



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

Occupational therapy  
Optometry  
Osteopathy  
Pharmacy  
Physiotherapy  
Podiatry  
Psychology

Australian Health Practitioner Regulation Agency

# AHPRA REPORT

## Special 2011-12 Annual Report Edition AHPRA Report Edition 10, November 2012

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### CEO Message

Today we publish the **2011/12 annual report of AHPRA and the National Boards, reporting on the National Registration and Accreditation Scheme (the National Scheme)**.

At 160 pages, and jammed with information and data, the report reveals the scope of the work of the National Scheme and the extent of our reach into the Australian community. At the end of June 2012, there were more than 548,000 registered health practitioners. In October, after the four new professions entered the scheme on 1 July 2012, there were more than 560,000 registrants. This means that one in every 39 Australians is a registered health practitioner.

The numbers in the annual report are large, indicating that the National Scheme is working smoothly and at a scale never before undertaken in Australia in health practitioner regulation.

The number of registered health practitioners has increased by more than three per cent, or 18,000 more practitioners than in 2011, including 3,500 more medical practitioners. We renewed the registration of more than 557,000 health practitioners during the year. There are more than 110,000 registered students.

The number of notifications about practitioners is broadly stable, but there has been an increase in mandatory reporting, distributed unevenly across the states and territories. We sought more than 68,000 criminal history checks, with the registration of nine practitioners limited or refused as a result. We managed more than 450 complaints about advertising.



The data we collect are an invaluable resource. Consistent with the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), we publish and distribute these to help meet two of the core objectives of the National Scheme: protecting the public and facilitating the development of a flexible, responsive and sustainable workforce. National Boards use these data to shape policy development and inform standards of practice. Other organisations – including Health Workforce Australia, Medicare Australia, National E-Health Transition Authority (NEHTA) and major employers – use it to influence workforce planning and prioritise patient safety.

This special edition of *AHPRA Report* includes summaries of some of the key sections of the 2011/12 annual report and details the important work of the National Boards. This is outlined from page 15 in the annual report and includes 12 new or revised registration standards, more than 1,500 meetings and extensive policy development.

I commend to you the 2011/12 annual report of AHPRA and the National Boards.

## Overview

**Two years after the National Scheme assumed the responsibilities identified by COAG, we can reflect on the impact on health practitioners, employers and the Australian community.**

As we reported in last year's annual report, our first year was focused on setting the foundations, and developing the systems and procedures required to effectively deliver the National Scheme. Our second year has been about consolidation, strengthening key relationships and becoming more ambitious and innovative in what can be achieved by national regulation. Through our business planning, we are working towards making sure all our efforts strengthen consistency, capability and service.

We have made the transition from 37 regulatory bodies into one national organisation supporting the regulated professions. We had an ambitious improvement program at the start of 2011/12, and have seen giant steps taken towards our goals. These are detailed in the report on pages 53–70. A wide range of initiatives have been completed, are ongoing, or are planned in the coming years. All of these will continue to consolidate improvements to quality and productivity.

Our focus has been on implementing nationally consistent work processes that benefit the public and health practitioners. A major emphasis in 2011/12 has been to implement initiatives which support this, including embedding common policies, procedures and processes; building a consistent way of working across AHPRA's national and state and territory offices; and supporting the National Boards to provide a consistent national approach to regulation, wherever appropriate.

Major milestones during the year include:

- increasing the uptake of online registration renewal to consistently above 90%, making it easier for practitioners to renew



- rolling out new national processes for managing notifications throughout our network of state and territory offices
- increasing consistency and reducing unnecessary variation in administering the National Scheme, through standardised processes
- supporting all meetings with electronic 'paperwork', leading to savings and improved document security
- reducing both high mail/print costs and our environmental footprint through email renewal campaigns
- rationalising printing of registration certificates to reduce costs and improve sustainability
- facilitating multi-profession policy development, and
- establishing multiple data-exchange partnerships, for example with Health Workforce Australia and the Australian Institute of Health and Welfare, and Medicare Australia and NEHTA.

Another core focus this year has been on greater transparency in the work that AHPRA and the National Boards do. We remain committed to ensuring there is openness as far as possible in our processes and procedures, while meeting our regulatory responsibilities and operating lawfully. There is, at times, a fine balance between transparency and confidentiality in the National Law and we continue to work closely with National Boards to establish policy positions that manage these competing tensions in the public interest.

## Notifications and mandatory reporting

**With the second year of operation under the National Law, a more comprehensive national picture of notifications and outcomes under the law is emerging.**

The Health Professional Councils Authority in NSW has provided more extensive data about notifications about NSW practitioners than was possible in 2011. This has enabled us to present a more complete national snapshot. Although notifications about practitioners in NSW are managed separately, NSW is very much part of the National Scheme.

**7,594 notifications in 2012**

« The standards set by the National Boards also apply in NSW, so the expectations of practitioners are consistent across Australia.

The overall pattern of voluntary notifications appears to be similar to the previous year, with some variability within professions. There has been an increase in mandatory notifications.

There were 7,594 notifications (concerns) about health practitioners made in 2012; 775 of them were mandatory reports. The number and type of voluntary notifications made were broadly consistent with 2011. There was an increase in mandatory reports, especially in Queensland.

Notifications data – including extensive data tables – for 2012 are detailed from page 80 of the 2011/12 annual report.

However, this year AHPRA is advising caution in making comparisons with 2011 notifications data published and before asserting year-on-year trends. From 2012, we introduced a new notifications typology that better reflects the issues raised with National Boards and AHPRA, but which differs from the classification system used in the first year of the scheme. The integration of more data from NSW in the 2011/12 report creates a clearer national picture of notifications across the scheme, but limits the scope of direct year-on-year comparisons. The 2010/11 annual report data included some complaints about advertising and some initial inquiries that are not included in the 2012 data.

In general, these 2012 data show notifications are stable compared with last year – with some variability within professions. As expected, medical practitioners continue to be a major focus of notifications in the National Scheme, which is unsurprising given the complexity of modern medicine. The proportion of practitioners in each profession who are the subject of a notification is generally consistent with the previous year, except dental where there has been a decrease. The geographic distribution of notifications reflects the size and distribution of registrants across states and territories.

The types of concerns raised are consistent with 2011, with most notifications involving concerns about clinical care, followed by pharmacy/medications, communication, behaviour, and practitioner health/impairment. Most concerns (33%) continue to be raised directly by patients, relatives or the public, with another 27% raised through Health Complaints Entities (HCEs). AHPRA continues to work with HCEs nationally, to make sure the correct organisations manage the concerns raised. The *Memorandum of understanding* that underpins AHPRA's collaboration and cooperation with most HCEs is published on the [AHPRA website](#).

After detailed assessment and consideration by the relevant National Board, close to 80% of notifications made under the National Law were closed with no further action. This is consistent nationally, including in NSW. This figure appears relatively high and AHPRA and the National Boards will review international benchmarks during 2012–13 to enable comparisons with other regulatory authorities.

Analysis of National Law cases closed during the year shows that where action is taken, National Boards are using the increased powers and flexibility in the National Law, and protecting the public by issuing cautions or reprimands and seeking undertakings from practitioners which are published on the National Registers.

In 80% of matters where a National Board took immediate action, the practitioner's registration was restricted in some way. This suggests that the right matters are being referred to National Boards under this section of the National Law, enabling Boards to act quickly to protect the public.

### **Mandatory reporting**

There was a 27% increase in mandatory reporting during the year, from 428 to 589 outside NSW. Including NSW, there were 775 mandatory notifications made in 2012. Most mandatory reports continue to be about nurses and midwives and medical practitioners, the largest professions in the scheme. The reasons for mandatory reports continue to be about standards of care and impairment, with relatively fewer concerns raised about sexual misconduct and alcohol or drugs.

There is some variation by state in mandatory reporting, with an increase in Queensland and a slight reduction in Victoria. This year, we publish more profession-specific detail about mandatory reporting for the larger professions.

Analysis of mandatory notifications made under the National Law that were closed during the year indicates that National Boards took action in 39% of cases, compared to 20% in relation to notifications overall. This suggests that the more serious matters are being referred to National Boards as mandatory notifications.

National Boards took immediate action on 17% of mandatory reports made during the year, and restricted the practitioner's registration in 85% of these cases. The outcomes of closed mandatory notifications are detailed in the report and indicate general consistency nationally, including NSW.

There were 12 mandatory reports made during the year about registered students. Seven of these related to impairment, and five related to concerns about a student's skills, judgement, knowledge or skill, which are not grounds for a mandatory notification about students under the National Law. AHPRA continues to work with education providers about how mandatory reporting applies to students in the National Scheme.

## Registration highlights

**The core role of AHPRA and the National Boards is to protect the public and facilitate access to health services. One of the ways we do this is by making sure that only those practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.**

Each National Board considers every application for registration carefully and assesses it against the requirements for registration set in their registration standards and the National Law. Under the National Law, each Board sets registration standards, approved by Ministerial Council, which every registered health practitioner must meet. These standards are designed to ensure patient safety.

All National Boards have registration standards on CPD, criminal history, professional indemnity insurance, recency of practice and English language skills. Many Boards have developed additional registration standards, as well as codes, guidelines, policies and other supporting documents relevant to their profession.

The bulk of registration activity relates to managing applications from new applicants and renewal applications. However, the registration function also extends to include a wide range of other activities, from managing practitioners with limited and provisional registration, to issuing registration certificates and certificates of registration status. A core challenge in health practitioner regulation is balancing the sometimes competing priorities of workforce supply and the safety and quality of health services delivered to the Australian public.

Assessing and making determinations about eligibility for registration is not just an administrative process. To undertake its statutory role responsibly, AHPRA makes sure its processes support a thorough assessment of applications for registration in a timely way. The number of registered health practitioners in Australia increased by more than three per cent (18,000) to 548,000 by June 2012, including about 3,500 more doctors.

All professions experienced a growth in registration numbers since June 2011.

- Nursing and midwifery, the professions with the most practitioners (with 302,245 nurses, 2,187 midwives and 39,271 practitioners registered as both nurses and midwives), experienced an increase of 3.46% from June 2011.

**18,000 more practitioners than 2011, including 3,500 more doctors**

**One in every 39 Australians is a registered health practitioner**

- The number of medical practitioners, the second largest group (with 91,648 practitioners registered), increased by 3.8%.
- The number of psychologists increased by 1.7% to 29,645 practitioners.
- Pharmacist numbers increased by 2.3% to 26,548 practitioners.
- Physiotherapist numbers increased by 4.99% to 23,501 practitioners.
- Dentists, dental specialists, dental therapists, dental hygienists, oral health therapists and dental prosthetists, who make up the dental profession, increased in number by 4.19% to 19,087.

### In other highlights:

- AHPRA renewed the registration of 557,000 health practitioners during the year, including the biggest ever health practitioner renewal in Australia when more than 330,000 nurses and midwives renewed by May 2012
- 13% of all registered health practitioners are aged 50–54 years, and
- there were 58,620 practitioners with specialist registration across three professions (dental practice, medical practice and podiatry) on 30 June 2012. Of these, 1,541 practitioners were registered to practise in a dental specialty; 57,056 practitioners were registered to practise in a medical specialty; and 23 practitioners were registered to practise as podiatric surgeons.

More detail on registration data is published from page 70 of the [2011/12 annual report](#).

## Criminal history checks and advertising

**Under the National Law, 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 72 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 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.

The main points are summarised below.

- Of more than 68,000 criminal history checks conducted in 2012, 4,000 indicated a positive criminal history, 400 were assessed as having the potential to affect registration, and the registration of nine practitioners was restricted or refused as a result.
- There was an increase of about 16,000 in the number of criminal record checks requested, due to applications from practitioners in the four new professions who joined the National Scheme in July 2012. Data in the annual report on the outcome of criminal history checks do not include applications from these professions, as they were not regulated in the National Scheme during the reporting year.
- The overall percentage of 'disclosable court outcomes' reported was stable at 6% in 2011 and 2012.

There is variation between jurisdictions in the definition of criminal history, which explains variability in the rates of 'disclosable court outcomes' between states. AHPRA has been assured that there is consistency at the 'serious end' (for example, all serious criminal history is referred to the Boards). The variation is only in the extent of reporting minor offences, such as minor traffic infringements.

### Advertising

Under the National Scheme, registered health practitioners must meet the advertising requirements of the National Law, which includes a specific section on advertising (section 133) listing what is not acceptable, including (but not limited to):

- making misleading claims
- offering an inducement such as a gift or discount (unless the relevant terms and conditions are also included)

## 68,000 criminal history checks in 2012

- using testimonials
- creating unreasonable expectations of beneficial treatment, or
- encouraging the indiscriminate or unnecessary use of a service.

The National Boards have also published advertising guidelines to help practitioners understand and meet the Board's expectations. A registered practitioner, or a business providing a regulated health service, whose advertising breaches the National Law, may be liable for a \$5,000 penalty (for an individual) or \$10,000 (for a body corporate) if they do not comply.

A National Board has the power to address a persistent advertising breach through its conduct, health or performance pathways. This can lead to restrictions being placed on an individual's registration and ability to practise.

The approach to managing complaints includes sending an escalating series of written warnings to practitioners, initially reminding them of their obligations in relation to advertising. If practitioners fail to take corrective action, the National Board considers taking legal action against them for non-compliance with the National Board's standards and guidelines.

During 2011/12, AHPRA received a total of 459 advertising-related complaints. Of these, 382 were closed after confirmation that the alleged advertising breach was rectified and further action or prosecution was not warranted. There were 77 complaints in assessment at the end of the reporting year, to determine if the complaint warranted further investigation. No prosecutions related to advertising breaches were pursued in 2011/12.

## Finance

**AHPRA and the National Boards are pleased to report that the National Scheme is in a solid financial position at the end of 2012 and the year-end accounts received an unqualified audit opinion. The scheme is entirely funded by practitioners' registration fees and there is no cross-subsidisation between professions.**

At the end of the year, the equity position for all Boards is on track, both in terms of assessed level of risk and the plan to restore all Boards to a similar equity position to that held at the start of the scheme in July 2010.

The 2011/12 report includes more detailed reporting of National Board financial results, including income and expenses, net results for each Board, and a more detailed breakdown of each Board's equity position since the start of the National Scheme.

Nine National Boards recorded a small surplus and the Nursing and Midwifery Board of Australia a deficit.

The financial reports begin on page 107 of the annual report and notes on detailed reporting of Board finances are included in Note 13 on page 134.

Since the end of the reporting year and in the interests of transparency, National Boards have also published their Health Profession Agreements with AHPRA on their websites, accessible through the [AHPRA website at www.ahpra.gov.au](http://www.ahpra.gov.au).

## Advice and information

### Information online

Our [website](#) is a great place to start when you are looking for information on many different questions about the National Scheme. Try our new and improved search function to find the information you need quickly.

### Email advice

Submit an [online enquiry form](#) any time and we will get back to you as soon as possible. There are categories of enquiries to select, reflecting the most common information requests, including getting your user ID and password reissued, or checking your application status.

### Phone

Our customer service teams in each of our state and territory offices have a detailed knowledge and understanding of our rules, standards, guidance and advice. Call from within Australia on 1300 419 495 between 09:00am – 05:00pm local time or from overseas on +61 3 8708 9001 between 09:00am – 05:00pm Australian Eastern Standard Time Monday to Friday.

### State and territory offices

AHPRA has an office in each capital city. [Contact details](#) are published on our website.

### Publications and other information

National Boards produce registration standards, along with guidance and advice that expand on these standards, to support professional practice. We publish detailed information on the National Board websites about registration standards and a wide range of general news and information relevant to health practitioners. You can access all publications through the [AHPRA website](#) which provides a portal to the websites of the National Boards.

### Current consultations

The National Boards frequently seek feedback from the professions, the community and other stakeholders on a range of issues. Check the National Board websites regularly via the [AHPRA website](#) to keep up to date with current consultations.

## 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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