

## Special 2010-11 Annual Report Edition

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## CEO Message

**The 2010-11 annual report of AHPRA and the National Boards about the National Registration and Accreditation Scheme provides unique insights into Australia's regulated professions. This is the first time in Australia's history that national information is available in this way.**

The annual report includes detailed registrations and notifications data, presented by each of the 10 regulated professions and by state and territory. Summaries are included in this edition of AHPRA Report, with more detail and analysis published in the annual report. Notifications data include information on mandatory reporting, actions taken by National Boards (including immediate action), as well as the type, source and distribution of notifications.

The 2010-11 annual report starts to build a picture of the impact of the new standards and requirements that were introduced on 1 July 2010 (18 October 2010 in WA). These include the National Board registration standard on criminal history checks.

This edition of AHPRA Report includes a data snapshot for each registered profession and a state and territory snapshot.

Highlights of the first year of the scheme include:

- on 30 June 2011, there were more than 530,000 health practitioners from 10 professions registered under the National Registration and Accreditation Scheme
- more than 46,000 health practitioners across the professions have registered, many for the first time, which means new practitioners delivering health services throughout Australia
- AHPRA renewed the registration of more than 630,000 health practitioners. Some practitioners renewed more than once in the process of aligning national renewal dates for each profession



– 2010-11  
annual report  
released

- the AHPRA website at [www.ahpra.gov.au](http://www.ahpra.gov.au) hosted close to six million visits
- AHPRA responded to 310,000 phone calls to state and territory offices from January to June 2011
- AHPRA issued more than 850,000 certificates of registration to health practitioners across Australia
- the national scheme received 8,139 notifications about health practitioners, including 428 mandatory reports received by AHPRA
- there were almost 1,500 meetings of National Boards, state, territory and regional boards and their committees
- there were almost 100,000 students registered after the student register was introduced in April 2011
- AHPRA conducted Australia's largest-ever simultaneous renewal of health practitioner registration in May and June 2011 when 320,000 practitioners renewed registration
- online renewal rates increased significantly over 12 months – up from an average of 60% when the National Scheme began, to more than 80% of practitioners renewing online by year's end
- more than 91% of practitioners have provided their email address to AHPRA, improving direct communication about registration renewals and important board issues
- one in 44 Australians – or one of every 20 working Australians – is a registered health practitioner.

During the first year of the scheme, AHPRA strengthened systems to build a robust framework to support the national regulation of health practitioners. Innovations and improvements in business processes and services to practitioners and the community are detailed in the report and include:

- strengthened customer service teams in each state and territory office
- streamlined and successful registration renewal:
  - 94% of nurses and midwives due to renew in May 2011 renewed on time, 98% by the end of the late period. This was a significant success recognising that each year some practitioners opt out of registration
  - 96% of medical practitioners due to renew on 30 September renewed on time
  - About 85% of all practitioners renewed online
- expanded online services, including:
  - capacity to print out copies of certificates of registration online
  - online capability for practitioners to check their registration renewal application had been received by AHPRA
  - online registration for new graduates and
  - expanded online employer services, so major employers can bulk check the registration of their registered health practitioner employees.

Complementing the 2010-11 financial statements for AHPRA, the annual report includes a financial overview of the national scheme, outlining the costs of providing for the more robust and protective regulatory environment now in place under the national scheme.

AHPRA is committed to continuing to build strong partnerships. These are critical in a complex environment in which most organisations are new or have new roles and responsibilities. To work well, the national scheme relies on a series of constructive and mutually respectful relationships: between AHPRA and the National Boards; between boards and their professions, in each state and territory and nationally; with accreditation councils; and with our many stakeholders in government, education providers, employers, practitioners and the community.

I hope you find this special edition of AHPRA Report informative.

**Martin Fletcher**  
**Chief Executive Officer**

[Click here](#) to access the 2010-11 annual report of AHPRA and the National Boards.

[Click here](#) for a press release about the 2010-11 annual report.

## Registration update

**The 2010-11 annual report provides the first national snapshot of health practitioner registration in Australia. It details the number of registrants in each state and territory by profession and includes detailed data about categories of registration, endorsements on registration and the distribution of practitioners in each profession and in each state and territory. This is published from page 37 of the annual report.**

The national scheme introduced a number of new requirements for health practitioners that stem from the core principle of public safety. Many of the new requirements follow the introduction of the registration standards set by the boards and approved by the Australian Health Workforce Ministerial Council (AHWMC). These requirements provide a more robust regulatory system designed to better protect the public. They also ask more of practitioners and can add to the complexity and time involved in the registration process.

The 2011 registration data show that:

- on 30 June 2011 there were 530,115 health practitioners registered in Australia under the national scheme
- more than 46,000 health practitioners have registered since 1 July 2010, many for the first time

## 3 calendar dates:

- 31 May
- 30 September
- 30 November

- AHPRA has managed more than 630,000 health practitioner renewals, with some practitioners renewing more than once in the transition to nationally consistent renewal dates for professions across states and territories
- the national registers are published [online](#), enabling the public, health practitioners and employers to check a practitioner's registration status quickly and easily
- nursing and midwifery are the professions with the most practitioners, with 290,072 registered nurses, 1,789 registered midwives and 40,324 practitioners registered as both nurses and midwives

- medical practitioners are the second largest group, with 88,293 registered practitioners followed by psychologists (29,142 practitioners), pharmacists (25,944 practitioners), physiotherapists (22,384 practitioners) and the 18,319 dentists, dental specialists, dental therapists, dental hygienists, oral health therapists and dental prosthetists who make up dental practitioners
- the remaining professions of optometry (4,442 practitioners), chiropractic (4,350 practitioners), podiatry (3,461 practitioners) and osteopathy (1,595 practitioners) make up the balance of Australia's registered health practitioners
- New South Wales has the largest number of registered practitioners, with 156,104 practitioners across the 10 professions, followed by Victoria (136,651 practitioners) and Queensland (99,200 practitioners)
- the largest group of registered practitioners across the 10 professions is aged 50 – 54 years (72,457 practitioners or 14% of total registrants), followed by practitioners aged 45 – 49 years (65,308 practitioners) and practitioners aged 40 – 44 (65,203 practitioners).
- there are more females than males practising psychology, pharmacy, nursing and midwifery, podiatry and physiotherapy. There are more males than females practicing medicine, chiropractic, dental, optometry and osteopathy
- on 30 June 2011, there were 57,552 practitioners with specialist registration across three professions – medicine (56,012), dental (1,520) and podiatry (20).

## Spotlight on criminal record checks

**Available data indicate that the introduction of mandatory criminal record checks has reduced risk to public safety. The 2010-11 year is the first time criminal record checking has been conducted nationally in health practitioner regulation.**

It is a significant new requirement of the *Health Practitioner National Law Act 2009*, as in force in each state and territory (the National Law) that applicants for initial registration must undergo a criminal record check. National Boards may also require criminal record checks at other times. Detailed information is published from page 39 of the annual report.

Applicants seeking registration must disclose any criminal records when they apply for registration. This information is then submitted to an independent agency CrimTrac, for a report. AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of persons in that jurisdiction.

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

In 2010-11, AHPRA requested 52,445 criminal record checks. Of these, 2,992 (6%) of results indicated that the applicant had a criminal history. Of these, 449 (15%) were assessed as having the potential to affect registration.

## – 52,445 criminal record checks in 2010-11

After consideration by a National Board, 40 (9%) of the 449 assessed as having the potential to affect registration, led to action on applications, as follows:

- one application refused: psychology
- six applications withdrawn: two medical, two psychology, one dental, one pharmacy
- 31 conditions or undertakings imposed on registration: 16 nursing and midwifery, eight medical, four pharmacy, two psychology, one physiotherapy
- two practitioners had conditions imposed on registration at renewal: one nursing and midwifery, one pharmacy.

AHPRA currently has 140 personnel who hold accreditation with CrimTrac. The accreditation process is significant and accredited officers are subject to a number of undertakings and agreements about their access to and use of the record checking system and information related to criminal history.

## Notifications (complaints) data

The 2010-11 year is the first time national notifications (complaints) data about health practitioners has been generated. The annual report details the work of AHPRA and the National Boards in managing notifications. This section of AHPRA Report provides some important context to help make sure the data are interpreted accurately.

### Context

The first year of the national scheme has some unique features. This is because, in addition to the new notifications made in 2010-11, a large part of the work of AHPRA and the boards has been to manage the 'legacy' notifications made to state and territory boards before 1 July 2010, which transferred as ongoing cases into the national scheme.

These notifications must be handled in ways consistent with the legislation previously in place in each state and territory. The exception is South Australia, where the law requires all continuing matters to be dealt with under the National Law, except those which were the subject of formal proceedings before a board or tribunal.

Outside South Australia, managing these legacy matters involves 65 different acts of parliament, each with different investigative requirements, possible outcomes and sanctions. As a result, this annual report provides only general information about the actions of the boards in managing legacy notifications during 2010-11.

New South Wales is a co-regulatory jurisdiction. Notifications in New South Wales are handled by the Health Care Complaints Commission (HCCC) and the New South Wales health professional councils, supported by the Health Professional Councils Authority (HPCA). Overview data on notifications has been provided by the HPCA to enable AHPRA to present a high-level, Australia-wide picture of 2010-11 notifications. Information about notifications in New South Wales will be separately published by the HPCA and the HCCC.

Some detailed analysis of notifications data managed by AHPRA and the National Boards in this annual report does not include analysis of New South Wales cases. AHPRA and the HPCA are working jointly to align data and definitions for future national reporting purposes.

Western Australia joined the National Scheme on 18 October 2010. Data on notifications under the National Law in Western Australia relates to the period since that date.

Given this is the first year of the national scheme, no comparison with previous years is possible. Future annual reports will publish comparative data to enable detailed trend analysis. AHPRA has an extensive program of work underway to ensure that common definitions and data sets are applied across AHPRA's work on notifications.

- 8,139 notifications in 2010-11 annual report
- data skew towards less serious matters

From 1 July 2011, the National Boards introduced a new classification system for notifications, which will change the categories of notifications reported in future annual reports, to better describe the type of issues of concern about practitioners' professional conduct, health and/or performance.

### 2011 data

The notifications data (published in detail from page 53) in the annual report is divided into four broad categories:

- matters lodged under the **National Law** between 1 July 2010 and 30 June 2011 that have been **closed** in the reporting period. In general, these are less complex cases that have been assessed and managed within 12 months and involved allegations about the least serious unprofessional conduct, health and performance of practitioners
- matters lodged under the **National Law** between 1 July 2010 and 30 June 2011 that remain **open** at the end of the reporting period. In general, these are more complex cases involving allegations of more serious unprofessional conduct, health and performance of registered practitioners. These matters take more time to assess and investigate and may not be resolved inside 12 months. This group of notifications also includes those lodged towards the end of the reporting period
- '**legacy**' matters that transitioned into the national scheme from former state and territory boards that have been finalised and **closed** in the reporting period. Because these matters are being managed under 65 different laws nationally, each with different requirements and sanctions, only limited information can be provided in the annual report about these matters
- '**legacy**' matters that transitioned into the national scheme from former state and territory boards that remain **open** at the end of the reporting period. In general, these are the most complex and serious cases that transitioned into the national scheme and are being progressed under the relevant laws previously in place in each jurisdiction.

There is a general skew in the detailed notifications data published in the 2010-11 annual report towards less serious complaints. This is because the most complete data set relates to National Law matters that have been closed in the 12-month reporting period, while most complex and serious matters are ongoing at 30 June 2011.



The notifications data from the 2010-11 annual report reveals:

- there were 8,139 notifications made nationally under the National Law, across the registered health professions, from 1 July 2010 to 30 June 2011 (including NSW)
- 4,122 (51%) notifications related to medical practitioners (including NSW), which represents 16% of all registered practitioners. To the extent that comparisons are possible, this appears consistent with previous reporting rates
- notifications about dental practitioners and nurses/midwives each account for about 16% of the total notifications made during the year, with 1,322 notifications made about dental practitioners (including dentists, dental therapists, dental hygienists, dental prosthetists and oral health therapists) who represent 3.4% of registered practitioners and 1,300 notifications about nurses and midwives who represent 63% of registered practitioners. Notifications about the remaining seven professions account for about 17% of notifications
- the smallest number of notifications was received about osteopaths, which is the profession with the fewest registrants (1,595 practitioners)
- in general, there is an expected geographic distribution of notifications in line with the registrant base. NSW is the state with the most practitioners and with the highest number of notifications (2,842)
- on average across the 10 professions, 98.7% of practitioners were not the subject of a notification, while 1.3% of registered practitioners were the subject of a notification
- most (1,903 or 36%) notifications were made by the community (patients or clients, self-reports, relatives or the public). A further 1,401 or 26% were referred through a health complaints entity, which under the National Law work with AHPRA to determine the most appropriate way to deal with a matter
- the National Boards closed 1,779 matters that transitioned into the national scheme on 1 July 2010 and a further 1,517 cases remained open at the end of the year.

#### Immediate action

Under the National Law, the National Boards have the power to take immediate action at anytime, to protect the health and safety of the public. Details about immediate actions taken by the National Boards are published from page 65 of the Annual Report.

Immediate action was taken on 209 matters during the year, excluding NSW. In 166 (79%) of these cases, the practitioner's registration was restricted in some way as a result.

#### Mandatory notifications

Mandatory notifications are a new feature of the National Law. Details about mandatory notifications are published from page 66 of the Annual Report. These data do not include NSW mandatory notifications:

- AHPRA received 428 mandatory notifications about registered health practitioners
- mandatory notifications represent 8% of all notifications received by AHPRA, representing a rate of 8.1 mandatory notifications per 10,000 registered practitioners
- 58% of mandatory notifications received related to nurses/midwives and 34% related to medical practitioners
- about 60% of mandatory notifications were made by employers and 40% by other providers
- under the National Law there are four grounds for a mandatory report: nearly 60% of mandatory notifications related to significant risk to the public from the practitioners' professional standards, about 30% on the grounds of impairment, about 7% in relation to sexual misconduct and 4.2% in relation to drugs and/or alcohol
- of the 428 mandatory notifications received, National Boards took immediate action in 74 cases (17%)
- of the 428 mandatory notifications, 379 were completed in the reporting year. Of these, the National Boards referred 58% for investigation, took no further action in 17% of cases and took immediate action in 6%.

#### Advertising

The National Law includes new powers in relation to advertising by registered health practitioners. National Boards have developed advertising guidelines that clarify the boards' expectations of practitioners in this area.

For many professions and in many jurisdictions, both the legal framework and the standards expected by the National Boards are different from those previously in place. As a result, for the first year of the national scheme, the boards have taken a largely educative approach to matters related to advertising, by helping practitioners understand the law and the new requirements set down in the guidelines of each National Board.

The coming year will see a more structured approach to addressing concerns about advertising. This will include an escalating series of warnings to practitioners, initially reminding them of their obligations about advertising and ultimately, possible prosecution for non-compliance with a board's standards.

If a National Board deems that a practitioner's failure to comply with a board's request warrants it, matters related to advertising can also be progressed through the conduct, health and performance pathways. AHPRA will also be working with the Australian Competition and Consumer Commission (ACCC) to ensure their work in relation to false and misleading advertising dovetails effectively in protecting the public with the approach of AHPRA and the National Boards.

Advertising as a category of notification is therefore not recorded in the types of notification received in 2010-11.

## Analysis: profession by profession

The 2010-11 annual report presents detailed information about registrations and notifications, presented by state and territory and by profession. Each National Board has also published a report of their work during the year.

A summary of data highlights for each profession is published in the media releases below. For context and explanation about how notifications and registrations are reported in the annual report, go to the summaries in this edition of AHPRA Report, or go direct to the 2010-11 annual report of AHPRA and the National Boards.

Summaries of information for each profession are published in the media releases below:

[Chiropractic 2011 annual report media release](#)

[Dental 2011 annual report media release](#)

[Medical 2011 annual report media release](#)

## – Data analysis by profession

[Nursing Midwifery 2011 annual report media release](#)

[Optometry 2011 annual report media release](#)

[Osteopathy 2011 annual report media release](#)

[Pharmacy 2011 annual report media release](#)

[Physiotherapy 2011 annual report media release](#)

[Podiatry 2011 annual report media release](#)

[Psychology 2011 annual report media release](#)

## State and territory roundup

The work of state and territory AHPRA offices, including detailed registration and notifications data by state and territory are published in the 2010-11 annual report.

Summaries of information for each state and territory are published in the media releases below.

[Australian Capital Territory 2011 annual report media release](#)

[New South Wales 2011 annual report media release](#)

[Northern Territory 2011 annual report media release](#)

[Queensland 2011 annual report media release](#)

[South Australia 2011 annual report media release](#)

## – Data analysis by state and territory

[Tasmania 2011 annual report media release](#)

[Victoria 2011 annual report media release](#)

[Western Australia 2011 annual report media release](#)

### Think before you print

#### Any comments?

If you have any comments about this report, please [email us](#).

Further information can be found on the Australian Health Practitioner Regulation Agency website at [www.ahpra.gov.au](http://www.ahpra.gov.au).

#### Australian Health Practitioner Regulation Agency

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