	**2**	**14**	**6**	**0**
Dental practitioner	5	10		6	4				6	4				2			**19**	**18**	**0**	**9**	**23**	**0**
Medical practitioner	187	48	7	78	7	1	10	9	72	56	4	25		47	5	1	**419**	**125**	**13**	**385**	**100**	**19**
Medical radiation practitioner	2			1					3	1							**6**	**1**	**0**	**5**	**0**	**0**
Midwife	2							1	4	5							**6**	**6**	**0**	**14**	**14**	**0**
Nurse	69	10	7	67	12	5	2	3	40	78	9	20		27	11	1	**225**	**114**	**22**	**219**	**197**	**22**
Occupational therapist	3									1							**3**	**1**	**0**	**0**	**2**	**1**
Optometrist					1												**0**	**1**	**0**	**0**	**2**	**0**
Osteopath	1								1								**2**	**0**	**0**	**3**	**1**	**1**
Paramedic	8		3	1	3					5		1					**10**	**8**	**3**	**8**	**19**	**2**
Pharmacist	8	6		17	11		1		3	37	1	1		2	5		**32**	**59**	**1**	**27**	**44**	**2**
Physiotherapist	4	1	2	8					5	4				1			**18**	**5**	**2**	**20**	**5**	**4**
Podiatrist	4				2										1		**4**	**3**	**0**	**4**	**2**	**0**
Psychologist	15		2	20	2		6	2	8	9		1		4	2	1	**54**	**15**	**3**	**54**	**32**	**8**
Total 2023/24	**309**	**76**	**22**	**203**	**43**	**7**	**19**	**15**	**142**	**202**	**14**	**49**	**0**	**86**	**24**	**4**	**808**	**360**	**47**			
Total 2022/23	**367**	**84**	**31**	**158**	**51**	**3**	**12**	**19**	**122**	**296**	**19**	**43**	**0**	**64**	**0**	**6**				**766**	**450**	**59**

1. Cases where immediate action has been initiated under Part 8, Division 7 of the National Law.
2. In cases where immediate action was initiated towards the close of the reporting year, an outcome decision has not been finalised.
3. HPCA columns in this table show matters managed by the HPCA in NSW. HPCA data exclude matters that were considered for immediate action but did not proceed to a hearing, other than matters where the case did not proceed because the practitioner surrendered registration.
4. OHO columns in this table show matters received and managed by OHO in Queensland. Surrender of registration and undertaking are not used by OHO for immediate action.
5. The OHO total for 2022/23 has been updated since the 2022/23 Ahpra annual report due to a change in reporting method.

Students

We look into concerns raised about students who are studying to become registered health practitioners.

There are limited grounds for making notifications about students: a notification can be made about their criminal history, an impairment, or if they have not complied with a restriction on their registration.

There is only one ground for a mandatory notification – an education provider needs to tell us when they have formed a reasonable belief that a student has an impairment that may place a patient at substantial risk of harm when the student is doing clinical training.

- 20 notifications were made to Ahpra about students; this is up from 16 last year.
- Only one notification resulted in restrictions affecting a student's registration, compared to four last year.

> **"There are limited grounds for making notifications about students – we received 20 notifications about students"**

Timeframes

The changes we have made to how we manage concerns are helping us to close more notifications sooner.

Nearly 80% of all closed notifications were closed within six months of receipt: 45.1% (5,029) within three months of receipt, and a further 34.5% (3,849) three to six months from receipt. There was a significant improvement in timeframes for closure: compared with last year, there were 22.7% more notifications closed within three months and 67.8% more notifications closed in three to six months.

The number of notifications open for more than 12 months fell by 20.6% compared with last year, excluding those being managed through a panel or tribunal process (see Table 20).

Many of the higher-risk notifications referred to a tribunal or panel involve complex and long-running investigations. They are often required to await the outcome of other legal or investigative processes such as police investigations or coronial inquiries. Of the notifications completed this year, 195 spent time awaiting the outcome of an external process and the average time waiting for the external processes was 344 days.

Once a matter has been referred to a panel or tribunal, we rely in part on the timeliness of external parties, such as the tribunal itself or the practitioner's representatives. Once a matter was referred, it took on average 683 days for it to be finalised by the tribunal.

Table 20. Age of notifications open at 30 June, by stage

Current stage of open notification	Less than 3 months	3–6 months	6–9 months	9–12 months	12–24 months	More than 24 months[1]	Total 2023/24	Total 2022/23
Assessment	1,981	556	130	17	2	1	**2,687**	**2,507**
Health or performance assessment	9	3	5	2	1	9	**29**	**65**
Investigation	392	262	183	152	296	440	**1,725**	**1,843**
Subtotal 2023/24	**2,382**	**821**	**318**	**171**	**299**	**450**	**4,441**	
Subtotal 2022/23	**2,274**	**640**	**346**	**212**	**576**	**367**		**4,415**
Panel hearing							**0**	**6**
Tribunal hearing[2]	73	43	118	76	172	126	**608**	**585**
Total 2023/24	**2,455**	**864**	**436**	**247**	**471**	**576**	**5,049**	
Total 2022/23	**2,357**	**743**	**404**	**253**	**783**	**466**		**5,006**

1. The majority of these notifications involve liaison with external agencies (including police, coroners and employers) as well as multiple witnesses, which prolongs the investigation process.
2. Tribunal proceedings are conducted in accordance with timetables set by the responsible tribunal in each jurisdiction. There were also 17 compliance breaches before tribunals at 30 June.

Outcomes

There are several possible outcomes for notifications (see Tables 21 and 22).

Table 21. Notifications closed, by outcome, Ahpra

Profession	No further regulatory action[1]			Action taken[1]								Total 2023/24	Total 2022/23
	No regulatory action taken	Practitioner has taken steps to address subject matter	Referred to or retained by another organisation[2]	Accept undertaking	Caution or reprimand	Fine registrant	Impose conditions	Accept surrender of registration	Suspend registration	Cancel registration	Disqualified from applying for registration		
Aboriginal and Torres Strait Islander Health Practitioner	6	2			1							9	3
Chinese medicine practitioner	6	2			3		2			1		14	32
Chiropractor	38	7	9	3	5		20		2	3	1	88	103
Dental practitioner	307	74	243	4	11		54				11	704	750
Medical practitioner	3,558	640	1,568	38	139	1	322		20	39	31	6,356	6,087
Medical radiation practitioner	20	4	4		1		2					31	35
Midwife	72	14	18		2		10					116	103
Nurse	1,175	323	189	9	112		188		17	19	26	2,058	1,919
Occupational therapist	58	15	18		2		16			2		111	66
Optometrist	12	3	13				6					34	31
Osteopath	18	3	7		3		2					33	29
Paramedic	95	20	8	1	8		8		2	2	4	148	140
Pharmacist	183	107	62		56		21		3	13	1	446	449
Physiotherapist	121	18	24	2	10		13		3		5	196	135
Podiatrist	10	2	13	1	5		15		1			47	56
Psychologist	450	75	105	6	36		73		5	9	6	765	721
Total 2023/24	**6,129**	**1,309**	**2,281**	**64**	**394**	**1**	**752**	**0**	**53**	**88**	**85**	**11,156**	
Total 2022/23	**5,280**	**1,398**	**2,395**	**104**	**554**	**3**	**806**	**1**	**45**	**43**	**30**		**10,659**

1. A matter may result in more than one outcome. Only the most serious outcome from each closed notification has been included.
2. Includes health complaints organisations.

Restrictions on the practice of a health practitioner can only be imposed if they are necessary to ensure that health services are safe and of an appropriate quality. Actions taken by practitioners, workplaces and other regulators or entities can contribute to an outcome of 'no further regulatory action'.

Of notifications closed:

- 2.0% resulted in the practitioner losing their registration or being disqualified from applying for registration
- 10.9% required regulatory action that allowed the practitioner to continue practising while ensuring they were doing so safely
- 87.1% resulted in no further regulatory action.

"2% of notifications resulted in the practitioner losing their registration or being disqualified from applying for registration"

Table 22. Notifications closed, by outcome, HPCA

Outcome	Aboriginal and Torres Strait Islander Health Practitioner	Chinese medicine practitioner	Chiropractor	Dental practitioner	Medical practitioner	Medical radiation practitioner	Midwife	Nurse	Occupational therapist	Optometrist	Osteopath	Paramedic	Pharmacist	Physiotherapist	Podiatrist	Psychologist	Total 2023/24	Total 2022/23
No further action[1]		8	5	112	279	5	11	251	9	3	6	49	32	16	5	81	**872**	**836**
No jurisdiction[2]		2	1	8	144	2	1	29	1	2	3	9	9	3	1	36	**251**	**168**
Discontinued	1	9	23	249	2,140	5	42	441	25	23		29	239	32	23	220	**3,501**	**3,654**
Withdrawn		2	3	23	125		1	46	2	4	1	4	26	1	2	28	**268**	**169**
Make a new complaint																	**0**	**0**
Refer all or part of the notification to another body		2	4	9	146	1	1	36	3	1	3	3	6	6	1	18	**240**	**261**
Caution				3													**3**	**13**
Reprimand				1	18			9					1	1			**30**	**30**
Orders – no conditions																	**0**	**0**
Finding – no orders				2				1									**3**	**2**
Counselling/ interview		1	5	2	34	2	4	49	1		2	5	41	3		4	**153**	**252**
Resolution/ conciliation by HCCC																	**0**	**0**
Fine																	**0**	**0**
Refund/payment/ withhold fee/ re-treat																	**0**	**2**
Conditions by consent		2		2	79		1	17				1	17	3		13	**135**	**101**
Order – impose conditions; would be conditions if registered			1	95	137	1	3	57				4	1	3	4	9	**315**	**201**
Accept surrender					14		1	8									**23**	**30**
Accept registration type change to non-practising		1			1		1	3								2	**8**	**12**
Suspend					1		2	6					1				**10**	**37**
Cancelled registration/ disqualified from registering		4	2	3	25			16				5	7	1		2	**65**	**93**
Total 2023/24	**1**	**31**	**44**	**509**	**3,143**	**16**	**68**	**969**	**41**	**33**	**15**	**109**	**380**	**69**	**36**	**413**	**5,877**	
Total 2022/23	**3**	**17**	**39**	**375**	**3,323**	**14**	**31**	**852**	**54**	**28**	**19**	**116**	**529**	**64**	**42**	**355**		**5,861**

Source: HPCA. NSW legislation provides for a range of outcomes for complaints in NSW. Some of these map to outcomes available under the National Law; others are specific to the NSW jurisdiction. Each notification may have more than one outcome; all outcomes have been included.

1. Includes: Resolved before assessment, Apology, Advice, Council letter, Comments by Health Care Complaints Commission (HCCC), Deceased, Interview.
2. Includes practitioners who failed to renew.

Table 23. Closed notifications by seriousness of outcome

Outcome	Total 2022/23		Total 2023/24	
	Number	Percentage	Number	Percentage
Disqualified from applying for registration	30	0.3%	85	0.7%
Registration suspended, cancelled or surrendered	89	0.8%	141	1.3%
Subtotal no longer registered	**119**	**1.1%**	**226**	**2.0%**
Conditions imposed, undertaking accepted	910	8.6%	816	7.3%
Fined	3	0.0%	1	0.0%
Cautioned or reprimanded	554	5.2%	394	3.6%
Subtotal practising with safeguards	**1,467**	**13.8%**	**1,211**	**10.9%**
Referred to or retained by another organisation[1]	2,395	22.5%	2,281	20.5%
Practitioner addressed issue	1,398	13.1%	1,309	11.7%
No regulatory action taken	5,280	49.5%	6,129	54.9%
Subtotal no further regulatory action	**9,073**	**85.1%**	**9,719**	**87.1%**
Total	**10,659**	**100.0%**	**11,156**	**100.0%**

1. Includes health complaints organisations.

Joint consideration in Queensland

The Office of the Health Ombudsman (OHO) receives notifications about registered and unregistered practitioners in Queensland.

Ahpra and OHO work together to manage Queensland notifications. Together we responded to 4,080 notifications, and 42.6% were referred to Ahpra and the National Boards to manage (Table 24).

OHO closed 1,509 notifications about registered health practitioners following joint consideration, after agreeing with Ahpra that they did not require regulatory action. A further 833 notifications were retained by OHO for further action (for example, investigation or other complaints-resolution processes).

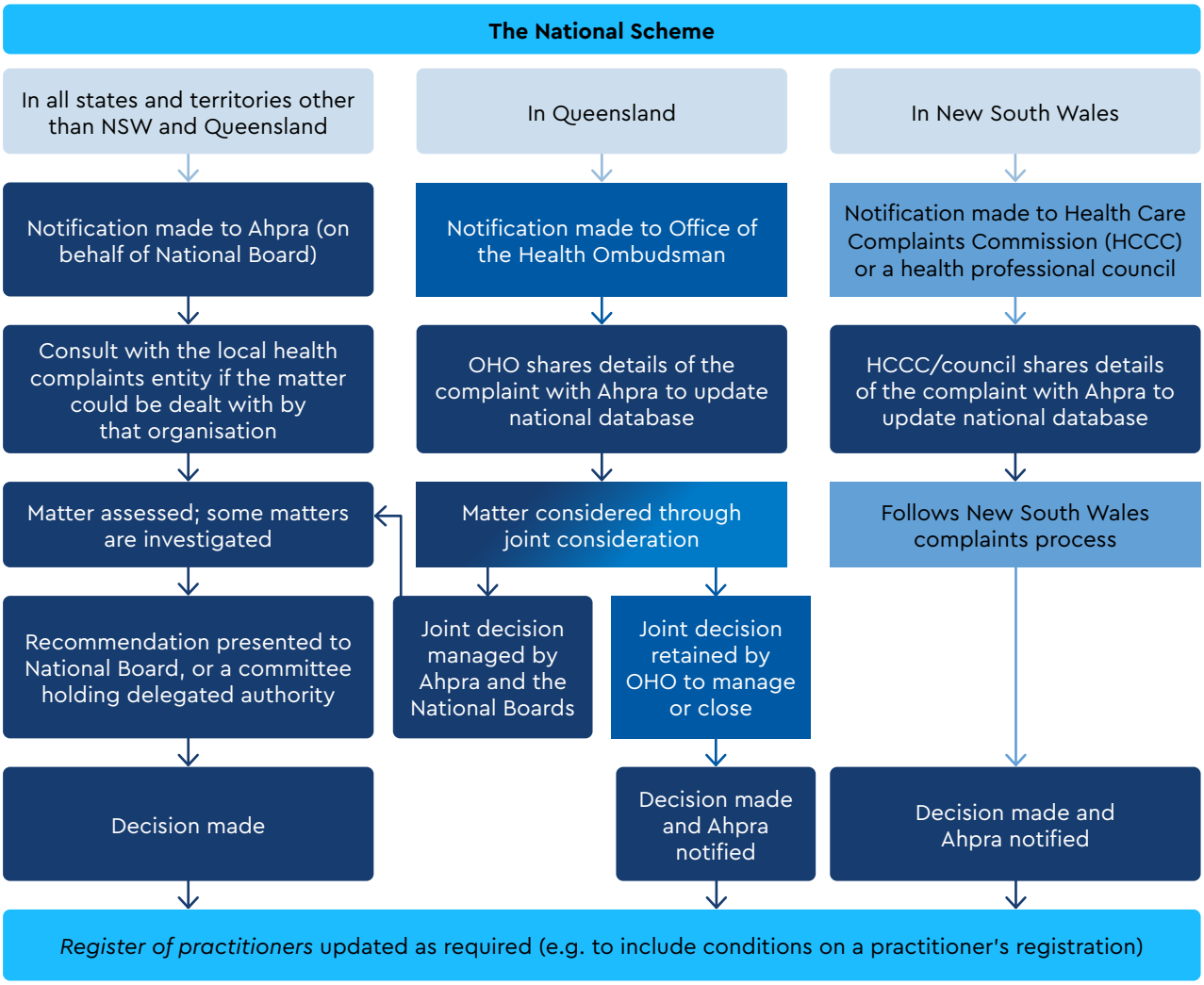
The average time to complete the joint consideration process was 7.5 days. This is consistent with the timeframes for last year. For matters that were retained by OHO to close, notifiers and practitioners were advised of the outcome significantly faster than before joint consideration was mandated in December 2021.

The notification process for New South Wales, Queensland and the other states and territories is outlined in Figure 96.

Table 24. Initial joint consideration with the Office of the Health Ombudsman

Profession	Outcome of completed initial joint consideration			Total 2023/24	Total 2022/23
	Retained by OHO for further assessment	Accepted by Ahpra for further assessment	Retained by OHO, no further regulatory action		
Aboriginal and Torres Strait Islander Health Practitioner		2		**2**	**1**
Chinese medicine practitioner	1	2	3	**6**	**12**
Chiropractor	9	16	8	**33**	**14**
Dental practitioner	65	120	94	**279**	**207**
Medical practitioner	437	1,031	1,048	**2,516**	**2,369**
Medical radiation practitioner	7	8		**15**	**14**
Midwife	25	22	13	**60**	**34**
Nurse	167	313	142	**622**	**512**
Occupational therapist	9	9	18	**36**	**30**
Optometrist	1	4	6	**11**	**12**
Osteopath		5	1	**6**	**3**
Paramedic	38	18	14	**70**	**50**
Pharmacist	24	65	34	**123**	**102**
Physiotherapist	5	27	14	**46**	**60**
Podiatrist	5	2	5	**12**	**13**
Psychologist	40	94	109	**243**	**257**
Total 2023/24	**833**	**1,738**	**1,509**	**4,080**	
Total 2022/23	**573**	**1,818**	**1,299**		**3,690**

Figure 96. Notification process in each state and territory



Cosmetic surgery

Our Cosmetic Surgery Enforcement Unit has experienced investigators to manage all cosmetic surgery complaints. We also have a dedicated cosmetic surgery hotline where members of the public and practitioners can make confidential or anonymous notifications. The hotline received 514 calls this year.

Ahpra received 199 notifications related to cosmetic practice from all sources. At 30 June, we were managing 299 cosmetic practice notifications related to 102 practitioners. More than half of these notifications (174) related to only 14 practitioners. These 14 practitioners are no longer practising or have restrictions on their registration while we investigate. Three practitioners have been referred to tribunals for alleged professional misconduct.

Information flow between regulators

Collaborating with other regulators improves everyone's information as we work together to reduce risks in the healthcare system. The Cosmetic Surgery Enforcement Unit meets regularly with relevant state and territory health facility licensing units, such as the Victorian Department of Health Private Hospitals Unit, and co-regulators, such as the Office of the Health Ombudsman in Queensland.

Licensing units visit practices that offer cosmetic surgery to confirm compliance, and during those visits, they may identify concerns about individual health practitioners that they can raise with Ahpra. Similarly, Ahpra's investigations into complaints about health practitioners may identify concerns about licensed facilities, which can be shared with licensing units. Meeting regularly helps ensure that we are sharing information effectively.

Case studies: Cosmetic surgery notifications

Regulatory action required

Following a site visit by a facilities licensing unit, we were advised of concerns about a medical practitioner. Medical records indicated that the practitioner may have been performing surgery at facilities that did not hold the appropriate licence for the procedures. Patients had also indicated that they were unhappy with their surgical outcomes.

Ahpra investigated the concerns and the Medical Board of Australia decided to impose conditions requiring the practitioner to undertake a period of mentoring by another practitioner.

No regulatory action required

We received concerns about a medical practitioner who had performed abdominoplasty surgery. The concerns related to alleged poor infection control practices when responding to a post-operative complication. Our investigation included an interview with the notifier, review of the patient records and additional information from the practitioner.

Although the patient was unhappy with the outcome, the investigation identified that the practitioner had demonstrated adequate aseptic technique and made adequate arrangements for patient care. We shared the concerns regarding infection control with the facilities licensing unit so that they could assess any additional concerns with the facility.

> **We have a dedicated cosmetic surgery hotline where members of the public and practitioners can make confidential or anonymous notifications – the hotline received 514 calls**

Protecting patients from sexual misconduct

Any sexual exploitation of patients is a gross abuse of trust, and Ahpra and the National Boards condemn this behaviour from health practitioners.

Action plan to improve public safety

Rates of boundary violations, which include sexual misconduct, rose again this year (see page 67). In response to significant public concern and media reporting, in February 2023 Ahpra released an action plan with reforms to better protect patients. Key work this year included the following:

- Supporting National Law reforms to include practitioners' past sexual misconduct on the *Register of practitioners* to help people make decisions about the practitioners they see, and to increase nationwide consistency in re-registration processes for practitioners who had their registration cancelled.
- Strengthening community voices in regulatory decision making through including more community members on committees that consider sexual boundary notifications and offering training for decision makers.
- Continuing the review of the *Criminal history registration standard,* to ensure the standard is contemporary and meets public expectations about who is considered safe to be registered as a health practitioner.
- Improving public information explaining the regulatory action that has been taken for a practitioner who has proven findings of professional misconduct relating to sexual boundary violations.
- Ongoing work to improve how we identify and manage sexual misconduct matters, informed by a case review and research. Findings so far are that our processes are working well, quickly identifying serious sexual boundary matters to allow immediate action. The review identified areas where we can improve how we engage with victim survivors or witnesses, particularly when matters are on hold due to criminal proceedings.
- Continuing to work with co-regulators and other agencies to strengthen our engagement and information sharing, including close work with Ambulance Victoria, Victoria Police and the Tasmanian Department of Health, and ongoing work with the Queensland Police Service.
- Building on the success and expansion of the Notifier Support Service to strengthen support for people who report sexual misconduct. A website hub is being developed for anyone who wants to report sexual misconduct by a health practitioner. Work also progressed on nationally consistent legal submissions outlining how Ahpra and co-regulators can advocate for notifiers and witnesses reporting in tribunal matters.

Supporting notifiers

The Notifier Support Service is staffed by social workers who provide emotional support to notifiers and witnesses and help explain how our notifications process works. It received 141 referrals and at 30 June had 214 open referrals.

An evaluation of the service has been running, which combines program data and interviews with victim survivors who have finished engaging with the service. It is designed to understand their experiences and the impacts of the service, and to inform service development.

In interviews, participants spoke highly of the service, highlighting flexibility and quality communication from social workers, and reinforced the need for beginning-to-end support during sexual boundary notifications. The evaluation found that participants felt supported in three main ways:

- Social workers gave participants process information, updates and an idea of what was coming next. This helped them feel more organised, focused and 'on track', and increased their understanding of the complaints pathway and their role within it. Reliable, proactive communication from the service helped participants feel that some of the mental burden of engaging with a notification was reduced.
- Social workers created a sense of safety and connection for participants, which resulted in positive feedback and warm reflections from interviewees. Participants spoke of how social workers met their emotional needs by remaining calm and normalising their feelings, which helped participants build rapport with the social workers. Social workers 'holding space' for participants – by giving time freely and listening actively – gave notifiers and witnesses the opportunity to feel heard.
- Connection with the service reassured participants that they had a support person who understood them and their needs and was 'backing' them. The physical presence of the social worker, such as at a tribunal hearing, gave participants confidence. A broader feeling that they were 'not alone' provided comfort to the participants throughout a challenging process.

These themes align with findings from other studies on supporting victims through similar processes.

Compliance

Placing restrictions on a practitioner's registration allows them to start or continue providing healthcare while keeping the public safe.

We monitor any restrictions that are placed on a practitioner's registration and we ensure that practitioners comply with advertising requirements.

The year in summary

- 4,470 cases involving 4,461 practitioners were being actively monitored by Ahpra at 30 June.
- When combined with the 1,130 cases being monitored by the HPCA in New South Wales and OHO in Queensland, this is less than 1% of all registered health practitioners being monitored nationally.

There was a 6.1% decrease in cases being monitored from 2022/23. We have closed 289 more cases than we opened in 2023/24.

Of the 4,470 cases at 30 June (see Tables 25 and 26):

- 2,863 cases (64.0%) were about suitability or eligibility for registration
- 1,256 cases (28.1%) were about conduct, health or performance
  - 428 for conduct
  - 424 for health
  - 404 for performance
- 351 cases (7.9%) related to prohibited practitioners or students.

Monitoring enables safe practice

We monitor five streams:

- conduct
- health
- performance
- prohibited practitioner/student
- suitability/eligibility.

When we receive a notification that raises serious concerns about a practitioner's conduct or performance, Boards consider whether there are additional things that a practitioner can do, or if there are checks and balances that can be put in place so that they can practise safely.

Only a small number of notifications are so serious that the practitioner is not permitted to practise.

Where a Board needs additional assurance, it may impose restrictions on the practitioner's registration. For example, a practitioner who is the subject of an allegation of sexual misconduct for conducting a physical examination that is not clinically indicated or that the patient has not consented to may be prohibited from contact with patients of a particular assigned sex or gender.

A practitioner with this restriction must not practise until we determine that there are systems in place at their practice location that will ensure their compliance. The restrictions are published on the *Register of practitioners*. The practitioner must report on all the patients they have had contact with on a regular basis.

We then monitor the practitioner's compliance by

checking that the:

- practice location is suitable and has sufficient systems in place to monitor compliance
- practice staff and a senior person at each practice location understand the requirements of the restriction
- practitioner's information about the practice location is accurate; for example, by visiting practice locations
- practitioner has not had prohibited contact with patients of the assigned sex or gender.

Where applicable, we also receive reports from Medicare and the Pharmaceutical Benefits Scheme about patients seen by the practitioner.

We recognise that having to comply with restrictions can be confusing and stressful for practitioners. We publish additional guidance to help practitioners understand our processes.

Table 25. Active monitoring cases at 30 June, by profession

	Conduct			Health			Performance			Prohibited practitioner /student	Suitability /eligibility[1]	Total 2023/24			Total 2022/23		
Profession	Ahpra	HPCA	OHO	Ahpra	HPCA	OHO	Ahpra	HPCA	OHO	Ahpra	Ahpra	Ahpra[2]	HPCA	OHO[3]	Ahpra[2]	HPCA	OHO[3]
Aboriginal and Torres Strait Islander Health Practitioner				1	1						5	6	1	0	7	0	0
Chinese medicine practitioner	4	7	4	2	1		1	4		5	685	697	12	4	734	12	4
Chiropractor	20	5	1	2	1		12	2		9	14	57	8	1	42	11	1
Dental practitioner	16	13		7	15		57	24		6	39	125	52	0	107	60	1
Medical practitioner	153	142	28	148	126	1	215	238	2	119	589	1,224	506	31	1,242	475	32
Medical radiation practitioner	3	2	1	4	1		2			4	34	47	3	1	53	3	1
Midwife	2	1	1	2	2		9	4		1	33	47	7	1	51	8	0
Nurse	124	83	35	206	122	3	54	56	2	147	919	1,450	261	40	1,622	350	42
Occupational therapist	4	2		1	1		6			1	213	225	3	0	211	4	0
Optometrist	1	2	1	1			4			2	9	17	2	1	28	1	0
Osteopath	4	2					1			1	13	19	2	0	9	4	1
Paramedic	5	10	5	15	10		2			7	122	151	20	5	215	27	3
Pharmacist	10	39	6	16	16	1	4	18		24	57	111	73	7	138	87	8
Physiotherapist	17	10	4	4	5		6	3		8	49	84	18	4	79	15	8
Podiatrist	5	2	1	3	2		6	2			12	26	6	1	25	11	0
Psychologist	60	24	8	12	16	1	25	10	1	17	70	184	50	10	196	53	13
Total 2023/24	428	344	95	424	319	6	404	361	5	351	2,863	4,470	1,024	106			
Total 2022/23	426	380	112	505	394	0	411	347	2	395	3,022				4,759	1,121	114

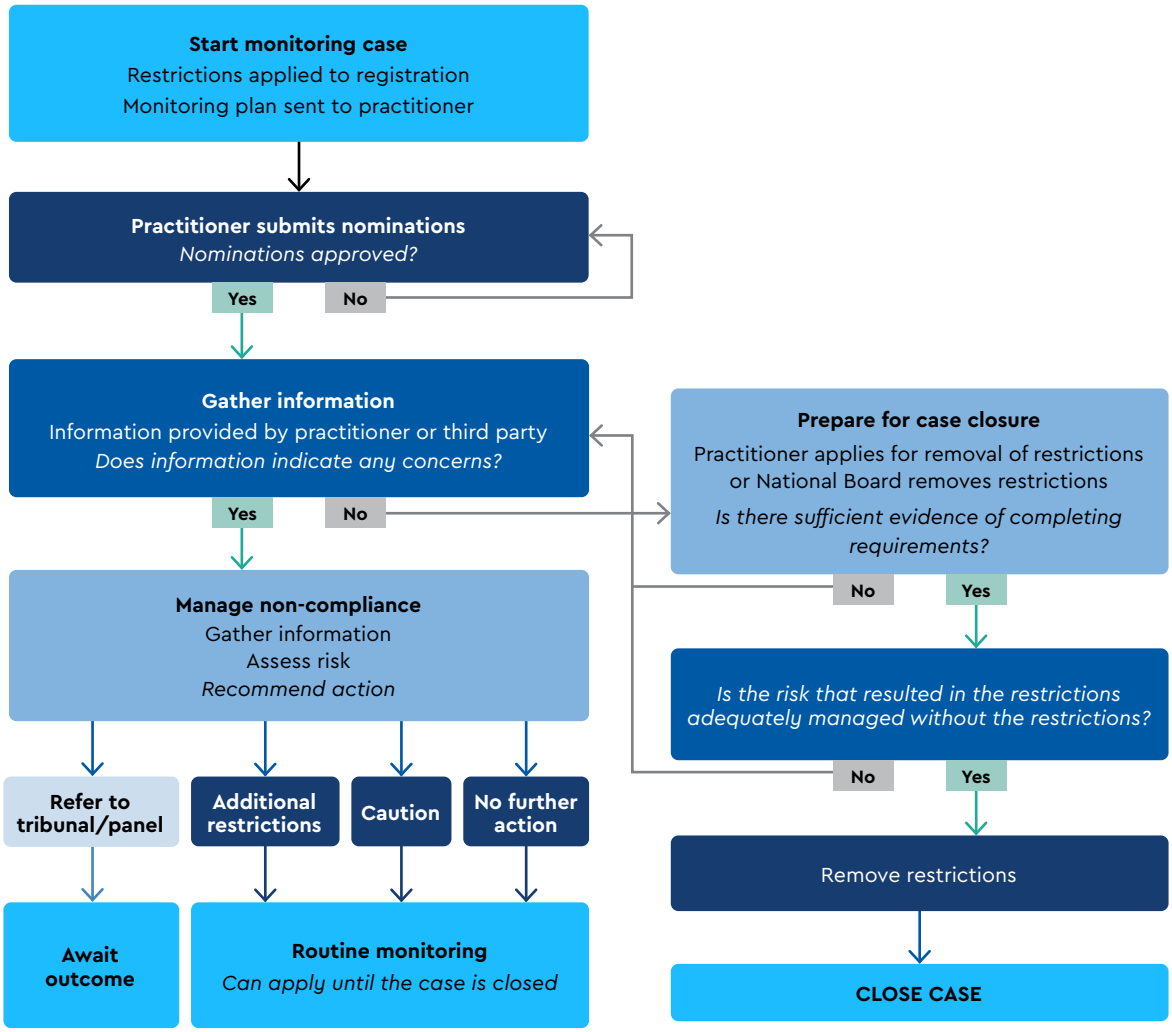
1. Ahpra monitors compliance cases in the 'suitability/eligibility' stream in NSW.
2. Ahpra reports by monitoring cases established rather than by registrants being monitored. This is because a registrant may have restrictions in more than one profession, division or stream. The 4,470 Ahpra monitoring cases relate to 4,461 registrants. The data provided by the HPCA report the number of registrants being monitored.
3. In Queensland, Ahpra monitors all cases except where the restrictions are imposed by OHO as immediate registration actions. OHO counts each of these actions separately, and not by practitioner being monitored. In a small number of circumstances, one practitioner may be monitored in relation to more than one immediate registration action. A single immediate registration action may relate to more than one stream. These cases have been categorised according to the stream that comprises the bulk of the immediate registration action. Interim prohibition orders about registered practitioners who are currently being monitored are excluded.

Table 26. Active monitoring cases at 30 June, by state or territory

Stream	Ahpra									Ahpra subtotal[3]	HPCA[4]	OHO[5]	Total 2023/24	Total 2022/23
	ACT	NSW[1]	NT	QLD	SA	TAS	VIC	WA	No PPP[2]					
Conduct	9	4	3	100	47	16	168	74	7	**428**	**344**	**95**	**867**	**918**
Health	6	5	8	147	55	17	116	67	3	**424**	**319**	6	**749**	**899**
Performance	7	4	6	136	44	15	128	63	1	**404**	**361**	**5**	**770**	**760**
Prohibited practitioner/student	6	2	7	57	46	16	152	58	7	**351**			**351**	**395**
Suitability/eligibility[6]	51	1,056	16	450	160	61	608	282	179	**2,863**			**2,863**	**3,022**
Total 2023/24	**79**	**1,071**	**40**	**890**	**352**	**125**	**1,172**	**544**	**197**	**4,470**	**1,024**	**106**	**5,600**	
Total 2022/23	**91**	**1,090**	**46**	**1,023**	**420**	**117**	**1,214**	**574**	**184**	**4,759**	**1,121**	**114**		**5,994**

1. Includes cases to be transitioned from Ahpra to the HPCA for conduct, health and performance streams.
2. No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
3. Ahpra reports by monitoring cases established rather than by registrants being monitored. This is because a registrant may have a set of restrictions in more than one profession, division or stream. The 4,470 Ahpra monitoring cases relate to 4,461 registrants.
4. The data provided by the HPCA report the number of registrants being monitored. The HPCA monitors practitioners in relation to health, performance and conduct in NSW.
5. OHO counts by immediate registration action, and not by practitioner being monitored. In a small number of circumstances, one practitioner may be monitored in relation to more than one immediate registration action. A single immediate registration action may relate to more than one stream. These cases have been categorised according to the stream that comprises the bulk of the immediate registration action. Interim prohibition orders about registered practitioners who are currently being monitored are excluded.
6. Ahpra monitors compliance cases in the 'suitability/eligibility' stream in NSW.

Figure 97. How monitoring works



Conditions, undertakings and restrictions

Where a Board imposes the requirements, we use the term 'conditions'.

In other cases, a practitioner is aware of what they need to do and provides an enforceable 'undertaking' that they will meet additional requirements.

We use the term 'restrictions' to include both conditions and undertakings.

How we monitor

We gather information to monitor health practitioners and students with restrictions on their registration or whose registration has been suspended or cancelled. Monitoring plans guide our monitoring and compliance activities, and help practitioners understand what is required of them (see Figure 97).

We have a National Restrictions Library (www.ahpra.gov.au/Registration/Monitoring-and-compliance/National-Restrictions-Library) and we use the same wording about restrictions for similar cases. This ensures that the restrictions are achieving the desired outcome, are understood by practitioners and that we develop consistent monitoring plans.

Where a practitioner does not do what the restrictions require, we first seek an explanation from them. The Board that placed the restrictions may choose to take additional action, such as issuing a caution or imposing further restrictions, to ensure the public remains protected.

Prohibited practitioners

We also monitor practitioners who are not permitted to practise because they have had their registration cancelled or suspended, have surrendered their registration or are restricted from practising.

- Tribunals have the power to cancel a practitioner's registration – these practitioners can reapply for registration after an imposed minimum period.
- Tribunals and panels can suspend a practitioner's registration – these practitioners have their registration reinstated at the completion of the suspension period.
- In cases of high risk, Boards are able to suspend a practitioner through an immediate action while awaiting completion of an investigation or an assessment.
- Boards can impose conditions or accept undertakings that restrict the practitioner from practising until a particular requirement is met.
- Some practitioners who are subject to a notification may surrender their registration or request a non-practising form of registration.

Most common restrictions

Each restriction on a practitioner's registration is assigned a restriction category. A practitioner can have multiple restriction categories – this results in a greater total number of restrictions on practitioners than total cases being monitored.

The top 10 restriction categories by volume being monitored by Ahpra at 30 June contained 5,579 restrictions (see Table 27).

- 69.9% (3,900) of restrictions in the top 10 restriction categories were imposed following assessment of an application for registration or renewal of registration.
- 30.1% (1,679) of the restrictions in the top 10 restriction categories were imposed because of a finding made by a National Board, panel or tribunal about a practitioner's health, performance or conduct.

Table 27. Top 10 restriction categories, 30 June

Category	Total
Requirement for supervision[1]	1,628
Restriction on practice[1]	1,266
Restriction on scope of practice[1]	458
Undertake education[2]	443
Attend treating practitioner due to health condition[2]	391
Prohibition on practice[2]	312
Undertake assessment[1]	301
Workplace practice limitation[2]	293
Undertake continuous professional development[1]	247
Requirement to have a mentor[2]	240
Total	**5,579**

1. Imposed following assessment of an application for registration or renewal of registration.
2. Imposed because of a finding made by National Board, panel or tribunal.

Outcomes from monitoring cases

When a practitioner has completed the requirements, the Board can decide that the restrictions are no longer needed or the practitioner can apply to the Board to remove the restrictions. The case is closed when the Board removes the restrictions.

When we close the case, we retain important information to ensure that we consider the practitioner's regulatory history for any subsequent applications for registration and notifications we may receive.

During the year, we created 2,302 new monitoring cases and closed 2,591, leading to a decrease in overall cases. Of the cases we closed:

- 1,584 cases were closed because the restrictions were removed
- 907 were closed because the practitioner was no longer registered
- 100 were closed for other reasons, such as transferring monitoring for New South Wales practitioners to the HPCA.

Investigating advertising complaints

We assessed 667 complaints about advertising. Of these:

- 140 were complaints about corporate entities or unregistered persons, or assessed as serious-risk complaints
- 446 were lower-risk complaints about registered health practitioners
- 81 cases had no breach identified.

We continued our targeted audit of advertising about cosmetic surgery and assessed the advertising for 72 practitioners and health services.

When we identify that advertising by registered health practitioners is not compliant with the *Guidelines for advertising a regulated health service*, we first provide practitioners with an opportunity to correct their advertising and only take further regulatory action when this is unsuccessful.

Sometimes practitioners do not realise what they are not allowed to claim when they advertise. We provide information to help them.

> **We continued our targeted audit of advertising about cosmetic surgery**

Where practitioners fail to correct their advertising, Boards may impose a caution or conditions on the practitioner's registration.

National Boards took regulatory action in response to 19 audits:

- 10 resulted in conditions imposed on the practitioner's registration
- 9 resulted in a formal caution.

Ahpra may also prosecute advertisers for breaching the National Law (see page 85).

Balancing public safety and practitioner wellbeing

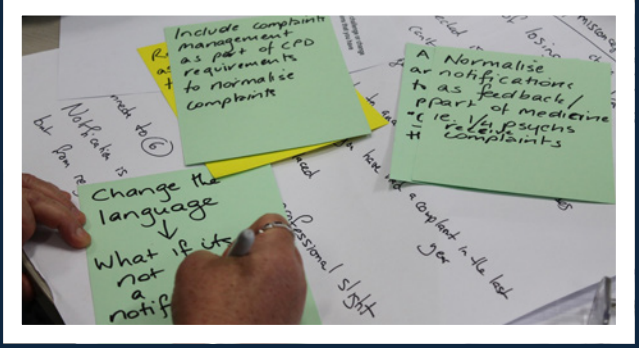
How do we minimise the distress of regulatory processes for practitioners?

We plunged headfirst into a significant piece of work to implement the 15 recommendations and 33 related actions of the Expert Advisory Group (EAG). We have achieved a lot, with more to be done. Highlights include the following:

- Introducing pilot training in mental health and substance use disorders for staff and decision makers. The aim is to raise awareness of the risk of suicide and self-harm and improve understanding of practitioner distress.
- Reviewing the process for reporting serious incidents where practitioners and notifiers involved with us have attempted self-harm or suicide, or have suicided. We have been thoughtfully considering how to conduct reviews of these incidents in a safe and respectful way for everyone involved.
- Developing communication principles to improve our correspondence with practitioners and notifiers.
- Investigating the value and feasibility of a navigation and support service to guide at-risk practitioners through our regulatory processes.

Because the work of the EAG found that practitioners with a health impairment were particularly vulnerable, we are proud of the measurable progress we have seen in the way we manage health-related matters. There's been a significant reduction in:

- requests by the National Boards for independent health assessments across notifications, compliance and registration where a practitioner's treating practitioner is able to provide the information – this change has made the process less stressful and quicker, as well as more cost-effective
- the use of immediate action in health matters
- the time taken to determine health matters, with more matters being closed after action taken by the practitioner.



Brainstorming ideas at the symposia

Collaborating with partners

We are excited about the emerging collaboration with external partners to help minimise practitioner distress. Some recommendations rely on the contribution of external partners.

In February, we held three day-long symposia. Support services, mental health organisations, professional associations, peak bodies for education providers, indemnity providers, legal defence firms, the health practitioner ombudsman and co-regulators, as well as Ahpra and National Boards representatives, met to collaborate on minimising practitioner distress. The focus was on two actions: working with external stakeholders to address myths and misinformation about notifications, and encouraging practitioners to seek support while involved in a regulatory process.

An extraordinary willingness to engage and collaborate on change was evident at the symposia. Many novel ideas were suggested over the three days and a variety of activities are underway by external groups, Ahpra and the National Boards. Here are just three examples:

- The National Boards deciding to create education modules on regulation and professionalism for students (one for nurses and midwives and another for all other professions), building on those published in 2023 for medical students. The aim is to build confidence among students in understanding regulation rather than fearing it.
- Developing short, engaging videos of doctors, nurses and other health professionals talking about their experiences of going through a notification. These are on the Ahpra website and published across social channels to address the shame and stigma while encouraging practitioners to seek support.
- A group of symposia attendees are collaborating on user-friendly FAQs about the notifications process, which will be distributed to a variety of external stakeholders to ensure that accessible, easily digested information is available.

Dr Steve Robson in our video series about what it feels like to receive a notification

Legal action

Legal action by or against the National Boards or Ahpra is conducted by Ahpra's National Legal Practice.

The Legal Practice comprises:

- Professional Misconduct Unit, which handles tribunal referrals for alleged professional misconduct
- Panels, Appeals and Advice Unit, which handles appeals against National Board decisions and referrals to panels, and provides general legal advice
- Criminal Offences Unit, which investigates and prosecutes allegations of criminal offences under the National Law
- National Information Release Unit, which handles freedom of information requests and other releases of information in accordance with summonses, subpoenas etc
- Corporate Legal, which handles all of Ahpra's governance and compliance responsibilities as well as advising on all contracts Ahpra enters into
- Legal Support Service, which provides paralegal and other support to all legal units.

The year in summary

- Matters involving 187 practitioners (relating to 313 notifications) were closed at tribunal stage.
- 96.8% of tribunal matters resulted in disciplinary action.
- 111 appeals were lodged about decisions made by National Boards and 113 were finalised.
- There were 14 criminal prosecutions.
- For the first time, a custodial sentence was imposed under the National Law.
- The National Legal Practice was named as a finalist for In-House Team of the Year in the prestigious Lawyers Weekly Australian Law Awards. This is the second year in a row the excellence of the practice was recognised.

Tribunals

The National Boards refer allegations of professional misconduct to tribunals in each state and territory. Only a tribunal can cancel a practitioner's registration, disqualify a person from applying for registration for a time, prohibit a person from using a specified title or prohibit them from providing a specified health service.

The data in this section report on the number of affected practitioners or tribunal matters. One tribunal matter can include multiple notifications about that practitioner. There may have been multiple complaints about the same or similar misconduct or multiple complaints relating to different concerns about the same practitioner that can all be included in the one tribunal referral.

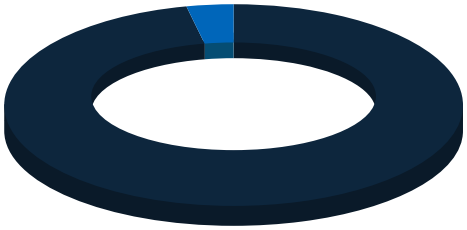
There were 392 practitioners with open referral matters in tribunals at 30 June, compared with 369 practitioners last year. The National Boards referred slightly more practitioners to a tribunal, with 235 practitioners referred this year compared to 231 last year.

During the year, matters about 313 notifications (involving 187 practitioners) were closed after referral to a tribunal. Of these:

- Matters about 305 notifications (involving 180 practitioners) were decided by a tribunal.
- Matters about eight notifications were withdrawn or did not proceed to a tribunal.
  - Three of these matters did not proceed because the practitioner was deceased.
  - Five did not proceed because the Board became aware of evidentiary issues that were not apparent at the time they decided to refer; and crucial witnesses became either disengaged or unable to give evidence in the tribunal proceedings.
- 96.8% resulted in disciplinary action.

The National Boards continue to appropriately identify the thresholds for referring a matter to a tribunal to protect the public.

Figure 98. Matters decided by tribunals



- **96.8%** Disciplinary action
- **3.2%** No further regulatory action, withdrawn or did not proceed

Tribunal decisions

Matters included findings of professional misconduct involving:

- family violence offending and other serious criminal offending including murder and serious sexual offending
- sexual boundary breaches and other general boundary breaches, such as inappropriate relationships with patients
- sexual harassment of colleagues and patients
- failing to obtain informed consent for intimate examinations
- failing to comply with public health directions relating to COVID-19
- misappropriating medications, falsifying scripts and inappropriate and/or improper prescribing and dispensing
- inappropriate commentary on social media including commentary that was disparaging of colleagues, denigrating certain groups in society and contrary to best scientific evidence on certain medical issues
- inadequate clinical management and/or medical mismanagement and/or providing treatment that was not clinically justified or evidence based.

Significant periods of disqualification were imposed in some matters, including in matters involving:

- the murder of two people (convictions) (40 years)
- access to and possession of child exploitation material (convictions) (10 years)
- personal and sexual relationship with patient, inappropriate billing in respect of that patient (billing for consults when they were engaging in intimate/sexual activity) and threatening behaviour towards same patient (6 years)
- inappropriate clinical treatment and/or management of patients including inappropriate prescribing and prescribing of schedule 8 medications without a permit (6 years from time practitioner surrendered registration).

We include links to published adverse tribunal (disciplinary) decisions and court outcomes in the *Register of practitioners,* unless the name of the practitioner has been suppressed by the court or tribunal.

When a court or tribunal cancels a practitioner's registration or disqualifies them from applying for registration, using a specified title or providing a specified health service, this is recorded in the *Register of cancelled practitioners*.

When a tribunal reprimands, suspends or places conditions on the registration of a practitioner, this is recorded in the *Register of practitioners*.

Published summaries

We published 100 summaries about publicly available court or tribunal decisions. Some decisions are not published for privacy reasons or due to suppression orders applied by the court or tribunal. Other decisions may not be released by the court or tribunal until the next reporting year.

> **"Only a tribunal can cancel a practitioner's registration or disqualify them from applying for registration"**

Panels

Panels are established by the Boards and include members from the community and the relevant health profession. Health panels must include a medical practitioner.

Matters involving six practitioners (relating to eight notifications) were decided by panels, resulting in regulatory action against five practitioners.

Appeals

There were 111 appeals lodged about decisions made by the National Boards (see Table 28).

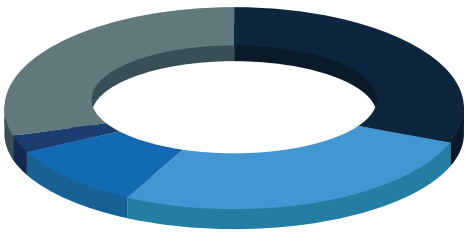
- This was lower than in 2022/23, when there were 121 lodged.
- The majority were from professions that have a higher number of regulatory decisions, such as medical practitioners (65) and nurses (19).
- 113 were finalised.
- 69 were not yet decided at 30 June.

Table 28. Appeals lodged, by profession and jurisdiction

Profession	Ahpra[1]								Ahpra subtotal	HPCA[2]	Total 2023/24	Total 2022/23
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA				
Aboriginal and Torres Strait Islander Health Practitioner									**0**		**0**	**0**
Chinese medicine practitioner									**0**		**0**	**0**
Chiropractor	1						1	1	**3**		**3**	**0**
Dental practitioner								1	**1**	**2**	**3**	**4**
Medical practitioner	1	6	1	19	2	5	22	9	**65**	**9**	**74**	**97**
Medical radiation practitioner									**0**		**0**	**1**
Midwife									**0**		**0**	**1**
Nurse		1		1	5	1	8	3	**19**	**2**	**21**	**23**
Nurse and midwife[3]									**0**		**0**	**0**
Occupational therapist									**0**		**0**	**0**
Optometrist									**0**		**0**	**0**
Osteopath				1					**1**		**1**	**0**
Paramedic					1				**1**		**1**	**1**
Pharmacist				1		1	1	1	**4**	**2**	**6**	**7**
Physiotherapist				4	3		2		**9**	**1**	**10**	**2**
Podiatrist									**0**		**0**	**1**
Psychologist				4	1	1	1	1	**8**		**8**	**9**
Total 2023/24	**2**	**7**	**1**	**30**	**12**	**8**	**35**	**16**	**111**	**16**	**127**	
Total 2022/23	**2**	**12**	**6**	**24**	**10**	**6**	**43**	**18**	**121**	**25**		**146**

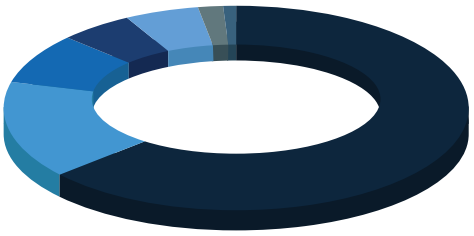
1. Based on state and territory of the practitioner's principal place of practice.
2. Matters managed by the HPCA in NSW.
3. Registrants who hold dual registration as both a nurse and a midwife.

Figure 99. Appeals lodged, by nature of decision



- **30.6%** Decision to impose or change a condition on a person's registration or endorsement
- **27.0%** Decision to suspend registration
- **9.9%** Decision to refuse registration, or renewal of registration or endorsement
- **2.7%** Decision to refuse to change or remove a condition imposed on a person's registration or the endorsement of a person's registration
- **29.7%** Other decisions (including judicial review and decisions made by a tribunal)

Figure 100. Appeals finalised, by profession



- **63.7%** Medical practitioner
- **15.0%** Nurse
- **8.0%** Psychologist
- **5.3%** Pharmacist
- **5.3%** Physiotherapist
- **1.8%** Chiropractor
- **0.9%** Dental practitioner

Table 29. Outcome of appeals finalised

Nature of decision appealed	Original decision confirmed		Original decision amended		Original decision substituted for a new decision		Withdrawn		Dismissed		Total 2023/24		Total 2022/23	
	Ahpra[1]	HPCA[2]	Ahpra	HPCA	Ahpra	HPCA	Ahpra	HPCA	Ahpra	HPCA	Ahpra	HPCA	Ahpra	HPCA
Appeal against a tribunal decision	1		1	1			2		5		**9**	**1**	**10**	**0**
Decision to impose conditions on a person's registration under section 178	4				2		24		4		**34**	**0**	**32**	**0**
Decision to impose or change a condition on a person's registration or the endorsement of the person's registration	1			2			3	2			**4**	**4**	**5**	**11**
Decision to refuse to change or remove a condition imposed on the person's registration or the endorsement of the person's registration	2						2			3	**4**	**3**	**10**	**0**
Decision to refuse to revoke an undertaking											**0**	**0**	**1**	**0**
Decision to refuse to endorse a person's registration	2										**2**	**0**	**2**	**0**
Decision to refuse to register a person	2	3			1		6			1	**9**	**4**	**19**	**4**
Decision to refuse to renew a person's registration or endorsement	2						2				**4**	**0**	**2**	**0**
Decision to reprimand a person											**0**	**0**	**0**	**0**
Decision to suspend a person's registration	2		6	2	1		18	1	2	2	**29**	**5**	**41**	**8**
Other							1		8		**9**	**0**	**11**	**0**
Not an appellable decision									1		**1**	**0**	**0**	**0**
Judicial review					1		1		6		**8**	**0**	**7**	**0**
Total 2023/24	**16**	**3**	**7**	**5**	**5**	**0**	**59**	**3**	**26**	**6**	**113**	**17**		
Total 2022/23	**19**	**6**	**6**	**1**	**18**	**0**	**61**	**11**	**36**	**5**			**140**	**23**

1. Ahpra manages appeals of decisions about NSW registrations.
2. Matters managed by the HPCA in NSW.

Criminal offences

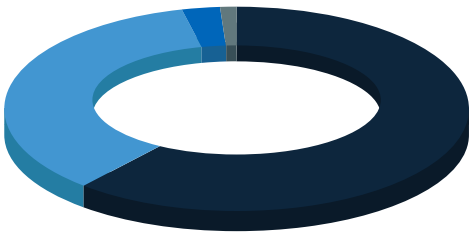
One way we ensure access to safe, professional healthcare is to investigate and, where appropriate, prosecute people alleged to have committed criminal offences under the National Law.

These offences include:

- unlawful use of protected titles
- unlawful claims that a person is a health practitioner
- performing a restricted act
- unlawful advertising.

Only registered practitioners can use protected titles for their profession. It is also an offence to falsely claim to be qualified to practise in a health profession or hold yourself, or someone else, out as a registered health practitioner. Penalties of up to three years' imprisonment and/or a $60,000 fine can be imposed on individuals who commit these offences, and a fine of up to $120,000 for companies.

Figure 101. Offence complaints open, 30 June



- **61.2%** Title protection offences
- **35.0%** Advertising offences by corporate entities or unregistered persons
- **2.7%** Practice protection offences
- **1.0%** Failing to cooperate with investigators and inspectors

During the year:

- 547 criminal offence complaints were received, a 23.8% increase on the number of complaints received last year (see Table 30).
  - 69.7% related to alleged unlawful use of title and unlawful claims to registration.
- 433 criminal offence complaints were considered and closed.
- 294 open criminal offence complaints were still under review at 30 June.
- 140 new complaints about advertising were considered – most related to the advertising of corporate entities or unregistered persons, a 45.8% increase on the number of matters considered last year.
- 88 advertising complaints were closed.

See page 80 for information about checks of advertising compliance.

Table 30. Criminal offence complaints received and closed, by type of offence and profession

Profession	Title protections (ss.113–120)		Practice protections (ss.121–123)		Advertising breach (s.133)		Directing or inciting unprofessional conduct/ professional misconduct (s.136)		Other offence		Total 2023/24[1]		Total 2022/23[1]	
	Received	Closed	Received	Closed	Received	Closed	Received	Closed	Received	Closed	Received	Closed	Received	Closed
Aboriginal and Torres Strait Islander Health Practitioner	2										**2**	**0**	**0**	**0**
Chinese medicine practitioner	8	5									**8**	**5**	**16**	**18**
Chiropractor	9	8	3	2	2	1					**14**	**11**	**15**	**16**
Dental practitioner	14	5	5	4	6	13			1	2	**26**	**24**	**13**	**26**
Medical practitioner	91	79	3	3	77	37	2	1	3	3	**176**	**123**	**127**	**142**
Medical radiation practitioner	4	2				1					**4**	**3**	**5**	**3**
Midwife	2		4	4							**6**	**4**	**4**	**2**
Nurse	69	59		1	32	18	1	1	3	3	**105**	**82**	**79**	**78**
Occupational therapist	10	15			1	2					**11**	**17**	**16**	**13**
Optometrist	6	3			1						**7**	**3**	**0**	**0**
Osteopath	2	2			1						**3**	**2**	**1**	**3**
Paramedic	14	8				1					**14**	**9**	**13**	**15**
Pharmacist	9	10			5	5				1	**14**	**16**	**10**	**15**
Physiotherapist	26	27			4	2					**30**	**29**	**30**	**28**
Podiatrist	2	2									**2**	**2**	**7**	**5**
Psychologist	113	94	1		11	8				1	**125**	**103**	**106**	**121**
Total 2023/24	**381**	**319**	**16**	**14**	**140**	**88**	**3**	**2**	**7**	**10**	**547**	**433**		
Total 2022/23	**332**	**356**	**9**	**15**	**96**	**107**	**3**	**2**	**2**	**5**			**442**	**485**

1. All National Law offences, not only offences about advertising, title and practice protection.

Criminal prosecutions

Ahpra successfully prosecuted a number of people found to have committed criminal offences (see Table 31), including:

- 'fake' practitioners with no relevant formal qualifications, who held themselves out to patients and employers as registered practitioners
- practitioners who continued to practise after their registration was suspended by tribunals or a National Board
- practitioners who continued to practise after surrendering their registration
- practitioners who continued to practise after they failed to renew their registration, even after they realised they were not registered.

Significant prosecutions demonstrate the importance of criminal offence provisions for the protection of the public.

Outcomes show that Ahpra continues to identify appropriate thresholds for referring offence complaints for prosecution.

- 14 proceedings were completed in the courts for offences.
  - 13 prosecutions resulted in a finding of guilt against the defendant.
  - In one case the defendant left Australia before entering a plea and, while they are not expected to return, a warrant for their arrest has been issued by the court.
- 12 prosecutions were ongoing at 30 June.

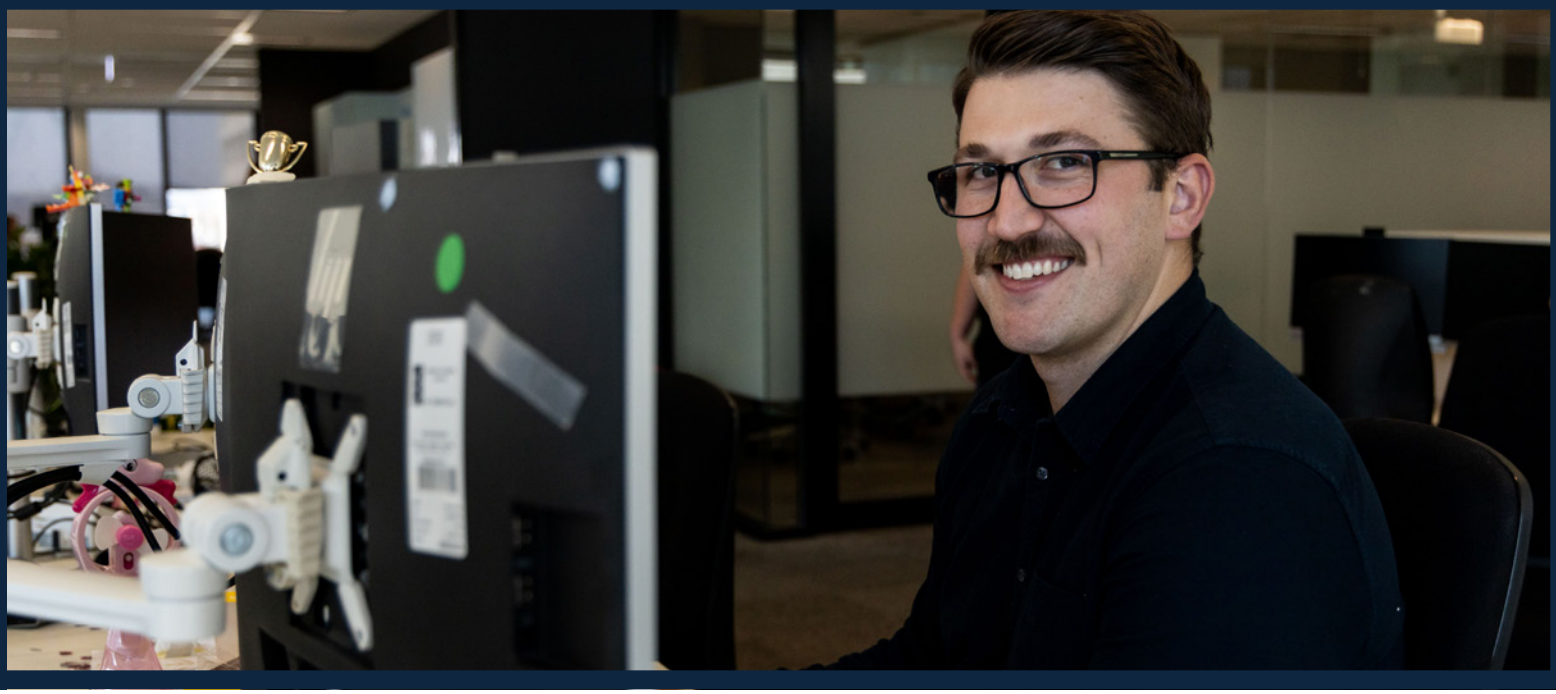
Table 31. Completed prosecutions

Date of decision	Jurisdiction	Relevant Board	Type of offence	Outcome
20 July 2023	South Australia	Pharmacy	Holding out as a pharmacist after registration lapsed	Defendant pleaded guilty. Convicted, fined $1,200 and ordered to pay $1,276 costs.
27 July 2023	Victoria	Medical	Two charges of holding out as a medical practitioner when never registered	Defendant left the country and failed to appear at court. Warrant for arrest issued. Prosecution will continue if defendant returns to Australia.
31 July 2023	South Australia	Psychology	Holding out as a psychologist in employment application despite never being registered	Defendant pleaded guilty. Sentenced to a $4,200 fine without conviction and ordered to pay $1,276 costs.
30 August 2023	Queensland	Physiotherapy	Claiming to be qualified to practise as a physiotherapist when never registered and not qualified	Defendant pleaded guilty. Convicted, sentenced to a $3,000 fine and ordered to pay $1,750 costs.
26 September 2023	South Australia	Nursing and Midwifery	Five charges of holding out as a registered nurse and one charge of using a title indicating the defendant was qualified to practise as a registered nurse	Defendant had previously been convicted of similar offences; pleaded guilty. Sentenced to prison term of four months and 28 days (suspended after one month), and $500 good behaviour bond for 18 months.
10 October 2023	New South Wales	Physiotherapy	Three charges of holding out as a physiotherapist after registration lapsed and one charge of using the title physiotherapist	Defendant pleaded guilty. Sentenced to 18-month community corrections order on standard conditions, fined $5,200 and ordered to pay $7,700 legal costs.
11 October 2023	New South Wales	Medical	Two charges of describing themself as a medical practitioner while unqualified	Defendant pleaded guilty. Convicted and sentenced to two-year community corrections order on standard conditions and ordered to pay $13,300 legal costs.
30 November 2023	Queensland	Psychology	Three charges of holding out as a psychologist when never registered	Defendant pleaded guilty. Fined $8,500 with no conviction recorded.
08 December 2023	Victoria	Nursing and Midwifery	Holding out as an enrolled nurse before registration granted	Defendant pleaded guilty at first opportunity. Sentenced to an adjourned undertaking, required to pay $3,000 to the court fund and ordered to pay $9,373 of Ahpra's costs. No conviction recorded.
14 December 2023	Queensland	Nursing and Midwifery	Two charges of holding out as a nurse despite not being qualified	Defendant was sentenced on related police charges of fraud in the District Court of Queensland to 19 months imprisonment, suspended after three months. The police charges overlapped Ahpra's charges. Two charges were withdrawn and the defendant pleaded guilty to the remaining two. Convicted with no further penalty given the prison sentence.
25 January 2024	New South Wales	Pharmacy	Holding out as a pharmacist after registration lapsed	Defendant pleaded guilty. Sentenced to 12-month conditional release order and ordered to pay $3,000 costs.
16 February 2024	New South Wales	Podiatry	Two counts of claiming to be registered after registration lapsed	Defendant pleaded guilty. Convicted, sentenced to $3,000 fine and ordered to pay $4,000 costs.
13 March 2024	New South Wales	Medical	Two counts of holding out as a medical practitioner after registration had lapsed	Defendant pleaded guilty. Sentenced to $1,000 fine on the first count, and 18-month community corrections order on the second, and ordered to pay $7,000 legal costs.
7 June 2024	Western Australia	Dental	Five counts of holding out as a dental practitioner after registration lapsed and five counts of restricted dental acts	Defendant pleaded guilty. Convicted and sentenced to global fine of $30,000 and ordered to pay $5,000 legal costs.

Fake nurse jailed in landmark outcome

The first custodial sentence under the National Law was imposed in September, after a woman was convicted for the second time for falsely claiming to be a registered nurse. She was sentenced to four months and 28 days imprisonment, to be suspended after serving one month.

This is the most serious sentence ever imposed under the National Law.



Improving health practice

We collaborate across the National Scheme and with other organisations to make sure that our standards, codes and guidelines are supported by strong evidence.

Research, consultation and collaboration help us respond to the rapidly evolving nature of health practice, improve our services, and strengthen the trust and confidence that the public, health practitioners and other stakeholders have in the scheme.

The year in summary

This year, we:

- enacted amendments to the National Law, including protection of the title 'surgeon'
- improved website information for health consumers about making a complaint
- developed a checklist for practitioners to help them manage feedback and complaints directly
- provided input into several government policy consultations
- continued, where appropriate, to share our data and insights with key stakeholders.

Collaboration and consultation

Understanding people's experiences with us

We know that one of the most significant ways that practitioners and members of the public engage with us is through our notifications process, so we continue to be interested in the notifier and practitioner experience. Each year we interview people who have recently been through our processes so we can understand what went well and what could have been better. We also survey people about those experiences.

We use the themes that come up in the interviews and surveys for our quality improvement work and to help our staff and the National Boards understand the things that are important for a notifier or practitioner to have a good experience.

We have just begun to survey people who are currently going through our monitoring and compliance process to understand what is working well for them and what is not. We look forward to collecting this feedback and using it to further improve.

Strengthening consumer voices

We are focusing on building stronger community engagement and connecting with a broad range of people, and the Community Advisory Council (CAC) continued to be the primary source of consumer and community representation. The CAC advises us on how and where consumer and community voices are needed, and how best to consult, especially with underserved consumers and communities.

CAC members actively participated in the National Scheme Combined Meeting and were especially interested in the discussion on how to include the voices of patients and the community in regulation. This was flagged in a frank panel session in which members of the CAC and the community critiqued the current representation of their perspectives within the scheme.

The CAC provided feedback on Ahpra and National Board strategies, standards, codes, guidelines, policies and publications. For the first time, the CAC was part of the panels for recruiting community members to the National Boards. CAC members participated on committees, reference groups and working groups, and supported several National Board stakeholder events. Members individually and collectively engaged with the following issues and activities:

- desired attributes of community members appointed to decision-making committees
- the consumer complaints reference group led by the Australian Commission on Safety and Quality in Health Care
- Ahpra's relaunched webpage about how to raise a concern and videos about the notifications process
- review of the criminal history and English language standards for registration
- the annual Medical Training Survey consultative forum
- pathways for specialist international medical graduates
- the *Independent review of Australia's regulatory settings relating to overseas health practitioners*
- a range of reforms to keep patients safe.

The CAC met seven times and was chaired by Ms Patricia Hall. Communiqués of its meetings are published on our website.

> **"For the first time, the Community Advisory Council was part of the panels for recruiting community members to the National Boards"**

Consulting the professions

The Professions Reference Group (PRG) met six times. It was chaired by Ms Julianne Bryce from the Australian Nursing and Midwifery Association. The PRG brings together professional associations for each of the regulated health professions. It provided feedback on the development of our strategies to proactively respond to emerging public safety concerns such as prescribing via telehealth, our work to improve the assessment and registration of internationally qualified health practitioners, our reforms to improve the safety of cosmetic surgery and procedures, and practical implementation of amendments to the National Law.

Ahpra updated PRG members on our work to identify and minimise distress for practitioners involved in a notifications process, the development of National Law amendments, the Business Transformation Program, graduate registration and practitioner renewal campaigns, and our accreditation work.

Patient safety partnership

Our work with the Australian Commission on Safety and Quality in Health Care (the Commission) to improve the experience of making a health complaint resulted in the production of several important resources for health practitioners and consumers over the past 12 months:

- A checklist tool for practitioners managing feedback and complaints, to support them to resolve a complaint that is made directly to them.
- Changes to our webpage on how to raise a concern (www.ahpra.gov.au/Notifications/Concerned-about-a-health-practitioner) to simplify information for consumers and practitioners who are considering raising a concern with Ahpra. Since this redesigned page was launched in November, it has had an 89% increase in unique views, a higher rate of user interaction on the page (74% engagement rate) and a 50% increase in traffic from Google.
- Three short video animations for consumers, which explain patients' healthcare rights and that it is okay to make a complaint, contain tips for a consumer making a complaint directly to their health provider, and explain how to make a complaint to health complaints organisations and Ahpra.

In 2021, Ahpra and the Commission set up a reference group to guide this joint work, which brought together consumer and health profession perspectives. The project focused on ensuring that the consumer experience is better understood, and involved wide-ranging consultation, including with consumers with a lived experience of making a health complaint and key professional groups. Because Ahpra is only one of many bodies responding to consumer health complaints, there was ongoing engagement with other health complaints bodies throughout the project.

A final report was published by Ahpra and the Commission, which highlights the key findings from the project and areas for continued work. For more, see www.ahpra.gov.au/About-Ahpra/Our-engagement-activities/Joint-project.

Shared policy issues

The National Boards and Ahpra regularly collaborate on shared policy issues that affect the health professions similarly. This supports effective interprofessional care, helps to simplify regulation, and makes it easier for the public, practitioners and employers to know what to expect of registered health practitioners.

Our areas of focus this year expanded to respond to the changing healthcare landscape and evolving consumer expectations of health practitioners and regulators. They included:

- developing resources to support professional practice, such as information for practitioners and the public about virtual care (telehealth), which provided guidance to practitioners about how to use virtual care safely and effectively and guidance for the public on how to access safe virtual care
- setting up new governance arrangements and other systems to give us the ability to respond rapidly to emerging issues, which can help us act earlier to strengthen public protection
- supporting workforce capability by addressing the recommendations of the *Independent review of Australia's regulatory settings relating to overseas health practitioners* (Kruk review)
- strengthening our focus on health consumers, including consulting on a revised criminal history registration standard.

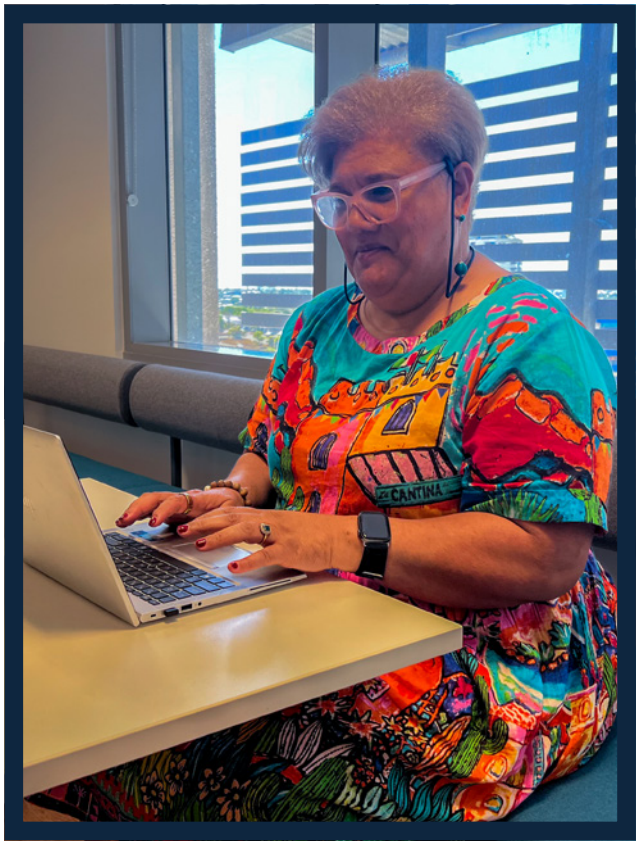
So that the National Boards' regulatory requirements remain contemporary and relevant, we developed and reviewed a suite of other policies across multiple professions, including:

- draft guidelines for registered health practitioners (except medical practitioners, nurses and midwives) who perform non-surgical cosmetic procedures, completing public consultation in early 2024
- a joint review of the English language skills registration standards for 14 professions, completing public consultation on two further possible changes to revised draft standards in August and September and submitting revised standards to health ministers which were approved in June 2024.

Policy consultations

Throughout the year, the National Boards and Ahpra together provided input to the following external policy consultations and reviews:

- Australian Bureau of Statistics comprehensive review of the Australian and New Zealand Standard Classification of Occupations (ANZSCO) to reflect the contemporary labour market and better meet stakeholders' needs (Consultation round 2)
- Australian Commission on Safety and Quality in Health Care consultation on draft *Chronic obstructive pulmonary disease clinical care standard*
- Australian Government Department of Employment and Workplace Relations draft *Best practice principles and standards for skilled migration assessing authorities*
- Australian Government Department of Health and Aged Care consultations on:
  - *Intellectual disability health capability framework*
  - *Unleashing the potential of our health workforce – Scope of practice review* and issue papers 1 and 2
- Australian Government Department of Industry, Science and Resources consultation on safe and responsible artificial intelligence
- Australian Government Department of the Prime Minister and Cabinet COVID-19 response inquiry
- Australian Government Minister for Health on family, domestic and sexual violence training in the registered health practitioner workforce
- Australian health ministers consultation on three proposed reforms to the National Law:
  - Part 1: Expansion of the information available on the *Register of practitioners*
  - Part 2: Introduction of nationally consistent reinstatement orders
  - Part 3: Stronger protections for notifiers and prospective notifiers
- Jobs and Skills Australia 2024 Skills Priority List stakeholder survey
- Victorian Department of Families, Fairness and Housing consultation on *Social services regulations 2023: Regulatory impact statement*
- Victorian Department of Health review of the Health Services (Health Service Establishments) Regulations 2013.



Government relations

Ahpra maintains a strong working relationship with the Australian, state and territory health departments, including through its Jurisdictional Advisory Committee, which meets quarterly.

We continued to appear by invitation at Senate budget estimates hearings. This is an opportunity to provide senators with information about our work and performance and address any queries and concerns.

In April, the Department of Health and Ageing announced the *Independent review of complexity in the National Registration and Accreditation Scheme*. We are engaging with the independent reviewer, Ms Sue Dawson, and look forward to contributing to this important review.

National Law amendments

Protection of the title 'surgeon' when used by medical practitioners was an important element of new cosmetic surgery reforms agreed by health ministers. This change was enacted by the *Health Practitioner Regulation National Law (Surgeons) Amendment Act 2023* and came into use on 20 September.

We also finished implementing the final group of changes arising from the *Health Practitioner Regulation National Law and Other Legislation Amendment Act 2022*. This last group of 30 reforms started on 1 July 2024.

On 14 May, Western Australia passed the *Health Practitioner Regulation National Law Application Act 2024*, moving to an applied-laws model and bringing WA into line with other Australian states and territories. All of the National Law amendments have also begun in that state.

> **"Protection of the title 'surgeon' when used by medical practitioners was an important element of new cosmetic surgery reforms"**

Further changes are on the horizon, with health ministers agreeing in April to ensure that proven allegations of sexual misconduct remain on a health practitioner's record in perpetuity. We are working with governments as a legislative bill of amendments is being drafted for introduction into the Queensland Parliament by the end of 2024.

Contributing internationally

As a World Health Organization (WHO) Collaborating Centre for Health Workforce Regulation, Ahpra works in partnership to strengthen the capacity and skills of regulators in the Western Pacific Region of WHO. As part of this work, we lead the Western Pacific Regional Network of Health Workforce Regulators, with members from approximately 20 countries. We held four regional network webinars on important health workforce regulation topics.

We also continued our partnership work with other international regulatory bodies, including the International Association of Medical Regulatory Authorities and the Council of Licensure, Enforcement and Regulation.

Research and data

Projects

Our research, evaluation and data analytics work is integral to examining, assessing and projecting trends related to health workforce regulation and patient safety. We established a regulatory intelligence function to identify and address emerging regulatory challenges and developed a four-year Research and Evaluation Strategy for the National Scheme. We focused on sharing our work with different groups, using a range of approaches including webinars, conferences and peer-reviewed publications, and we developed a presentation series around one of our evaluations.

Our research and evaluation projects (with information on Human Research Ethics Committee approvals) included:

- exploring factors associated with the retention and attrition of nine health professions and analysing workforce demographic snapshots (Metro North Health, approved)
- exploring factors associated with the retention and attrition of physiotherapists in Australia (Metro North Health, approved)
- identifying and improving stakeholder access and use of the Medical Training Survey (Metro North Health, approved)
- exploring notifier and practitioner experiences with Ahpra regulatory processes over time (Metro North Health, approved)
- exploring trends in communication-related notifications (ACT Health, exempted)
- evaluating the Notifier Support Service (see page 75) (Metro North Health, approved)
- evaluating the impact of the Health Management Team (Metro North Health, approved)
- evaluating the response to the pandemic sub-registers (Metro North Health, approved)
- evaluating Operation Reset (Metro North Health, approved)
- evaluating the retirement of *Guidelines on infection control* (ACT Health, exempted)
- conducting literature reviews on:
  - health practitioner communication and patient outcomes and safety
  - the history of the Community Advisory Council.

Publications

We wrote or contributed to three publications in peer-reviewed health journals:

- Biggar S, Van der Gaag A, Maher P et al (2023) '"Virtually daily grief" – understanding distress in health practitioners involved in a regulatory complaints process: a qualitative study in Australia', *International Journal for Quality in Health Care*, doi.org/10.1093/intqhc/mzad076
- Mahat A, Dhillon IS, Benton DC et al (2023) 'Health practitioner regulation and national health goals', *Bulletin of the World Health Organization*, doi.org/10.2471%2FBLT.21.287728
- Van der Gaag A, Jago R, Gallagher A et al (2023) 'Artificial intelligence in health professions regulation: an exploratory qualitative study of nurse regulators in three jurisdictions', *Journal of Nursing Regulation*, doi.org/10.1016/S2155-8256(23)00087-X

Access to data for research

The comprehensive national data that Ahpra collects have demographic, commercial and research value and value for workforce planning. Our data access and research policy and the information on our website set out the data already available and how to access them, and the processes for requesting data that are not publicly available. We are not able to meet all requests for information, as both the National Law and the *Privacy Act 1988* (Cth) impose strict limits on the use of our data.

A summary of the requests we received is shown in Table 32.

We also provide a data-matching service to Australian universities wishing to track graduate outcomes. Ahpra can match a graduate's student number to their registration number so the university does not have to manually search the *Register of practitioners*. This enables universities to determine whether they are meeting their funding requirements and the intended outcomes of their rural training programs by determining how many of their health students are working in regional and rural locations. Some universities also use the register to assess graduate outcomes more broadly in metropolitan and rural areas. We received and fulfilled seven requests for student data matching in 2023/24.

Each year Ahpra provides an extract of medical practitioner data from the *Register of practitioners* to Medical Deans, who combine it with their own data from surveys of final-year medical students. Including Ahpra's data with their own allows Medical Deans to display information about medical practitioners that is broken down by a range of demographic factors, such as gender, rurality, specialty, and graduates' preferred versus actual work locations.

Table 32. Requests for access to data for research

Type of data access request	Number of requests	Information able to be provided	Approved for release
Copies or extracts of the *Register of practitioners*	39	39	37
Quantitative statistics (regulatory data)	37	31	24
Request to contact or survey practitioners	8	1	1
Graduate student outcomes	7	7	7
Other[1]	53		
Total	**144**	**78**	**69**

1. General queries that were referred to external data sources or where we did not hear back from the requester.

Organisation

Communications

Newsletters

We published 50 National Board newsletters, with an average open rate of 61.3%.

Media

We published 498 news items, including 44 media releases.

We responded to 576 media enquiries. This was an increase of 115 enquiries on the previous year.

Social media

Our posts were seen 2.1 million times and received 85,900 interactions (likes, shares and comments).

Overall, we increased our audience by 15.3%. We have:

- 159,854 LinkedIn followers
- 39,900 Facebook followers
- 12,100 Twitter/X followers
- 5,494 Instagram followers.

Traffic from our social accounts to our website exceeded 135,000 unique site visits.

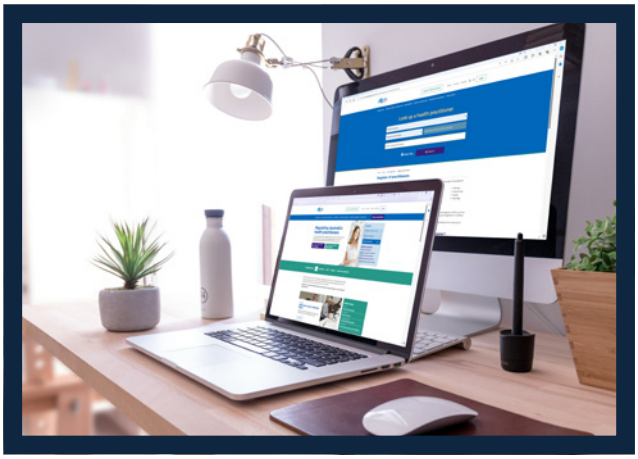
Customer service

Our national team handled an average of 648 telephone calls and 297 web enquiries each business day. Compared with last year, call volumes were down by 4.0% and web enquiries by 15.1%. Our web grade of service increased by 7.2%, meaning more web enquiries were attended to within the target service level.

Website redesign

In February 2023 we launched a home page redesign, which aimed to make information easier to access. As a result, we have seen a 75% increase in traffic (51 million views) and a 30% increase in engagement this year. The *Register of practitioners* continues to be the most popular webpage, with more than 8 million unique visits.

Most users are on desktop or laptop (66%), with 34% on mobile. Many areas of our website are showing improved search engine optimisation (SEO), with increased traffic from Google and higher search rankings. About half of our website traffic (51%) comes from search.



Transformation Program

The Business Transformation Program is a structured multiyear program of work that is putting in place a new regulatory operating system to modernise our practices.

We continued to build and test the new system ahead of our first release. This included work to support new streamlined registration pathways for internationally qualified health practitioners and to enable National Law amendments such as displaying a practitioner's alternative name in the *Register of practitioners*.

We look forward to going live with the new system. This will only happen when it is safe to do so. This means that we will launch the new system when it is working the way we need it to for staff, practitioners, applicants and people raising a concern with us, and when we are confident the register and all data exchange services are working properly.

Once we have the foundations in place, we'll continue to add more capability to make it easier and faster for people to get registered, raise a concern with us, and access and analyse our data.

Leadership and people

Ahpra Board

Ahpra's governing body met 11 times. The board publishes a communiqué of meetings that summarises issues discussed and decisions made. It has four committees, which each met quarterly:

- The Accreditation Committee provides advice on accreditation governance, reform, accountability and transparency issues, and a whole-of-scheme perspective on accreditation performance.
- The Finance, Audit and Risk Management Committee oversees risk and advises on the effectiveness of the corporate assurance framework, risk management, financial strategy, sustainability and internal audits. It also oversees the external audit process.
- The Regulatory Performance Committee provides advice, oversight and scrutiny of regulatory performance measures and data.
- The People and Remuneration Committee provides governance oversight of strategy and performance in relation to people, capability and culture.

National Executive

Ahpra's national leadership group:

- Mr Martin Fletcher – Chief Executive Officer
- Ms Kym Ayscough – Executive Director, Regulatory Operations
- Ms Liz Davenport – Executive Director, Finance and Risk
- Mr Mark Edwards – Executive Director, People and Culture
- Mr Chris Robertson – Executive Director, Strategy, Policy and Health Workforce
- Mr Clarence Yap – Chief Information Officer (to 7 March)
- Mr Will Gartner – Interim Chief Technology Officer (26 February to 7 June)
- Mr Mike Rillstone – Chief Technology Officer (from 5 June)

State and territory managers

Our senior leaders in each jurisdiction, based at each of our offices:

- Australian Capital Territory: Mr Anthony McEachran (to 23 February), Mr Krister Partel (from 3 June)
- New South Wales: Ms Carol Nader (from 21 August)
- Northern Territory: Ms Claudia Manu-Preston
- Queensland: Ms Heather Edwards
- South Australia: Mr Patrick Maher
- Tasmania: Mr David Clements
- Victoria: Mx Joe Goddard-Williams
- Western Australia: Ms Jodie Holbrook

Ms Heather Edwards was acting territory manager in the Australian Capital Territory and Mr Anthony McEachran was acting state manager in New South Wales for part of the year.

Project highlights for the state and territory managers included establishing the Co-regulatory Family Violence Working Group with co-regulators in New South Wales and Queensland, providing webinars for employers in South Australia, and supporting the National Law amendments in Western Australia. They also played a leading role in furthering our relationships with LGBTIQA+ communities, committing Ahpra to the development of an LGBTIQA+ equity and inclusion strategy for the National Scheme and publishing an LGBTIQA+ communities hub on the Ahpra website.

Directorates

Regulatory Operations: Carries out Ahpra's core functions of registration, notifications and compliance, and includes the national legal practice. The directorate applies risk-based approaches to regulatory matters so we can focus our efforts on matters of high risk and high complexity and, wherever possible, resolve other matters more quickly.

Strategy and Policy: Produces effective and responsive strategy and policy in partnership with the National Boards and in collaboration with key partners. The goal of the directorate is for its partners and stakeholders to have trust and confidence in its work.

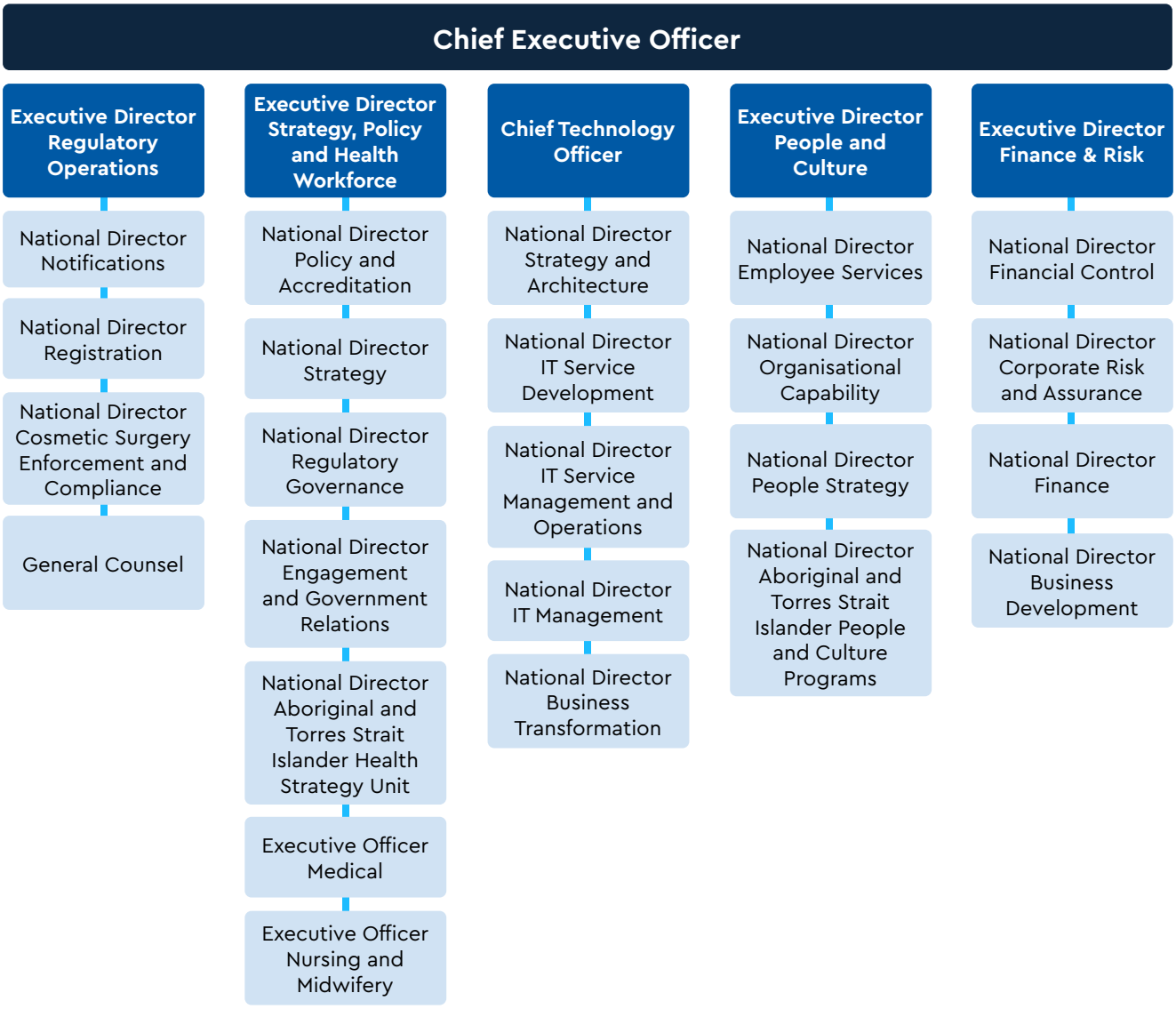
Technology: Collaborates with stakeholders to provide essential technology and services necessary for supporting health practitioner regulation in Australia. Delivers innovative technology and services to adapt to the evolving landscape.

People and Culture: Accountable for whole-of-organisation initiatives aligned to culture, capability, workforce and wellbeing, which seek to use the talent, capabilities and ambitions of our people to achieve Ahpra's strategies and purposes.

Finance and Risk: Responsible for efficient and effective financial strategy and management, procurement, risk management and assurance, and audit programs.

Table 33. Staff, 30 June

Directorate	Full-time equivalent staff
Regulatory Operations	860
Strategy and Policy	225
Technology	92
People and Culture	52
Finance and Risk	47
Office of the CEO	2
Total	**1,278**



Gender pay equity

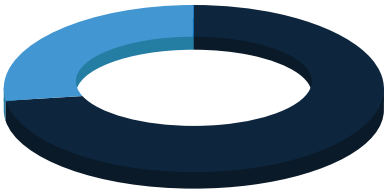
Recent amendments to the *Workplace Gender Equality Act 2012* prompted a review of Ahpra's pay equity for employees. Though Ahpra is exempt from public reporting requirements, we analysed pay disparities so that we could address any gendered pay gap.

The results indicate that Ahpra has a gender pay gap of 12.7% in favour of males. The average total annual remuneration package for females is $17,000 less than for their male colleagues. This pay gap is primarily being driven by pay disparities in the Technology directorate, along with roles at some senior levels, where packages are slightly higher for males.

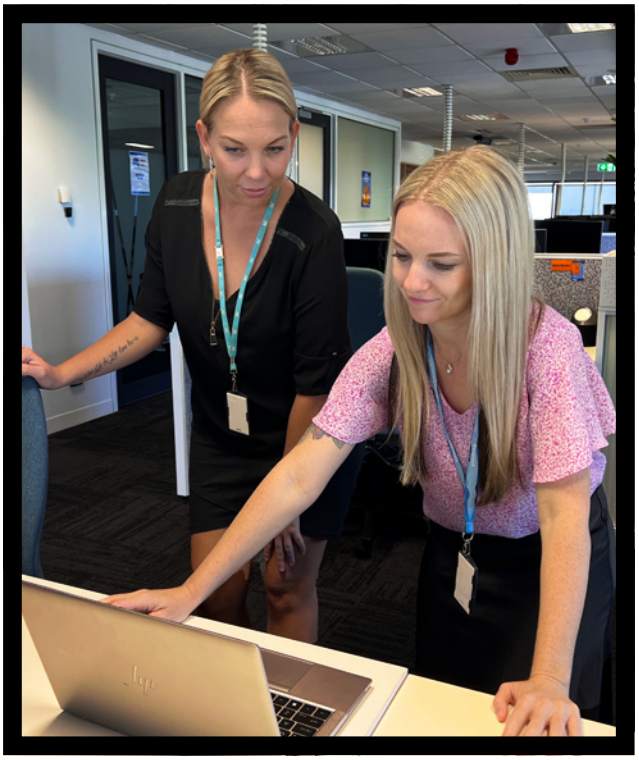
Work that Ahpra will do to address the pay disparities includes:

- identifying opportunities to increase participation rates of females in traditionally male-occupied roles such as IT
- improving workplace policies, such as flexible working policies, to promote greater opportunities to balance work and non-work commitments
- promoting opportunities for enhanced base-pay rates as part of the offer process for female candidates for senior roles.

Figure 102. Gender of staff, 30 June



- **72.6%** Female
- **27.3%** Male
- **0.1%** Non-binary



Freedom of information requests

Ahpra received:

- 340 valid applications for access to documents under the *Freedom of Information Act 1982* (FOI Act)
- 16 applications for internal review of an FOI decision. One application was withdrawn by the applicant before an internal review was finalised.

The National Health Practitioner Ombudsman and Privacy Commissioner (NHPO) notified Ahpra that:

- 23 applications for external review of an Ahpra FOI decision were made
- 3 external review applications were closed. The NHPO provided notice that Ahpra's FOI decision had been affirmed in one matter, one matter was discontinued by the NHPO, and one was withdrawn by the applicant.

During the year, 345 FOI applications were finalised. Outcomes are shown in Table 34. At 30 June, there were 60 open FOI matters.

Evidentiary certificates

Ahpra issued 123 evidentiary certificates, most in response to requests from our co-regulatory partners, health complaints organisations and police, to help them perform their functions in the community.

Production of documents

We responded to 181 subpoenas and orders to produce documents issued by courts, tribunals and law enforcement bodies about proceedings in which neither Ahpra nor a National Board was a party.

Table 34. Finalised FOI applications

Application outcome	Number
Granted in full	45
Granted in part	145
Access refused	86
Withdrawn	69
Total	**345**
Internal review	15
External review (NHPO)	3
External review (tribunal)	0

Table 35 describes the nature of the documents sought by FOI applicants.

Table 35. Documents sought in finalised applications

Document type	Number of applications
Notifications/complaints	250
Registration applications and decisions	35
Statistics and general data	25
Policy procedure, guidelines	22
Monitoring and compliance of registration restrictions	4
Criminal offences	1
Other	8
Total	**345**

Administrative complaints

When people raise concerns about Ahpra and the National Boards, we aim to listen, to respond promptly, empathetically and fairly, and to learn from the issues raised.

Administrative complaints relate to concerns about the service delivery, policies, procedures and decisions of Ahpra, the National Boards and committees, and the Ahpra Board. They are divided into three types:

- **Stage 1** (straightforward) complaints are handled by the Ahpra area that receives them.
- **Stage 2** (complex) complaints are managed by a National Complaints team.
- **Stage 3** complaints are investigated or reviewed externally by the National Health Practitioner Ombudsman (NHPO).

This year we received fewer complaints (660) than last year (731). Table 36 outlines who raised complaints.

Table 36. Source of administrative complaints

Who made the complaint	2022/23	2023/24
Health practitioner (applicant)	307	276
Notifier	189	191
Health practitioner (notification)	60	78
Health practitioner (other)	71	49
Member of the public	28	31
Public campaign	57	19
Employer	16	12
Non-government organisation	0	3
Education provider	1	1
Government department	1	0
Member of Parliament	1	0
Total	**731**	**660**

There was a decrease in complaints received from health practitioners about their application for registration (276 compared to 307) and about other issues not related to a notification or an application for registration (49 compared to 71). We had more complaints from health practitioners who were the subject of a notification (78 compared to 60).

There was a significant decrease in complaints about a public campaign: 19 this year, down from 57 last year. A public campaign complaint is made about our regulatory role by individuals who are not a party to a regulatory action and do not have a personal relationship with the subject of a regulatory action. Often this involves submitting a complaint after being made aware of a particular regulatory matter, usually through traditional or social media.

Issues raised

A complaint may include more than one issue. The 660 complaints we received were about 836 issues.

There was a significant decrease in dissatisfaction with regulatory outcomes: 12.3% of the issues raised this year were about dissatisfaction with a regulatory outcome; last year this number was 26.2%.

Table 37 includes all issues raised. Table 38 shows more detail about the issues raised for each profession.

Table 37. All issues raised in complaints

Issues raised	2022/23	2023/24
Process/policy	204	236
Communication	273	194
Timeliness/delay	164	128
Dissatisfied with regulatory outcome	305	103
Fees	45	46
English language skills standards	0	23
COVID-19	51	14
Vexatious notification	0	10
Cosmetic surgery	0	8
Privacy breach	20	4
Other	101	70
Total	**1,163**	**836**

Table 38. Administrative complaints, by profession and service area

	Complaints received			Service area[1]						
Profession	Stage 1	Stage 2	Total	Registration	Notifications	Customer service interactions	Compliance	Legal	IT/ website issues	Other
Aboriginal and Torres Strait Islander Health Practitioner		3	3	1		1				1
Chinese medicine practitioner	3	3	6	6	1					
Chiropractor	3	4	7	1	1	1	1			4
Dental practitioner	3	15	18	5	12	1	1	1		
Medical practitioner	94	207	301	78	238	8	12	12	4	15
Medical radiation practitioner	9	3	12	7	2		1			2
Midwife	1	4	5	5						
Nurse	85	56	141	93	35	3	5	4	5	7
Nurse and midwife[2]	5	4	9	4	3	1	1			1
Occupational therapist	6	5	11	10	1	2				
Optometrist		3	3		1					2
Osteopath		2	2	2						
Paramedic	6	4	10	10		1				
Pharmacist	12	5	17	12	2	1		1		2
Physiotherapist	15	1	16	14	1					1
Podiatrist	2		2	2						
Psychologist	29	43	72	36	38	7	4	5		3
Unknown	23	2	25	10	3	9				3
Total	296	364	660	296	338	35	25	23	9	41

1. Issues related to each profession and service area; not all issues raised.
2. Registrants who hold dual registration as both a nurse and a midwife.

Issues about registration

In the 364 complaints received about registration, processes and policies were raised 143 times, communication was raised 89 times, perceived delay in our management of applications was raised 77 times, and dissatisfaction with a regulatory outcome was raised 27 times.

Of the complaints received from practitioners about how we managed their application for registration, there was a reduction in concerns about communication during the application process (mentioned 82 times, down from 122 last year) and time taken to assess an application (mentioned 68 times, down from 93 last year). There is an ongoing trend of fewer complaints about these issues following changes we made to lessen the time we take to assess an application and to improve how we communicate with applicants.

Issues about notifications

In the 338 complaints about notifications, dissatisfaction with the outcome was raised 195 times, making this the dominant issue raised by people who had concerns about our management of a notification. Communication was raised 75 times, policies or processes 67 times, and the time taken to finalise a notification 35 times.

For complaints received from practitioners about our management of a notification made about them, there was an increase in concerns about the notifications process (mentioned 36 times compared to 25 times last year). There was no significant change in complaints about communication during the notifications process and time to finalise a notification, mentioned 25 times and 15 times, respectively.

Resolving complaints

We responded to 651 complaints. When we receive a complaint, we look carefully at the information provided and how people would like their complaint resolved. We then conduct a review of the information we hold and endeavour to respond in a way that meaningfully addresses the concerns.

Table 39 outlines the actions we took to resolve complaints this year. We may take more than one action to address a complaint.

Table 39. Action taken to resolve issues

Action taken	Number of actions
Provided further explanation	442
Offered apology	147
Provided update	100
Advised will consider feedback for improvement	65
Arranged for a matter to be reconsidered	9
Corrected an error	9
Other	77

Engaging with the NHPO

The NHPO receives complaints from and helps people who think they may have been treated unfairly in our administrative processes. We collaborate with the NHPO to resolve complaints and we value its contribution.

Under our early resolution transfer process with the NHPO, 99 complaints were handed to us to resolve directly.

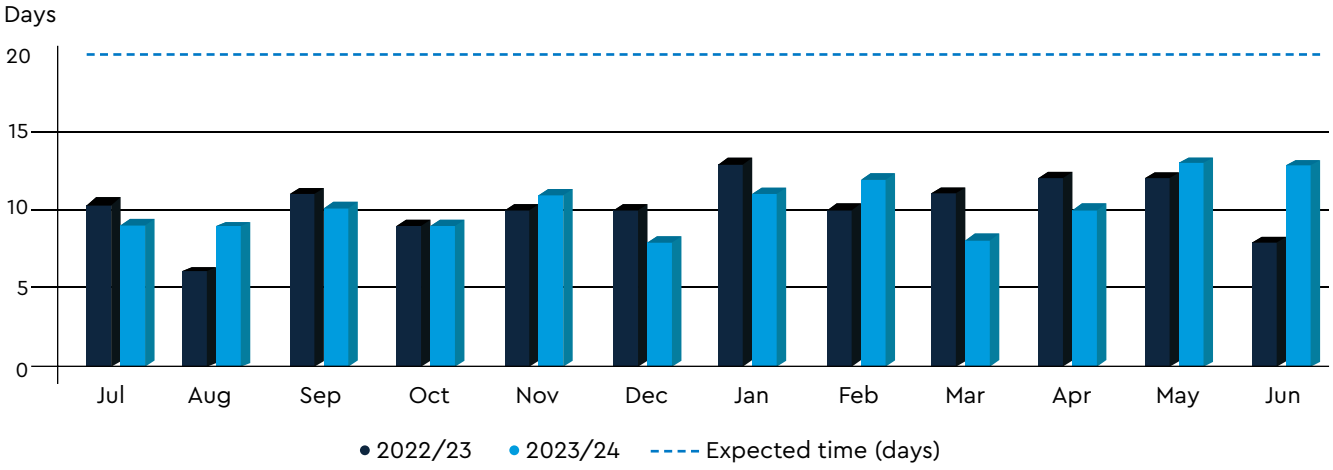
We responded to 102 enquiries from the NHPO seeking preliminary information about a complaint. We also provided documents and other information in response to 21 notices of investigation from the NHPO.

A complaint can be reported more than once if a person complains to both Ahpra and the NHPO.

Our performance

We aim to respond to complaints within 20 business days. Figure 103 shows that our average time to respond was faster than this expected timeframe.

Figure 103. Time taken to finalise complaints



Financial management

Ahpra and the National Boards work in partnership to ensure the National Scheme operates efficiently, effectively and economically. The financial statements section of the annual report describes the scheme's position and performance in more detail.

Financial overview

Key financial information for the past five years is summarised in Table 40. Income and expenses have increased in each of these years in line with growth of and continuing investment in the scheme.

The comprehensive result fluctuates to meet the demand of increased regulatory activity and to make planned investment in health workforce and public safety objectives. Accounting for other economic flows, the comprehensive result of $7.4 million surplus for 2023/24 is an increase of $14 million from a deficit of $6.6 million in 2022/23.

Table 40. Financial summary 2019/20 to 2023/24

Five-year financial summary	2023/24 (million)	2022/23 (million)	2021/22 (million)	2020/21 (million)	2019/20 (million)
Revenue from government grants	$0.6	$1.4	$2.6	$4.6	$1.7
Income from operating activities	$306.1	$265.9	$243.1	$228.0	$214.7
Income from investing activities	$10.7	$7.4	$4.0	$2.6	$4.0
Total income from transactions	**$317.4**	**$274.7**	**$249.7**	**$235.2**	**$220.4**
Total expenses from transactions	**$312.8**	**$285.0**	**$232.0**	**$217.8**	**$213.8**
Other economic flows included in net result	$2.8	$3.7	($2.8)	($0.9)	
Comprehensive result for the year	**$7.4**	**($6.6)**	**$14.9**	**$17.3**	**$6.7**
Net cash flow from operating activities	$29.6	$10.8	$37.4	$37.7	$24.4
Collections on behalf of government agencies	$48.5	$45.5	$41.1	$39.3	$37.1
Total assets	**$327.7**	**$307.6**	**$303.5**	**$284.8**	**$266.4**
Total liabilities	**$225.2**	**$212.5**	**$201.8**	**$197.9**	**$196.9**

Financial performance

An operating surplus of $7.4 million was achieved, well above the planned budget, as costs associated with the sharp increase in applications and other regulatory activity were met from within the budget envelope with efficient and effective response.

The income of $317.4 million is an increase of $42.7 million from 2022/23. It is the result of health workforce growth initiatives, which were partly funded by grants, and improved returns on financial assets.

The fees for each National Board for 2023/24 were set to recover the full costs of regulation for each profession. In some cases, these fees were indexed up to 5% in line with higher inflation, and two Boards were required to raise fees by 15.7% and 7.8% to meet an increased share of regulation costs. For professions with very strong equity balances, fees were not increased.

Total expenses from transactions of $312.8 million is an increase of $27.8 million from 2022/23. Cost increases arose from wage inflation and organisation growth, health workforce initiatives, and cybersecurity and technology investments.

Table 41. Financial performance and equity held by National Boards 2023/24

National Board	Revenue (million)	Expenses (million)	Operating result (million)	Economic flows (million)	Net result (million)	Equity at 30 June (million)
Aboriginal and Torres Strait Islander Health Practice	$1.2	($1.2)	$0.0	$0.0	**$0.0**	**$0.0**
Chinese Medicine	$2.5	($2.7)	($0.2)	$0.2	**$0.0**	**$7.0**
Chiropractic	$2.8	($3.1)	($0.3)	$0.2	**($0.1)**	**$6.7**
Dental	$14.7	($14.6)	$0.1	$0.2	**$0.3**	**$6.3**
Medical	$119.4	($115.4)	$4.0	$0.1	**$4.1**	**$8.2**
Medical Radiation Practice	$4.5	($4.3)	$0.2	$0.1	**$0.3**	**$3.1**
Nursing and Midwifery	$105.6	($102.0)	$3.6	$0.9	**$4.5**	**$33.9**
Occupational Therapy	$4.2	($4.7)	($0.5)	$0.1	**($0.4)**	**$2.8**
Optometry	$2.4	($2.6)	($0.2)	$0.1	**($0.1)**	**$1.7**
Osteopathy	$1.4	($1.7)	($0.3)	$0.0	**($0.3)**	**$1.4**
Paramedicine	$6.5	($7.2)	($0.7)	$0.3	**($0.4)**	**$10.2**
Pharmacy	$15.7	($15.4)	$0.3	$0.1	**$0.4**	**$5.1**
Physiotherapy	$9.4	($8.7)	$0.7	$0.1	**$0.8**	**$3.0**
Podiatry	$2.4	($3.0)	($0.6)	$0.1	**($0.5)**	**$3.1**
Psychology	$21.4	($22.9)	($1.5)	$0.3	**($1.2)**	**$10.0**
Other	$3.3	($3.3)	$0.0	$0.0	**$0.0**	**$0.0**
Total	**$317.4**	**($312.8)**	**$4.6**	**$2.8**	**$7.4**	**$102.5**

Financial position

Equity

Scheme equity increased to $102.5 million with the additional $7.4 million operating surplus for the year. Equity is vital to the financial sustainability of the scheme. Its purposes include:

- mitigating against unexpected loss not covered by our comprehensive insurance
- funding capital and strategic projects that support the effective and efficient operation of the scheme
- offsetting the impact to the financial position of variance in the operating result.

Equity held for each of the National Boards serves the same important purposes, in relation to profession-specific risk and projects.

Equity at 30 June 2024 is reported in Table 41. The scheme is currently investing in a significant technology program, external reviews and other strategic investments to advance public safety outcomes.

Assets

Total assets of $327.7 million were held at 30 June, a net increase of $20.1 million. Intangible technology assets increased to $25.4 million, from $22.7 million in 2022/23, and property lease assets were amortised, reducing to $33.2 million as scheduled.

An additional $4.7 million has been reported as prepayments of the costs of configuration and customisation of a cloud-based technology solution. When the system goes live, the configuration and customisation expenditure will start, and be amortised over a period of up to five years.

Liabilities

The increase in liabilities to $225.2 million, from $212.5 million in 2022/23, reflects higher registration fees held in advance for all professions, higher contract payables for supplies as timing of the Transformation Program speeds up, and higher employee benefits. It is offset by lower lease liability in line with lease terms.

The year ahead

In 2024/25, an operating deficit is planned, which will draw upon equity reserves for investment in the Transformation Program and respond to actions arising from reviews of the health workforce and complexity of the National Scheme. Regulatory activities are projected to be self-funding, with break-even results anticipated in line with the five-year financial plan.

Corporate risk, compliance and assurance

Risk management

Risk exposure is managed in accordance with the Australian and New Zealand Standard (AS/NZS ISO 31000:2018). Ahpra's *Risk management framework* aims to provide sufficient, continuous and reliable assurance on the management of major risks to continuously improve regulatory services. During 2023/24, the scheme managed its risks, both strategically and operationally, within the following themes:

- regulatory effectiveness and partnerships
- business transformation outcomes
- financial sustainability
- actions to eliminate racism for Aboriginal and Torres Strait Islander Peoples within healthcare
- removal of barriers to access for identified communities
- public confidence and trust
- engagement with technology
- people and culture
- health practitioner workforce sustainability.

Insurable risk is managed through the ongoing maintenance of Ahpra's insurance portfolio, which includes policies to adequately mitigate the risk of financial losses arising from an (insured) event.

Corporate assurance

Ahpra operates an Integrated Assurance Model, whereby assurance is provided through both the internal audit and quality assurance functions. The internal audit program provides independent, objective assurance and advice regarding risk management to the Finance Audit and Risk Management Committee and the Ahpra Board. The quality assurance program provides assurance to stakeholders of the efficacy of Ahpra's operational processes. Assurance activities help identify and mitigate risks, and determine whether processes assist Ahpra to achieve its objectives, produce required outputs and outcomes, and identify good practices and opportunities for improvement.

Corporate compliance management

Ahpra's approach to compliance management is based on AS ISO 37301:2023 *Compliance management systems – Requirements with guidance for use*. As part of this approach, internal and external compliance obligations are identified and assigned to various business units for ongoing assessment and management, including the response to legislative or regulatory change.

Corporate legal compliance

To ensure corporate compliance, we have:

- implemented an Ahpra-wide privacy training program
- participated in a rigorous procurement process to establish an external legal firms register
- reviewed the delegations of the Ahpra Board and National Boards to ensure they are legally sound and do not present risk
- reviewed the legal compliance of various Ahpra projects, including but not limited to funding arrangements, data-sharing arrangements and training programs
- reviewed all contracts entered into by Ahpra to ensure they are lawful and do not present risk.

Modern slavery

Ahpra is committed to upholding human rights and eradicating modern slavery from its operations and supply chain. Building on our second *Modern slavery statement*, we have put robust measures in place, including comprehensive risk assessments, due diligence, supplier audits and employee training. Our strengthened procurement and contract management policies further demonstrate our ongoing efforts to prevent and mitigate modern slavery risks.

Financial statements for the year ended 30 June 2024

Australian Health Practitioner Regulation Agency

Declaration by Chair of the Board, Chief Executive Officer and Executive Director, Finance and Risk

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

We further state that, in our opinion, the information set out in the Statement of comprehensive income, Statement of financial position, Statement of changes in equity, Statement of cash flow, and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2024 and financial position of the Australian Health Practitioner Regulation Agency as at 30 June 2024.

At the time of signing, we are not aware of any circumstance that would render any particulars included in the financial statements to be misleading or inaccurate.

Gill Callister PSM
Chair, Ahpra Board
22 August 2024

Martin Fletcher
Chief Executive Officer
22 August 2024

Elizabeth Davenport FCPA
Executive Director, Finance and Risk
22 August 2024

VAGO
Victorian Auditor-General's Office

Independent Auditor's Report

To the Board of the Australian Health Practitioner Regulation Agency

Opinion	I have audited the financial report of the Australian Health Practitioner Regulation Agency (the agency) which comprises the: • statement of financial position as at 30 June 2024 • statement of comprehensive income for the year then ended • statement of changes in equity for the year then ended • statement of cash flows for the year then ended • notes to the financial statements, including material accounting policy information • declaration by chair of the board, chief executive officer and executive director, finance and risk. In my opinion the financial report presents fairly, in all material respects, the financial position of the agency as at 30 June 2024 and its financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 3 of Schedule 3 of the *Health Practitioner Regulation National Law Act 2009* and applicable Australian Accounting Standards.
Basis for Opinion	I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. My independence is established by the *Constitution Act 1975.* My staff and I are independent of the agency in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.
Board's responsibilities for the financial report	The Board of the agency is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the *Health Practitioner Regulation National Law Act 2009*, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error. In preparing the financial report, the Board is responsible for assessing the agency's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

Level 31 / 35 Collins Street, Melbourne Vic 3000
T 03 8601 7000 enquiries@audit.vic.gov.au www.audit.vic.gov.au

Auditor's responsibilities for the audit of the financial report

As required by the *Audit Act 1994,* my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtain an understanding of internal control relevant to the audit 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 agency's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board
- conclude on the appropriateness of the Board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the agency's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the agency to cease to continue as a going concern.
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

MELBOURNE
29 August 2024

Sanchu Chummar
as delegate for the Auditor-General of Victoria

Statement of comprehensive income for the year ended 30 June 2024

Continuing operations	Note	2024 $'000	2023 $'000
Revenue and income from transactions			
Registration and application fee	*A1.1*	287,893	254,375
Investment income	*A2*	10,719	7,371
Grant revenue	*A3*	630	1,425
Other income and revenue	*A4*	18,127	11,560
Total revenue and income from transactions		**317,369**	**274,731**
Expenses from transactions			
Employee costs	*B1.1*	193,285	176,079
Board and committee sitting fees		5,993	5,778
Legal and notification costs		14,937	14,763
Accreditation expenses		10,851	10,178
Other operating expenses	*B2*	72,843	64,728
Depreciation and amortisation	*C4.1*	14,300	12,785
Finance costs – leases	*E1.2*	602	716
Total expenses from transactions		**312,811**	**285,027**
Net result from transactions		**4,558**	**(10,296)**
Other economic flows included in net result			
Net (loss) on non-financial assets	*B3*	(295)	0
Net gain on financial instruments at fair value	*B3*	2,901	3,429
Other gain from other economic flows	*B3*	230	270
Total other economic flows included in net result		**2,836**	**3,699**
Net result for the year		**7,394**	**(6,597)**
Other comprehensive income		0	0
Comprehensive result for the year		**7,394**	**(6,597)**

Statement of financial position as at 30 June 2024

	Note	2024 $'000	2023 $'000
Assets			
Financial assets			
Cash and cash equivalents	*E2*	19,455	16,596
Receivables	*D1*	7,171	4,732
Prepayments	*D3*	17,020	11,557
Investments and other financial assets	*C1*	225,464	215,242
Total financial assets		**269,110**	**248,127**
Non-financial assets			
Property, plant and equipment	*C2*	33,236	36,791
Intangible assets	*C3*	25,400	22,733
Total non-financial assets		**58,636**	**59,524**
Total assets		**327,746**	**307,651**
Liabilities			
Payables and accruals	*D2*	21,937	17,805
Contract liabilities	*A1.2*	138,543	124,282
Employee related provisions	*B1.2*	34,984	32,442
Lease liability	*E1.2*	28,960	37,194
Other provisions	*D4*	792	792
Total liabilities		**225,216**	**212,515**
Net assets		**102,530**	**95,136**
Equity			
Contributed capital		43,895	43,895
Accumulated surplus		58,635	51,241
Total equity		**102,530**	**95,136**
Commitments	*E3*		
Contingent assets and liabilities	*F3*		

These statements should be read in conjunction with the accompanying notes.

Statement of changes in equity for the year ended 30 June 2024

	Note	Contributed capital $'000	Accumulated surplus $'000	Total equity $'000
Balance at 1 July 2022		**43,895**	**57,838**	**101,733**
Net result for the year		0	(6,597)	**(6,597)**
Balance at 30 June 2023		**43,895**	**51,241**	**95,136**
Net result for the year		0	7,394	**7,394**
Balance at 30 June 2024		**43,895**	**58,635**	**102,530**

This statement should be read in conjunction with the accompanying notes.

Statement of cash flows for the year ended 30 June 2024

	Note	2024 $'000	2023 $'000
Cash flows from operating activities			
Receipts			
Receipts relating to regulatory fees		302,154	261,362
Receipts from government grant	*A3*	825	495
Goods and Services Tax (GST) recovered from the Australian Taxation Office (ATO)		11,536	10,602
Other receipts		17,003	14,496
Interest received		6,888	4,485
Total receipts		**338,406**	**291,440**
Payments			
Payments to suppliers, employees and others		(308,197)	(279,924)
Interest paid		(602)	(716)
Total payments		**(308,799)**	**(280,640)**
Net cash flows from operating activities	***E2***	**29,607**	**10,800**
Cash flows from investing activities			
Payments for plant and equipment, intangibles and work in progress		(13,401)	(10,946)
Purchase of investments and other financial assets		(124,000)	(117,000)
Proceeds from investments		119,000	136,000
Net cash flows from/(used) in investing activities		**(18,401)**	**8,054**
Cash flows from financing activities			
Repayment of principal portion of lease liabilities		(8,347)	(7,941)
Net cash flows used in financing activities		**(8,347)**	**(7,941)**
Net increase in cash and cash equivalents		**2,859**	**10,913**
Cash and cash equivalents at the beginning of the year		16,596	5,683
Total cash and cash equivalents at end of the year	***E2***	**19,455**	**16,596**

All amounts are inclusive of GST.

This statement should be read in conjunction with the accompanying notes.

About this report

Reporting entity

The Australian Health Practitioner Regulation Agency (Ahpra) is a statutory body governed by the Health Practitioner Regulation National Law (the National Law), which came into effect in most states and territories on 1 July 2010 and in Western Australia on 18 October 2010. This law means that registered health professions are regulated by nationally consistent legislation.

Ahpra supports the National Boards in the administration of the National Registration and Accreditation Scheme (the National Scheme) across Australia. 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 Ahpra Board oversees the work of Ahpra. The Chair of the Ahpra Board is Ms Gill Callister PSM. The Chief Executive Officer is Mr Martin Fletcher.

The financial statements include activities of Ahpra and National Boards.

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

Basis of accounting preparation and measurement

The financial statements have been prepared on a going-concern basis.

These financial statements are in Australian dollars and the historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured on a different basis.

The accrual basis of accounting has been applied in preparing these financial statements, except for the cash flow information, whereby assets, liabilities, equity, income or expenses are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

Judgements, estimates and assumptions are required to be made about financial information being presented. The significant judgements made in the preparation of these financial statements are disclosed in the notes where amounts affected by those judgements are disclosed. Estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates. The estimates and underlying assumptions used in preparing these financial statements are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in future periods that are affected by the revision. Judgements and assumptions made by management in the application of Australian Accounting Standards (AAS) that have significant effects on the financial statements and estimates have been disclosed under each relevant note of the financial statements.

All amounts in the financial statements have been rounded to the nearest thousand dollars unless otherwise stated.

Regulatory fees do not constitute a supply and are therefore exempt from GST. Revenue, 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 or payable to the Australian Taxation Office (ATO) is included in the Statement of financial position. The GST component of a receipt or payment is recognised on a gross basis in the Statement of cash flows in accordance with AASB 107 *Statement of Cash Flows*.

Income 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*.

Statement of compliance

These financial statements are referred to as general purpose financial statements which have been prepared in accordance with Australian Accounting Standards and Interpretations and other mandatory requirements.

The financial statements have also been prepared in accordance with the relevant requirements of the National Law, as in force in each state and territory.

For the purpose of preparing the financial statements, Ahpra is a not-for-profit entity.

Accounting policies selected and applied in preparing the financial statements for the year ended 30 June 2024 ensure 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 appropriately reported.

These financial statements were authorised to be issued by the Ahpra Board on 22 August 2024.

Note A: Funding delivery of our services

A1. Registration and application fees

A2. Investment income

A3. Grant revenue

A4. Other income and revenue

Introduction

Ahpra supports the National Boards in the administration of the National Scheme across Australia. 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.

Ahpra is predominantly funded by regulatory fees to deliver services in partnership with the National Boards.

Judgement required

Ahpra has made the judgement assessing whether there is an enforceable contract with specific performance obligations to recognise revenue or income.

Revenue and income are recognised to the extent that it is probable that the economic benefits will flow to Ahpra and it can be reliably measured. Revenue and income over which Ahpra does not have control is disclosed as administered revenue and income (see *Note G7*).

Note A1: Registration and application fees

Ahpra collects registration fees and in return provides eligible registrants rights to practise and provide suitable healthcare to the public. Ahpra has determined it has an enforceable contract with sufficiently specific performance obligations to recognise registration fees in accordance with AASB 15 *Revenue from Contracts with Customers*.

AASB 15 recognition exemption permits accounting for short-term licences or low-value licences with two options:

- recognise the revenue associated with those licences at the point in time the licence is issued, or
- on a straight-line basis over the licence term or another systematic basis.

When a person pays a registration fee, the fee is recognised over the term of the registration.

When a person pays an application fee, the fee is recognised at the point in time the fee is received.

Registrations are payable periodically in advance. Only the portion of registration fees that are attributable to the current financial year are recognised as revenue. Consideration received in advance of recognising the associated revenue from registrants is recorded as a contract liability.

A1.1: Registration and application fee revenue

	2024 $'000	2023 $'000
Registration fees	255,241	232,155
Application fees	32,652	22,220
Total registration and application fee revenue	**287,893**	**254,375**

A1.2 Contract liabilities

Contract liabilities	Note	2024 $'000	2023 $'000
Registration fees received in advance			
Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA)		58	55
Chinese Medicine Board of Australia (CMBA)		812	799
Chiropractic Board of Australia (ChiroBA)		964	932
Dental Board of Australia (DBA)		5,503	5,554
Medical Board of Australia (MBA)		28,844	24,236
Medical Radiation Practice Board of Australia (MRPBA)		1,528	1,464
Nursing and Midwifery Board of Australia (NMBA)		72,042	66,549
Occupational Therapy Board of Australia (OTBA)		1,538	1,379
Optometry Board of Australia (OptomBA)		915	849
Osteopathy Board of Australia (OsteoBA)		533	488
Paramedicine Board of Australia (ParaBA)		2,173	2,092
Pharmacy Board of Australia (PharmBA)		5,732	5,246
Physiotherapy Board of Australia (PhysioBA)		3,183	2,738
Podiatry Board of Australia (PodBA)		877	819
Psychology Board of Australia (PsyBA)		7,624	6,976
Total registration fees received in advance		**132,326**	**120,176**
Other contract liabilities			
Examination fee received in advance		6,022	4,106
Government grant received in advance	*A3*	195	0
Total contract liabilities		**138,543**	**124,282**
Represented by:			
Current liabilities		138,543	124,282
		138,543	**124,282**

Registration fees received in advance	2024 $'000	2023 $'000
Opening balance	**120,176**	**116,365**
Add: Registration fees received during the year	269,502	240,072
Less: Revenue recognised from performance obligations satisfied	(255,241)	(232,155)
Total payments received for performance obligations yet to be completed	**134,437**	**124,282**

Note A2: Investment income

Interest income is accrued by reference to the principal of a financial asset at the effective interest rate when earned.

Distribution from investment in managed funds is recognised as income when the right to receive payment is established. It represents the income arising from Ahpra's investments in managed funds consistent with Ahpra's investment policy.

Net unrealised gains and losses on the revaluation of investments do not form part of income from transactions, but are reported as other economic flows in the net result.

	2024 $'000	2023 $'000
Interest on term deposits	7,193	5,545
Distribution from investments in managed funds	3,526	1,826
Total investment income	**10,719**	**7,371**

Note A3: Grant revenue

Revenue from grants that are enforceable and with sufficiently specific performance obligations is accounted for under AASB 15 *Revenue from Contracts with Customers*, with revenue recognised as these performance obligations are met.

During 2023/24, the Health Workforce Taskforce provided a grant of $0.630 million to fund development of specialist international medical graduate expedited pathways under recommendation 9 of the *Independent review of Australia's regulatory settings relating to overseas health practitioners* (the Kruk review).

The Australian Government provided a grant of $0.195 million to review and update the Prescribing Competencies Framework to support quality use of medicine. The grant encompasses activities with measurable performance obligations. The work is to be carried out in 2024/25.

Grant revenue is recognised when the relevant services are provided and performance obligations are met. In 2023/24, Ahpra has recognised a $0.630 million grant received as revenue and $0.195 million as contract liabilities.

Other contract liabilities – government grant received in advance	2024 $'000	2023 $'000
Opening balance	**0**	**930**
Add: Grant consideration for sufficiently specific performance obligations received during the year	825	495
Less: Revenue recognised from performance obligations satisfied	(630)	(1,425)
Total payments received for performance obligations yet to be completed	**195**	**0**
Represented by:		
Current liabilities	195	0
	195	**0**

Note A4: Other income and revenue

Other income and revenue include legal fee recoveries, fees received for examinations and revenue from providing the practitioner information service to external parties.

Legal fee recoveries and fines are recognised when an invoice is issued, which establishes the entitlement to payment.

Practitioner Information Exchange and examinations are recognised when invoices are issued and services are received by customers. Examination income includes the internationally qualified nurse and midwife (IQNM) exam and the objective structured clinical examination (OSCE). During 2023/24, an additional exam site was established, increasing exam capacity by 73%.

	2024 $'000	2023 $'000
Accreditation	836	657
Certificate of registration status	374	305
Legal fee recoveries and fines	1,885	933
Examinations	12,018	7,844
Practitioner Information Exchange (PIE)	1,997	1,291
Application for registrar program	328	303
Other	689	227
Total other income and revenue	**18,127**	**11,560**

Note B: The cost of delivering services

B1. Employee benefits

B2. Other operating expenses

B3. Other economic flows

Introduction

This section provides an account of the expenses incurred by Ahpra in delivering services.

Judgement required

Judgements have been applied in the calculations of employee benefits provisions such as likely tenure of staff, historical patterns of leave claims, future salary movements and discount rates.

Expenses from transactions are recognised in the Statement of comprehensive income when they are incurred.

Expenses from transactions	Note	2024 $'000	2023 $'000
Employee costs	*B1.1*	193,285	176,079
Board and committee sitting fees		5,993	5,778
Legal and notification costs		14,937	14,763
Accreditation expenses		10,851	10,178
Other operating expenses	*B2*	72,843	64,728

Board and committee sitting fees

Board and committee sitting fees include costs related to meetings held by the Ahpra Board as well as those national, state and territory board meetings held by the National Boards and their committees.

Legal and notification costs

Legal costs include external costs relating to managing Ahpra's notification (complaint) process. 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 expenses relate to payments to external accreditation bodies to exercise accreditation functions, as defined in section 42 of the National Law. Staff costs and committee sitting fees when these functions are carried out by accreditation committees are not included.

Five boards have assigned accreditation functions under section 42 of the National Law to accreditation committees administered by Ahpra.

Accrediting activities relating to registration of health practitioners under section 52 of the National Law are disclosed separately as funding for intern training accreditation authorities under other operating expenses.

Note B1: Employee benefits

Employee costs relate to all Ahpra employment costs, including wages and salaries, fringe benefits tax, leave entitlements and on-costs, termination payments, WorkCover premiums, superannuation and contractors' cost.

B1.1 Employee costs

	Note	2024 $'000	2023 $'000
Salaries and related on-costs		149,245	137,996
Leave entitlements		14,592	13,848
Superannuation expenses	*B1.3*	17,411	15,251
Termination benefits		791	103
Contractors		10,096	7,796
Staff development and amenities		1,150	1,085
Total employee costs		**193,285**	**176,079**

B1.2 Employee benefits in the Statement of financial position

Provision is made for benefits accruing to employees in respect of annual leave and long service leave for services rendered to the reporting date and recorded as an expense during the period the entitlements are consumed.

Current employee benefits provisions	2024 $'000	2023 $'000
Annual leave		
Unconditional and expected to be settled within 12 months	9,282	9,147
Unconditional and expected to be settled after 12 months	3,150	3,001
Long service leave		
Unconditional and expected to be settled within 12 months	2,407	2,110
Unconditional and expected to be settled after 12 months	10,212	9,314
Provision for on-costs		
Unconditional and expected to be settled within 12 months	2,034	1,881
Unconditional and expected to be settled after 12 months	2,360	2,083
Total current provisions for employee benefits and on-costs	**29,445**	**27,536**
Non-current employee benefits provisions		
Conditional long service leave entitlements expected to be settled after 12 months	4,191	3,750
On-costs	1,348	1,156
Total non-current provisions for employee benefits and on-costs	**5,539**	**4,906**
Total provisions for employee benefits and on-costs	**34,984**	**32,442**

Reconciliation of movement in provisions and on-costs

	Annual leave $'000	Long service leave $'000	On-costs $'000	Total $'000
Carrying amount at 1 July 2023	**12,148**	**15,174**	**5,120**	**32,442**
Additional provisions recognised	11,975	4,758	3,120	**19,853**
Reductions arising from payments	(11,828)	(1,989)	(2,395)	**(16,212)**
Reductions resulting from settlement without cost	0	(578)	(103)	**(681)**
Effect of changes in the discount rate	138	(556)	0	**(418)**
Carrying amount at 30 June 2024	**12,433**	**16,809**	**5,742**	**34,984**
Current	12,433	12,618	4,394	29,445
Non-current	0	4,191	1,348	5,539
Total	**12,433**	**16,809**	**5,742**	**34,984**

(a) Annual leave

Liabilities for annual leave are recognised in the provision for employee benefits as current liabilities, because Ahpra does not have an unconditional right to defer settlements of these 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.

(b) Sick leave

No provision has been made for sick leave as all sick leave is non-vesting. An expense is recognised in the Statement of comprehensive income as it is taken.

(c) Long service leave

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

The part of the current liability that is expected to wholly settle within 12 months of the reporting date is measured at its nominal value. When liabilities are not expected to wholly settle within 12 months of the reporting date, they are measured at the present value of the expected future payments to 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 the Reserve Bank of Australia's 10-year rate for semi-annual coupon bonds, which is 4.348% as of 30 June 2024 (4.063% as of 30 June 2023).

(d) Employee benefits on-costs

Employee benefits on-costs such as payroll tax and the WorkCover insurance premium are not employee benefits. They are recognised as liabilities when the employee benefits to which they relate are recognised.

(e) 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 is 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.

B1.3 Superannuation contributions

The amount expensed for 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 employees and statutory appointees 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.

Contributions to defined contribution and defined benefit superannuation plans are expensed when incurred.

Superannuation contributions paid or payable for the reporting period are included as part of staffing costs in Ahpra's Statement of comprehensive income.

The reported contributions reflect gross superannuation payments to each of the funds, inclusive of superannuation guarantee contributions.

The name, details and amounts expensed to the major employee and statutory appointees' superannuation funds and contributions by Ahpra are as follows:

	Paid contribution for the year		Contribution outstanding at year end	
Fund	2024 $'000	2023 $'000	2024 $'000	2023 $'000
Defined benefit plans:				
Southern State Superannuation Scheme	236	225	0	0
QSuper	85	98	1	0
Other (5 funds)	88	96	0	0
Defined contribution plans:				
Australian Super	6,680	5,747	0	0
Aware Super	1,389	816	0	0
Hesta	661	576	0	0
Hostplus	785	650	0	0
QSuper accumulation	856	737	0	0
Rest Super	666	567	0	0
Sunsuper	598	567	0	0
UniSuper	885	705	0	0
Other (2024: 224 funds, 2023: 225 funds)	4,433	4,416	48	51
Total	**17,362**	**15,200**	**49**	**51**

Note B2: Other operating expenses

	2024 $'000	2023 $'000
Bank charges and merchant fees	1,896	1,568
Consultant costs	11,158	6,048
Criminal history checks	1,336	1,337
External contract services	3,439	7,115
Funding for intern training accreditation authorities	1,024	966
Health programs	5,360	4,298
Insurance	1,400	1,292
Internal audit fees	267	323
National Health Practitioner Ombudsman and Privacy Commissioner	3,035	2,890
Office of the Health Ombudsman (OHO, in Queensland)	7,512	7,324
Printing, postage and publications	474	725
Property expenses	2,872	2,589
Systems and communications	21,318	18,408
Travel and accommodation	9,223	7,379
Other	2,529	2,466
Total other operating expenses	**72,843**	**64,728**

Consultant costs

Strategic and project consultants are engaged for tasks requiring specialist skill sets when the skills and capacity do not normally reside in-house. Such expertise was procured through consulting services to support Ahpra's technology program, and other ad-hoc independent reviews during the financial year. These expenses are assessed as not meeting the definition of an asset under AASB 138 *Intangible Assets*.

External contract services

External contract services spend covers a range of services contracted with external organisations.

Health programs

Health programs are national schemes financially supported by the National Boards and operated at arm's length. A health program provides telephone and online services offering health support to practitioners, contributing to better health and wellbeing for practitioners, and safer care for the public.

National Health Practitioner Ombudsman and Privacy Commissioner (NHPO)

The Ombudsman investigates complaints, facilitates resolutions and makes recommendations to improve the regulation of Australia's registered health practitioners. The NHPO is funded by registration fees paid by health practitioners. The Health Chief Executives Forum approves the budget request from the NHPO each year and directs Ahpra to pay the approved funds.

Property expenses

Property expenses include maintenance of leased properties, variable lease payments such as rates and outgoings, and offsite storage costs.

In accordance with the AASB 16 *Leases*, lease payments for office rental are accounted as depreciation of right-of-use assets and interest on leases (*Note E1.2*). Variable lease payments, such as rates and outgoings, which do not depend on an index or a rate and which are not in substance fixed, are recognised in the period they occur as property expenses.

Systems and communications

Systems and communications costs relate to the technology systems of Ahpra. The rise in expenses is attributed to the technology enhancement underway and the increased cybersecurity protection needs.

Travel and accommodation

Travel and accommodation relate to flight, taxi and hotel costs incurred by Ahpra, the National Boards and their committees for travel costs to attend scheduled board and committee meetings, as well as supporting the increased capacity of the objective structured clinical examination (OSCE) and internationally qualified nurse and midwife (IQNM) examinations across multiple sites.

Other

Expenses to administer exams, advertisements, external audit fees, membership and affiliations, recruitment costs and venue hire are reported as other expenses.

Note B3: Other economic flows

Other economic flows are changes in the value of an asset or liability that do not result from transactions.

Net gain/(loss) on financial instruments at fair value includes:

- realised and unrealised gains and losses from revaluations of financial instruments at fair value
- disposals of financial assets
- bad and doubtful debts impairments and reversals of impairment.

	2024 $'000	2023 $'000
Net gain/(loss) on financial instruments at fair value		
Net gain arising from revaluation of financial assets at fair value through profit and loss	2,901	3,470
Net doubtful debts recoveries/(write-off)	(295)	(41)
Total net gain on financial instruments at fair value	**2,606**	**3,429**
Other gain/(loss) from other economic flows		
Net gain arising from revaluation of leave liability	230	270
Total other gain from other economic flows	**230**	**270**
Total gain from other economic flows	**2,836**	**3,699**

Note C: Key assets available to support delivery of services

C1. Investments and other financial assets

C2. Property, plant and equipment (PPE)

C3. Intangible assets

C4. Depreciation, amortisation and impairment

Introduction

Ahpra controls property, plant and equipment that are used in fulfilling our objectives and conducting our activities. Along with financial assets, they represent a key resource we use in the delivery of services.

Judgement required

Financial assets such as units held in the managed investment scheme are measured at fair value. Non-financial assets such as property, plant and equipment and intangible assets are carried at cost less accumulated depreciation and impairment. Judgement has been applied in assessing the useful lives of plant and equipment.

Note C1: Investments and other financial assets

Ahpra manages its investments and other financial assets in accordance with the investment policy approved by the Ahpra Board.

Investments include both managed funds and term deposits that Ahpra has the positive intent and ability to hold to maturity at fixed or repricing interest rates.

Investments are recognised when Ahpra enters a contract to purchase the investment. They are measured at fair value through net result.

Term deposits are classified as current assets with maturing dates of three to 12 months, while term deposits with maturing dates in excess of 12 months are classified as non-current. Investment in managed investment schemes (funds) are classified as current or non-current based on Ahpra's intention at balance date with respect to the timing of redemption of each asset.

	2024 $'000	2023 $'000
Current		
Bank term deposits maturing in less than 90 days	43,000	20,000
Bank term deposits maturing in more than 90 days but less than 1 year	55,000	58,000
Total current investments	**98,000**	**78,000**
Non-current		
Bank term deposits maturing in more than 1 year	35,000	50,000
Managed investment schemes	92,464	87,242
Total non-current investments	**127,464**	**137,242**
Total investments and other financial assets	**225,464**	**215,242**

Note C2: Property, plant and equipment (PPE)

	Right-of-use property $'000	Leasehold improvements $'000	Furniture and fittings $'000	Computer equipment $'000	Office equipment $'000	Work in progress $'000	Total property, plant and equipment $'000
At cost							
Balance at 1 July 2022	58,111	16,298	1,468	9,238	387	0	**85,502**
Additions	98	516[1]	371	1,784	14	0	**2,783**
Disposals/write-offs	0	0	0	(1,547)	0	0	**(1,547)**
Balance at 30 June 2023	**58,209**	**16,814**	**1,839**	**9,475**	**401**	**0**	**86,738**
Additions	0	0	0	0	0	6,993	**6,993**
Disposals/write-offs	0	(3,943)	(388)	(283)	(188)	0	**(4,802)**
Transfer to additions	113	28	3	842	26	(1,012)	**0**
Balance at 30 June 2024	**58,322**	**12,899**	**1,454**	**10,034**	**239**	**5,981**	**88,929**
Accumulated depreciation							
Balance at 1 July 2022	(21,601)	(10,467)	(897)	(8,054)	(236)	0	**(41,255)**
Depreciation charge during the year	(7,503)	(1,355)	(179)	(1,163)	(40)	0	**(10,240)**
Disposals/write-offs	0	0	0	1,547	0	0	**1,547**
Balance at 30 June 2023	**(29,104)**	**(11,822)**	**(1,076)**	**(7,670)**	**(276)**	**0**	**(49,948)**
Depreciation charge during the year	(7,486)	(1,356)	(211)	(1,354)	(40)	0	**(10,447)**
Disposals/write-offs	0	3,938	330	282	151	0	**4,701**
Balance at 30 June 2024	**(36,590)**	**(9,240)**	**(957)**	**(8,742)**	**(165)**	**0**	**(55,694)**
Net book value							
At 30 June 2023	**29,105**	**4,992**	**763**	**1,805**	**125**	**0**	**36,791**
At 30 June 2024	**21,732**	**3,659**	**497**	**1,292**	**74**	**5,981**	**33,235**

1. This includes $9k completed projects transferred in from work in progress.

Items of plant, equipment and leasehold improvements are measured at cost less accumulated depreciation and impairment.

C2.1: Right-of-use assets

For any contracts entered into or changed, Ahpra considers whether a contract is, or contains, a lease. A contract is, or contains, a lease if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration. To apply this definition, Ahpra assesses whether the contract meets three key criteria:

- The contract involves the use of an identified asset
- Ahpra has the right to obtain substantially all of the economic benefits from use of the asset throughout the period of use, and
- Ahpra has the right to direct the use of the asset.

As a lessee, Ahpra recognises a right-of-use asset and a lease liability at the lease commencement date. The right-of-use asset is initially measured at cost, which comprises the initial amount of the lease liability adjusted for:

- *less* any lease payments made at or before the commencement date
- *plus* any initial direct costs incurred
- *plus* any estimate of costs to dismantle and remove the underlying assets or to restore the underlying asset or the site the asset is located on
- *less* any lease incentive received.

The right-of-use asset is subsequently measured at cost less accumulated depreciation and impairment. It is depreciated using the straight-line method from the commencement date to the earlier of the end of the useful life of the right-of-use asset or the end of the lease term, ranging from two to 12 years. The estimated useful lives of right-of-use assets are determined on the same basis as those of property, plant and equipment. In addition, the right-of-use asset is periodically reduced by impairment losses, if any, and adjusted for certain remeasurements of the lease liability.

During 2023/24, Ahpra extended lease for a fleet of photocopiers for another year. A right-of-use asset was added accordingly. All existing office leases remain active. The Melbourne office lease is due to expire in October 2024. The new office fit-out work is currently in progress with an estimated completion date in September 2024.

Note C3: Intangible assets

Purchased intangible assets are initially recognised at cost. When the recognition criteria in AASB 138 *Intangible Assets* are met, internally generated intangible assets are recognised and measured at cost less accumulated amortisation and accumulated impairment.

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:

1. the technical feasibility of completing the intangible asset so that it will be available for use or sale
2. an intention to complete the intangible asset and use it
3. the ability to use the intangible asset
4. the intangible asset will generate probable future economic benefits

5. the availability of adequate technical, financial and other resources to complete the development and to use the intangible asset
6. the ability to measure reliably the expenditure attributable to the intangible asset during its development.

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

Ahpra's intangible assets are mainly internally developed software to enable and enhance operations. These assets are carried at cost less impairment and are not amortised until the software is ready for use. The balance at 30 June 2024 was $16.753 million (2023: $12.529 million).

	Computer software $'000	Work in progress $'000	Total $'000
At cost			
Balance at 1 July 2022	21,515	12,208	**33,723**
Additions	0	11,598	**11,598**
Disposals/write-offs	0	(3,336)	**(3,336)**
Transfer to additions	7,932	(7,941)	**(9)**[1]
Balance at 30 June 2023	**29,447**	**12,529**	**41,976**
Additions	0	8,623	**8,623**
Disposals/write-offs	0	(2,103)	**(2,103)**
Completed projects	2,296	(2,296)	**0**
Balance at 30 June 2024	**31,743**	**16,753**	**48,496**
Accumulated amortisation			
Balance at 1 July 2022	(16,698)	0	**(16,698)**
Amortisation charge during the year	(2,545)	0	**(2,545)**
Disposals/write-offs	0	0	**0**
Balance at 30 June 2023	**(19,243)**	**0**	**(19,243)**
Amortisation charge during the year	(3,853)	0	**(3,853)**
Disposals/write-offs	0	0	**0**
Balance at 30 June 2024	**(23,096)**	**0**	**(23,096)**
Net book value			
At 30 June 2023	**10,204**	**12,529**	**22,733**
At 30 June 2024	**8,647**	**16,753**	**25,400**

1. This includes $9k completed projects transferred out to leasehold improvement assets.

Note C4: Depreciation, amortisation and impairment

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

Leasehold improvements are depreciated over the shorter of the remaining term of the lease or their estimated useful lives.

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

The annual depreciation rates and estimated assets' useful lives used for major assets in each class for current and prior years are included in the table below:

	2024		2023	
Furniture and fittings	13%	7 years	13%	7 years
Computer equipment	20–40%	2.5–5 years	20–40%	2.5–5 years
Office equipment	15%	7 years	15%	7 years
Intangibles	20–40%	2.5–5 years	20–40%	2.5–5 years

C4.1: Depreciation and amortisation charged for the reporting period

	2024 $'000	2023 $'000
Depreciation		
Leasehold improvements	1,356	1,355
Furniture and fittings	211	179
Computer equipment	1,354	1,163
Office equipment	39	40
Right-of-use assets	7,486	7,503
Amortisation		
Computer software	3,854	2,545
Total depreciation and amortisation	**14,300**	**12,785**

C4.2: Impairment

All non-financial assets are assessed annually for indications of impairment. If there is an indication of impairment, the asset concerned is tested as to whether its carrying amount exceeds its possible recoverable amount. Any difference is written off as an expense (other operating expenses – other).

The net gain or loss arising from the sale of non-financial assets is included as revenue (other income and revenue) or expenses (other operating 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.

Written-down value of non-financial assets disposed	2024 $'000	2023 $'000
Computer equipment	(1)	0
Office equipment	(37)	0
Furniture and fittings	(58)	0
Leasehold improvement	(5)	0
Total written-down value of non-financial assets disposed	**(101)**	**0**
Net gain/(loss) on disposal of non-financial assets	**2024 $'000**	**2023 $'000**
Proceeds from disposal of non-financial assets		
Computer equipment	0	0
Total proceeds from disposal	**0**	**0**
Less: Written down value of assets disposed		
Computer equipment	(1)	0
Office equipment	(37)	0
Furniture and fittings	(58)	0
Leasehold improvement	(5)	0
Net gain/(loss) on disposal	**(101)**	**0**

Note D: Other assets and liabilities

D1: Receivables

D2: Payables and accruals

D3: Prepayments

D4: Other provisions

Introduction

This section sets out other financial and non-financial assets arising from Ahpra's operations. It also includes information on Ahpra's financial liability towards external suppliers.

Judgement required

Judgement is exercised in estimating provision and prepayments.

Judgement is provided on the provision for expected credit losses, and to determine the present value of Ahpra's obligation to restore leased assets to their original condition at the end of a lease term.

Judgement is provided on determining prepayment of configuration and customisation services, which is significant and distinct from software as a service (SaaS) access.

Note D1: Receivables

	Note	2024 $'000	2023 $'000
Contractual			
Trade receivables		3,758	2,982
Credit loss allowance	*F2*	(1,941)	(1,775)
Accrued investment income		3,892	2,380
Statutory			
GST receivable		1,462	1,145
Total receivables		**7,171**	**4,732**
Represented by:			
Current receivables		7,171	4,732
		7,171	**4,732**

Movement in the credit loss allowance for contractual receivables	2024 $'000	2023 $'000
Balance at beginning of year	1,775	1,813
Increase in allowance recognised in net result for the year	367	329
Reversal of provision of receivables written off during the year	(88)	(282)
Decrease in amounts written off as uncollectable	(113)	(85)
Balance at end of year	**1,941**	**1,775**

Contractual receivables are classified as financial instruments and categorised as 'financial assets at amortised costs'. They are initially recognised at fair value plus any directly attributable transaction costs. Ahpra holds the contractual receivables with the objective to collect the contractual cash flows and thereafter measure them at amortised cost using the effective interest method, less any impairment.

Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments for disclosure purposes. Ahpra applies AASB 9 *Financial Instruments* for initial measurement of the statutory receivables and, as a result, statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

Details about Ahpra's impairment policies, its exposure to credit risk and the calculation of the credit loss allowance are set out in *Note F1.2*.

Note D2: Payables and accruals

	2024 $'000	2023 $'000
Contractual		
Trade creditors	1,106	5,958
Accrued expenses	20,195	11,363
Statutory		
Payroll tax and other payables	636	484
Total payables and accruals	**21,937**	**17,805**
Represented by:		
Current payables	21,775	17,643
Non-current payables	162	162
	21,937	**17,805**

Contractual payables are classified as financial instruments and measured at amortised cost. Accounts payable represent liabilities for goods and services provided to Ahpra prior to the end of the financial year that are unpaid.

Statutory payables are recognised and measured similarly to contractual payables, but are not classified as financial instruments and not included in the category of financial liabilities at amortised cost because they do not arise from contracts.

Payables for suppliers and services have an average credit period of 30 days. No interest is charged on the trade creditors.

Terms and conditions of amounts payable to the government and agencies vary according to the particular agreements.

Note D3: Prepayments

	2024 $'000	2023 $'000
Current other assets		
Prepayments	16,648	8,127
Total current prepayments	**16,648**	**8,127**
Non-current other assets		
Prepayments	372	3,430
Total non-current prepayments	**372**	**3,430**
Total prepayments	**17,020**	**11,557**

Prepayments represent payments 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 in the period to which the service relates.

With respect to the configuration and customisation costs incurred in implementing SaaS arrangements, Ahpra management made the following key judgements, in line with accounting policy, that have the most significant effect on the amounts recognised in the financial statements.

Determination whether configuration and customisation services are distinct from the SaaS access

Implementation costs including costs to configure or customise the cloud provider's application software are recognised as operating expenses when the services are received. Where the SaaS arrangement supplier provides both configuration and customisation services, judgement has been applied to determine whether each of these services are distinct or not from the underlying use of the SaaS application.

Specifically, where the configuration and customisation activities significantly modify or customise the cloud software, these activities are not distinct from the access to the cloud software over the contract term. Judgement has been applied in determining whether the degree of customisation and modification of the cloud-based software is significant. Ahpra assessed these activities as not distinct from access to the SaaS platform over the contract term.

At the end of FY2023/24, Ahpra recognised $8.365 million ($3.672 million in FY2022/23) as prepayments in respect of configuration and customisation activities undertaken in implementing SaaS arrangements which are considered not to be distinct from access to the SaaS application software over the contract term. Ahpra also recognised $2.245 million (FY2022/23 $2.669 million) in prepayments for SaaS-related licence fees paid in advance.

Note D4: Other provisions

	2024 $'000	2023 $'000
Current provisions		
Other contractual provisions	0	0
Make-good provisions	340	340
Total current provisions	**340**	**340**
Non-current provisions		
Make-good provisions	452	452
Total non-current provisions	**452**	**452**
Total other provisions	**792**	**792**

Provisions are recognised when Ahpra has a present obligation, the future sacrifice of economic benefits is probable and the amount of the provision can be measured reliably. The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at the reporting date, taking into account the risks and uncertainties surrounding the obligation.

Make-good provisions are recognised when Ahpra has contractual obligations to remove leasehold improvements from leased properties and restore the leased premises to their original condition at the end of the lease term. During the calculation of make-good provisions, assumptions and estimations have been applied to work out the average make-good cost per square metre when ongoing maintenance and updating is committed to, and/or the local market conditions in re-negotiating an incentive at lease expiration for each office.

The make-good provision is recognised in accordance with the lease agreement over the offices' leases.

Reconciliation of movements in provisions	Make-good $'000	Total $'000
Opening balance at 1 July 2023	**792**	**792**
Additional provisions recognised	0	**0**
Reductions arising from payments	0	**0**
Reductions due to reversal of provision not required	0	**0**
Closing balance at 30 June 2024	**792**	**792**
Current	340	**340**
Non-current	452	**452**
Total	**792**	**792**

Note E: Financing our operations

E1. Leases

E2. Cash flow information and balances

E3. Commitments

Introduction

This section provides information on the sources of finance utilised by Ahpra during its operations and other information related to financing activities of Ahpra.

Judgement required

Ahpra applies judgement to determine if a contract is or contains a lease and whether the lease meets the short-term or low-value asset lease exemption. Ahpra estimates the discount rate applied to future lease payments and assesses the lease term when there is an option to extend or terminate leases.

Note E1: Leases

A lease is defined as a contract, or part of a contract, that conveys the right for Ahpra to use an asset for a period of time in exchange for payment.

To apply this definition, Ahpra ensures the contract meets the following criteria:

- The contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to Ahpra and for which the supplier does not have substantive substitution rights.
- Ahpra has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract, and Ahpra has the right to direct the use of the identified asset throughout the period of use.
- Ahpra has the right to take decisions in respect of 'how and for what purpose' the asset is used throughout the period of use.

Ahpra's lease arrangements consist of various properties for office operations in each state and territory. The lease contracts are typically made for fixed periods of two to 12 years, with an option to renew the lease after that date.

All leases are recognised on the balance sheet, with the exception of low-value leases (less than $10,000) and short-term leases of less than 12 months. The payments in relation to these are recognised as an expense on a straight-line basis over the lease term.

E1.1 Right-of-use assets

Right-of-use assets are presented in *Note C2.1*.

E1.2 Other presentation of leases in financial statements

The following amounts are recognised in the Statement of comprehensive income relating to leases:

	2024 $'000	2023 $'000
Interest expense on lease liabilities	602	716
Variable lease payments, not included in the measurement of lease liabilities	1,784	1,582
Total amount recognised in the Statement of comprehensive income	**2,386**	**2,298**

The following amounts are recognised in the Statement of cash flows relating to leases:

	2024 $'000	2023 $'000
Interest paid	602	716
Repayment of principal portion of lease liabilities	8,347	7,941
Total cash outflow for leases	**8,949**	**8,657**

The following amounts are recognised as lease liabilities in the Statement of financial position at 30 June:

Lease liabilities	2024 $'000	2023 $'000
Current	6,031	8,318
Non-current	22,929	28,876
Total lease liabilities recognised in the Statement of financial position[1]	**28,960**	**37,194**

1. Lease liabilities include fit-out incentives of $3.203 million (FY2022/23: $4.177 million) and $25.757 million (FY2022/23: $33.017 million) from lease accounting implementation, both to be amortised over lease terms.

E1.3 Recognition and measurement of leases as a lessee

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using Ahpra's incremental borrowing rate.

Lease payments included in the measurement of the lease liabilities comprise fixed payments less any lease incentive receivable, plus payments arising from lease extension options reasonably certain to be exercised. Variable lease payments are not included in the measurement of the lease liability or the carrying amount of the right-of-use asset.

In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise an extension option. South Australia and Tasmania office leases contain five-year extension options which have been included in the lease term and lease liability because the lease is reasonably certain to be extended.

The assessment is reviewed if a significant event or a significant change in circumstances occurs which affects this assessment and that is within the control of the lessee.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes to in-substance fixed payments. When the lease liability is remeasured, a corresponding adjustment is made to the carrying amount of the right-of-use asset, or is recorded in profit or loss if the carrying amount of the right-of-use asset is already reduced to zero.

AASB 16 *Leases* requires the recognition of a right-of-use asset and lease liability at the lease commencement date. This is the date the lessor makes the underlying asset (office space) available for the lessee's (Ahpra's) use. The lease commencement date refers to the specific date when the lease term begins, and the lessee takes possession of the leased property for its intended use. Ahpra has signed an 11-year lease for the Melbourne office, with lease commencement date 1 September 2024. A right-of-use asset and lease liability will be recognised accordingly in FY2024/25. The lease's full contractual amount is disclosed as a commitment in FY2023/24.

Minimum future lease payments (undiscounted)		
Repayments in relation to leases are payable as follows:	**2024 $'000**	**2023 $'000**
Less than one year	6,517	8,919
One to five years	18,629	25,220
More than five years	5,467	5,308
Total undiscounted lease liabilities as at 30 June	**30,613**	**39,447**

Note E2: Cash flow information and balances

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.

	2024 $'000	2023 $'000
Cash and cash equivalents, at bank	19,455	16,596
Total cash and cash equivalents	**19,455**	**16,596**

Reconciliation of net result for the period to cash flow from operating activities

	2024 $'000	2023 $'000
Net result for the year	**7,394**	**(6,597)**
Non-cash movements		
Depreciation and amortisation	14,300	12,785
Loss on disposal of non-financial assets	101	0
(Gain) on revaluation of financial assets	(5,222)	(3,470)
Distribution income from managed funds reinvested	(1,205)	(1,826)
Recognition of lease incentives	0	1,789
Credit loss allowance	167	(367)
Movements in assets and liabilities		
(Increase)/Decrease in receivables	(1,638)	1,131
(Increase) in prepayments	(5,463)	(7,829)
Increase in contract liabilities	14,261	6,987
Increase in payables and accruals	4,369	5,267
Increase in employee benefits	2,543	2,930
Net cash flows from operating activities	**29,607**	**10,800**

Note E3: Commitments

Commitments for future expenditure include operating commitments arising from non-cancellable contractual or statutory obligations. Ahpra's contractual obligations are with Information Technology (IT), Enterprise Resource Planning (ERP) platform providers and Melbourne office's new 11-year lease, which do not yet meet recognition criteria as right-of-use assets and lease liability per AASB 16 *Leases*. These commitments are

recorded below at their nominal value and are inclusive of GST. The future expenditures cease to be disclosed as commitments once the related liabilities are recognised in the Statement of financial position.

Nominal amounts	Not later than 1 year $'000	1–5 years $'000	5+ years $'000	Total $'000
Non-cancellable:				
2024				
Other commitments payable (inclusive of GST)	10,057	31,897	22,017	**63,971**
Less: GST recoverable	(914)	(2,900)	(2,002)	**(5,816)**
Total commitments (exclusive of GST)	**9,143**	**28,997**	**20,015**	**58,155**
2023				
Other commitments payable (inclusive of GST)	4,173	11,011	0	**15,184**
Less: GST recoverable	(379)	(1,001)	0	**(1,380)**
Total commitments (exclusive of GST)	**3,794**	**10,010**	**0**	**13,804**

Note F: Risks, contingencies and valuation

F1. Financial instruments

F2. Financial risk management

F3. Contingent assets and liabilities

Introduction

Ahpra is exposed to risk from its activities and outside factors. In addition, it is often necessary to make judgements and estimates associated with recognition and measurement of items in the financial statements. This section sets out financial-instrument-specific information, including exposures to financial risks, as well as those items that are contingent in nature or require a higher level of judgement to be applied, which for Ahpra related mainly to fair value determination.

Note F1: 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. Certain financial assets and financial liabilities arise under statute rather than contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation.*

F1.1: Categories of contractual financial instruments

Categories of contractual financial instruments under AASB 9 include:

Financial assets at amortised cost

Financial assets in this category are held by Ahpra to collect the contractual cash flows, and the assets' contractual terms give rise to cash flows that are solely payments of principal and interest. These assets are initially recognised at fair value plus any directly attributable transaction costs and are subsequently measured at amortised cost using the effective interest method less any impairment.

Ahpra recognises the following financial assets at amortised cost:

- cash and cash equivalents
- term deposit investments
- contractual receivables
- accrued interest income on term deposit investments.

Financial assets at fair value through profit and loss

Financial assets in this category are held by Ahpra to achieve its objective by collecting both:

- the distributions based on the earnings from the fund's assets over the period and may include income from share dividends, distribution income from units held in fund investment, rent from property or interest from cash investments less any costs, and
- capital growth from the revaluation of the units held in managed fund investments.

Ahpra recognises the following financial asset at fair value through profit and loss:

- managed fund investments.

Financial liabilities at amortised cost

Financial instrument liabilities are recognised on the date they originate. 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 the Statement of comprehensive income over the period of the interest-bearing liability, using the effective interest rate method.

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in net result over the relevant period. The effective interest is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

A financial liability is derecognised when the obligation under the liability is discharged, is cancelled or expires.

Ahpra recognises the following as financial liabilities at amortised cost:

- contractual payables
- lease liabilities.

F1.2: Impairment of financial assets

Ahpra records the allowance for expected credit loss for the relevant financial instruments applying AASB 9's *Expected Credit Loss* (ECL) approach. Subject to AASB 9, impairment assessment includes Ahpra's contractual receivables. Cash and cash equivalents are also subject to the impairment requirements of AASB 9, but the identified impairment loss was immaterial.

Credit loss allowance is classified as other economic flows in the net result. Contractual receivables are written off when there is no reasonable expectation of recovery and impairment losses are classified as a transaction expense. Subsequent recoveries of amounts previously written off are credited against the same line item.

Ahpra applies the AASB 9 simplified approach for contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates. The loss allowance is measured in the same period as an asset is recognised. Ahpra has grouped contractual receivables on shared credit risk characteristics and days past due and selected the expected credit loss rate based on the agency's history and existing market conditions, as well as forward-looking estimates at the end of the financial year.

Note F2: Financial risk management

The main purpose in holding financial instruments is to prudentially manage Ahpra's financial risks within the financial risk management policy parameters. Ahpra's main financial risks include credit risk, liquidity risk and interest rate risk. Ahpra's exposure to foreign exchange rate risk and equity price risk is through managed investment schemes.

(a) 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 Statement of financial position and notes to the financial statements. Credit risk associated with Ahpra's contractual financial assets is minimal because Ahpra mainly obtains contractual financial assets that are term deposits and cash at bank.

Ahpra is exposed to credit risk in relation to units held in managed investment schemes (managed fund) that is designated at fair value through the operating statement. The maximum exposure at the end of the reporting period is the carrying amount of the investments.

Ahpra term deposit investments are in line with the investment policy and maintained with banks with credit ratings of AA- or above. Ahpra does not have more than 40% of term deposits with one individual bank.

Except as otherwise detailed in the following table, the carrying amount of contractual financial assets recorded in the financial statements, net of any allowances for losses, represents Ahpra's maximum exposure to credit risk.

Credit quality of contractual financial assets

2024	Financial institutions (AA- credit rating)[1] $'000	Other $'000	Total $'000
Financial assets			
Financial assets with loss allowance measured at 12-month expected credit loss:			
Cash and cash equivalents	19,455	0	**19,455**
Term deposits investments	133,000	0	**133,000**
Accrued interest and investment income	1,893	1,999	**3,892**
Statutory receivables (with no impairment loss recognised)	0	1,462	**1,462**
Financial assets with loss allowance measured at lifetime expected credit loss:			
Contractual receivables applying the simplified approach for impairment	0	1,817	**1,817**
Total financial assets	**154,348**	**5,278**	**159,626**

2023	Financial institutions (AA- credit rating)[1] $'000	Other $'000	Total $'000
Financial assets			
Financial assets with loss allowance measured at 12-month expected credit loss:			
Cash and cash equivalents	16,596	0	**16,596**
Term deposit investments	128,000	0	**128,000**
Accrued interest and investment income	1,588	792	**2,380**
Statutory receivables (with no impairment loss recognised)	0	1,145	**1,145**
Financial assets with loss allowance measured at lifetime expected credit loss:			
Contractual receivables applying the simplified approach for impairment	0	1,207	**1,207**
Total financial assets	**146,184**	**3,144**	**149,328**

1. Standard & Poor's rated AA-. Moody's Investors Service rated Aa3. Fitch rated A+.

Ahpra determines the loss allowance at end of the financial year as follows:

30 June 2024	Current $'000	Less than 1 month $'000	1–3 months $'000	3–12 months $'000	More than 1 year $'000	Total $'000
Expected loss rate						
Fines and legal fee recoveries	0%	15%	20–50%	60%	93%	
Others	0%	4–5%	20–50%	40%	50%	
Contractual receivables	0	682	913	431	1,732	**3,758**
Loss allowance	**0**	**(39)**	**(69)**	**(258)**	**(1,575)**	**(1,941)**

30 June 2023	Current $'000	Less than 1 month $'000	1–3 months $'000	3–12 months $'000	More than 1 year $'000	Total $'000
Expected loss rate						
Fines and legal fee recoveries	0%	15%	20–50%	60%	94%	
Others	0%	0–10%	1–15%	11–20%	17–30%	
Contractual receivables	0	848	123	314	1,697	**2,982**
Loss allowance	**0**	**(16)**	**(27)**	**(185)**	**(1,547)**	**(1,775)**

Reconciliation of the movement in the loss allowance for contractual receivables can be found in *Note D1*.

Contractual receivables are written off when there is no reasonable expectation of recovery and impairment losses are classified as a transaction expense. Subsequent recoveries of amounts previously written off are credited against the same line item.

Ahpra's statutory receivable relates to GST input tax receivables. No loss allowance was recognised at 30 June 2024 under AASB 9 *Financial instruments*.

(b) Liquidity risk exposure

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities as they fall due. Ahpra manages liquidity risk by monitoring cash flows' forecast and ensuring that adequate liquid funds are available to meet current obligations.

Ahpra's exposure to liquidity risk is deemed insignificant based on prior period's data and current assessment of risk. Cash for unexpected events is generally sourced from liquidation of available-to-recall term deposits.

This table discloses the maturity analysis of Ahpra's financial liabilities:

	Carrying amount $'000	Maturity dates				
		Less than 1 month $'000	1–3 months $'000	3 months–1 year $'000	1–5 years $'000	More than 5 years $'000
2024						
Payables[1]						
Trade creditors	1,106	975	61	70	0	0
Accrued expenses	20,195	20,195	0	0	0	0
Lease liabilities[2]	27,410	0	0	5,717	16,794	4,899
Total	**48,711**	**21,170**	**61**	**5,787**	**16,794**	**4,899**
2023						
Payables[1]						
Trade creditors	5,958	5,958	0	0	0	0
Accrued expenses	11,363	11,363	0	0	0	0
Lease liabilities[2]	35,270	0	0	7,918	19,778	7,574
Total	**52,591**	**17,321**	**0**	**7,918**	**19,778**	**7,574**

1. The total amount disclosed here excludes statutory amounts (e.g. payroll tax payable).
2. Contractual amounts disclosed in the maturity analysis are the contractual undiscounted cash flows. For lease liabilities, it is gross lease obligation before deducting finance costs and excludes lease fit-out incentive of $3,203k (2023: $4,177k).

The maximum exposure to liquidity risk is the total carrying amount of the financial liabilities as shown above.

(c) Performance risk exposure

Investing in managed funds provides access to different asset classes and industry sectors; however there is always a risk that the managed fund investments may underperform or decline in value. Ahpra is exposed to fluctuations in the performance of the underlying financial assets held within managed funds in which Ahpra holds units. Ahpra monitors the managed funds' investment strategy and asset allocation against Ahpra's own investment policy risk tolerances.

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.[3]

3. Standard & Poor's rated AA-. Moody's Investors Service rated Aa3. Fitch rated A+.

Interest rate exposure of financial instruments

2024	Weighted average interest rate	Non-interest bearing $'000	Floating interest rate $'000	Fixed interest rate $'000	Total $'000
Financial assets					
Cash and cash equivalents	4.30%	0	19,455	0	**19,455**
Investments in term deposits	4.71%	0	0	133,000	**133,000**
Investments in managed fund	0.00%	92,464	0	0	**92,464**
Receivables	0.00%	3,758	0	0	**3,758**
Accrued income	0.00%	3,892	0	0	**3,892**
Total financial assets		**100,114**	**19,455**	**133,000**	**252,569**
Financial liabilities					
Payables[1]	0.00%	1,106	0	0	**1,106**
Accrued expenses	0.00%	20,195	0	0	**20,195**
Lease liabilities[2]	1.28–4.05%	0	0	25,757	**25,757**
Total financial liabilities		**21,301**	**0**	**25,757**	**47,058**

2023	Weighted average interest rate	Non-interest bearing $'000	Floating interest rate $'000	Fixed interest rate $'000	Total $'000
Financial assets					
Cash and cash equivalents	4.05%	0	16,596	0	**16,596**
Investments in term deposits	4.11%	0	0	128,000	**128,000**
Investments in managed fund	0.00%	88,090	0	0	**88,090**
Receivables	0.00%	2,982	0	0	**2,982**
Accrued income	0.00%	2,380	0	0	**2,380**
Total financial assets		**93,452**	**16,596**	**128,000**	**238,048**
Financial liabilities					
Payables[1]	0.00%	5,958	0	0	**5,958**
Accrued expenses	0.00%	11,363	0	0	**11,363**
Lease liabilities[2]	1.28–4.05%	0	0	33,017	**33,017**
Total financial liabilities		**17,321**	**0**	**33,017**	**50,338**

1. The total amount disclosed here excludes statutory amounts (e.g. payroll tax payable).
2. Lease liabilities subject to interest rate risk exclude lease fit-out incentive of $3,203k (2023: $4,177k).

Sensitivity analysis

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, Ahpra can't predict market rates and the below is for illustrative purposes only:

A parallel shift of +0.25% and -0.75% (2023: +0.50% and -0.50%) in market interest rates (AUD) from year-end rates of 4.71% and 4.30%, reflecting the Reserve Bank's intention to manage inflation within its target range of 2% and 3% while continuing to support economic growth and maintain stability.

The following tables disclose the impact on net operating result and equity for each category of financial instrument held by Ahpra at year end. Investments which have a fixed rate of return over the next 12 months are assessed as not subject to the market interest rates shift. Investments which will mature during the next 12 months or are invested in floating rates of return are assessed accordingly for the impacts on net operation result and equity.

Financial assets	Carrying amount $'000	At +0.25% $'000 Surplus	At +0.25% $'000 Equity	At −0.75% $'000 Surplus	At −0.75% $'000 Equity
2024					
Cash and cash equivalents	19,455	49	49	(146)	(146)
Investments	133,000	141	141	(424)	(424)
Total		**190**	**190**	**(570)**	**(570)**

Financial assets	Carrying amount $'000	At +0.50% $'000 Surplus	At +0.50% $'000 Equity	At −0.50% $'000 Surplus	At −0.50% $'000 Equity
2023					
Cash and cash equivalents	16,596	83	83	(83)	(83)
Investments	128,000	258	258	(258)	(258)
Total		**341**	**341**	**(341)**	**(341)**

F2.1: Fair value determination

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

In determining fair values, a number of inputs are used. To increase consistency and comparability in the financial statements, these inputs are categorised into three levels, known as the fair value hierarchy. The levels are as follows:

- Level 1 – the fair value of financial instruments 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's managed fund investments are facilitated by the Victorian Funds Management Corporation in its Conservative Fund using Level 2 valuation. It has quoted market and redemption price. The daily net asset value (NAV) is directly observed and is the net value of the fund's assets less its liabilities, divided by the number of units on issue. The NAV of these funds is considered a reasonable input used to measure their fair value.

Ahpra considers 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 settled 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

	Note	Carrying amount 2024 $'000	Fair value 2024 $'000	Carrying amount 2023 $'000	Fair value 2023 $'000
Contractual financial assets					
Cash and cash equivalents		19,455	19,455	16,596	16,596
Investments – bank term deposits		133,000	133,000	128,000	128,000
Investments – managed fund		0	0	87,242	87,242
Receivables	*D1*	1,817	1,817	1,207	1,207
Accrued income		3,892	3,892	2,380	2,380
Total contractual financial assets		**158,164**	**158,164**	**235,425**	**235,425**
Contractual financial liabilities					
Payables	*D2*	1,106	1,106	5,958	5,958
Accrued expenses		20,195	20,195	11,363	11,363
Lease liabilities[1]		25,757	25,757	33,017	33,017
Total contractual financial liabilities		**47,058**	**47,058**	**50,338**	**50,338**

1. Excluding lease incentives

Note F3: Contingent assets and liabilities

Contingent assets	2024 $'000	2023 $'000
Legal proceedings and disputes	0	0

Contingent liabilities	2024 $'000	2023 $'000
Legal proceedings and disputes	0	0

No claim for damages was lodged during the year.

Contingent assets and contingent liabilities are not recognised in the Statement of financial position, 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.

Contingent assets and liabilities are possible assets and obligations that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of Ahpra.

Contingent liabilities could also be present obligations arising from past events but are not recognised when it is not probable that an outflow of resource embodying economic benefits will be required to settle the obligations, or the amount of the obligations cannot be measured with sufficient reliability.

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. An outflow of funds in excess of insurance may be required if the case outcomes are less favourable than currently expected.

Note G: Other disclosures

Introduction

This section includes additional material disclosures required by accounting standards or otherwise, for the understanding of this financial report.

Note G1: Related party disclosures

Key management personnel (KMP) of Ahpra include the responsible minister in each jurisdiction that forms part of the Ministerial Council under the National Law, members of the Ahpra Board, the Chief Executive Officer and members of the National Executive team.

(a) 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 Ministerial Council (formally known as the Australian Health Workforce Ministerial Council) during the year 1 July 2023 to 30 June 2024, unless otherwise noted.

Name	Portfolio	Jurisdiction
Ms Rachel Stephen-Smith MLA	Minister for Health Minister for Children, Youth and Families Minister for Aboriginal and Torres Strait Islander Affairs	Australian Capital Territory
The Hon Mark Butler MP	Minister for Health and Aged Care	Commonwealth
The Hon Ryan Park MP	Minister for Health Minister for Regional Health	New South Wales
The Hon Natasha Fyles MLA (to December 2023)	Chief Minister Minister for Health Minister for Alcohol Policy Minister for Defence Minister for Major Projects	Northern Territory
The Hon Selena Uibo MLA (from December 2023)	Minister for Health Minister for Mental Health and Suicide Prevention Minister for Remote Housing and Homelands Minister for Parks and Rangers Minister for Local Decision Making Minister for Public Employment Minister for Corporate and Digital Development	Northern Territory
The Hon Shannon Fentiman MP	Minister for Health, Mental Health and Ambulance Services Minister for Women	Queensland
The Hon Chris Picton MP	Minister for Health and Wellbeing	South Australia
The Hon Jeremy Rockliff MP	Premier Minister for Health (to July 2023) Minister for Mental Health and Wellbeing (to April 2024) Minister for Tourism and Hospitality Minister for Trade and Major Investment	Tasmania
The Hon Guy Barnett MP	Attorney-General (from Oct 2023) Minister for Justice (from July 2023) Minister for Health, Mental Health and Wellbeing (from April 2024) Minister for Veterans' Affairs	Tasmania
The Hon Mary-Anne Thomas MP	Minister for Health	Victoria
The Hon Amber-Jade Sanderson MLA	Minister for Health; Mental Health	Western Australia

Amounts relating to responsible ministers' remuneration are reported in the financial statements of the relevant minister's jurisdiction.

(b) Ahpra Board members

	Period
Ms Gill Callister PSM, Chair	1/07/2023–30/06/2024
Ms Barbara Yeoh AM	1/07/2023–30/06/2024
Emeritus Professor Arie Freiberg AM	1/07/2023–30/06/2024
Mr Lynton Norris	1/07/2023–30/06/2024
Mr Jeffrey Moffet	1/07/2023–30/06/2024
Associate Professor Carmen Parter	1/07/2023–30/06/2024
Ms Jenny Taing OAM	1/07/2023–8/11/2023
Dr Susan Young	1/07/2023–8/11/2023
Ms Tanya McGregor	8/11/2023–30/06/2024
Ms Leanne O'Shannessy PSM	8/11/2023–30/06/2024
Mr Andrew Brown	10/11/2023–30/06/2024
Professor Patricia Davidson AM	10/11/2023–30/06/2024

(c) Chief Executive Officer and National Executive team

- Chief Executive Officer, Mr Martin Fletcher
- Executive Director, Regulatory Operations, Ms Kym Ayscough
- Executive Director, Strategy and Policy, Mr Chris Robertson
- Executive Director, People and Culture, Mr Mark Edwards
- Executive Director, Finance and Risk, Ms Elizabeth Davenport
- Chief Information Officer, Mr Clarence Yap (1/07/2023–7/03/2024)
- Acting Chief Technology Officer, Mr Will Garton (26/02/2024–7/06/2024)
- Interim Chief Technology Officer, Mr Michael Rillstone (5/06/2024–30/06/2024)

(d) Remuneration of KMP

Other than the responsible ministers, the remuneration for KMP is disclosed as follows.

	2024 $	2023 $
Short-term employee benefits	2,475,771	2,213,794
Long-term employee benefits	48,952	51,392
Post-employment benefits	183,699	180,201
Termination benefits	143,005	0
Total	**2,851,427**	**2,445,387**

Outside of normal citizen type transactions with Ahpra, there were no related party transactions that involved KMP, their close family members and their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties.

There were no transactions involving the Ministerial Council during 2023/24 (2022/23: Nil).

Note G2: Remuneration of executives

Remuneration of Chief Executive Officer and Executive Directors

The Chief Executive Officer (CEO) is Mr Martin Fletcher who held the position throughout the period 1 July 2023 to 30 June 2024.

The aggregate compensation made to the CEO and National Executive team is set out below:

	2024 $	2023 $
Short-term employee benefits	2,355,749	2,116,230
Long-term employee benefits	48,952	51,392
Post-employment benefits	170,496	169,957
Termination benefits	143,005	0
Total	**2,718,202**	**2,337,579**
Total number of executives	8	6
Total annualised employee equivalents	6.04	6

Note G3: Remuneration of external auditor for the audit of the financial statements

	2024 $'000	2023 $'000
Victorian Auditor-General's Office	175	168
Total	**175**	**168**

Note G4: Australian Accounting Standards issued that are not yet effective

AASB 108 mandates disclosure of the potential financial impact arising from accounting pronouncements issued but not yet effective for the 2023/24 financial year. An assessment by Ahpra has determined that no such pronouncements are expected to have an impact in future reporting periods.

Note G5: Changes in interpretation of accounting policies

There have been no changes in accounting policies applicable in the preparation of Ahpra's 2023/24 financial statements.

Note G6: Events occurring after the balance sheet date

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.

For events that 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 that existed at the reporting date, adjustments are made to amounts recognised in the financial statements.

No 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 that arose after the end of the reporting period, and which are considered to be of material interest.

No subsequent events are identified for disclosure in this report.

Note G7: NSW Health Professional Councils Authority

Transactions relating to the Health Professional Councils Authority (HPCA) are reported as administered (non-controlled) items in the following table.

In New South Wales, the health minister informs Ahpra and the National Boards of the amount to be collected per registrant on behalf of the HPCA, for the purpose of handling notifications related to NSW-based practitioners. Ahpra collects these amounts and passes them on to the various Health Profession Councils, via the 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. These amounts are not recorded within the Statement of comprehensive income or Statement of cash flows.

Summary of fees collected on behalf of NSW HPCA, by regulated health professions

National Board	2024 $'000	2023 $'000
Aboriginal and Torres Strait Islander Health Practice	12	11
Chinese Medicine	0	0
Chiropractic	416	411
Dental	3,857	4,212
Medical	23,945	21,838
Medical Radiation Practice	201	224
Nursing and Midwifery	12,089	11,254
Occupational Therapy	286	264
Optometry	115	185
Osteopathy	216	174
Paramedicine	971	930
Pharmacy	3,871	3,512
Physiotherapy	547	505
Podiatry	308	289
Psychology	1,757	1,695
Total	**48,591**	**45,504**

Policy direction

Health Ministers' Meeting

ATTN: National Health Secretariat
c/- NSW Ministry of Health
Level 7, 1 Reserve Road
St Leonards NSW 2065
(02) 9461 7900
nationalhealthsecretariat@health.nsw.gov.au

Ms Gill Callister PSM, Chair Agency Management Committee, Ahpra

Dr Anne Tonkin AO, Chair Medical Board of Australia

Dear Ms Callister
Dr Tonkin

Ministerial Policy Direction 2023-1: Medical college accreditation of training sites

I am writing to provide a policy direction under section 11 of the Health Practitioner Regulation National Law, as is in force in each state and territory.

On 20 July 2023, Health Ministers resolved to issue this policy direction to clarify Ministerial Council expectations of the Australian Medical Council and medical colleges regarding accreditation of training sites and to direct Ahpra and the Medical Board to note these expectations when exercising their functions for the purposes of the National Law.

Health Ministers acknowledge the critical role medical colleges have in the education and training of the medical specialist workforce but have noted that the colleges could be better aligned with workforce reform priorities to ensure patients can access the care they need and want, in a safe environment.

The Australian Medical Council Standards for Assessment and Accreditation of Specialist Medical Programs outline minimum high-level requirements for the accreditation of specialist training sites by medical colleges. In particular, Standard 1.6.3 states that: "The education provider works with training sites and jurisdictions on matters of mutual interest". Each medical college has its own accreditation standards, processes and terminology for training site accreditation. As a result, there is lack of standardisation and significant variation of accreditation processes, procedures, and timeframes between colleges.

Accreditation decisions, including withdrawal of accreditation, have a significant impact on the availability of medical workforce at sites/locations, which in turn, has a significant impact on patients through reduced services. Each College has policies, processes and timeframes to follow should an organisation seek review of an accreditation decision.

Health Ministers had also previously requested the National Health Practitioner Ombudsman conduct a review of the procedural aspects of accreditation including both accreditation authorities and specialist medical colleges. On 20 July 2023 Ministers received an interim update from the Ombudsman outlining potential reform options.

The policy direction is as follows:

1. That Ahpra and the Medical Board of Australia require that:

   a) The Australian Medical Council works with jurisdictions and medical colleges on an implementation plan regarding the National Health Practitioner Ombudsman's suggestions for reform on arrangements for training site accreditation.

   b) The Australian Medical Council works with jurisdictions and medical colleges to develop a communication protocol to clarify and confirm the roles and responsibilities of all parties in the training and supply of the medical workforce and the distribution of that workforce.

   c) The Australian Medical Council reviews existing arrangements:

      i. to achieve greater consistency of accreditation processes, policies, procedures and decisions for training site accreditation across the medical specialist colleges.

      ii. that the scope of medical college accreditation of training sites, standards and decisions is clarified to matters relevant to the delivery of high quality education and training of medical specialist trainees.

   d) The Australian Medical Council works with medical colleges on training site accreditation arrangements to reduce the impact on patient services caused by withdrawal of training site accreditation and reduced workforce. This includes developing a uniform process to be adopted by all medical colleges in relation to accreditation decisions and review processes.

In line with section 17 of the National Law it is requested that this direction be published by Ahpra and the Medical Board of Australia on their websites as soon as practicable.

Yours sincerely

Ms Rachel Stephen-Smith MLA
Chair
Health Ministers Meeting
1 / 9 / 2023

Common abbreviations

National Boards

ATSIHPBA
Aboriginal and Torres Strait Islander Health Practice Board of Australia

ChiroBA
Chiropractic Board of Australia

CMBA
Chinese Medicine 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

OptomBA
Optometry Board of Australia

OsteoBA
Osteopathy Board of Australia

OTBA
Occupational Therapy Board of Australia

ParaBA
Paramedicine Board of Australia

PharmBA
Pharmacy Board of Australia

PhysioBA
Physiotherapy Board of Australia

PodBA
Podiatry Board of Australia

PsyBA
Psychology Board of Australia

Organisations

Ahpra
Australian Health Practitioner Regulation Agency
www.ahpra.gov.au

HCCC
Health Care Complaints Commission (NSW)
www.hccc.nsw.gov.au

HCEF
Health Chief Executives Forum
www.health.gov.au/committees-and-groups/health-chief-executives-forum-hcef

HCO
Health complaints organisation
www.ahpra.gov.au/notifications/further-information/health-complaints-organisations

HPCA
Health Professional Councils Authority (NSW)
www.hpca.nsw.gov.au

NHPO
National Health Practitioner Ombudsman
www.nhpo.gov.au

OHO
Office of the Health Ombudsman (Qld)
www.oho.qld.gov.au

Glossary

More definitions are available at www.ahpra.gov.au/support/glossary.

accreditation
Accreditation ensures that the education and training leading to registration as a health practitioner meets approved standards and prepares graduates to practise a health profession safely and competently. The accreditation authority may be a committee established by a National Board, or a separate organisation.

adjudication body
A health panel, a performance and professional standards panel, a responsible tribunal, a court or an entity in a co-regulatory jurisdiction that is declared to be an adjudication body.

appeal
A person may appeal to a tribunal against a decision by a National Board, a health panel or a performance and professional standards panel. Decisions may also be judicially reviewed if there is a perceived flaw in the administrative decision-making process, as opposed to a concern about the merits of the individual decision itself.

breach of non-offence provision under the National Law
Ahpra receives notifications alleging that a practitioner has breached a registration standard or endorsement, breached a condition on registration or an undertaking accepted by a National Board, or provided care beyond scope of practice. In these matters, the Board has the option to take regulatory action. They are not offences under 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 *Register of practitioners*; 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 practice in some way, to protect the public.

Current conditions are published on the *Register of practitioners*. When a National Board or adjudication body decides the conditions are no longer required to ensure safe practice, they are removed and no longer published.

Examples include requiring a practitioner to:

- complete specified further education or training within a specified period
- complete 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*.

criminal offence
Criminal offences under the National Law by a person (including registered health practitioners and unregistered individuals) and/or corporate entity predominantly relate to breaching prohibition orders, inappropriate use of protected titles, unlawful claims about registration, performing restricted acts, and advertising of regulated health services.

Ahpra also receives notifications about practitioners who have been charged or convicted of an offence contained in a law other than the National Law, such as a criminal law. A Board may take action if the nature of the offence may affect the practitioner's suitability to practise the profession.

disciplinary action
Regulatory action taken by a performance and professional standards panel or a tribunal after it decides that:

- a practitioner has engaged in unprofessional conduct, unsatisfactory professional performance or professional misconduct
- a practitioner's registration was improperly obtained.

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, refer to the list published at www.ahpra.gov.au/registration/registers-of-practitioners/professions-and-divisions.

education provider
A 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 many types of endorsement available, including:

- scheduled medicines
- nurse practitioner
- acupuncture
- approved area of practice.

In psychology, these are divided into 'subtypes' that describe additional qualifications and expertise. An endorsement can include more than one subtype.

health complaints organisation (HCO)
National Boards are provided with copies of all concerns about registered health practitioners that are made to an HCO.

A National Board may talk to the HCO about the complaint and refer it to the HCO if they are the appropriate entity to deal with it.

HCO decisions, made on receipt of concerns, are not defined as regulatory action and are counted and reported on separately in the report.

The HCOs in each state and territory are listed at www.ahpra.gov.au/Notifications/Further-information/Health-complaints-organisations. They are also known as health complaints entities (HCEs).

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 do clinical training.

immediate action

Also referred to as interim action. This can be taken as an interim step to restrict a practitioner's registration while a complaint is investigated. Immediate actions include:

- the suspension of, or imposition of a condition on, a registered health practitioner's or student's registration
- accepting an undertaking from a registered health practitioner or student
- accepting the surrender of a registered health practitioner's or student's registration.

mandatory notification

It is mandatory that colleagues, treating practitioners, employers or education providers of a registered practitioner or student submit a notification about them if they have behaved in a way that constitutes notifiable conduct. Refer to each Board's website for *Guidelines for mandatory notifications*.

Ministerial Council

Defined in the National Law as 'the COAG [Council of Australian Governments] Health Council or a successor of the Council by whatever name called, constituted by Ministers of the governments of the participating jurisdictions and the Commonwealth with portfolio responsibility for health'.

National Board

Appointed by the Ministerial Council to regulate a profession in the public interest and meet the responsibilities set down in the National Law. Comprising practitioner members and community members, National Boards and/or state boards and/or committees 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 is generally consistent in all states and territories. New South Wales did not adopt Part 8 of the National Law.

National Registration and Accreditation Scheme

The National Scheme for registered health practitioners was established by the Council of Australian Governments (COAG) under the National Law. The scheme began on 1 July 2010 (or 18 October 2010 in Western Australia). In 2010, 10 professions became nationally regulated by a corresponding National Board. In 2012, four additional professions joined the National Scheme. In 2017, the Paramedicine Board of Australia was established and the regulation of paramedics began in late 2018.

National Restrictions Library (NRL)

Lists common restrictions (conditions or undertakings) used across the regulatory functions of the National Boards to support:

- consistency in recommendations from Ahpra to the National Boards and delegates
- consistency in the restrictions appearing on the *Register of practitioners*
- a best-practice approach to monitoring compliance with restrictions.

The NRL is available at www.ahpra.gov.au/registration/monitoring-and-compliance/national-restrictions-library.

no conviction recorded

An outcome that is available to a court after a plea or finding of guilt. This is a common outcome for first offenders for 'low level' offences, which reflects the willingness of the legislature and the community to give first offenders, in certain circumstances, a second chance to maintain a reputation of good character.

no further action

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

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

When a registered health practitioner has:

- practised their profession while intoxicated by alcohol or drugs
- engaged in sexual misconduct in connection with the practice of their profession
- placed the public at risk of substantial harm in the practice of their profession because they have 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

Any person or organisation can raise a concern about a registered health practitioner's behaviour or health with Ahpra on behalf of a National Board.

A notification is a concern about a practitioner or student relating to a matter that is a ground for a notification under the National Law.

National Boards gather information contained in notifications to help identify risks in the way an individual practitioner is practising a health profession.

Concerns can be raised by contacting Ahpra on 1300 419 495 (within Australia), +61 3 9125 3010 (outside Australia) or at www.ahpra.gov.au/notifications.

In response to a notification, a Board may:

- store the information provided in a notification, and take no further action on that occasion, or
- make further enquiries in relation to a practitioner, by investigating the practitioner or requiring the practitioner to attend a health or performance assessment.

After making necessary enquiries in response to a notification and considering the information, a National Board or independent adjudication body may decide to take regulatory action.

notifier
A person or entity who makes a notification to Ahpra.

practice
The definition of *practice* used in a number of National Board registration standards means any role, whether remunerated or not, in which an 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 affect the 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
The location declared by a practitioner as the address at which they mostly practise their profession. If the practitioner is not practising, or not practising mostly at one address, then the practitioner's principal place of residence is used.

If the location of the principal place of practice is in Australia, the following information is displayed on the *Register of practitioners:*

- suburb
- state
- postcode.

If the location is outside Australia, the following information is displayed on the *Register of practitioners*:

- international state/province
- international postcode
- country.

In rare cases, when a practitioner has demonstrated that the health and safety of themselves or their family members or associates may be at risk from the publication of information about their principal place of practice, a National Board may choose to not publish this information.

prohibited practitioner/student
A person who is being monitored because they are subject to a cancellation order, suspension or a restriction not to practise. Alternatively, as an outcome of a notification they may have surrendered their registration or changed to non-practising registration.

qualification
Professional qualifications that a practitioner must have to meet the requirements for registration. Undergraduate and postgraduate Australian qualifications recognised by National Boards are published on their websites. Individual practitioners' approved qualifications are published on the *Register of practitioners.*

Register of practitioners
A publicly accessible database of all health practitioners currently registered in Australia. Ahpra also maintains a list of cancelled practitioners and a list of practitioners who have given an undertaking not to practise. You can search these databases at www.ahpra.gov.au/registration/registers-of-practitioners.

registered health practitioner
An individual who is registered under the National Law to practise a health profession, other than as a student, or who holds a non-practising registration in a health profession.

registration expiry date
The 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 of practitioners*, they are registered and can practise within the scope of their registration, consistent with any conditions or undertakings that apply.

During the renewal period, practitioners remain registered for one month after their registration expiry date where they fail to lodge an application for renewal. Registrants who apply to renew can continue to practise while their application is being assessed.

registration number
Since March 2012, practitioners have been allocated a 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.

registration status
The status of a registration can be:

- Registered: The practitioner is registered. The practitioner's name is published on the *Register of practitioners*.
- Suspended: 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
A National Board can grant various types of registration to an eligible practitioner. Examples include:

- general registration
- limited registration
- non-practising registration
- provisional registration
- specialist registration.

regulatory action
Action taken by a National Board that affects a practitioner's registration. It can be taken if a Board reasonably believes that a practitioner:

- has practised in a way that is or may be below the standard reasonably expected
- has behaved in a way that is or may be below the standard reasonably expected of the practitioner by the public or the practitioner's peers
- has or may have an impairment that could detrimentally affect a practitioner's ability to practise safely.

The regulatory actions that can be taken by a National Board are:

- cautioning a practitioner
- accepting an undertaking
- imposing a condition.

Regulatory action can also be taken by a health panel, a performance and professional standards panel (PPSP) or a tribunal after it decides that:

- a practitioner has an impairment
- a practitioner has engaged in unprofessional conduct or unsatisfactory professional performance
- a practitioner has engaged in professional misconduct (tribunal only)
- a practitioner's registration was improperly obtained (tribunal only).

The regulatory actions that can be taken by a health panel, PPSP or a tribunal are:

- imposing a condition
- cautioning a practitioner (PPSP or tribunal)
- reprimanding a practitioner for practising or behaving in a certain way (PPSP or tribunal)
- requiring a practitioner to pay a fine (tribunal only)
- suspending a practitioner's registration for a period of time (health panel or tribunal)
- cancelling a practitioner's registration, either temporarily or permanently (tribunal only)
- disqualifying a person from applying for registration for a specified time (tribunal only)
- prohibiting the person from providing a health service or using a title (tribunal only).

reprimand

A chastisement for conduct; a formal rebuke. Reprimands issued since the start of the National Scheme are published on the *Register of practitioners*.

specialty

There are currently three professions with specialist registration: dental, medical and podiatry. 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. The National Boards decide the requirements for specialist registration in their profession.

spent conviction order

A court order that a criminal conviction is spent immediately. This means that the conviction does not need to be disclosed in many circumstances and the conviction will never appear on a standard National Police Clearance. However, the conviction still needs to be disclosed in some circumstances; for example, Working with Children Checks and when applying for registration as a health practitioner.

standard

Registration standards define the requirements that applicants, registrants or students need to meet to be registered as a health practitioner.

student

A person whose name is entered in a student register as being currently registered as a student practitioner 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, or
- there are public interest grounds for suspending a practitioner's registration; for example, when the practitioner has been charged with serious criminal conduct.

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

The National Boards can accept an undertaking from a practitioner to limit their 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 that restrict a practitioner's practice of the profession are published on the *Register of practitioners*. Current undertakings that relate to a practitioner's health are mentioned on the register but details are not provided. When a National Board or adjudication body decides the undertakings are no longer required to ensure safe practice, they are revoked and are no longer published.

An undertaking is voluntary (but enforceable), whereas a condition is imposed on a practitioner's registration.

unprofessional conduct

Conduct that is of a lesser standard than that which might reasonably be expected of a 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 that clarify the acceptable standard of professional conduct.

unsatisfactory professional performance

This is when the knowledge, skill or judgement possessed, or care exercised, by a practitioner in the practice of the health profession in which they are registered is below the standard reasonably expected for a health practitioner with an equivalent level of training or experience.

voluntary notification

A notification that is not mandatory. The grounds for a voluntary notification are set out in section 144 of the National Law.

Index

Not indexed: people's names and titles, financial statements, glossary, tabulated data

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Ahpra and the National Boards acknowledge the Traditional Owners of Country throughout Australia and their continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures and Elders past and present.