

LOCAL DECISIONS – NATIONAL SCHEME

Regulating health practitioners
in Western Australia:

ANNUAL REPORT SUMMARY 2013/14

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



Australian Health Practitioner Regulation Agency

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

Regulating health practitioners in Western Australia

This year, for the first time, we offer this snapshot of our work regulating just over 64,000 health practitioners in Western Australia (WA).

This short report complements the more detailed, national profile included in the 2013/14 annual report of AHPRA and the National Boards.



6,249
people applied for registration as a health practitioner in WA in 2014

On 30 June 2014 there were **36,800** nurses and midwives, **9,889** medical practitioners, **3,340** psychologists, **3,207** physiotherapists, **3,046** pharmacists and **2,422** dental practitioners in WA

There are **167** dental and **5,822** medical specialists in WA

1.1% of health practitioners in WA are subject to a notification

We received **750** notifications about health practitioners in WA during the year, including **88** mandatory notifications

AHPRA is monitoring conditions on registration or undertakings from **370** WA practitioners

There has been a **32%** increase in notifications in WA, compared to a **16%** national increase
There has been a **7%** drop in the number of mandatory notifications received in WA

41% of notifications in WA are about clinical care, **9%** about pharmacy/medication, and **5%** for both documentation and possible health impairment

14 WA practitioners had their registration limited or refused in some way after a criminal history check

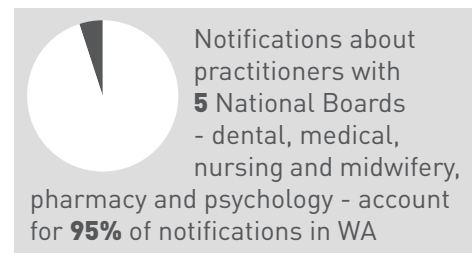
38% of notifications were made by patients, **11%** by employers, **10%** by relatives and **8%** were referred by the Health and Disability Services Complaints Office (HaDSCO). **10%** of notifications were initiated by National Boards

WA boards and committees took 'immediate action' **72** times, leading to a restriction on registration in **64** cases (89%)

There were **43** cases closed after a tribunal hearing, with **42** (98%) resulting in disciplinary action

There were **69** notifications closed following panel hearings, with **42** cases (61%) resulting in disciplinary action

78% of registered health practitioners in WA are women



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. A 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 (October in WA). 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 new 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 64,000 of all 2,550,900 West Australians. 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 WA and nationally, we are committed to striking this carefully managed balance.

More about the work of the WA AHPRA office during the year, along with state-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 89% of notifications are made about practitioners in four professions, which all have state, territory or regional boards or committees in place. This figure grows to 95% when including pharmacists who manage notifications through a national committee.

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

More widely, the notifications and complaints handling system relies on close working relationships with the [Health and Disability Services Complaints Office \(HaDSCO\)](#), the State Administrative Tribunal (SAT), state, territory and regional boards and committees and AHPRA to deliver effective and timely outcomes and protect the public.

Performance

This year, in WA 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 WA this year, National Boards took immediate action 72 times, limiting the practitioner's registration in some way in 64 cases (89%) as an interim step to keep the public safe. During the year, the increase in notifications in WA was 32%, significantly higher than the national average increase of 16%. The WA 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 his 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 Western Australia.



Michael Gorton AM, AHPRA Chair



Martin Fletcher, AHPRA CEO

Foreword from AHPRA's WA State Manager, Robyn Collins

It's been a year of significant achievement and action in the WA AHPRA office.

Highlights for 2013/14:

- Regulating WA's 64,000 registered health practitioners, in partnership with National Boards.
- Managing a 32% increase in notifications, compared with a 16% increase nationally.
- Managing a nearly 50% increase in matters referred for immediate action by boards.
- Hosting AHPRA's national quality business assurance function.

Local decisions, national framework

Close to 95% of all notifications are made about practitioners in five professions – medical, nursing and midwifery, dental, pharmacy and psychology. Four of these Boards have state, territory or regional boards or committees, which make all decisions about individual practitioners. Read more about the work of WA Boards and committees in this report.

More generally, all National Boards must have one member from WA to provide insight into local issues that are brought to the attention of a National Board.

Through these and other mechanisms (including local delegations), supported by local AHPRA offices in every state and territory, regulation in the National Scheme is delivered locally, supported by a national policy, standards and systems.

There are now 64,015 health practitioners registered under the National Scheme who name WA as their principal place of practice. This reflects more than 3% growth in the number of registered health practitioners in WA over the last 12 months.

At the end of the nursing and midwifery renewal period, 96.64% of West Australian nurses and midwives renewed their registration, with 96.6% completing their renewal online.

Improving notifications management

There has been a 32% increase in the number of notifications received in WA during the year, compared with a national 16% increase. After three years of consistent increase, this appears to be an established trend, consistent nationally and internationally in healthcare and across other sectors. We are monitoring this both locally and nationally, to better understand the cause and make sure we respond effectively.

We have focused a lot of effort during the year to improve our management of notifications and the notifiers' experience of the National Scheme and our initiatives appear to be paying off. These initiatives have included introducing KPIs to enable us to measure and manage the timeliness of our investigation of notifications. We will be introducing this approach into our management of registrations during 2015. More detail on this is in the annual report of AHPRA and the National Boards for 2013/14.

Working with our stakeholders

During the year, we have been in regular contact with many of our important stakeholders, listening to their ideas on ways we can improve, making opportunities to respond to feedback and talking about the National Scheme.

We held several meetings with our local professional associations, spoke regularly with HaDSCO and the Chief Nurse and Midwifery Officer, along with Postgraduate Medical Education and the Workforce Division at the Department of Health. We also met with the Department of Corrective Services and gave numerous presentations to a range of key stakeholders.

Our work with the community will continue to be a priority in 2015. More widely 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 liaising with our Community Reference Group and distribute information about the National Scheme through our online community. This group has grown from the initial community briefings we held around Australia in 2012/13 and includes members from WA.

Local office, national contribution

The day-to-day business of most of the team in the WA office is to manage our core regulatory functions of registration and notifications, and support our local boards and committees.

WA also hosts Quality (Business) Assurance as a national function. This is a great example of local contribution to the National Scheme. It demonstrates how we are maturing as an organisation, as we increasingly harness specialist skills in key areas and apply them nationally. The WA-based Manager of Quality (Business) Assurance supports the governing national committee to implement national quality assurance activities in core business areas. This work

will be able to demonstrate that AHPRA is doing what it is supposed to be doing, and is doing it correctly and consistently in all states and territories.

WA led the project to review and reset the percentage allocation to National Boards of AHPRA's costs. This work involved collecting data from and working with all AHPRA's state and territory offices. The discipline of the process and the subsequent data analysis ensures boards and practitioners that the proportion of AHPRA costs that each Board pays in 2014/15 will accurately reflect the work performed for them.

The WA office played a significant role in developing a national approach to implementing the Psychology Board of Australia's policy on the assessment of case studies, pending changes to general registration requirements that will come in after 30 June 2015 as a result of the introduction of a national psychology examination.

I would like to extend my sincere gratitude and thanks to the hardworking team in the WA office for their dedication, professionalism and commitment to regulation excellence.



Robyn Collins, WA State Manager,
AHPRA

PART 1:

Decision-making in WA: Board and committee reports

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

It has been a year of considerable progress for the WA 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: either complex applications for registration which require detailed individual assessment; or what action is required to manage risk to the public as a result of a notification.

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

During the year, the WA Board has spent a lot of time and effort working with the Medical Board nationally, with all other state and territory Medical Boards and with AHPRA to further improve our management of notifications. This has involved careful analysis of our current performance, and identifying opportunities for doing our work better and more effectively. We have looked very closely at the experience of notifiers, and how we can make our communication more straightforward, easy to understand, and more timely. I am looking forward to reporting on the benefits of this work in 2015.

Working with our stakeholders has been another priority during the year. With the WA State Manager, Robyn Collins, we have met with the Medical Workforce Council, the Australian Medical Association and the Department of Health. We have held regular meetings with HaDSCO and there has also been regular attendance at WA Registration Committee meetings by the Postgraduate Medical Council.

I thank my colleagues on the WA Board for their energy and commitment to the people of WA during the year.

This WA report provides a snapshot of regulation at work in our state over 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 it to you.



Professor Con Michael AO, Chair
Western Australia Board, Medical
Board of Australia



Dr Joanna Flynn AM, Chair, Medical
Board of Australia

Members of the WA Board

Professor Con Michael AO (Chair)

Ms Nicoletta Ciffolilli

Ms Prudence Ford

Dr Frank Kubicek

Dr Michael McComish

Dr Mark McKenna

Professor Stephan Millett

Dr Steven Patchett

Ms Virginia Rivalland

Professor Bryant Stokes AM

Adjunct Professor Peter Wallace OAM

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

The main focus of the WA committee of the Dental Board of Australia in 2013/14 was on managing risk to patients. We did this in two ways: making decisions about individual registered dentists after receiving a notification about them; and assessing the most 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 nationally is included in the 2013/14 annual report of AHPRA and the National Boards.

As well as the National Board members from each jurisdiction, the WA committee is the local face of dental practitioner regulation in WA. Our local committee is made up of practitioner and community members from WA. The decisions the committee makes are guided by the national standards and policies set by the Dental Board of Australia. The local committee makes most decisions about dental practitioners in our region, supported by the local AHPRA office, in a national policy framework.

Our committee is in a position to provide invaluable feedback to the National Board on its standards and policies. As Chair of the local committee, I attended a number of National Board meetings throughout the year. These meetings create opportunities to discuss how the National Board policies influence our decision-making at the local level. The opportunities to engage with the National Board continue to grow to support the national policy framework.

Along with the National Board and all its committees, the main priority for the year ahead for the WA committee is to implement the regulatory principles of the National Scheme. As Chair, I am also looking forward to participating in the National Board's biennial dental conference to be held in May 2015, when all committee members will have a chance to discuss, reflect and learn to improve the quality of our decisions.

We have endeavoured to engage with our stakeholders during the year. Along with the WA State Manager, Robyn Collins, we have liaised with representatives of the WA branch of the Australian Dental Association to ensure that as many registered practitioners as possible renewed their registration on time.

Mr Graham Devenish was appointed to the WA committee as a practitioner member from 1 July 2013 and Mr Michael Piu was appointed as a community member from 1 July 2013. Thank you to Dr Martin Glick, whose term expired on 30 June 2013, for his dedication and hard work on the committee as a practitioner member.

I thank my colleagues on the WA Registration and Notification Committee for their energy and commitment to the people of WA during the year.

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



Dr Gerard Parkinson, Chair,
WA Registration and Notification
Committee, Dental Board of Australia



Dr John Lockwood AM, Chair, Dental
Board of Australia

Members of the WA Registration and Notification Committee

Dr Gerard Parkinson (Chair)

Dr Susan Anderson

Ms Bronwyn Davies

Mr Graham Devenish

Mr Michael Piu

Dr Simon Shanahan

Pharmacy Board of Australia: Chair's message

The Pharmacy Board of Australia (the National Board) makes decisions about the 3,000 registered pharmacists in WA. 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. Mrs Rachel Carr is the practitioner member from WA on the National Board.

The Board has established a notifications committee to make decisions about individual registered pharmacists in WA, 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 WA. We also draw 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 WA 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 WA 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

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

2014 was a very busy year for the regional board of the Psychology Board of Australia, which serves communities in the Northern Territory (NT), South Australia (SA) and 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 2014 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 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 interesting.



Associate Professor Jennifer Thornton, Chair, 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

Ms Claire Simmons

Mr Theodore Sharp

Mrs Janet Stephenson

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

In 2014, the WA Board of the Nursing and Midwifery Board of Australia continued to focus on public safety, making decisions about individual nurses and midwives. These may be decisions about complex applications for registration which require detailed individual assessment, or deciding what action is required to manage risk to the public as a result of a notification.

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

During the year, the WA Board has worked closely with our colleagues on the National Board and on other state and territory boards, through monthly state and territory teleconferences of board chairs, workshops on nursing and midwifery regulation, and developing principles for assessing applications for registration.

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. I am looking forward to participating in the inaugural Nursing and Midwifery Board conference to be held in November 2014.

Our work with stakeholders has also been a priority. With the WA State Manager, Robyn Collins, we have held meetings with the Chief Nurse and Midwifery Officer at the Department of Health, held regular meetings with HaDSCO and met with the Department of Corrective Services. To introduce students to the important issues of regulation, we have delivered information sessions to graduating students on the registration application process and made clear their responsibilities as a registered health practitioner.

I wish to acknowledge the high level of work that AHPRA staff continue to provide to the WA Board in preparation for our meetings. Their input is invaluable to assist our decision-making. In September 2013, the Board welcomed Pamela Lewis as a practitioner member and Michael Piu as a community member. I thank my colleagues on the WA Board for their energy and commitment to the people of WA during the year.

This snapshot of regulation at work in our state complements the comprehensive, profession-specific information published in the annual report of AHPRA and the National Boards for 2013/14. I commend it to you.



Ms Marie-Louise Macdonald, Chair,
WA Board of the Nursing and
Midwifery Board of Australia



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

Members of the WA Board

Ms Marie-Louise Macdonald (Chair)

Professor Selma Allix

Mr Anthony Dolan

Adjunct Associate Professor Karen Gullick

Ms Lynn Hudson

Ms Pamela Lewis (appointed 9 September 2013)

Mr Michael Piu (appointed 9 September 2013)

Ms Virginia Seymour

Ms Jennifer Wood

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

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PART 2:
The National Scheme at work
in WA

WA 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 a WA lens, to tell more about our work in this state to keep the public safe.

This WA snapshot provides information about the number of practitioners in each profession in WA, 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 WA 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 WA. 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 state.

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 2013/2014 annual report of AHPRA and the National Boards, which also includes more comprehensive profession specific information.

Registration in WA

Tables 1–6 provide details of registered practitioners in WA. On 30 June 2014 there were 64,015 registered practitioners in WA, representing 10.3% of all practitioners registered nationally. This proportion has varied very little over three years. By profession, the proportion of registrants in WA ranges from osteopaths, with 3% of the registrant base in WA, to occupational therapists, with 14.8% of the registrant base in WA.

Of the four professions that have divisions (see Table 5), the pattern of registration in the dental profession shows the most variation across divisions. WA has 21.8% of registrants who hold registration as dental hygienist and 28.8% of registrants who hold dental therapist registration. However, it has only 7.1% of registrants registered as dental prosthetists and 4.7% of oral health therapists. There are 10.5% of dentists registered nationally who have WA as their principal place of practice, consistent with the proportion of practitioners from all professions based in WA.

Details of registration applications received in 2013/14 are provided in Table 7. In 2013/14, 10.6% of the applications received nationally were received in WA.

Table 1: Registered practitioners with WA as the principal place of practice¹

Profession	WA	National Total ⁵	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner ²	21	343	6.1%
Chinese Medicine Practitioner ²	214	4,271	5.0%
Chiropractor	564	4,845	11.6%
Dental Practitioner	2,422	20,707	11.7%
Medical Practitioner	9,889	99,379	10.0%
Medical Radiation Practitioner ²	1,246	14,387	8.7%
Midwife	322	3,230	10.0%
Nurse	33,364	327,388	10.2%
Nurse and Midwife ³	3,114	31,832	9.8%
Occupational Therapist ²	2,397	16,223	14.8%
Optometrist	386	4,788	8.1%
Osteopath	56	1,865	3.0%
Pharmacist	3,046	28,282	10.8%
Physiotherapist	3,207	26,123	12.3%
Podiatrist	427	4,129	10.3%
Psychologist	3,340	31,717	10.5%
Total 2013-14	64,015	619,509	10.3%
Total 2012-13²	62,057	592,470	10.5%
Total 2011-12	55,729	548,528	10.2%
Population as a proportion of national population⁴	2,550,900	23,319,400	10.9%

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 WA as the principal place of practice, by registration type

Profession	WA	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner	21	343	6.1%
General	21	343	6.1%
Chinese Medicine Practitioner	214	4,271	5.0%
General	212	4,149	5.1%
Non-practising	2	122	1.6%
Chiropractor	564	4,845	11.6%
General	547	4,577	12.0%
Non-practising	17	268	6.3%
Dental Practitioner	2,422	20,707	11.7%
General	2,148	18,320	11.7%
General and Specialist	164	1,586	10.3%
Limited	46	324	14.2%
Non-practising	62	446	13.9%
Specialist	2	27	7.4%
General and Limited ¹		4	
Medical Practitioner	9,889	99,379	10.0%
General	3,058	32,389	9.4%
General (Teaching and Assessing)	5	34	14.7%
General (Teaching and Assessing) and Specialist		2	
General and Specialist	4,182	48,118	8.7%
Limited	688	4,347	15.8%
Limited (Public Interest - Occasional Practice)	247	399	61.9%
Non-practising	176	2,477	7.1%
Provisional	371	3,846	9.6%
Specialist	1,162	7,767	15.0%
Medical Radiation Practitioner	1,246	14,387	8.7%
General	1,226	13,500	9.1%
Limited		3	
Non-practising	11	197	5.6%
Provisional	9	687	1.3%
Midwife	322	3,230	10.0%
General	318	3,173	10.0%
Non-practising	4	57	7.0%
Nurse	33,364	327,388	10.2%
General	33,050	323,284	10.2%
General and Non-practising ²		13	
Non-practising	314	4,091	7.7%
Nurse and Midwife	3,114	31,832	9.8%
General	3,014	30,111	10.0%
General and Non-practising ³	56	1,122	5.0%
Non-practising	44	599	7.3%

Profession	WA	National Total	% of National Total
Occupational Therapist	2,397	16,223	14.8%
General	2,307	15,599	14.8%
Limited	15	115	13.0%
Non-practising	70	471	14.9%
Provisional	5	38	13.2%
Optometrist	386	4,788	8.1%
General	377	4,654	8.1%
Limited		3	
Non-practising	9	131	6.9%
Osteopath	56	1,865	3.0%
General	56	1,791	3.1%
Non-practising		73	
Provisional ⁴		1	
Pharmacist	3,046	28,282	10.8%
General	2,802	25,455	11.0%
Limited	3	17	17.6%
Non-practising	60	964	6.2%
Provisional	181	1,846	9.8%
Physiotherapist	3,207	26,123	12.3%
General	3,115	25,093	12.4%
Limited	20	264	7.6%
Non-practising	72	766	9.4%
Podiatrist	427	4,129	10.3%
General	410	4,017	10.2%
General and Specialist	13	27	48.1%
Non-practising	4	85	4.7%
Psychologist	3,340	31,717	10.5%
General	2,733	26,219	10.4%
Non-practising	139	1,390	10.0%
Provisional	468	4,108	11.4%
Total	64,015	619,509	10.3%

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 WA as the principal place of practice

Profession	WA	National Total	% of National Total
Chiropractor		33	
Acupuncture		33	
Dental Practitioner	8	86	9.3%
Conscious sedation	8	86	9.3%
Medical Practitioner	26	412	6.3%
Acupuncture	26	412	6.3%
Nurse ¹	190	1,975	9.6%
Nurse Practitioner	177	1,087	16.3%
Scheduled Medicines	13	888	1.5%
Midwife ¹	49	364	13.5%
Eligible Midwife ²	30	247	12.1%
Midwife Practitioner		1	
Scheduled Medicines	19	116	16.4%
Optometrist	128	1,753	7.3%
Scheduled Medicines	128	1,753	7.3%
Osteopath		2	
Acupuncture		2	
Physiotherapist		9	
Acupuncture		9	
Podiatrist	27	64	42.2%
Scheduled Medicines	27	64	42.2%
Psychologist	1,168	9,221	12.7%
Area of Practice	1,168	9,221	12.7%
Total	1,596	13,919	11.5%

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 WA as the principal place of practice by profession and gender

Profession	WA	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner ¹	21	343	6.1%
Female	17	251	6.8%
Male	4	92	4.3%
Chinese Medicine Practitioner ¹	214	4,271	5.0%
Female	124	2,279	5.4%
Male	90	1,992	4.5%
Chiropractor	564	4,845	11.6%
Female	230	1,799	12.8%

Profession	WA	National Total	% of National Total
Male	334	3,046	11.0%
Dental Practitioner	2,422	20,707	11.7%
Female	1,356	9,932	13.7%
Male	1,066	10,775	9.9%
Medical Practitioner	9,889	99,379	10.0%
Female	4,010	39,963	10.0%
Male	5,879	59,416	9.9%
Medical Radiation Practitioner	1,246	14,387	8.7%
Female	852	9,694	8.8%
Male	394	4,693	8.4%
Midwife	322	3,230	10.0%
Female	322	3,219	10.0%
Male		11	
Nurse	33,364	327,388	10.2%
Female	30,247	290,178	10.4%
Male	3,117	37,210	8.4%
Nurse and Midwife	3,114	31,832	9.8%
Female	3,063	31,242	9.8%
Male	51	590	8.6%
Occupational Therapist	2,397	16,223	14.8%
Female	2,207	14,872	14.8%
Male	190	1,351	14.1%
Optometrist	386	4,788	8.1%
Female	168	2,404	7.0%
Male	218	2,384	9.1%
Osteopath	56	1,865	3.0%
Female	28	986	2.8%
Male	28	879	3.2%
Pharmacist	3,046	28,282	10.8%
Female	1,872	17,015	11.0%
Male	1,174	11,267	10.4%
Physiotherapist	3,207	26,123	12.3%
Female	2,317	18,082	12.8%
Male	890	8,041	11.1%
Podiatrist	427	4,129	10.3%
Female	267	2,515	10.6%
Male	160	1,614	9.9%
Psychologist	3,340	31,717	10.5%
Female	2,648	24,996	10.6%
Male	692	6,721	10.3%
Total	64,015	619,509	10.3%

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.

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

Profession	WA	National Total	% of National Total
Chinese Medicine Practitioner	214	4,271	5.0%
Acupuncturist	86	1,630	5.3%
Acupuncturist and Chinese Herbal Dispenser ¹	5		
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹	20	503	4.0%
Acupuncturist and Chinese Herbal Medicine Practitioner ¹	104	2,019	5.2%
Chinese Herbal Dispenser	2	41	4.9%
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹		14	
Chinese Herbal Medicine Practitioner	2	59	3.4%
Dental Practitioner	2,422	20,707	11.7%
Dental Hygienist	283	1,298	21.8%
Dental Hygienist and Dental Prosthetist ¹	3		
Dental Hygienist and Dental Prosthetist and Dental Therapist ¹	2		
Dental Hygienist and Dental Therapist ¹	54	493	11.0%
Dental Hygienist and Oral Health Therapist ¹	1		
Dental Prosthetist	86	1,209	7.1%
Dental Prosthetist and Dental Therapist ¹	1		
Dental Therapist	315	1,093	28.8%
Dentist	1,639	15,638	10.5%
Dental Hygienist and Dentist ¹	6		
Oral Health Therapist	45	963	4.7%
Medical Radiation Practitioner	1,246	14,387	8.7%
Diagnostic Radiographer	1,009	11,103	9.1%
Diagnostic Radiographer and Nuclear Medicine Technologist ¹	2	16	12.5%
Diagnostic Radiographer and Radiation Therapist ¹	2		
Nuclear Medicine Technologist	63	1,012	6.2%
Radiation Therapist	172	2,254	7.6%
Nurse	33,364	327,388	10.2%
Enrolled Nurse	5,217	61,301	8.5%
Enrolled Nurse and Registered Nurse ¹	410	5,022	8.2%
Registered Nurse	27,737	261,065	10.6%
Nurse and Midwife	3,114	31,832	9.8%
Enrolled Nurse and Midwife ¹	55		

Profession	WA	National Total	% of National Total
Enrolled Nurse and Registered Nurse and Midwife ¹	7	54	13.0%
Registered Nurse and Midwife ¹	3,107	31,723	9.8%
Total	40,360	398,585	10.1%

Notes:

1. Practitioners who hold dual or multiple registration.

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

Profession	WA	National Total	% of National Total
Dental Practitioner	167	1,667	10.0%
Dento-maxillofacial radiology	2	11	18.2%
Endodontics	15	154	9.7%
Forensic odontology	5	27	18.5%
Oral and maxillofacial surgery	20	201	10.0%
Oral medicine	5	36	13.9%
Oral pathology	2	25	8.0%
Oral surgery	1	48	2.1%
Orthodontics	54	597	9.0%
Paediatric dentistry	12	114	10.5%
Periodontics	28	214	13.1%
Prosthodontics	22	207	10.6%
Public health dentistry (Community dentistry)	1	16	6.3%
Special needs dentistry		17	
Medical Practitioner	5,822	61,171	9.5%
Addiction medicine	13	166	7.8%
Anaesthesia	479	4,495	10.7%
Dermatology	41	489	8.4%
Emergency medicine	187	1,567	11.9%
General practice	2,370	23,624	10.0%
Intensive care medicine	68	796	8.5%
Paediatric intensive care medicine		2	
No subspecialty declared	68	794	8.6%
Medical administration	32	331	9.7%
Obstetrics and gynaecology	158	1,814	8.7%
Gynaecological oncology	2	43	4.7%
Maternal-fetal medicine	5	39	12.8%
Obstetrics and gynaecological ultrasound	3	80	3.8%
Reproductive endocrinology and infertility	2	53	3.8%
Urogynaecology	4	30	13.3%
No subspecialty declared	142	1,569	9.1%
Occupational and environmental medicine	41	300	13.7%

Profession	% of National		% of National Total
	WA	Total	
Ophthalmology	75	935	8.0%
Paediatrics and child health	245	2,315	10.6%
Clinical genetics	1	22	4.5%
Community child health		35	
General paediatrics	173	1,744	9.9%
Neonatal and perinatal medicine	24	145	16.6%
Paediatric cardiology	4	22	18.2%
Paediatric clinical pharmacology		1	
Paediatric emergency medicine	7	37	18.9%
Paediatric endocrinology	2	20	10.0%
Paediatric gastroenterology and hepatology	3	19	15.8%
Paediatric haematology	1	7	14.3%
Paediatric immunology and allergy		11	
Paediatric infectious diseases		15	
Paediatric intensive care medicine		5	
Paediatric medical oncology	2	18	11.1%
Paediatric nephrology		5	
Paediatric neurology	1	28	3.6%
Paediatric palliative medicine		2	
Paediatric rehabilitation medicine		5	
Paediatric respiratory and sleep medicine	4	23	17.4%
Paediatric rheumatology	2	11	18.2%
No subspecialty declared	21	140	15.0%
Pain medicine	30	251	12.0%
Palliative medicine	28	275	10.2%
Pathology	239	2,276	10.5%
Anatomical pathology (including cytopathology)	90	821	11.0%
Chemical pathology	15	89	16.9%
Forensic pathology	5	43	11.6%
General pathology	36	502	7.2%
Haematology	34	460	7.4%
Immunology	17	111	15.3%
Microbiology	33	211	15.6%
No subspecialty declared	9	39	23.1%
Physician	742	9,089	8.2%
Cardiology	83	1,200	6.9%
Clinical genetics	5	70	7.1%
Clinical pharmacology	5	51	9.8%
Endocrinology	44	582	7.6%
Gastroenterology and hepatology	61	763	8.0%

Profession	% of National		% of National Total
	WA	Total	
General medicine	121	1,753	6.9%
Geriatric medicine	62	574	10.8%
Haematology	30	485	6.2%
Immunology and allergy	22	143	15.4%
Infectious diseases	28	368	7.6%
Medical oncology	36	553	6.5%
Nephrology	34	482	7.1%
Neurology	40	526	7.6%
Nuclear medicine	19	249	7.6%
Respiratory and sleep medicine	55	610	9.0%
Rheumatology	30	347	8.6%
No subspecialty declared	67	333	20.1%
Psychiatry	283	3,329	8.5%
Public health medicine	43	435	9.9%
Radiation oncology	21	358	5.9%
Radiology	236	2,220	10.6%
Diagnostic radiology	204	1,902	10.7%
Diagnostic ultrasound		4	
Nuclear medicine	9	184	4.9%
No subspecialty declared	23	130	17.7%
Rehabilitation medicine	16	454	3.5%
Sexual health medicine	6	115	5.2%
Sport and exercise medicine	10	115	8.7%
Surgery	459	5,422	8.5%
Cardio-thoracic surgery	14	200	7.0%
General surgery	134	1,895	7.1%
Neurosurgery	21	226	9.3%
Oral and maxillofacial surgery	10	105	9.5%
Orthopaedic surgery	129	1,313	9.8%
Otolaryngology - head and neck surgery	43	474	9.1%
Paediatric surgery	8	98	8.2%
Plastic surgery	42	428	9.8%
Urology	39	399	9.8%
Vascular surgery	15	215	7.0%
No subspecialty declared	4	69	5.8%
Podiatrist	13	27	48.1%
Podiatric Surgeon	13	27	48.1%
Total	6,002	62,865	9.5%

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.

continued overleaf

Table 7: Applications received by profession and registration type

Profession	WA	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner ¹	16	85	18.8%
General	16	84	19.0%
Non-practising		1	
Chinese Medicine Practitioner ¹	29	696	4.2%
General	27	624	4.3%
Limited		1	
Non-practising	2	71	2.8%
Chiropractor	56	370	15.1%
General	50	318	15.7%
Limited		7	
Non-practising	6	45	13.3%
Dental Practitioner	205	1,907	10.7%
General	134	1,399	9.6%
Limited	44	291	15.1%
Non-practising	16	133	12.0%
Specialist	11	84	13.1%
Medical Practitioner	1,738	15,425	11.3%
General	624	5,152	12.1%
General (Teaching and Assessing)	2	6	33.3%
Limited	413	3,289	12.6%
Limited (Public Interest - Occasional Practice)		1	
Non-practising	52	439	11.8%
Provisional	345	3,842	9.0%
Specialist	302	2,696	11.2%
Medical Radiation Practitioner ¹	95	1,700	5.6%
General	84	1,042	8.1%
Limited		2	
Non-practising	7	85	8.2%
Provisional	4	571	0.7%
Midwife	133	1,704	7.8%
General	115	1,377	8.4%
Non-practising	18	327	5.5%
Nurse	2,422	24,147	10.0%
General	2,307	22,879	10.1%
Non-practising	115	1,268	9.1%
Occupational Therapist ¹	334	2,204	15.2%
General	279	1,807	15.4%
Limited	15	79	19.0%
Non-practising	40	313	12.8%
Provisional		5	
Optometrist	15	262	5.7%
General	14	235	6.0%
Limited		4	

Profession	WA	National Total	% of National Total
Non-practising	1	23	4.3%
Osteopath	5	211	2.4%
General	4	167	2.4%
Limited	1	7	14.3%
Non-practising		31	
Provisional		6	
Pharmacist	337	3,313	10.2%
General	183	1,609	11.4%
Limited	6	46	13.0%
Non-practising	7	130	5.4%
Provisional	141	1,528	9.2%
Physiotherapist	337	2,332	14.5%
General	293	2,003	14.6%
Limited	16	184	8.7%
Non-practising	28	145	19.3%
Podiatrist	41	380	10.8%
General	38	348	10.9%
Non-practising	2	29	6.9%
Provisional		1	
Specialist	1	2	50.0%
Psychologist	486	4,053	12.0%
General	193	1,645	11.7%
Limited		2	
Non-practising	58	394	14.7%
Provisional	235	2,012	11.7%
Total 2013-14	6,249	58,789	10.6%
Total 2012-13	7,275	63,113	11.5%
Total 2011-12 ¹	10,353	79,355	13.0%

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 WA

Notifications in WA are detailed in Tables 8–19. In 2013/14, 750 notifications were lodged in WA, representing 7.5% of the notifications lodged nationally. This is a slightly higher proportion (up from 6.6%) of national notifications last year. There has been a significant increase in the total number of notifications lodged in WA – up 32% on 2013.

There were 8% fewer mandatory notifications received, with 88 received in 2014 (7.7% of all mandatory notifications received nationally), compared with 95 in 2013. The rate of mandatory notifications at 12.5 per 10,000 practitioners is also lower than the national average of 15.8 notifications per 10,000 practitioners.

In WA, 1.1% of practitioners were the subject of a notification; slightly lower than the national average of 1.4%.

A large proportion of notifications received (307 or 41%) were about clinical care (see Table 11). This is consistent with the national pattern. Notifications received in WA came mostly from the patients (287), employers (79), relatives (76), other practitioners (65) and the health complaints entity (59). Boards initiated notifications in 74 cases.

Boards took 'immediate action' – as an interim step to keep the public safe – in 72 cases in 2013/14, representing 10.9% of the national total. This led

to limitations being imposed on the practitioner's registration in 89% of cases. In six cases, the Board suspended the registration of the practitioner, and in one case the Board accepted surrender of the practitioner's registration. The Board imposed conditions on the practitioner's registration in 38 cases and in 19 cases the Board accepted an undertaking from the practitioner. In eight cases the Board decided no further action was required to keep the public safe, pending other regulatory action.

There were 10 notifications still open at the end of the financial year that were received before the start of the National Scheme. This represents 11% of the national total.

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

Profession	All Received			Mandatory Received			Closed			Open at 30 June		
	WA	National Total	% of National Total	WA	National Total	% of National Total	WA	National Total	% of National Total	WA	National Total	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner ⁵		6						5			3	
Chinese Medicine Practitioner ⁵	1	26	3.8%				2	28	7.1%	1	15	6.7%
Chiropractor	14	111	12.6%	3	7	42.9%	10	89	11.2%	15	97	15.5%
Dental Practitioner	51	951	5.4%	2	26	7.7%	40	1,015	3.9%	35	441	7.9%
Medical Practitioner	457	5,585	8.2%	27	351	7.7%	500	5,515	9.1%	280	2,631	10.6%
Medical Radiation Practitioner ⁵	1	28	3.6%		8		2	28	7.1%	1	15	6.7%
Midwife	5	110	4.5%	3	34	8.8%	10	103	9.7%	5	87	5.7%
Nurse	134	1,900	7.1%	44	590	7.5%	146	1,774	8.2%	91	1,118	8.1%
Occupational Therapist ⁵	2	43	4.7%		9		2	41	4.9%	1	20	5.0%
Optometrist	3	66	4.5%		2		2	66	3.0%	1	18	5.6%
Osteopath		11						14			13	
Pharmacist	39	514	7.6%	6	55	10.9%	36	464	7.8%	33	365	9.0%
Physiotherapist	8	134	6.0%		14		7	104	6.7%	4	73	5.5%
Podiatrist	7	54	13.0%		4		12	58	20.7%	1	28	3.6%
Psychologist	27	487	5.5%	3	45	6.7%	29	484	6.0%	55	313	17.6%
Not identified ²	1	21	4.8%					15				
2014 Total ^{3,4}	750	10,047	7.5%	88	1,145	7.7%	798	9,803	8.1%	523	5,237	10.0%
2013 Total ⁵	567	8,648	6.6%	95	1,013	9.4%	487	8,014	6.1%	541	5,099	10.6%
2012 Total ⁶	519	7,594	6.8%	56	775	7.2%	330	6,209	5.3%	521	4,521	11.5%

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 profession¹

Profession	WA	2014 Total
Aboriginal and Torres Strait Islander Health Practitioner ⁴		1.7%
Chinese Medicine Practitioner ⁴	0.5%	0.6%
Chiropractor	2.3%	2.0%
Dental Practitioner	1.9%	4.0%
Medical Practitioner	4.2%	4.9%
Medical Radiation Practitioner ⁴	0.1%	0.2%
Midwife ²	0.1%	0.3%
Nurse ³	0.4%	0.5%
Occupational Therapist ⁴	0.1%	0.3%
Optometrist	0.8%	1.3%
Osteopath		0.6%
Pharmacist	1.2%	1.7%
Physiotherapist	0.2%	0.5%
Podiatrist	1.6%	1.2%
Psychologist	0.8%	1.4%
2014 Total	1.1%	1.4%
2013 Total⁴	0.8%	1.3%
2012 Total	0.9%	1.2%

Notes:

- 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.
- The registrant base used for midwives includes registrants with midwifery or with nursing and midwifery registration.
- The registrant base for nurses includes registrants with nursing registration or with nursing and midwifery registration.
- 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 practitioners ³	No. practitioners ²	Rate / 10,000 practitioners ³	No. practitioners ²	Rate / 10,000 practitioners ³
Western Australia	80	12.5	88	14.2	56	10
Total Australia	976	15.8	951	16.1	732	13.3

Notes:

- Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, started on 1 July 2012.
- Figures present the number of practitioners involved in the mandatory reports received.
- 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	WA	National Total	% of National Total
Behaviour	32	392	8.2%
Billing	9	240	3.8%
Boundary violation	28	308	9.1%
Clinical care	307	4,049	7.6%
Communication	50	894	5.6%
Confidentiality	32	233	13.7%
Conflict of interest	2	19	10.5%
Discrimination	1	16	6.3%
Documentation	39	445	8.8%
Health impairment	39	885	4.4%
Infection/hygiene	3	50	6.0%
Informed consent	10	77	13.0%
Medico-legal conduct	10	88	11.4%
National Law breach	30	201	14.9%
National Law offence	21	139	15.1%
Offence	22	300	7.3%
Other	15	240	6.3%
Pharmacy/medication	70	904	7.7%
Research/teaching/assessment	1	16	6.3%
Response to adverse event		14	
Teamwork/supervision	7	60	11.7%
Not recorded	22	477	4.6%
Total	750	10,047	7.5%

continued overleaf

Table 12: Source of notifications received in 2013/14

Issue	WA	National Total (excluding NSW) ¹	% of National Total (excluding NSW)
Anonymous	14	171	8.2%
Drugs and poisons		53	
Education provider		23	
Employer	79	639	12.4%
Government department	6	74	8.1%
HCE	59	1,995	3.0%
Health advisory service		14	
Hospital	1	14	7.1%
Insurance company		9	
Lawyer	3	30	10.0%
Member of Parliament		2	
Member of the public	42	308	13.6%
Ombudsman		1	
Other board	3	38	7.9%
Other practitioner	65	679	9.6%
Own motion	74	285	26.0%
Patient	287	1,529	18.8%
Police	2	36	5.6%
Relative	76	492	15.4%
Self	4	189	2.1%
Treating practitioner	1	87	1.1%
Unclassified	34	143	23.8%
Total	750	6,811	11.0%

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	WA	National Total	% of National Total
Not take immediate action	8	140	5.7%
Accept undertaking	19	93	20.4%
Impose conditions	38	309	12.3%
Accept surrender of registration	1	3	33.3%
Suspend registration	6	110	5.5%
Decision pending		8	
Total	72	663	10.9%

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

Profession	WA	National Total	% of National Total
Chinese Medicine Practitioner		5	
Chiropractor		2	
Dental Practitioner		3	
Medical Practitioner	7	49	14.3%
Medical Radiation Practitioner		2	
Nurse	2	9	22.2%
Osteopath		1	
Pharmacist		7	
Physiotherapist		2	
Psychologist	1	11	9.1%
Total 2014 ¹	10	91	11.0%
Total 2013	34	242	14.0%
Total 2012	72	517	13.9%

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 (727 of 791 or 92%) were considered to meet the criteria to be progressed as a notification (see Table 15). In 490 cases, boards decided to take further regulatory action after assessment. Of these, 97.5% were referred to investigation, and the rest to a health or performance assessment, or a panel or tribunal hearing.

There were 286 cases closed after assessment (6.5% of the national total; see Table 16). Of these, in 84% of cases boards decided no further regulatory action was needed to manage risk to the public, 9% led to disciplinary action and 6% were referred to the HaDSCO. WA boards referred a higher proportion of cases for further action after assessment (20.2% of the national total) than they closed after assessment (6.5% of the national total).

Of the 500 investigations finalised during the year (see Table 17), 390 cases were closed (26.5% of national total) and 110 notifications were taken further (23.3% of national total). Most of these were referred to a panel (55) or tribunal hearing (53).

The 69 cases finalised in WA by a panel accounted for 30.3% of the national total (see Table 18) and 61% of panel decisions resulted in disciplinary action.

The 143 cases closed after a tribunal hearing represented 37.1% of the national total (see Table 19), with 98% resulting in disciplinary action.

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

Outcomes	WA	National Total (excl NSW)	% of National Total
Moved to notification	727	6,621	11.0%
Closed at lodgement	49	1,196	4.1%
Yet to be determined	15	227	6.6%
Total	791	8,044	9.8%

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

Outcome of decisions to take the notification further	WA	National Total (excl NSW)	% of National Total
Health or performance assessment	10	324	3.1%
Investigation	478	2,055	23.3%
Panel hearing	1	27	3.7%
Tribunal hearing	1	16	6.3%
Total	490	2,422	20.2%
Outcome of notifications closed following assessment			
	WA	Total	
No further action	241	2,550	9.5%
Health complaints entity to retain	18	1,342	1.3%
Refer all of the notification to another body		10	
Caution	25	366	6.8%
Accept undertaking		58	
Impose conditions	2	58	3.4%
Practitioner surrenders registration		3	
Total	286	4,387	6.5%

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

Outcomes	WA	National Total (excl NSW)	% of National Total
Health or performance assessment	2	41	4.9%
Panel hearing	55	242	22.7%
Tribunal hearing	53	190	27.9%
Total	110	473	23.3%
Outcome of notifications closed following investigation			
	WA	Total	
No further action	275	989	27.8%
Refer all or part of the notification to another body	4	12	33.3%
Caution	79	304	26.0%
Accept undertaking	1	67	1.5%
Impose conditions	31	96	32.3%
Practitioner surrender		1	
Total	390	1,469	26.5%

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

Outcomes	WA	National Total (excl NSW)	% of National Total
No further action	27	55	49.1%
Caution	20	57	35.1%
Reprimand	5	26	19.2%
Accept undertaking		2	
Impose conditions	17	82	20.7%
Practitioner surrenders registration		2	
Suspend registration		4	
Total	69	228	30.3%

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

Outcomes	WA	National Total (excl NSW)	% of National Total
No further action	1	14	7.1%
Caution		1	
Reprimand	16	35	45.7%
Fine registrant	7	7	100.0%
Accept undertaking		6	
Impose conditions	7	25	28.0%
Practitioner surrenders registration		2	
Suspend registration	4	12	33.3%
Cancel registration	8	12	66.7%
Not permitted to re-apply for registration for a period of 12 months		1	
Permanently prohibited from undertaking services relating to midwifery		1	
Total	43	116	37.1%

Practitioners under active monitoring at the end of the reporting year are detailed in Table 20. WA accounted for 13.1% of the registrants under active monitoring (370 registrants). Most of these are medical practitioners (143) or nurses (134).

Table 21 provides an overview of cases when a criminal history check resulted in, or contributed to, the imposition of conditions by a board or undertakings given by a practitioner. There were 14 cases in WA in 2013/14.

continued overleaf

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

Profession	WA	National Total (excl NSW)	% of National Total
Aboriginal and Torres Strait Islander Health Practitioner	1	17	5.9%
Chinese Medicine Practitioner	1	124	0.8%
Chiropractor	6	34	17.6%
Dental Practitioner	12	150	8.0%
Medical Practitioner	143	987	14.5%
Medical Radiation Practitioner	7	106	6.6%
Midwife	3	35	8.6%
Nurse	134	908	14.8%
Occupational Therapist	23	87	26.4%
Optometrist	1	8	12.5%
Osteopath	1	10	10.0%
Pharmacist	14	145	9.7%
Physiotherapist	4	66	6.1%
Podiatrist		19	
Psychologist	20	131	15.3%
Total	370	2,827	13.1%

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

Profession	WA	Total 2013/14	% of National total
Aboriginal and Torres Strait Islander Health Practitioner		1	
Chinese Medical Practitioner			
Chiropractor	1	1	100.0%
Dental Practitioner		1	
Medical Practitioner		11	
Midwife	1	1	100.0%
Nurse	10	48	20.8%
Pharmacist	2	8	25.0%
Physiotherapist		2	
Podiatrist		1	
Psychologist		2	
Total 2013/14	14	76	18.4%
Total 2012/13	9	27	33.3%

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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Regulation Agency**

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