

# Chiropractic regulation at work in Australia

**2014/15**

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Regulating chiropractors in the National  
Registration and Accreditation Scheme

**Managing risk to the public**

Regulating  
chiropractors

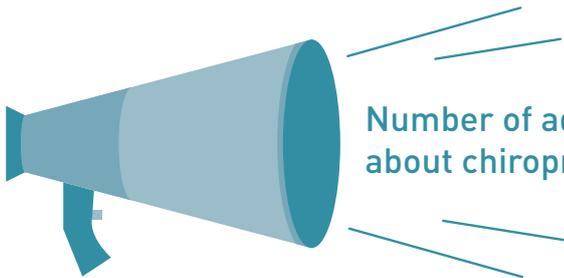


Chiropractic  
Board of Australia | AHPRA

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of the Chiropractic Board in 2014/15  
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# Highlights

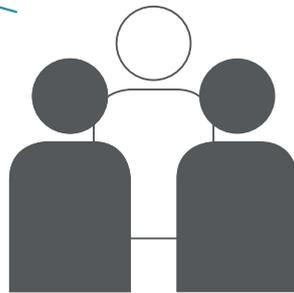
Revised profession-specific standards in relation to recency of practice, professional indemnity insurance and continuing professional development approved by health ministers



**Number of advertising matters about chiropractors is reducing**

A number of successful prosecutions of individuals who were holding themselves out to be chiropractors, but did not possess current registration as a chiropractor

**4,998**  
chiropractors registered in Australia on 30 June 2015



**3.16%** increase in number of registered chiropractors from 2013/14

**49.9%** of all registered chiropractors are aged under 40

**34%** of registered chiropractors are in New South Wales (1,681) and **26%** are in Victoria (1,290)



**75**  
notifications received about chiropractors



**32%** decrease in the number of notifications received about chiropractors compared to 2013/14

Notifications received about **1.5%** of the registrant base



**Of the 68 notifications closed outside of New South Wales, 71% were closed following an investigation**

**68** chiropractors under active monitoring on 30 June 2015 – **41%** of these are due to conduct issues and **32%** due to performance issues

**60%** of notifications closed in 2014/15 (excluding New South Wales) led to disciplinary action

## About this report

**This report provides a profession-specific view of the Chiropractic Board of Australia's work to manage risk to the public and regulate the profession in the public interest.**

The Board has worked in close partnership with the Australian Health Practitioner Regulation Agency (AHPRA) to bring out the best of the National Scheme for all Australians.

The data in this report are drawn from data published in the 2014/15 [annual report](#) of AHPRA and the National Boards, reporting on the National Registration and Accreditation Scheme.

This report looks at these national data through a profession-specific lens. Wherever possible, historical data are provided to show trends over time, as well as comparisons between states and territories.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with 2014/15 [annual report](#) of AHPRA and the National Boards.

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# Message from the Chair, Chiropractic Board of Australia

**This was a very busy year for the Chiropractic Board of Australia (the Board). After completing a lengthy review, the Board received approval from health ministers for its revised profession-specific standards in relation to recency of practice, professional indemnity insurance and continuing professional development (CPD). Also, ministerial approval was received for the cross-profession revised criminal history and English language skills registration standards.**

We remain committed to ensuring that the public are receiving care from safe, competent and ethical chiropractors. For example, this year the Board and AHPRA undertook a number of successful prosecutions of individuals who were holding themselves out to be chiropractors, but did not possess current registration as a chiropractor.

We continue to work with practitioners and stakeholder groups to enhance their understanding of the requirements and expectations of the Board and the National Law, particularly in the areas of CPD and advertising.

I must thank all members of the Chiropractic Board of Australia and its committees for their contributions, support, dedication and joint sense of purpose.

The work of the Board can only come to fruition through the partnership and support provided by AHPRA. Our thanks go to Martin Fletcher, AHPRA CEO,

and his expert teams in the national and state offices; Executive Officer to the Board Paul Fisher; and Board Support Officers Lisa Campbell and Emily Marshall.



**Dr Wayne Minter AM**  
**Chair, Chiropractic Board of Australia**

# Message from the Agency Management Committee Chair and the AHPRA CEO

**The National Boards, with the support of AHPRA, maintain professional standards for practitioners and manage risk to patients. This past year we have seen huge steps taken to ensure we are fulfilling our core purpose of protecting the public in the most effective and efficient ways possible.**

We have seen the introduction of new co-regulatory arrangements in Queensland this year, and the National Boards and AHPRA have built positive working relationships with the Office of the Health Ombudsman to ensure the protection of the health and safety of the Queensland public.

The National Boards have worked to help improve the experience of notifiers, and to ensure timely outcomes for notifiers and practitioners. This has resulted in a significant reduction in the time it takes AHPRA and the National Boards to assess notifications.

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

A key strength of the National Scheme has been the regular interaction between all National Boards, particularly through their Chairs. This has facilitated cross-profession approaches to common regulatory issues, and cross-profession consultation and collaboration. The National Boards and AHPRA have continued to work closely together this year to test and implement new ways of doing things.

We have had some significant achievements during the past year, through the hard work and dedication of board and committee members, and AHPRA staff. More information is detailed in the 2014/15 [annual report](#) of AHPRA and the National Boards.



**Mr Martin Fletcher**  
Chief Executive Officer,  
AHPRA



**Mr Michael Gorton AM**  
Chair, Agency  
Management  
Committee

# Major outcomes and achievements 2014/15

## Registration, notification and compliance

The Registration, Notification and Compliance Committee meet monthly to consider matters relating to the registration of practitioners and notifications about the ethical and professional conduct of practitioners. Overall the committee noted a reduced number of new matters this financial year.

## Registration standards, codes, policies and guidelines

The Board received approval from health ministers for its revised profession-specific standards in relation to:

- ▶ recency of practice
- ▶ professional indemnity insurance, and
- ▶ CPD.

Approval was also received for the cross-profession revised registration standards on:

- ▶ English language skills (*revised standard*), and
- ▶ criminal history (*revised standard*).

## Priorities for the coming year

The Board's priorities for 2015/16 are to build on the solid foundation of policy work undertaken in 2014/15 and to work to ensure wide and clear communication and understanding of the Board's expectations and requirements to both the profession and the public.

The number of advertising matters brought to the attention of AHPRA about chiropractors is reducing, but there is still work to be done by the Board to ensure that practitioners comply with the requirements of the National Law in relation to advertising.

# Board-specific registration, notifications, and monitoring and compliance data 2014/15

## Registration

At 30 June 2015, there were 4,998 chiropractors registered across Australia. This represents an increase of 3.16% from the previous year. New South Wales (NSW) has the highest number of registered practitioners with 1,681 practitioners, followed by Victoria with 1,290 registrants. The Northern Territory has the fewest registrants, with 25 practitioners. Almost half (49.9%) of all practitioners are under 40 years of age.

## Notifications

In 2014/15, 75 notifications were received across Australia about chiropractors, notably fewer than the 111 received in 2013/14. Notifications were received about 1.5% of the registrant base. NSW received more notifications than any other state or territory, with 34 notifications.

It is important to note that this year for matters considered jointly by health complaints entities and AHPRA, only matters within the National Boards' jurisdiction have been included in this report. Note also that Queensland became a co-regulatory jurisdiction on 1 July in 2014, with the commencement of the Health Ombudsman Act. AHPRA only has access to the data relating to matters referred by the Office of the Health Ombudsman. We are unable to report on all complaints about registered health practitioners in Queensland.

A total of 98 notifications were closed in 2014/15 (including in NSW). Of the 68 notifications closed outside NSW, most (48) were closed following an investigation.

In 27 of the closed cases, the Board determined to take no further action (24) or the case was to be retained and managed by the health complaints entity in the relevant state or territory (three). The remaining cases resulted in conditions being imposed (14), a caution issued (10), suspension of registration (one), and in 16 cases the Board accepted an undertaking given by the practitioner.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

- ▶ because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- ▶ the practitioner's registration was improperly obtained, or
- ▶ the practitioner or student's registration was cancelled or suspended in another jurisdiction.

Immediate action was considered in five cases. Integrated data for all professions including outcomes of immediate actions are published from page 36 in the 2014/15 [annual report](#) of AHPRA and the National Boards. More information about immediate action is published on our website under *Notifications*.

## Monitoring and compliance

AHPRA, on behalf of the National Boards, monitors health practitioners and students with restrictions placed on their registration, or with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports Boards to manage risk to public safety.

At 30 June 2015, there were 68 practitioners under active monitoring.

Table C1: Registrant numbers at 30 June 2015										
Chiropractor	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
2014/15	65	1,681	25	771	362	51	1,290	594	159	<b>4,998</b>
2013/14	65	1,619	24	753	364	53	1,283	564	120	<b>4,845</b>
% change from prior year	0.00%	3.83%	4.17%	2.39%	-0.55%	-3.77%	0.55%	5.32%	32.50%	<b>3.16%</b>

\*Principal place of practice

Table C2: Registered practitioners by age															
Chiropractor	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available	Total
2014/15	142	827	801	725	746	490	425	335	229	149	77	41	10	1	<b>4,998</b>
2013/14	100	781	776	735	728	467	434	320	227	138	85	40	14		<b>4,845</b>

Table C3: Notifications received by state or territory											
Chiropractor	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total	
2014/15	3		5	5		16	12	<b>41</b>	34	<b>75</b>	
2013/14	1	1	8	18	3	34	14	<b>79</b>	32	<b>111</b>	

Table C4: Per cent of registrant base with notifications received, by state or territory											
Chiropractor	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total	
2014/15	4.6%	0.0%	0.6%	1.4%	0.0%	1.2%	2.0%	<b>1.3%</b>	2.0%	<b>1.5%</b>	
2013/14	1.5%	4.2%	1.1%	3.0%	3.8%	2.7%	2.3%	<b>2.2%</b>	1.7%	<b>2.0%</b>	

Table C5: Immediate action cases by state or territory (excluding NSW)							
Chiropractor	ACT	QLD	SA	VIC	WA	Total	
2014/15	1	1		1	2	<b>5</b>	
2013/14			3		3	<b>6</b>	

Table C6: Notifications closed by state or territory											
Chiropractor	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total	
2014/15	3	1	14	10	1	26	13	<b>68</b>	30	<b>98</b>	
2013/14			9	10	2	27	10	<b>58</b>	31	<b>89</b>	

Table C7: Stage at closure for notifications closed under the National Scheme (excluding NSW)		
Stage at closure	Total 2014/15	Total 2013/14
Assessment	11	31
Health or performance assessment	1	
Investigation	48	19
Panel hearing	5	7
Tribunal hearing	3	1
<b>Total</b>	<b>68</b>	<b>58</b>

Table C8: Outcome at closure for notifications closed under the National Scheme (excluding NSW)		
Outcome at closure	Total 2014/15	Total 2013/14
No further action	24	39
Accept undertaking	16	
Impose conditions	14	12
Caution	10	3
Health complaints entity to retain	3	2
Suspend registration	1	1
Not permitted to reapply for registration for a period of 12 months		1
<b>Total</b>	<b>68</b>	<b>58</b>

Table C9: Active monitoring cases at 30 June 2015, by state or territory (including NSW)					
Profession	Conduct	Health	Performance	Suitability / eligibility <sup>1</sup>	Total 2014/15
Chiropractor	28		22	18	<b>68</b>

Note:

1. AHPRA performs monitoring of compliance cases for 'suitability/eligibility' stream matters for NSW registrations.

## 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 the practice of a health profession to occur only under the supervision of another health practitioner (usually registered in the same profession).

**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.

## Statutory offences: advertising, practice and title protection

Concerns raised about advertising, title and practice protection during the year were managed by AHPRA's statutory compliance team.

Concerns raised about advertising are reported on page 55 of the 2014/15 annual report of AHPRA and the National Boards.

More detail about our approach to managing statutory offences is reported from page 54 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

## Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal record checks. National Boards may also require criminal record checks at other times. Applicants seeking registration must disclose any criminal history information when

they apply for registration, and practitioners renewing their registration are required to disclose if there has been a change to their criminal history status within the preceding 12 months.

While a failure to disclose a criminal history by a registered health practitioner does not constitute an offence under the National Law, such a failure may constitute behaviour for which the Board may take health, conduct or performance action. The criminal record check is undertaken by an independent agency, which provides a criminal history report. AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. The criminal history reports are used as one part of assessing an applicant's suitability to hold registration.

More detailed information about criminal record checks is published from page 32 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

# Working across the professions

**A key strength of the National Scheme is the regular interaction between National Boards. This has facilitated cross-profession approaches to common regulatory issues and supported joint consultation and collaboration.**

While the National Scheme is a multi-profession scheme operating within a single statutory framework and with one supporting organisation (AHPRA), a range of regulatory approaches – which are tailored to professions with different risk profiles and professional characteristics – are being explored with National Boards.

Policy development to address the objectives and guiding principles of the National Law is an important part of AHPRA's support for National Boards, including development and review of registration standards, codes and guidelines, and the coordination of cross-profession policy projects such as a revised approach to international criminal history checks.

## Standards, codes and guidelines

The core registration standards (English language skills, professional indemnity insurance, criminal history, recency of practice and CPD) required under the National Law, together with each Board's code of conduct or equivalent, are the main way National Boards define the minimum national standards they expect of practitioners, regardless of where they practise in Australia.

### Five core registration standards for all 14 health professions regulated under the National Scheme

- ▶ Continuing professional development
- ▶ Criminal history
- ▶ English language skills
- ▶ Professional indemnity insurance arrangements
- ▶ Recency of practice.

National Boards have developed common guidelines for advertising regulated health services and for mandatory notifications. Most National Boards have a similar code of conduct. This commonality facilitates the National Law's guiding principles of efficiency, effectiveness and fairness. It also helps consumers to understand what they can expect from their health practitioners.

The standards, together with the code of conduct and guidelines developed by National Boards to provide guidance to the professions, bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and help inform Board decision-making when concerns are raised about practitioners' conduct, health or performance. An approved registration standard, code or guideline may be used in disciplinary

proceedings as evidence of what constitutes appropriate professional conduct for the profession.

## Our work on professional standards in 2014/15

During 2014/15, there were 15 public consultations undertaken by National Boards on 17 registration standards and 13 guidelines.

All National Boards consulted on draft guidelines for the regulatory management of registered health practitioners and students infected with blood-borne viruses. The consultation was open from July to September 2014. A Twitter chat was held on this consultation.

A number of registration standards for the 14 currently regulated health professions were submitted for approval by the Australian Health Workforce Ministerial Council (AHWMC) during 2014/15, in accordance with the National Law.

The revised criminal history registration standard for all 14 Boards and the revised English language skills registration standard for 13 Boards were approved by the AHWMC in March 2015, as well as standards and guidelines for some of the individual Boards.

This work has focused on continuing to build the evidence base for National Board policy and reviewing the structure and format of registration standards, guidelines and codes consistent with good practice.

See Appendix 3 of the 2014/15 [annual report](#) of AHPRA and the National Boards for a full list of registration standards approved by Ministerial Council during 2014/15.

## Stakeholder engagement and improving our communications

The National Boards and AHPRA continue to work closely with two external advisory groups, the Community Reference Group and the Professions Reference Group. Communiqués from both groups are published on the AHPRA website after each meeting. Both groups provide feedback on how we can continue improving the way we communicate so that we can engage more effectively with our stakeholders.

AHPRA refreshed the homepages across all 15 National Board and AHPRA websites to make important information easier to find, and included new information for employers and practitioners

as tabs on the login window. Following feedback from the Community Reference Group, AHPRA included the *Register of practitioners* search on the homepage, and introduced brightly coloured 'tiles' to highlight important topics.

The National Boards and AHPRA continue to strengthen work with governments on matters of shared interest relevant to the National Scheme. The work with governments covers a broad spectrum of activities, including contributing to public and regulatory policy development through making joint AHPRA and National Board submissions as much as possible to government consultations, including the independent review of the operation of the National Scheme. We also brief health ministers on local and national issues relevant to the regulation of health practitioners in Australia, and raise issues with, and receive the collective views of, the Australian Health Ministers' Advisory Council's (AHMAC) Health Workforce Principal Committee (HWPC) on draft regulatory policies, guidelines and standards, and other matters to inform advice to health ministers.

This year the National Boards and AHPRA have strengthened partnerships with regulatory counterparts, including health complaints entities, co-regulatory bodies and accreditation councils, to ensure more consistent and effective regulatory decision-making and outcomes that are responsive to the national and local environment, and we learn from and share our experience with international regulators.

## Establishing a shared set of regulatory principles

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

We invited feedback on the principles in a formal consultation, which included surveying members of the public and practitioners, as well as board and committee members, and AHPRA staff. The response to the surveys was overwhelming, with more than 800 members of the public providing feedback to the online survey, in addition to more than 140 board/committee members and AHPRA staff members. The vast majority of respondents supported the principles. In the coming year we will continue to work to embed the regulatory principles in all that we do.

The regulatory principles are set out in Appendix 1 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

## Collaboration to improve accreditation

The National Boards, AHPRA and the accreditation authorities have worked collaboratively to identify opportunities for improvement, aspects of accreditation that need greater consistency of approach (such as reporting of accreditation decisions), as well as areas within accreditation that lend themselves to cross-professional approaches. Steady progress continues and further cross-profession initiatives – as work on inter-professional learning and embedding models for simulated learning environments in clinical training – are being implemented or are planned, with the aim of further demonstrating good practice of health profession education. The Accreditation Liaison Group (ALG) is the primary vehicle for collaboration on accreditation.

## Managing risk through improved international criminal history checks

In February 2015, a new procedure for checking international criminal history, which provides greater public protection, was introduced.

Under the National Law, National Boards must consider the criminal history of an applicant who applies for registration, including any overseas criminal history. The new approach requires certain applicants and practitioners to apply for an international criminal history check from an AHPRA-approved supplier.

More than 4,200 international criminal history checks across the 14 health professions were undertaken since the procedure changed. From these, 10 positive criminal history results were identified. When a positive criminal history is identified, the National Board or its delegate considers whether the health practitioner's criminal history is relevant to the practice of their profession.

# Members of the Chiropractic Board of Australia in 2014/15

Dr Wayne Minter AM (Chair)  
Dr Michael Badham  
Ms Anne Burgess  
Dr Phillip Donato OAM  
Dr Bevan Goodreid  
Ms Barbara Kent  
Dr Amanda-Jane Kimpton  
Dr Mark McEwan  
Ms Margaret Wolf

During 2014/15, the Board was supported by  
Executive Officer Dr Paul Fisher.

More information about the work of the Board is  
available at: [www.chiropracticboard.gov.au](http://www.chiropracticboard.gov.au)

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[www.ahpra.gov.au](http://www.ahpra.gov.au)

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Thank you to all AHPRA contributors.

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