LOCAL DECISIONS –
NATIONAL SCHEME

Regulating health practitioners in the Northern Territory:

ANNUAL REPORT SUMMARY 2013/14

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

AHPRA

Aboriginal and Torres Strait Islander health practice
Chinese medicine
Chiropractic
Dental
Medical
Medical radiation practice
Nursing and Midwifery
Occupational therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

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

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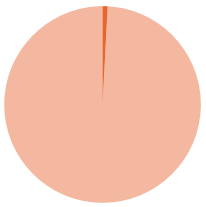
Regulating health practitioners in the Northern Territory

This year, for the first time, we offer this snapshot of our work regulating 6,650 health practitioners in the Northern Territory (NT).

This short report complements the more detailed, national profile included in the 2014 annual report of AHPRA and the National Boards.



NT practitioners account for

1.1%

of Australia's registered health workforce

There are now **6,650** registered health practitioners in the NT, compared to 5,581 in 2012

637

people applied for registration in the NT in 2014 – for the first time as a health practitioner or for a different type of registration

On 30 June 2014 there were **4,240** nurses and midwives, **1,084** medical practitioners, **230** psychologists, **212** pharmacists and **147** dental practitioners in the NT

There are **8** dental and **521** medical specialists in the NT

2.7%

of health practitioners in the NT are subject to a notification

We received **216** notifications about health practitioners in the NT during the year, including **8** mandatory notifications

There are **226** Aboriginal and Torres Strait Islander health practitioners in the NT, which is **66%** of all of these practitioners nationally

There has been a **58%** increase in notifications in the NT compared to a **16%** national increase

AHPRA is monitoring conditions on registration or undertakings from **95** NT practitioners

48% (104) of notifications were about clinical care, **12%** (25) about behaviour and **7%** (16) were concerns about health impairment

7 NT practitioners had their registration limited in some way or refused after a criminal history check

37% (80) of notifications were referred by the Health and Community Services Complaints Commission (HCSCC), **16%** (34) were received directly from patients, **14%** (31) from other practitioners and **8%** (18) from employers

NT boards and committees took 'immediate action' **19** times, leading to a restriction on registration in **5** (26%)cases

There was **1** tribunal decision handed down during the year, which led to disciplinary action

There were **4** notifications finalised by panels, with **3** (75%) resulting in restrictions on registration

76% of registered health practitioners in the NT are women

Notifications about practitioners with **5** National Boards – dental, medical, nursing and midwifery, pharmacy and psychology – account for **90%** of notifications in the NT

About the National Scheme

Who

The National Registration and Accreditation Scheme regulates more than 619,000 registered health practitioners across Australia.

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

The National Scheme makes sure that only practitioners who have the skills and qualifications to provide safe and ethical care are registered to practise in Australia.

What

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

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

The online national registers provide a single reference point for the community about the current registration status of all registered health practitioners in Australia, including current restrictions on practice.

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

The National Scheme is responsible for the quality education of health practitioners, by setting the framework for the accreditation of health practitioner education and training in Australia.

When

The National Scheme started in July 2010. Since then, there has been an increase in the number of registered practitioners, from 530,115 in June 2011 to 619,509 on 30 June 2014 (including four professions that entered the scheme in 2012).

Where

The National Scheme operates across Australia. It builds local decision-making into a national standards and policy framework. Every state and territory parliament has passed a nationally consistent law – the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), which came into effect on 1 July 2010 (and 18 October 2010 in Western Australia).

Why

Public safety is the most important purpose of regulation. Other objectives and guiding principles of the National Scheme are set down in the National Law.

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Foreword from the AHPRA Chair and CEO

One in every 20 working Australians is a registered health practitioner – or nearly 7,000 of all 242,600 people in the NT. All of us are patients from time to time. Directly or indirectly, regulation of health practitioners matters to us all.

Well-regulated practitioners are the foundation of a healthcare system that provides safe, high-quality healthcare. The legal framework set by governments when creating the National Law, is designed to protect patients and be fair to practitioners, while facilitating access to health services. In our regulatory work in the NT and nationally, we are committed to striking this carefully managed balance.

More about the work of the NT AHPRA office during the year, along with territory-specific data, is detailed in this report.

Local decision-making

The National Scheme anchors local decision-making to a national policy and standards framework. It provides robust public protection, economies of scale, and consistent standards that practitioners must meet. The scheme makes it clear what members of the community can expect from the people who provide their healthcare.

The vast majority of decisions about individual registered health practitioners are made locally. More than 86% of notifications are made about practitioners registered with four boards, which all have state, territory or regional boards or committees in place. This figure grows to 93% when including pharmacists who manage notifications through a national committee.

Territory board members are appointed by the Health Minister in the NT. The regional psychology board includes appointments from West Australia and South Australia. Board and committee members make decisions about local practitioners supported by the NT AHPRA office.

The complaints handling system relies on the Health and Community Services Complaints Commission (HCSCC), the Health Professional Review Tribunal, state, territory and regional boards and committees and AHPRA to deliver effective and timely outcomes and protect the public.

Performance

This year, in the NT and nationally, our priority focus has been on improving our management of notifications, our performance and accountability through measurement and reporting, and the experience of notifiers and practitioners subject to a notification.

Our investment in notifications management is delivering results. To better manage and measure our performance, we have introduced a set of key performance indicators (KPIs) for the timeliness of notifications management. The time it takes to assess and manage notifications is reducing. In the context of ongoing increases in the number of notifications we receive, this will remain a critical challenge for us to meet. We have robust processes in place to swiftly identify and manage serious risk to the public. In the NT this year, Boards took immediate action 19 times, limiting the practitioner's registration in some way in five cases (26%) as an interim step to keep the public safe.

During the year, the increase in notifications in the NT was 58%, higher than the national average increase of 16%. The NT team has managed this increased workload largely within existing resources.

Conclusion

The national standards and robust public protections that are a cornerstone of the National Scheme were made possible when governments across Australia led a world-first reform in health practitioner regulation. We recognise and value the ongoing support of the Minister and her department, stakeholders within the professions and wider health sector and the community. Building understanding and confidence in our work is an important element of our trustworthiness.

Improved community engagement has been a particular focus during the past year. Our Community Reference Group continues to add value and insight into our work with notifiers and health consumers more generally.

We look forward to continuing to work in partnership with National Boards and their state boards and committees to serve the community of the NT.

Michael Gorton AM, AHPRA Chair

Martin Fletcher, AHPRA CEO

Foreword from AHPRA's NT Manager, Jill Huck

It has been a year of significant achievement and action in the NT AHPRA office.

Local decisions, national framework

While the clear objective of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), is to establish a national registration and accreditation scheme (the National Scheme) for the regulation of health practitioners and students who are undertaking study and other training towards qualification in a health profession, the National Law also includes many provisions which ensure that there is continued local input into decision making.

Mechanisms to ensure local input include legislative requirements for the composition of the National Boards for each of the 14 health professions, with the larger boards required to have practitioner members from all jurisdictions, and the smaller boards required to have practitioner members from at least six jurisdictions.

The National Law also provides National Boards with the power to establish state, territory and regional boards, and for the relevant state or territory minister to appoint the members of these boards. The National Law also requires that there be a high level of consultation between the National Boards and the relevant state or territory health complaints entity, and that state and territory tribunals deal with referrals and hear appeals made under the scheme. The Intergovernmental Agreement to establish the National Scheme also included a commitment to have an AHPRA office in each state and territory to provide a local interface with applicants, practitioners and other stakeholders.

Of the 14 National Boards currently established under the National Scheme, three have established boards in all states and territories. These are the boards for medicine, nursing and midwifery, and psychology. A fourth National Board, dental, has established registration and notification committees in each state and territory. These state and territory boards and committees make decisions about individual applicants and practitioners in those jurisdictions. Please see the messages from the Chairs of NT boards and committees for more detail of the specific work of these local boards and committees.

Through these and other mechanisms (including delegations to AHPRA staff), the National Scheme delivers regulation locally, supported by a national policy, standards and systems.

Improving notifications management

There has been a 58% increase in the number of notifications received by the NT office during the year. This compares to a national increase of 16%. The NT increase predominately resulted from a steep rise in the number of notifications made about medical practitioners (an increase of 82%) and nurses and midwives (an increase of 34%), although some of the smaller professions also had significant rises.

After three years of increases, this appears to be an established trend, consistent nationally and internationally in healthcare and across other sectors. We are monitoring this increase both locally and nationally, to better understand the cause and make sure we respond effectively. In the NT, the increase appears to reflect an increased awareness among the general public, employers and other practitioners about notification and complaint processes, rather than deterioration in the conduct, performance or health of practitioners and/or students. That said, we note that very few notifications are frivolous, trivial or vexatious in nature, with the vast majority of notifications requiring careful consideration by staff, boards and committees.

AHPRA has focused considerable effort during the year to improve the management of notifications, particularly around timeliness issues. Initiatives have included the introduction of KPIs to enable us to measure and manage notifications. There is more detail on KPIs in the National Scheme annual report. This last year has also seen an increased focus on the experience of the notifier under the National Scheme, with a number of initiatives being considered for roll-out in the next 12 months.

Local initiatives to improve the management of notifications have included: a focused effort to clear the backlog of older notifications; regular meetings with key stakeholders such as the HCSCC; training for notifications staff in administrative law, profession specific and impairment issues; the development of an NT Notifications Action Plan for the NT Board of the Medical Board of Australia; and induction training for new NT board and committee members, panel members and staff.

Local staff members have also participated in national workshops, taskforces, conferences and projects working on improvements in the notifications area, including contributing to the development of regulatory principles, operational directives and initiatives aimed at improving the experience of notifiers under the National Scheme.

Working with our stakeholders

During the year, we have been in regular touch with many of our important stakeholders through written communication, meetings, stakeholder events and presentations.

Some of the formal meetings held during the year included meetings with: the HCSCC; senior staff in the NT Department of Health; senior staff in the Department of Attorney General and Justice; the President and Registrar of the NT Health Professional Review Tribunal; Medicare; the Coroner's Office; the Minister for Health; and the NT Branch of the Australian Nursing and Midwifery Federation.

Some of the stakeholders events held during the year have included stakeholder functions for: the NT/SA/WA Regional Psychology Board; the Dental Board of Australia; the Nursing and Midwifery Board of Australia; and the Pharmacy Board of Australia. In addition, the NT AHPRA office has held a number of cross-profession stakeholder functions around specific events or issues.

The NT office has also responded to a number of requests from stakeholders for presentations on various aspects of health practitioner regulation. Such requests have included presentations to: groups of senior staff in various agencies; students undertaking courses at Charles Darwin University; students undertaking courses with registered training providers; and participants in intern training programs. Our legal adviser, Eliza Collier, also presented a paper on health practitioner regulation at the CORO Conference of Regulatory Officers held in Darwin on 12 September 2013.

AHPRA's work with the general community will be a priority focus in 2015. Through our national stakeholder engagement program, we have ventured into social media initially by joining Twitter, expanded our options to participate in National Board consultations and are planning future work with non-English speaking communities. We continue to benefit from advice and challenge from our Community Reference Group and distribute information about the National Scheme through our online community of interest. This group has grown from the initial community briefings we held around Australia in 2012/13 and includes members from around Australia.

Local office, national contribution

In addition to organising and supporting the meetings of the NT boards and committees, the NT office also hosted meetings of the following National Boards in the last year: the Dental Board of Australia in July 2013; and the Nursing and Midwifery Board of Australia in September 2013 and May 2014. The Pharmacy Board of Australia also met in Darwin in May 2014 and the NT office assisted with some logistics associated with that meeting. Associated stakeholder functions arranged to coincide with these meetings have been mentioned earlier in this report.

As well as managing the applications for registration and endorsement from applicants based in the NT or undertaking NT courses, the NT office also receives and manages the applications for registration as Aboriginal and/or Torres Strait Islander health practitioners for all of Australia. The NT office also provides the secretariat support for the national Registration and Notification Committee of the Aboriginal and Torres Strait Islander Health Practice Board of Australia. As part of that commitment, the NT office fields queries about registration in that profession from across Australia and assists with stakeholder forums elsewhere in Australia where practicable. In this last year we have attended forums for this profession in both Adelaide and Brisbane.

Another area in which the NT office has contributed at a national level is in leading the work on the development of a nationally consistent approach to running performance and professional standards panels and health panels under the National Law, and the development of a national training program for panel members. I have chaired both the Panels Working Group and Panels Training Focus Group, which have carriage of these projects.

Senior staff members in the NT office have also participated on a range of national steering committees, projects, working groups and taskforces during the year and regularly provide input into consultations on policy and procedural issues.

These activities are all examples of our local contribution to the National Scheme. They demonstrate that AHPRA is maturing as an organisation, as increasingly we harness specialist skills in key areas and apply them nationally.

In closing I would like to note the high-quality work undertaken by staff, board and committee members in the NT and extend my sincere gratitude to them for their hard work, professionalism and commitment.

Jill Huck, NT Manager, AHPRA

PART 1:
Decision-making in the NT: Board and committee reports

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

The main focus of the NT committee of the Dental Board of Australia in 2014 was on managing risk to patients. We did this in two ways: making decisions about individual registered dentists after receiving notifications about them; and assessing complex applications for registration, often from overseas trained practitioners.

Data showing the work of the local committee are detailed in this report. More comprehensive information about the work of the Dental Board of Australia (the National Board) is included in the 2013/14 annual report of AHPRA and the National Boards.

As well as the National Board members from each jurisdiction, of which I am one, the state and territory committees are the local face of dental practitioner regulation in Australia. Our NT committee is made up of both practitioner and community members from the NT. The end of the year saw some changes in the composition of the NT committee, with the appointments of Dr Neil Lanceley and Dr Jeff Watts expiring and two new practitioner members, Dr Erna Melton and Dr Quentin Rahaus being appointed to the committee. Ms Joanna Pethick was reappointed as a community member of the committee.

The committee holds scheduled meetings quarterly, and meets as required to respond to urgent matters, often by phone. The local committee makes most decisions about dental practitioners in our region, supported by the local AHPRA office. The decisions the committee makes are guided by the national standards and policies set by the National Board.

The local committee provides important feedback to the National Board on its standards and policies. It has therefore been helpful to hold a dual role as both the Chair of the local committee and as the NT practitioner member on the National Board. This maximises opportunities for information exchange locally and nationally, and has supplemented other opportunities to engage with the National Board about the national policy framework.

Working with our stakeholders has been a priority during the year. With the AHPRA NT Manager, the committee hosted a function for local dental practitioners and stakeholders when the National Board held a meeting in Darwin in July 2013. In addition, local stakeholders were attended a number of cross-profession stakeholder meetings and functions at AHPRA during the year. The visit of the National Board to Darwin created an opportunity to educate National Board members about oral health issues in remote Aboriginal communities. NT Oral Health Services hosted a visit of National Board members to a health clinic on the Tiwi Islands.

Along with the National Board and all state and territory committees, the main priority for the year ahead for the NT committee is to implement the regulatory principles. As Chair, I am also looking forward to participating in the National Board's bi-annual dental conference to be held in May 2015 where all committee members have a chance to discuss, reflect and learn in order to improve the quality of our decisions.

I thank my colleagues on the NT committee for their energy and commitment to the people of the NT during the year. Thanks must go to those members who finished their term on 30 June 2014, Dr Neil Lanceley and Dr Jeffrey Watts.

Dr Mark Leedham, Chair, NT Registration and Notification Committee, Dental Board of Australia

Dr John Lockwood AM, Chair, Dental Board of Australia

Members of the NT Registration and Notification Committee

Dr Mark Leedham (Chair)

Dr Neil Lanceley

Ms Joanna Pethick

Dr Jeffery Watts

NT Board of the Medical Board of Australia: Chair's message

It has been a year of considerable progress for the NT Board of the Medical Board of Australia.

As ever, our core focus was on public safety as we made decisions about individual medical practitioners. These decisions fall into two broad categories: complex applications for registration which require detailed individual assessment and decisions about what action should be taken in respect of notifications. In both situations, the Board assesses the risks to the public involved and makes decisions to manage the identified and potential risks.

The decisions we make in the NT are guided by the national standards and policies set by the Medical Board of Australia (the National Board). In effect, local boards are making decisions about local practitioners, supported by a local AHPRA office, in a national framework.

During the year, the NT Board has spent considerable time and effort working with the National Board, with all other state and territory medical boards, and with AHPRA to improve our management of notifications. This has involved, among other things, participating in a national taskforce on medical notifications, developing a an NT Action Plan on the management of notifications, carefully analysing our current performance, identifying opportunities for improvement and working with the NT HCSC about ways to improve how our two organisations work together to appropriately manage complaints and notifications. In undertaking these tasks we have been mindful that our management of notifications must be timely, efficient, effective and appropriate. This includes looking very closely at the experience of notifiers and how we can make our communications with them more informative, easier to understand and more timely. I am looking forward to reporting on the benefits of this work in 2015.

During the year the NT Board has continued to provide advice to the Minister and her delegate about the declaration of new Area of Need localities in the NT. The NT Board has also engaged in early, constructive discussions with the NT Department of Health about improving the process for the declaration of Area of Need localities. The NT Board has also continued to accredit prevocational training for junior doctors at the two NT teaching hospitals.

Working with our stakeholders has been another priority during the year. With the NT Manager of AHPRA, Jill Huck, we have engaged in formal meetings with a range of local stakeholders including representatives from the NT Department of Health, the HCSC and a range of other stakeholders. In addition to the medical-specific meetings, local stakeholders were invited to, and attended, a number of cross-profession stakeholder meetings and functions at AHPRA during the year.

We have also recently started planning for a more structured program of consultation and dialogue with local stakeholders and professional associations, which we will implement over the coming year.

I would like to thank my colleagues on the NT Board for their energy and commitment to the people of the NT during the year. I would also like to formally acknowledge the contribution of Dr Ameeta Patel and Ms Judith Dikstein, both of whom completed their terms on the Board on 30 June 2014.

This NT report has provided a snapshot of regulation at work in the NT in the last year. It complements the comprehensive, profession-specific information published in the annual report of AHPRA and the National Boards for 2013/14. I commend that report to you.

Dr Charles Kilburn, Chair, NT Board, Medical Board of Australia

Dr Joanna Flynn AM, Chair, Medical Board of Australia

Members of the NT Board

Dr Charles Kilburn (Chair)

Dr Jennifer Delima

Ms Judith Dikstein

Ms Helen Egan

Dr Paul Helliwell

Dr Verushka Krigovsky

Dr Ameeta Patel

Ms Diane Walsh

Dr Christine Watson

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

In 2014, the NT Board of the Nursing and Midwifery Board of Australia (the NT Board) continued to focus on public safety as we made decisions about individual nurses and midwives. These may be decisions about complex applications for registration which require detailed individual assessments, or deciding what actions we need to take to manage risk to the public as a result of notifications.

The decisions we make in the NT are guided by the national standards and policies set by the Nursing and Midwifery Board of Australia (the National Board) and by the principles for assessing applications for registration and notifications, which were recently developed jointly by national and state and territory board members. These policies and regulatory guidelines inform the decisions we make in the NT about local practitioners, supported by AHPRA's NT office.

During the year, the NT Board has worked closely with our colleagues on the National Board and on other state and territory boards, through monthly teleconferences of state and territory board chairs and workshops on nursing and midwifery regulation. This important partnership will continue and supports a nationally consistent approach to managing and making decisions about notifications and registration issues for nurses and midwives. The work will be continued at the inaugural Nursing and Midwifery Board Member Conference to be held in November 2014.

To ensure that members are performing their roles as regulators competently and ethically, the NT Board has supported continuing professional development (CPD) activities for members. In May 2013 several members attended an International Council of Nurses Conference in Melbourne. The conference enabled members to learn more about nursing regulation, health trends, challenges and nurse professionalism on a global scale. Three NT Board members also attended the National Registration and Accreditation Scheme Combined Meeting in 2013, with the theme 'Regulating in the Public Interest'.

Our work with stakeholders has been another priority during the year. The National Board held its meetings in Darwin in September 2013 and May 2014. Stakeholder forums were organised around these events to provide colleagues interested in nursing and midwifery regulation with an opportunity to meet Board members and to discuss related issues. These events were very well attended by professional and educational bodies, as well as key nursing and midwifery staff. Nursing and midwifery stakeholders also attended a number of meetings and functions at AHPRA that shared knowledge and expertise across the professions involved in the National Scheme.

In September 2013, two NT Board members attended a midwifery workshop hosted by the National Board, to gather feedback and share knowledge about regulatory issues facing midwifery in Australia.

In addition to the stakeholder events involving NT Board members, AHPRA's NT Manager, Jill Huck, with senior AHPRA staff, ran a number of education sessions for senior nurses and midwives and nursing students. These were designed to increase knowledge and awareness of the important ways that regulation contributes to patient safety in the NT. During the year, AHPRA staff also met with other nursing and midwifery stakeholders, including the Australian Nursing and Midwifery Federation and the Northern Territory Chief Nursing and Midwifery Officer.

The NT Board was proud to sponsor the award for Excellence in Enrolled Nursing at the 2014 Northern Territory Nursing and Midwifery Excellence Awards on 9 May 2014. The award was presented by the Chair of the NT Board, Ms Angela Brannelly. This is the second year that the NT Board has sponsored a prize at this event, having sponsored the 'Living Legend' category in 2013.

I would like to thank all my colleagues on the NT Board for their unwavering energy and commitment to the people of NT during the last year.

I would particularly like to thank the outgoing Chair, Ms Angela Brannelly, for her tremendous efforts chairing the NT Board over the past eight years. Ms Brannelly has extensive knowledge and experience in nursing and midwifery regulation, and her ongoing membership of both the NT Board and the National Board will be invaluable over the coming year. As the new Chair of the NT Board, I appreciate the mentoring Ms Brannelly has provided to me since I was appointed Deputy Chair in 2012.

This snapshot of regulation at work in the NT complements the comprehensive, profession-specific information published in the annual report of AHPRA and the National Boards for 2013/14.

Ms Angela Bull, Chair, NT Board of the Nursing and Midwifery Board of Australia

Dr Lynette Cusack, Chair, Nursing and Midwifery Board of Australia

Members of the NT Board

Ms Angela Brannelly (Chair to 30 June 2014 and member of the Nursing and Midwifery Board of Australia)

Ms Angela Bull (Chair from 1 July 2014)

Mr Ross Ashcroft

Ms Denise Brewster-Webb

Dr Therese Kearns

Ms Gay Lavery

Ms Kim Packer (nee Ball)

Dr Brian Phillips

Ms Heather Sjoberg

NT, SA and WA Regional Board of the Psychology Board of Australia: Chair's message

The year 2014 was a very busy one for the regional board of the Psychology Board of Australia, which serves communities in the NT, South Australia (SA) and Western Australia (WA).

The work of the Psychology Board of Australia is detailed in the annual report of AHPRA and the National Boards, which provides a national snapshot of the work the Board does to regulate the psychology profession in Australia.

The regional board is the local face of psychology regulation in our region. Our board is made up of practitioner and community members from the NT, SA and WA. The decisions we make about psychologists in our region are guided by the national standards and policies set by the Psychology Board of Australia. Our Board is supported by AHPRA's office in WA, with assistance from teams in SA and the NT.

The main focus of the regional board during the year was on public safety, as we made decisions about individual psychologists. Most of our work considers what action we need to take to manage risk to the public as a result of a notification. Another priority is assessing complex applications for registration.

Along with our interstate and national colleagues, this year we reviewed the effectiveness of our current regional board structure in dealing with the day-to-day work of regulating the psychology profession. This involved analysing the consistency of decision-making across regional boards to make sure there was no unnecessary variation in outcomes, processes or policies needed to keep the public safe. We wanted to make sure we were using resources prudently, that we were communicating effectively with the National Board about serious conduct matters and making good decisions. As a result of the review, we will be maintaining a regional board structure and working with AHPRA to support consistent, robust decision-making that reflects the regulatory principles endorsed by National Boards across the National Scheme.

Another priority in the year ahead will be continuing work with the National Board to support a smooth transition to the new overseas qualifications assessment framework. In addition to local meetings and events, an important development was the meeting of all regional psychology boards with the National Board. This provided an opportunity to

share and compare regional and rural resolutions with other jurisdictions. This has complemented our regular monthly teleconference meeting of all regional chairs with the National Board Chair, to discuss local problems and share solutions.

Working with our stakeholders in this region has been another feature of the year. With AHPRA's state and territory managers in the NT, SA and WA, we have continued to build local relationships. The NT/SA/WA Regional Board held its May 2014 meeting in Adelaide and its July 2013 meeting in Darwin. These meetings provided further opportunities to discuss local issues. As well as our routine regional meetings and speaking engagements, we hosted the National Board forum in Adelaide in November 2013.

I thank my colleagues on the NT/SA/WA Regional Board for their energy and commitment to the people of the NT, SA and WA during the year, in particular, my Deputy Chairs Ms Janet Stephenson (SA) and Dr Shirley Grace (NT). Dr Alison Bell (SA) completed her term on the Board and I wish to thank her for her hard work and support.

I hope you find this profile of our work in the region interesting.

Associate Professor Jennifer Thornton, Chair, NT/SA/WA Regional Board of the Psychology Board of Australia

Professor Brin Grenyer, Chair, Psychology Board of Australia

Members of the NT/SA/WA Regional Board

Associate Professor Jennifer Thornton (Chair)

Ms Alison Bell

Ms Judith Dikstein

Dr Shirley Grace

Associate Professor David Leach

Dr Neil McLean

Mr Theodore Sharp

Ms Claire Simmons

Mrs Janet Stephenson

Pharmacy Board of Australia: Chair's message

The Pharmacy Board of Australia makes decisions about the 212 registered pharmacists in the NT. To make sure we have local knowledge informing our decisions, there are practitioner members of the Board from each state and territory and a community member from each of four states. Ms Bhavini Patel is the practitioner member from the NT on the National Board.

The Board has established a notifications committee to make decisions about individual registered pharmacists in the NT, guided by the standards and policies set by the National Board. In addition to five core members from the National Board, there are two representatives from each state and territory on this committee. Those members alternate attendance at meetings and assist in the decision-making on matters from their respective jurisdictions. This strategy helps to make sure decisions are both nationally consistent and locally relevant. The work of this committee is increasing, along with the number of notifications made about registered pharmacists.

During the year, the Board continued its work with stakeholders in the NT. We also drew on the skills and expertise of local pharmacists, who support the Board through their participation as examiners for the national pharmacy examination.

The Board sought the views of the community and practitioners in the NT during the year in public consultations that reviewed a number of registration standards, codes and guidelines that have been in place since the start of the National Scheme. Next year, we will be looking for more contributions when we come to review other important regulatory guidelines

Data showing the work of the Board in the NT are detailed in this report. More comprehensive information about the work of the Pharmacy Board of Australia nationally is included in the 2013/14 annual report of AHPRA and the National Boards.

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

National Boards and committees making local decisions

The other National Boards in the National Scheme have taken a different approach to decision-making about local practitioners.

Keeping a close eye on the cost of regulation, along with the risk profile, complexity and size of their profession, many of these Boards established national committees to make decisions about local practitioners.

National Board members are appointed from each state and territory. National committees are appointed by the Boards on merit and include Board members in most cases. Additional members may be appointed to bring specific professional or jurisdictional expertise when this is needed. Oversight of these committees by the National Boards supports consistent and robust decision-making that keeps the public safe.

Using national committees is an important way to cut the cost of regulation for these professions, while maintaining the benefits of scale and public protection provided by the National Scheme. National Boards also work closely with our network of state and territory managers, so they can monitor and respond to any state or territory-specific issues for their professions.

National Boards engaged with local stakeholders in a range of ways during the year, including:

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

For more information about the work of National Boards during the year, read the 2013/14 annual report of AHPRA and the National Boards.

The National Board Chairs

Mr Peter Pangquee
Chair, Aboriginal and Torres Strait Islander Health Practice Board of Australia

Professor Charlie Xue
Chair, Chinese Medicine Board of Australia

Dr Phillip Donato OAM
Chair, Chiropractic Board of Australia

Mr Neil Hicks
Chair, Medical Radiation Practice Board of Australia

Dr Mary Russell
Chair, Occupational Therapy Board of Australia

Mr Colin Waldron
Chair, Optometry Board of Australia

Dr Robert Fendall
Chair, Osteopathy Board of Australia

Mr Paul Shinkfield
Chair, Physiotherapy Board of Australia

Ms Catherine Loughry
Chair, Podiatry Board of Australia

PART 2:
The National Scheme at work in the NT

NT data snapshot: registration and notifications

Background

These data are drawn from the 2013/14 annual report of AHPRA and the National Boards. It looks at national data through an NT lens, to tell more about our work in this state to keep the public safe.

This NT snapshot provides information about the number of practitioners in each profession in the NT, including a breakdown by registration type, registration division (for professions with divisions), information about specialties (for dental and medical practitioners), and endorsements or notations held. We also provide a gender breakdown of practitioners, by profession.

We provide national comparisons, to see how the NT compares to the national average, and so that the relativity can be better seen. When possible, we provide a three-year history of data, so we can identify and track emerging trends over time. We also include a breakdown of data by profession in some cases.

We also include information about notifications in NT. These include details of notifications received and closed during the year, as well as those remaining open at the end of the reporting year. Details of mandatory reports received and immediate actions taken are included as well as information on the rate of notifications and mandatory notification within the territory.

We publish the source of notifications, as there are different patterns across states and territories. Again, we offer a three-year history when possible, as well as a breakdown by profession. National data and comparisons against national data are included. In general, the national data includes data about notifications in NSW, except when categories used differ between NSW and the other states and territories. NSW is a co-regulatory jurisdiction.

More comprehensive data are published in the 2013/14 annual report of AHPRA and the National Boards, which also includes more comprehensive profession-specific information.

Registration in the NT

Tables 1–6 provide details of registered practitioners in the NT. On 30 June 2014 there were 6,650 registered practitioners in the NT, representing 1.1% of all practitioners registered nationally. This proportion has varied very little over three years. By profession, the proportion of registrants in the NT ranges from osteopaths, with 0.1% of the registrant base in NT, to Aboriginal and Torres Strait Islander health practitioners with 65.9% of the registrant base in the NT. For the professions with more practitioners, the proportion with NT as the principal place of practice more closely reflects the distribution of practitioners nationally, with pharmacists and psychologists both at 0.7% of the national total, and nurses and medical practitioners both at 1.1% of the national total.

Details of registration applications received in 2013/14 are provided in Table 7. In 2013/14, 1.1% of the applications received nationally were received in the NT. This is consistent with the 1.1% of the registrant base with NT as the principal place of practice.

Table 1: Registered practitioners with NT as the principal place of practice[1]

Profession	NT	National Total [5]	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner [2]	226	343	65.9%
Chinese Medicine Practitioner [2]	14	4,271	0.3%
Chiropractor	24	4,845	0.5%
Dental Practitioner	147	20,707	0.7%
Medical Practitioner	1,084	99,379	1.1%
Medical Radiation Practitioner [2]	116	14,387	0.8%
Midwife	55	3,230	1.7%
Nurse	3,647	327,388	1.1%
Nurse and Midwife [3]	538	31,832	1.7%
Occupational Therapist [2]	137	16,223	0.8%
Optometrist	29	4,788	0.6%
Osteopath	1	1,865	0.1%
Pharmacist	212	28,282	0.7%
Physiotherapist	173	26,123	0.7%
Podiatrist	17	4,129	0.4%
Psychologist	230	31,717	0.7%
Total 2013-14	6,650	619,509	1.1%
Total 2012-13 [2]	6,354	592,470	1.1%
Total 2011-12	5,581	548,528	1.0%
Population as a proportion of national population [4]	242,600	23,319,400	1.0%

Notes:

1. Data are based on registered practitioners as at 30 June 2014.
2. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.
3. Practitioners who hold dual registration as both a nurse and a midwife.
4. Based on ABS Demographics Statistics as at 30 December 2013.
5. National total also includes registrants who have no specified principal place of practice.

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

Profession	NT	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner	226	343	65.9%
General	226	343	65.9%
Chinese Medicine Practitioner	14	4,271	0.3%
General	14	4,149	0.3%
Non-practising		122	
Chiropractor	24	4,845	0.5%
General	23	4,577	0.5%
Non-practising	1	268	0.4%
Dental Practitioner	147	20,707	0.7%
General	138	18,320	0.8%
General and Specialist	6	1,586	0.4%
Limited		324	
Non-practising	2	446	0.4%
Specialist	1	27	3.7%
General and Limited [1]		4	
Medical Practitioner	1,084	99,379	1.1%
General	451	32,389	1.4%
General (Teaching and Assessing)		34	
General (Teaching and Assessing) and Specialist		2	
General and Specialist	370	48,118	0.8%
Limited	91	4,347	2.1%
Limited (Public Interest - Occasional Practice)		399	
Non-practising	3	2,477	0.1%
Provisional	63	3,846	1.6%
Specialist	106	7,767	1.4%
Medical Radiation Practitioner	116	14,387	0.8%
General	111	13,500	0.8%
Limited		3	
Non-practising	1	197	0.5%
Provisional	4	687	0.6%
Midwife	55	3,230	1.7%
General	55	3,173	1.7%
Non-practising		57	
Nurse	3,647	327,388	1.1%
General	3,615	323,284	1.1%
General and Non-practising [2]		13	
Non-practising	32	4,091	0.8%
Nurse and Midwife	538	31,832	1.7%
General	531	30,111	1.8%
General and Non-practising [3]	4	1,122	0.4%
Non-practising	3	599	0.5%
Occupational Therapist	137	16,223	0.8%
General	135	15,599	0.9%
Limited		115	
Non-practising	2	471	0.4%
Provisional		38	
Optometrist	29	4,788	0.6%
General	28	4,654	0.6%
Limited		3	
Non-practising	1	131	0.8%
Osteopath	1	1,865	0.1%
General	1	1,791	0.1%
Non-practising		73	
Provisional [4]		1	
Pharmacist	212	28,282	0.7%
General	188	25,455	0.7%
Limited	1	17	5.9%
Non-practising	4	964	0.4%
Provisional	19	1,846	1.0%
Physiotherapist	173	26,123	0.7%
General	169	25,093	0.7%
Limited	3	264	1.1%
Non-practising	1	766	0.1%
Podiatrist	17	4,129	0.4%
General	17	4,017	0.4%
General and Specialist		27	
Non-practising		85	
Psychologist	230	31,717	0.7%
General	194	26,219	0.7%
Non-practising	4	1,390	0.3%
Provisional	32	4,108	0.8%
Total	6,650	619,509	1.1%

Notes:

1. Practitioners holding general or specialist registration and limited/ provisional registration for a registration sub type or division within the same profession.
2. Practitioners holding general registration in one division and non-practising registration in another division.
3. Practitioners holding general registration in one profession and non-practising registration in the other profession.
4. Osteopathy Board has introduced a category of provisional registration in 2013-14.

continued overleaf

Table 3: Registered practitioners who hold an endorsement or notation with NT as the principal place of practice

Profession	NT	National Total	% of National Total
Chiropractor		33	
Acupuncture		33	
Dental Practitioner	2	86	2.3%
Conscious sedation	2	86	2.3%
Medical Practitioner	1	412	0.2%
Acupuncture	1	412	0.2%
Nurse [1]	24	1,975	1.2%
Midwife Practitioner			
Nurse Practitioner	14	1,087	1.3%
Scheduled Medicines	10	888	1.1%
Midwife [1]	2	364	0.5%
Eligible Midwife [2]	2	247	0.8%
Midwife practitioner		1	
Scheduled Medicines		116	
Optometrist	13	1,753	0.7%
Scheduled Medicines	13	1,753	0.7%
Osteopath		2	
Acupuncture		2	
Physiotherapist		9	
Acupuncture		9	
Podiatrist		64	
Scheduled Medicines		64	
Psychologist	39	9,221	0.4%
Area of Practice	39	9,221	0.4%
Total	81	13,919	0.6%

Notes:

1. Nurse and midwife registrants may hold dual nursing and midwifery registration and may have endorsements against each registration. Nursing and midwifery registrants may hold one or more endorsement/notation in each profession.
2. Holds notation of Eligible Midwife.

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

Profession	NT	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner [1]	226	343	65.9%
Female	161	251	64.1%
Male	65	92	70.7%
Chinese Medicine Practitioner	14	4,271	0.3%
Female	10	2,279	0.4%
Male	4	1,992	0.2%
Chiropractor	24	4,845	0.5%
Female	5	1,799	0.3%
Male	19	3,046	0.6%
Dental Practitioner	147	20,707	0.7%
Female	75	9,932	0.8%
Male	72	10,775	0.7%
Medical Practitioner	1,084	99,379	1.1%
Female	530	39,963	1.3%
Male	554	59,416	0.9%
Medical Radiation Practitioner	116	14,387	0.8%
Female	74	9,694	0.8%
Male	42	4,693	0.9%
Midwife	55	3,230	1.7%
Female	54	3,219	1.7%
Male	1	11	9.1%
Nurse	3,647	327,388	1.1%
Female	3,080	290,178	1.1%
Male	567	37,210	1.5%
Nurse and Midwife	538	31,832	1.7%
Female	512	31,242	1.6%
Male	26	590	4.4%
Occupational Therapist	137	16,223	0.8%
Female	124	14,872	0.8%
Male	13	1,351	1.0%
Optometrist	29	4,788	0.6%
Female	15	2,404	0.6%
Male	14	2,384	0.6%
Osteopath	1	1,865	0.1%
Female		986	
Male	1	879	0.1%
Pharmacist	212	28,282	0.7%
Female	132	17,015	0.8%
Male	80	11,267	0.7%
Physiotherapist	173	26,123	0.7%
Female	120	18,082	0.7%
Male	53	8,041	0.7%
Podiatrist	17	4,129	0.4%
Female	9	2,515	0.4%
Male	8	1,614	0.5%
Psychologist	230	31,717	0.7%
Female	170	24,996	0.7%
Male	60	6,721	0.9%
Total	6,650	619,509	1.1%

Notes:

1. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.

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

Profession	NT	National Total	% of National Total
Chinese Medicine Practitioner	14	4,271	0.3%
Acupuncturist	10	1,630	0.6%
Acupuncturist and Chinese Herbal Dispenser [1]		5	
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner [1]		503	
Acupuncturist and Chinese Herbal Medicine Practitioner [1]	4	2,019	0.2%
Chinese Herbal Dispenser		41	
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner [1]		14	
Chinese Herbal Medicine Practitioner		59	
Dental Practitioner	147	20,707	0.7%
Dental Hygienist	6	1,298	0.5%
Dental Hygienist and Dental Prosthetist [1]		3	
Dental Hygienist and Dental Prosthetist and Dental Therapist [1]		2	
Dental Hygienist and Dental Therapist [1]	7	493	1.4%
Dental Hygienist and Oral Health Therapist [1]		1	
Dental Prosthetist	3	1,209	0.2%
Dental Prosthetist and Dental Therapist [1]		1	
Dental Therapist	17	1,093	1.6%
Dentist	106	15,638	0.7%
Dental Hygienist and Dentist [1]		6	
Oral Health Therapist	8	963	0.8%
Medical Radiation Practitioner	116	14,387	0.8%
Diagnostic Radiographer	101	11,103	0.9%
Diagnostic Radiographer and Nuclear Medicine Technologist [1]		16	
Diagnostic Radiographer and Radiation Therapist [1]		2	
Nuclear Medicine Technologist	4	1,012	0.4%
Radiation Therapist	11	2,254	0.5%
Nurse	3,647	327,388	1.1%
Enrolled Nurse	413	61,301	0.7%
Enrolled Nurse and Registered Nurse [1]	49	5,022	1.0%
Registered Nurse	3,185	261,065	1.2%
Nurse and Midwife	538	31,832	1.7%
Enrolled Nurse and Midwife [1]		55	
Enrolled Nurse and Registered Nurse and Midwife [1]		54	
Registered Nurse and Midwife [1]	538	31,723	1.7%
Total	4,462	398,585	1.1%

Notes:

1. Practitioners who hold dual or multiple registration.

Table 6: Health practitioners with specialties at 30 June 2014 [1]

Profession	NT	National Total	% of National Total
Dental Practitioner	8	1,667	0.5%
Dento-maxillofacial radiology		11	
Endodontics		154	
Forensic odontology	1	27	3.7%
Oral and maxillofacial surgery	2	201	1.0%
Oral medicine		36	
Oral pathology		25	
Oral surgery		48	
Orthodontics	4	597	0.7%
Paediatric dentistry		114	
Periodontics		214	
Prosthodontics	1	207	0.5%
Public health dentistry (Community dentistry)		16	
Special needs dentistry		17	
Medical Practitioner	521	61,171	0.9%
Addiction medicine	3	166	1.8%
Anaesthesia	40	4,495	0.9%
Dermatology	1	489	0.2%
Emergency medicine	31	1,567	2.0%
General practice	226	23,624	1.0%
Intensive care medicine	10	796	1.3%
Paediatric intensive care medicine		2	
No subspecialty declared	10	794	1.3%
Medical administration	7	331	2.1%
Obstetrics and gynaecology	14	1,814	0.8%
Gynaecological oncology		43	
Maternal-fetal medicine	1	39	2.6%
Obstetrics and gynaecological ultrasound		80	
Reproductive endocrinology and infertility		53	

Profession	NT	National Total	% of National Total
Urogynaecology		30	
No subspecialty declared	13	1,569	0.8%
Occupational and environmental medicine	1	300	0.3%
Ophthalmology	5	935	0.5%
Paediatrics and child health	22	2,315	1.0%
Clinical genetics		22	
Community child health		35	
General paediatrics	17	1,744	1.0%
Neonatal and perinatal medicine		145	
Paediatric cardiology	1	22	4.5%
Paediatric clinical pharmacology		1	
Paediatric emergency medicine		37	
Paediatric endocrinology		20	
Paediatric gastroenterology and hepatology		19	
Paediatric haematology		7	
Paediatric immunology and allergy		11	
Paediatric infectious diseases	1	15	6.7%
Paediatric intensive care medicine		5	
Paediatric medical oncology		18	
Paediatric nephrology		5	
Paediatric neurology		28	
Paediatric palliative medicine		2	
Paediatric rehabilitation medicine		5	
Paediatric respiratory and sleep medicine		23	
Paediatric rheumatology		11	
No subspecialty declared	3	140	2.1%
Pain medicine		251	
Palliative medicine	2	275	0.7%
Pathology	9	2,276	0.4%
Anatomical pathology (including cytopathology)	3	821	0.4%
Chemical pathology		89	
Forensic pathology	1	43	2.3%
General pathology	2	502	0.4%
Haematology	2	460	0.4%
Immunology		111	
Microbiology	1	211	0.5%
No subspecialty declared		39	
Physician	66	9,089	0.7%
Cardiology	6	1,200	0.5%
Clinical genetics		70	
Clinical pharmacology		51	
Endocrinology	6	582	1.0%
Gastroenterology and hepatology	3	763	0.4%
General medicine	10	1,753	0.6%
Geriatric medicine	2	574	0.3%
Haematology	2	485	0.4%
Immunology and allergy	1	143	0.7%
Infectious diseases	12	368	3.3%
Medical oncology	2	553	0.4%
Nephrology	12	482	2.5%
Neurology	1	526	0.2%
Nuclear medicine		249	
Respiratory and sleep medicine	4	610	0.7%
Rheumatology	1	347	0.3%
No subspecialty declared	4	333	1.2%
Psychiatry	15	3,329	0.5%
Public health medicine	24	435	5.5%
Radiation oncology	2	358	0.6%
Radiology	3	2,220	0.1%
Diagnostic radiology	3	1,902	0.2%
Diagnostic ultrasound		4	
Nuclear medicine		184	
No subspecialty declared		130	
Rehabilitation medicine	3	454	0.7%
Sexual health medicine	1	115	0.9%
Sport and exercise medicine	1	115	0.9%
Surgery	35	5,422	0.6%
Cardio-thoracic surgery		200	
General surgery	17	1,895	0.9%
Neurosurgery		226	
Oral and maxillofacial surgery	3	105	2.9%
Orthopaedic surgery	7	1,313	0.5%
Otolaryngology - head and neck surgery	3	474	0.6%
Paediatric surgery		98	
Plastic surgery	2	428	0.5%
Urology	1	399	0.3%
Vascular surgery	1	215	0.5%
No subspecialty declared	1	69	1.4%
Podiatrist		27	
Podiatric Surgeon		27	
Total	529	62,865	0.8%

Notes:

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

Table 7: Applications received by profession and registration type

Profession	NT	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner [1]	23	85	27.1%
General	22	84	26.2%
Non-practising	1	1	100.0%
Chinese Medicine Practitioner [1]	3	696	0.4%
General	3	624	0.5%
Limited		1	
Non-practising		71	
Chiropractor		370	
General		318	
Limited		7	
Non-practising		45	
Dental Practitioner	6	1,907	0.3%
General	5	1,399	0.4%
Limited		291	
Non-practising	1	133	0.8%
Specialist		84	
Medical Practitioner	258	15,425	1.7%
General	81	5,152	1.6%
General (Teaching and Assessing)		6	
Limited	65	3,289	2.0%
Limited (Public Interest - Occasional Practice)		1	
Non-practising	5	439	1.1%
Provisional	60	3,842	1.6%
Specialist	47	2,696	1.7%
Medical Radiation Practitioner [1]	12	1,700	0.7%
General	11	1,042	1.1%
Limited		2	
Non-practising	1	85	1.2%
Provisional		571	
Midwife	28	1,704	1.6%
General	26	1,377	1.9%
Non-practising	2	327	0.6%
Nurse	217	24,147	0.9%
General	202	22,879	0.9%
Non-practising	15	1,268	1.2%
Occupational Therapist [1]	8	2,204	0.4%
General	5	1,807	0.3%
Limited	1	79	1.3%
Non-practising	2	313	0.6%
Provisional		5	
Optometrist	1	262	0.4%
General	1	235	0.4%
Limited		4	
Non-practising		23	
Osteopath		211	
General		167	
Limited		7	
Non-practising		31	
Provisional		6	
Pharmacist	39	3,313	1.2%
General	22	1,609	1.4%
Limited	1	46	2.2%
Non-practising		130	
Provisional	16	1,528	1.0%
Physiotherapist	11	2,332	0.5%
General	7	2,003	0.3%
Limited	4	184	2.2%
Non-practising		145	
Podiatrist	2	380	0.5%
General	2	348	0.6%
Non-practising		29	
Provisional		1	
Specialist		2	
Psychologist	29	4,053	0.7%
General	13	1,645	0.8%
Limited		2	
Non-practising		394	
Provisional	16	2,012	0.8%
Total 2013-14	637	58,789	1.1%
Total 2012-13	831	63,113	1.3%
Total 2011-12 [1]	963	79,355	1.2%

Notes:

1. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012. AHPRA opened applications for these professions in March 2012. States and territories where registers of practitioners existed migrated to AHPRA in July 2012, while states or territories with no registers accepted applications for registration.

Notifications in the NT

Notifications in the NT are detailed in Tables 8–19. In 2013/14, 216 notifications were lodged in the NT, representing 2.1% of all notifications received nationally. This is a slight increase on the 1.6% of national notifications in previous years, but represents a 58% increase in notifications in the NT, compared to a 16% national increase.

Mandatory notifications received in the NT decreased in 2013/14, with eight notifications received; 0.7% of the national figure, down from 10 in the previous year. The number of mandatory notifications received has decreased slightly each year since 2011/12 when 13

notifications were received. The percentage of the registrant base with notifications in the NT at 2.7% is higher than the national average of 1.4%. The rate of mandatory notifications at 12 per 10,000 practitioners is lower than the national average of 15.8 notifications per 10,000 practitioners.

A large proportion of notifications (104) were about clinical care (see Table 11), which is consistent with the national pattern. More notifications (80) were received from the health complaints entity (HCE) in the jurisdiction than from any other single source (see Table 12).

Boards took 'immediate action' – as an interim step to keep the public safe – in 19 cases in 2013/14. In three of these cases, boards imposed conditions on registration, and in a further two cases the Board accepted an undertaking given by the practitioner. In 14 cases the Board determined that no further action was required to keep the public safe, pending other regulatory action.

There is one notification in the NT that was received before the start of the National Scheme in 2010 and remained open at 30 June 2014.

Table 8: Notifications received or closed in 2013/14 or remaining open at 30 June 2014, by profession [1]

	All Received			Mandatory Received			Closed			Open at 30 June		
Profession	NT	National Total	% of National Total	NT	National Total	% of National Total	NT	National Total	% of National Total	NT	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner [5]	6	6	100.0%				5	5	100.0%	3	3	100.0%
Chinese Medicine Practitioner [5]		26						28	0.0%		15	
Chiropractor	1	111	0.9%		7			89	0.0%	1	97	1.0%
Dental Practitioner	14	951	1.5%	1	26	3.8%	13	1,015	1.3%	15	441	3.4%
Medical Practitioner	109	5,585	2.0%	2	351	0.6%	63	5,515	1.1%	66	2,631	2.5%
Medical Radiation Practitioner [5]		28			8			28	0.0%		15	
Midwife	2	110	1.8%	1	34	2.9%	5	103	4.9%		87	
Nurse	55	1,900	2.9%	4	590	0.7%	49	1,774	2.8%	33	1,118	3.0%
Occupational Therapist [5]	2	43	4.7%		9		1	41	2.4%	1	20	5.0%
Optometrist	1	66	1.5%		2		1	66	1.5%		18	
Osteopath		11						14	0.0%		13	
Pharmacist	10	514	1.9%		55		5	464	1.1%	6	365	1.6%
Physiotherapist	10	134	7.5%		14			104	0.0%	10	73	13.7%
Podiatrist		54			4			58	0.0%		28	
Psychologist	5	487	1.0%		45		4	484	0.8%	3	313	1.0%
Not identified [2]	1	21	4.8%				2	15	13.3%			
2014 Total [3, 4]	216	10,047	2.1%	8	1145	0.7%	148	9803	1.5%	138	5,237	2.6%
2013 Total [5]	137	8,648	1.6%	10	1013	1.0%	124	8,014	1.5%	67	5,099	1.3%
2012 Total [6]	86	7,594	1.1%	13	775	1.7%	89	6,209	1.4%	45	4,521	1.0%

Notes:

1. Based on state and territory where the notification is handled for registrants who do not reside in Australia.
2. Profession of registrant is not always identifiable in the early stages of a notification.
3. Data include some cases where early enquiries were received in 2012/13 but information to support a formal notification was only received in 2013/14.
4. The process for recording of notifications received from health complaints entities and jointly considered with AHPRA has been modified this reporting year to ensure consistency of reporting across all jurisdictions.
5. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.
6. NSW data revised since initial publication.

Table 9: Percentage of registrant base with notifications received in 2013/14, by profession[1]

Profession	NT	2014 Total
Aboriginal and Torres Strait Islander Health Practitioner [4]	2.7%	1.7%
Chinese Medicine Practitioner [4]		0.6%
Chiropractor	4.2%	2.0%
Dental Practitioner	8.8%	4.0%
Medical Practitioner	8.3%	4.9%
Medical Radiation Practitioner [4]		0.2%
Midwife [2]	0.3%	0.3%
Nurse [3]	1.1%	0.5%
Occupational Therapist [4]	1.5%	0.3%
Optometrist	3.4%	1.3%
Osteopath		0.6%
Pharmacist	4.7%	1.7%
Physiotherapist	2.9%	0.5%
Podiatrist		1.2%
Psychologist	2.2%	1.4%
2014 Total	2.7%	1.4%
2013 Total [4]	1.8%	1.3%
2012 Total	1.4%	1.2%

Notes:

Notes:

1. Percentages for each state and profession are based on registrants whose profession has been identified and whose principal place of practice is an Australian state or territory. Notifications when the profession of the registrant has not been identified and registrants whose principal place of practice is not in Australia are only represented in the state and profession totals above.
2. The registrant base used for midwives includes registrants with midwifery or with nursing and midwifery registration.
3. The registrant base for nurses includes registrants with nursing registration or with nursing and midwifery registration.
4. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.

Table 10: Registrants involved in mandatory notifications by jurisdiction

	2013/14		2012/13[1]		2011/12	
	No. practitioners[2]	Rate / 10,000 33practitioners[3]	No. practitioners[2]	Rate / 10,000 practitioners[3]	No. practitioners[2]	Rate / 10,000 practitioners[3]
Northern Territory	8	12	9	14.2	13	23.3
Total Australia	976	15.8	951	16.1	732	13.3

Notes:

1. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.
2. Figures present the number of practitioners involved in the mandatory reports received.
3. Practitioners with no principal place of practice are not represented in the calculation of a rate for each state but are included in the calculation of the total Australia rate.

Table 11: Issues in notifications received in 2013/14

Issue	NT	National Total	% of National Total
Behaviour	25	392	6.4%
Billing	1	240	0.4%
Boundary violation	5	308	1.6%
Clinical care	104	4,049	2.6%
Communication	8	894	0.9%
Confidentiality	7	233	3.0%
Conflict of interest		19	
Discrimination	2	16	12.5%
Documentation	4	445	0.9%
Health impairment	16	885	1.8%
Infection/hygiene	1	50	2.0%
Informed consent		77	
Medico-legal conduct	1	88	1.1%
National Law breach	1	201	0.5%
National Law offence	7	139	5.0%
Offence	7	300	2.3%
Other	6	240	2.5%
Pharmacy/medication	13	904	1.4%
Research/teaching/assessment		16	
Response to adverse event		14	
Teamwork/supervision	4	60	6.7%
Not recorded	4	477	0.8%
Total	216	10,047	2.1%

continued overleaf

Table 12: Source of notifications received in 2013/14

Issue	NT	National Total (excluding NSW) [1]	% of National Total (excluding NSW)
Anonymous	6	171	3.5%
Drugs and poisons		53	
Education provider		23	
Employer	18	639	2.8%
Government department	5	74	6.8%
HCE	80	1,991	4.0%
Health advisory service		14	
Hospital		14	
Insurance company	1	9	11.1%
Lawyer		30	
Member of Parliament		2	
Member of the public	17	308	5.5%
Ombudsman		1	
Other board	2	38	5.3%
Other practitioner	31	679	4.6%
Own motion	13	285	4.6%
Patient	34	1,529	2.2%
Police		36	
Relative	4	492	0.8%
Self	2	189	1.1%
Treating practitioner		87	
Unclassified	3	143	2.1%
Total	216	6,811	3.2%

Notes:

1. The national total excludes NSW data as the categorisation of 'source' differs between NSW and the remaining states and territories.

Table 13: Immediate action cases about notifications received in 2013/14

Outcomes	NT	National Total	% of National Total
Not take immediate action	14	140	10.0%
Accept undertaking	2	93	2.2%
Impose conditions	3	309	1.0%
Accept surrender of registration		3	
Suspend registration		110	
Decision pending		8	
Total	19	663	2.9%

Table 14: Notifications under previous legislation open at 30 June 2014, by profession

Profession	NT	National Total	% of National Total
Chinese Medicine Practitioner		5	
Chiropractor		2	
Dental Practitioner		3	
Medical Practitioner	1	49	2.0%
Medical Radiation Practitioner		2	
Midwife			
Nurse		9	
Osteopath		1	
Pharmacist		7	
Physiotherapist		2	
Psychologist		11	
Not identified			
Total 2014[1]	1	91	1.1%
Total 2013	5	242	2.1%
Total 2012	32	517	6.2%

Notes:

1. Since the 2012/13 annual report a number of cases have been identified that were previously reported as National Law cases and should be reported as prior law cases. They have been included in the 2013/14 data.

Tables 15–19 detail the outcomes of key stages in the notifications process during 2013/14. The national data in these tables do not include data for NSW. Most enquiries received (199 or 81%) were considered to meet the criteria to be progressed as a notification (see Table 15).

In most cases when assessment was finalised during 2013/14, boards determined that further action was required (111); a smaller number were closed following assessment (88) (see Table 16). Of the 111 cases where boards decided to take further regulatory action after assessment, 94% were referred to investigation and the rest to a health or performance assessment. Of the 88 cases closed after assessment, in 47 cases (53%) boards decided no further regulatory action was needed to manage risk to the public, 25 (28%) were referred to the Health and Community Services Complaints Commission (HCSCC), and 15 (17%) led to disciplinary action.

In the 50 investigations finalised during the year (see Table 17), one resulted in referral to a panel hearing and three to a tribunal hearing; the remaining investigations resulted in closure of the case (46). Of these, 36 cases were closed with the Board determining that no further action was required (35) or referring all or part of the case to another body. Six of the cases closed with a caution issued to the practitioner and in four cases conditions were imposed on the practitioner.

Four cases were closed following a panel hearing: two resulting in suspension of registration; in one case conditions were imposed on the practitioner's registration; and one case resulted in no further action. The single case that closed following a tribunal hearing resulted in conditions imposed on the practitioner's registration.

Table 15: Outcomes of enquiries received in 2013/14 (excluding NSW)

Outcomes	NT	National Total (excl NSW)	% of National Total
Moved to notification	199	6,621	3.0%
Closed at lodgement	19	1,196	1.6%
Yet to be determined	27	227	11.9%
Total	245	8,044	3.0%

Table 16: Outcomes of assessments completed in 2013/14 (excluding NSW)

Outcome of decisions to take the notification further	NT	National Total (excl NSW)	% of National Total
Health or performance assessment	7	324	2.2%
Investigation	104	2,055	5.1%
Panel hearing		27	
Tribunal hearing		16	
Total	111	2,422	4.6%
Outcome of notifications closed following assessment	**NT**	**Total**	
No further action	47	2,550	1.8%
Health complaints entity to retain	25	1,342	1.9%
Refer all of the notification to another body	1	10	10.0%
Caution	10	366	2.7%
Accept undertaking	2	58	3.4%
Impose conditions	3	58	5.2%
Practitioner surrenders registration		3	
Total	88	4,387	2.0%

Table 17: Outcomes of investigations finalised in 2013/14 (excluding NSW)

Outcomes	NT	National Total (excl NSW)	% of National Total
Health or performance assessment		41	
Panel hearing	1	242	0.4%
Tribunal hearing	3	190	1.6%
Total	4	473	0.8%
Outcome of notifications closed following investigation	**NT**	**Total**	
No further action	35	989	3.5%
Refer all or part of the notification to another body	1	12	8.3%
Caution	6	304	2.0%
Accept undertaking		67	
Impose conditions	4	96	4.2%
Practitioner surrenders registration		1	
Total	46	1,469	3.1%

Table 18: Outcome of panel hearings finalised in 2013/14 (excluding NSW)

Outcomes	NT	National Total (excl NSW)	% of National Total
No further action	1	55	1.8%
Caution		57	
Reprimand		26	
Accept undertaking		2	
Impose conditions	1	82	1.2%
Practitioner surrenders registration		2	
Suspend registration	2	4	50.0%
Total	4	228	1.8%

Table 19: Outcome of tribunal hearings finalised in 2013/14 (excluding NSW)

Outcomes	NT	National Total (excl NSW)	% of National Total
No further action		14	
Caution		1	
Reprimand		35	
Fine registrant		7	
Accept undertaking		6	
Impose conditions	1	25	4.0%
Practitioner surrenders registration		2	
Suspend registration		12	
Cancel registration		12	
Not permitted to re-apply for registration for a period of 12 months		1	
Permanently prohibited from undertaking services relating to midwifery		1	
Total	1	116	0.9%

Registrants under active monitoring at the end of the reporting year are detailed in Table 20. Cases in the NT accounted for 3.4% of the registrants under active monitoring (95 registrants). Most of these registrants are medical practitioners (33) or nurses (32).

Table 20: Active monitoring cases at 30 June 2014 by profession (excluding NSW)

Profession	NT	National Total (excl NSW)	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner	16	17	94.1%
Chinese Medicine Practitioner	1	124	0.8%
Chiropractor		34	
Dental Practitioner	2	150	1.3%
Medical Practitioner	33	987	3.3%
Medical Radiation Practitioner		106	
Midwife	3	35	8.6%
Nurse	32	908	3.5%
Occupational Therapist		87	
Optometrist	1	8	12.5%
Osteopath		10	
Pharmacist		145	
Physiotherapist	2	66	3.0%
Podiatrist		19	
Psychologist	5	131	3.8%
Total	95	2,827	3.4%

Table 21 provides an overview of cases when a criminal history check undertaken resulted in, or contributed to, the imposition of conditions by a Board or undertakings given by a practitioner. There were six cases in NT in 2013/14. In a further case, the criminal history check contributed to a decision to refuse registration.

Table 21: Cases in 2013/14 where a criminal history check resulted in, or contributed to, imposition of conditions or undertakings, by profession

Profession	NT	Total 2013/14	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner	1	1	100.0%
Chinese Medical Practitioner			
Chiropractor		1	
Dental Practitioner		1	
Medical Practitioner	1	11	9.1%
Midwife		1	
Nurse	4	48	8.3%
Pharmacist		8	
Physiotherapist		2	
Podiatrist		1	
Psychologist		2	
Total 2013/14	6	76	7.9%
Total 2012/13	2	27	7.4%

Keeping the public safe: monitoring

Health practitioners and students may have restrictions placed on their registration for a range of reasons including as a result of a notification, the assessment of an application for registration or a renewal of registration, or after an appeal lodged with a tribunal. Types of restrictions being monitored include:

Drug and alcohol screening – requirements to provide biological samples for analysis for the presence of specified drugs and/or alcohol.

Health – requirements to attend treating health practitioner(s) for the management of identified health issues (including physical and psychological/psychiatric issues).

Supervision – restrictions that allow require a health professional to practise only if they are being supervised by another health practitioner (usually registered in the same profession). The restrictions detail the form of the supervision.

Mentoring – requirements to engage a mentor to provide assistance, support and guidance in addressing issues, behaviours or deficiencies identified in skills, knowledge, performance or conduct.

Chaperoning – restrictions that allow patients generally, or specific groups of patients, to be treated or examined only when a suitable third party is present.

Audit – requirements for a health practitioner to submit to an audit of their practice, which may include auditing records and/or the premises from which they practise.

Assessment – requirements that a health practitioner or student submits to an assessment of their health, performance, knowledge, skill or competence to practise their profession.

Practice and employment – requirements that a practitioner or student does, or refrains from doing, something in connection with their practice of their profession (for example, restrictions on location, hours or scope of practice, or rights in respect of particular classes of medicines).

Education and upskilling – requirements to attend or complete a (defined) education, training or upskilling activity, including prescribed amounts of continuing professional development.

Character – requirements that a health practitioner or student remain of good character for a specified period of time (for example, that no further notifications are received regarding them).

A health practitioner or student may simultaneously have restrictions of more than one type and/or category in place on their registration at any time.

NOTES

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