

AHPRA Performance Report

Western Australia

October–December 2015



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

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Introduction

The Australian Health Practitioner Regulation Agency (AHPRA) works with the National Boards of 14 health professions to protect the public.

AHPRA believes in the importance of public reporting. Public reporting provides accountability on matters of public importance, and is one of the mechanisms to encourage us, as an organisation, to improve our performance.

This report is part of a suite of reports that provide information for the public on the activities and performance of AHPRA and the National Boards. It has data on a particular jurisdiction over a three month period and covers our main areas of activity – managing registration, managing notifications and offences against the National Law, and monitoring health practitioners and students with restrictions on their registration.

Many of the tables show data for this particular state or territory and nationally. Many tables also show this state or territory's activities as a percentage of the national activity. As this is a report of the performance of AHPRA and the National Boards, national activity data for notifications does not include matters managed in NSW. Notifications arising in NSW are managed by the relevant Health Professional Council and the Health Care Complaints Commission. All National data in this report excludes matters managed in NSW unless otherwise indicated.

From 1 July 2014, all complaints about Queensland health practitioners are made to Office of the Health Ombudsman. The Health Ombudsman will take responsibility for certain complaints, including serious complaints relating to the health, conduct and performance of health practitioners. The Health Ombudsman determines which complaints go to AHPRA and the National Boards after assessing their severity. This report does not include any data relating to matters managed by the Office of the Health Ombudsman in QLD.

AHPRA's reporting of its activity and performance is evolving. We ask for your feedback about our performance and our new reporting approach. Your contribution can help ensure the continued value of our future reports. You can provide feedback by email: reportingfeedback@ahpra.gov.au

Registration management

Practitioners in 14 health professions are registered with AHPRA across Australia. Information about the registration status of registered health practitioners is available through the online register at <http://www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx>.

Registration is not conferred automatically – people must apply for registration and renew it each year. The requirements of registration vary between professions, but in general health practitioners must hold appropriate qualifications, be of good character, practise to certain standards, hold appropriate insurance and undertake continuing professional development.

Registration is conferred by the National Board of each health profession (see Table 1 for list of health professions). The National Boards are supported by AHPRA in their work to set professional standards and protect public safety.

Registrants

The number of health professionals registered at the end of the latest quarter is shown in Table 1.

Table 1: Total number of registrants, by profession

Profession	ACT	NSW	NT	QLD	SA	Tas	Vic	WA	No PPP	National (incl NSW)
Aboriginal and Torres Strait Islander Health Practitioner	5	107	220	89	41	3	11	82		558
Chinese Medicine Practitioner	70	1,937	17	862	181	37	1,280	250	79	4,713
Chiropractor	64	1,718	24	810	368	57	1,325	601	181	5,148
Dental Practitioner	402	6,670	157	4,390	1,815	370	4,994	2,566	629	21,993
Medical Practitioner	1,944	32,037	1,118	20,018	7,600	2,123	25,037	10,391	2,776	103,044
Medical Radiation Practitioner	271	5,124	122	3,086	1,173	318	3,813	1,350	253	15,510
Midwife	103	867	64	715	492	21	1,104	367	119	3,852
Nurse	5,201	92,093	3,666	65,253	30,340	8,010	88,625	34,204	9,253	336,645
Nurse and Midwife	569	8,663	529	5,919	2,114	641	7,683	2,967	324	29,409
Occupational Therapist	315	5,134	174	3,511	1,420	290	4,465	2,635	246	18,190
Optometrist	75	1,722	30	1,020	273	82	1,320	417	175	5,114
Osteopath	33	569	4	194	37	42	1,087	61	44	2,071
Pharmacist	498	9,311	215	5,775	2,103	716	7,313	3,157	663	29,751
Physiotherapist	547	8,295	166	5,291	2,309	447	7,049	3,494	1,164	28,762
Podiatrist	61	1,202	22	769	428	104	1,472	454	64	4,576
Psychologist	858	10,959	225	5,845	1,631	570	8,939	3,504	560	33,091
Total	11,016	186,408	6,753	123,547	52,325	13,831	165,517	66,500	16,530	642,427

Note:

Registered health practitioners must nominate their principal place of practice in Australia, known as their PPP. This information appears in the online register. Practitioners who do not have a PPP have typically maintained their registration in Australia but are not currently in Australia.

Applications for registration

People who are becoming registered for the first time in Australia, or those who are re-registering after a period of absence, must make an application for registration and demonstrate that they meet the requirements. AHPRA is able to approve registration on behalf of the National Boards if the applications are straightforward.

If the applications are complex, they go to the appropriate National Board delegate for consideration.

Table 2 shows the number of new applications for registration finalised in the latest quarter, by profession.

There are a number of possible outcomes for a health practitioner applying for registration. Applicants can have their applications approved, or refused. Applicants can be registered, but in a type of registration different to that which they applied for. They can also have their application approved with conditions – for example, some practitioners will be required to practise under supervision for an initial period. In some cases, applicants withdraw their application.

Table 3 shows the outcome of new applications finalised in the latest quarter.

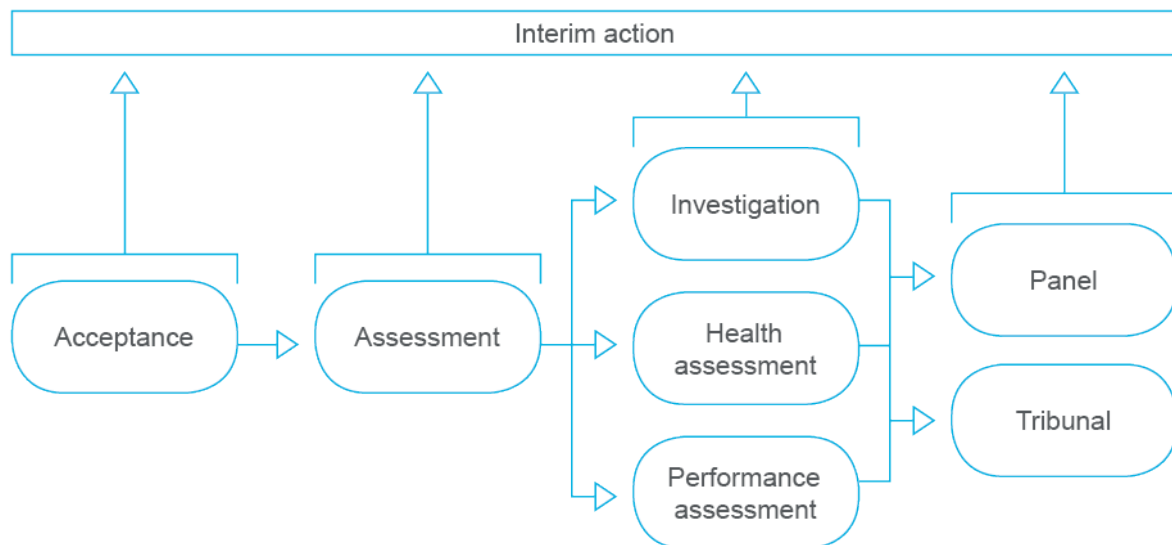
Table 2: Applications for registration finalised, by profession

Profession	WA	National (incl NSW)	% of national
Aboriginal and Torres Strait Islander Health Practitioner	22	103	21%
Chinese Medicine Practitioner	17	411	4%
Chiropractor	30	171	18%
Dental Practitioner	100	886	11%
Medical Practitioner	807	5,561	15%
Medical Radiation Practitioner	44	770	6%
Midwife	58	511	11%
Nurse	750	8,053	9%
Occupational Therapist	182	1,137	16%
Optometrist	14	152	9%
Osteopath	2	90	2%
Pharmacist	158	1,492	11%
Physiotherapist	185	1,194	15%
Podiatrist	10	206	5%
Psychologist	125	896	14%
Total	2,504	21,633	12%

Table 3: Applications for registration finalised, by outcome

Outcome	WA	National (incl NSW)	% of national
Register	2,300	19,440	12%
Register with conditions	62	480	13%
Register in a type other than applied for	6	47	13%
Register in a type other than applied for with conditions	1	32	3%
Refuse application	52	706	7%
Withdrawn	80	857	9%
Other	3	71	4%
Total	2,504	21,633	12%

Notifications management



Anyone can make a complaint about a registered health practitioner's [health, performance or conduct](#). This is called a 'notification' because AHPRA and the National Boards are 'notified' about concerns or complaints. Queensland is an exception – it uses the term 'complaint'.

Notifications are made to AHPRA, which manages them to a certain point on behalf of the National Boards. Except in NSW where notifications are managed by the relevant Health Professional Council and the Health Care Complaints Commission.

Once a notification has been received we need to decide whether we can accept it. In order for us to be able to accept the notification, it must relate to a health practitioner or student registered by the Board and relate to a matter that is a ground for a notification. We will also consider whether it could also be made to a health complaints entity. When accepting a notification and in every other step of our processes, we consider whether there is a serious risk to the public that requires us to take interim action to protect the public. (This is known as immediate action in the National Law).

Then if the notification is found to be a matter that AHPRA and National Boards could deal with, we assess it and decide what we should do with it. Assessment can lead to a range of actions, including:

- a decision to take no further action
- a decision to caution the practitioner
- a decision to accept an undertaking from the practitioner
- a decision to impose conditions on the practitioner's registration
- a decision to pass the notification to a health complaints entity.

The assessment can also result in a decision to take further actions, such as:

- further investigation of the matter
- a health assessment
- a performance assessment
- a referral to a panel
- a referral to a tribunal.

Volume of notifications

Table 4 shows the number of notifications received in the latest quarter, by profession.

Table 5 shows the number of notifications closed in the latest quarter, by profession.

Table 4: Notifications received, by profession

Profession	WA	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner		1	0%
Chinese Medicine Practitioner		3	0%
Chiropractor	5	22	23%
Dental Practitioner	23	133	17%
Medical Practitioner	67	789	8%
Medical Radiation Practitioner		10	0%
Midwife		18	0%
Nurse	22	324	7%
Occupational Therapist	1	8	13%
Optometrist	1	7	14%
Osteopath		7	0%
Pharmacist	7	78	9%
Physiotherapist	4	15	27%
Podiatrist	3	10	30%
Psychologist	9	82	11%
Yet to be coded*		11	0%
Total	142	1,518	9%

Note:

*This report provides a snapshot of a point in time. Details of the notification may not have been entered into the system or were not available at that time.

Table 5: Notifications closed, by profession

Profession	WA	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner		2	0%
Chinese Medicine Practitioner		4	0%
Chiropractor	2	8	25%
Dental Practitioner	13	97	13%
Medical Practitioner	80	568	14%
Medical Radiation Practitioner		6	0%
Midwife	2	17	12%
Nurse	23	233	10%
Occupational Therapist		3	0%
Optometrist	1	3	33%
Osteopath		2	0%
Pharmacist	1	78	1%
Physiotherapist		11	0%
Podiatrist	1	4	25%
Psychologist	6	75	8%
Yet to be coded*		7	0%
Total	129	1,118	12%

Note:

* This report provides a snapshot of a point in time. Details of the notification may not have been entered into the system or were not available at that time.

At any time, there are notifications at different stages. Table 6 shows the number of open notifications at each stage of the process, as at the end of the latest quarter.

AHPRA aims to reduce the number of notifications open over time. Table 7 shows the change in the number of open notifications over the latest quarter.

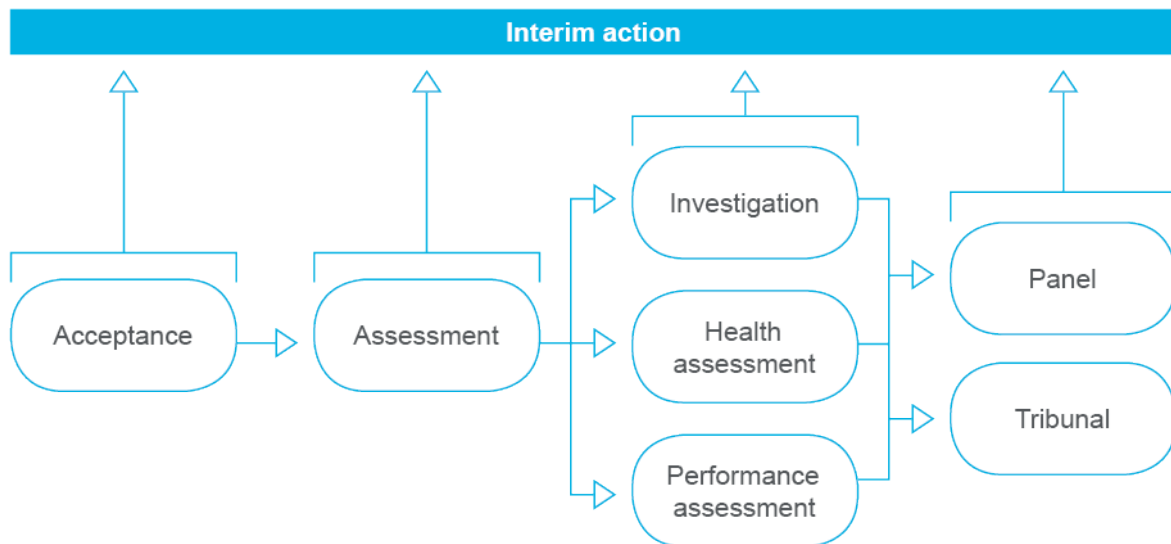
Table 6: Stage of open notifications at the end of the latest quarter

Stage	WA	National	% of national
Assessment	93	1,120	8%
Investigation	311	1,750	18%
Health assessment	21	184	11%
Performance assessment		68	0%
Referred to a Panel	8	68	12%
Referred to a Tribunal	27	297	9%
Total	460	3,487	13%

Table 7: Change in open notifications, by number and percentage

Status	WA	National
Open at start of quarter	447	3,087
Received	142	1,518
Closed	129	1,118
Open at end of quarter	460	3,487
Change (no.)	▲ 13	▲ 400
Change (%)	▲ 3%	▲ 13%

Note: Where a practitioner changes their PPP during the reporting period, this is not reported as a closure.



Interim actions

Notifications identify concerns about a practitioner. From the time that we first receive a notification, we evaluate the types and magnitude of risks that a practitioner might pose to the public. This has a significant influence on how we manage the notification.

If a notification discloses a serious risk to the public, National Boards have the power to take interim action (this is known as immediate action in the National Law). They follow the principles of natural justice by informing the health practitioner, who has the opportunity to make submissions to the National Board.

Nevertheless, these interim actions can occur with or without the cooperation of the health practitioner. They can take place at any time once the notification has been received. They do not end the matter – they protect the public while the orderly process of managing the notification continues.

National Boards can:

- accept an undertaking by the health practitioner
- impose conditions on the health practitioner's registration
- suspend the registration of the health practitioner pending further investigation
- accept the surrender of registration by the health practitioner.

Changes to registration as a result of interim action are published to the online register of practitioners.

Table 8 shows the outcome of interim actions taken by National Boards in the latest quarter.

Table 9 shows the median time taken for such actions. Median time is the measure used to allow international comparisons.

Table 8: Interim actions taken, by outcome

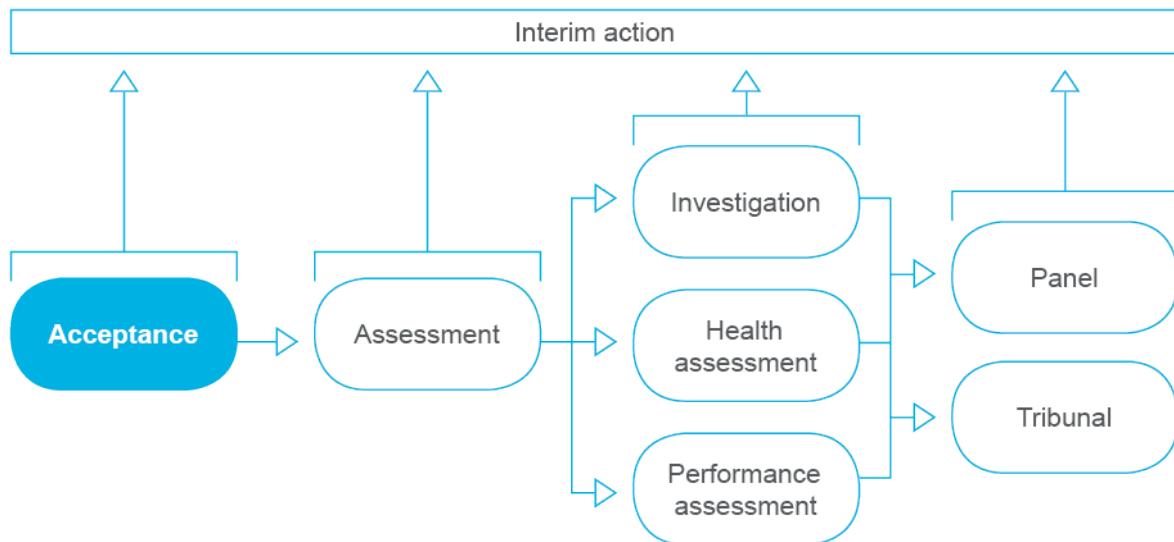
Outcome	WA	National	% of national
Board accepts undertaking by the practitioner	3	10	30%
Board imposes conditions on practitioner's registration	12	48	25%
Board suspends practitioner		11	0%
Practitioner surrenders registration			-
Total	15	69	22%

Table 9: Interim actions taken, by time frame

Time frame	WA	National
Median days	8	8

Note:

Median time is calculated from the time that AHPRA identifies information that suggests interim action might be necessary. It ends when the National Board decides to take interim action, having first allowed the practitioner a reasonable time to show cause as to why the proposed action is or is not necessary.



Acceptance

When accepting a notification, AHPRA appraises:

- whether or not the notification relates to a person who is a health practitioner or a student registered by the Board
- whether or not the notification relates to a matter that is a ground for notification, and
- whether or not the notification could also be made to a health complaints entity.

If the notification isn't about a registered health practitioner, or doesn't relate to a ground for notification, then it can't be accepted for management by AHPRA.

Table 10 shows the number of notifications which were accepted, by profession, in the latest quarter.

Table 11 shows how many notifications were accepted for management by AHPRA and how many were not accepted in the latest quarter.

Table 10: Notifications considered for acceptance, by profession

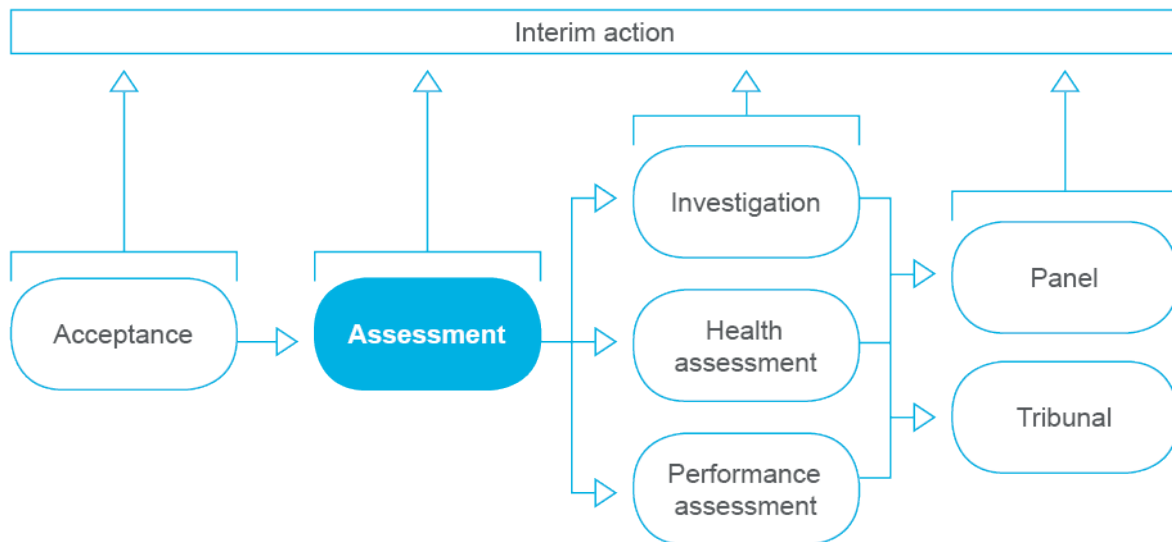
	WA	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner		1	0%
Chinese Medicine Practitioner		4	0%
Chiropractor	6	26	23%
Dental Practitioner	34	156	22%
Medical Practitioner	82	837	10%
Medical Radiation Practitioner		10	0%
Midwife	2	31	6%
Nurse	26	354	7%
Occupational Therapist	1	8	13%
Optometrist	1	7	14%
Osteopath		8	0%
Pharmacist	7	86	8%
Physiotherapist	8	24	33%
Podiatrist	5	14	36%
Psychologist	9	89	10%
Yet to be coded*		67	0%
Total	181	1,722	11%

Note:

This report provides a snapshot of a point in time. Details of the notification may not have been entered into the system or were not available at that time.

Table 11: Outcome of acceptance process

Outcome	WA	National	% of national
Accepted for management by AHPRA	151	1,524	10%
Not accepted by AHPRA	30	198	15%
Total	181	1,722	11%



Assessment

AHPRA conducts an assessment to see if the concerns raised can be quickly and easily addressed. If not, it aims to make sure they are dealt with in the most effective way possible.

AHPRA may ask the person who made the notification for more information. It will usually send the health practitioner a copy of the notification and ask them to respond. This is not done if it would:

- prejudice an investigation
- place a person's safety at risk, or
- place a person at risk of intimidation.

AHPRA then passes on all relevant information to the National Board so it can make a decision about what to do. National Boards have the power to:

- take no further action
- caution the practitioner
- accept an undertaking from the practitioner
- impose conditions on the practitioner's registration
- refer the matter to another entity
- investigate the matter further
- require the practitioner to undergo a health or performance assessment
- refer the matter for hearing by a panel, or
- refer the matter for hearing by a tribunal.

Information about these potential outcomes is available at www.ahpra.gov.au/Notifications/The-notifications-process/Possible-outcomes.

We aim to complete assessments within 60 days, but the process can take longer if a National Board proposes to caution the practitioner, impose conditions on a practitioner's registration or accept an undertaking from a practitioner. In those circumstances, a final decision cannot be made until a practitioner has an opportunity to *show cause* as to why the National Board should or should not proceed with its proposal.

Table 12 shows the number of assessments completed, by profession.

Table 13 shows the timeliness of the completion of the assessment.

Table 14 shows the outcomes of the assessments completed.

Table 15 shows how long assessments that were open at the end of the latest quarter had been open.

Table 12: Assessments completed, by profession

Profession	WA	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner		1	0%
Chinese Medicine Practitioner		3	0%
Chiropractor	3	16	19%
Dental Practitioner	12	95	13%
Medical Practitioner	80	553	14%
Medical Radiation Practitioner	1	6	17%
Midwife	3	25	12%
Nurse	26	278	9%
Occupational Therapist	1	9	11%
Optometrist	1	4	25%
Osteopath		4	0%
Pharmacist	3	73	4%
Physiotherapist	3	16	19%
Podiatrist	2	7	29%
Psychologist	8	72	11%
Not yet coded*		4	0%
Total	143	1,166	12%

Note:

*This report provides a snapshot of a point in time. Details of the notification may not have been entered into the system or were not available at that time.

Table 13: Assessments completed, by time frame

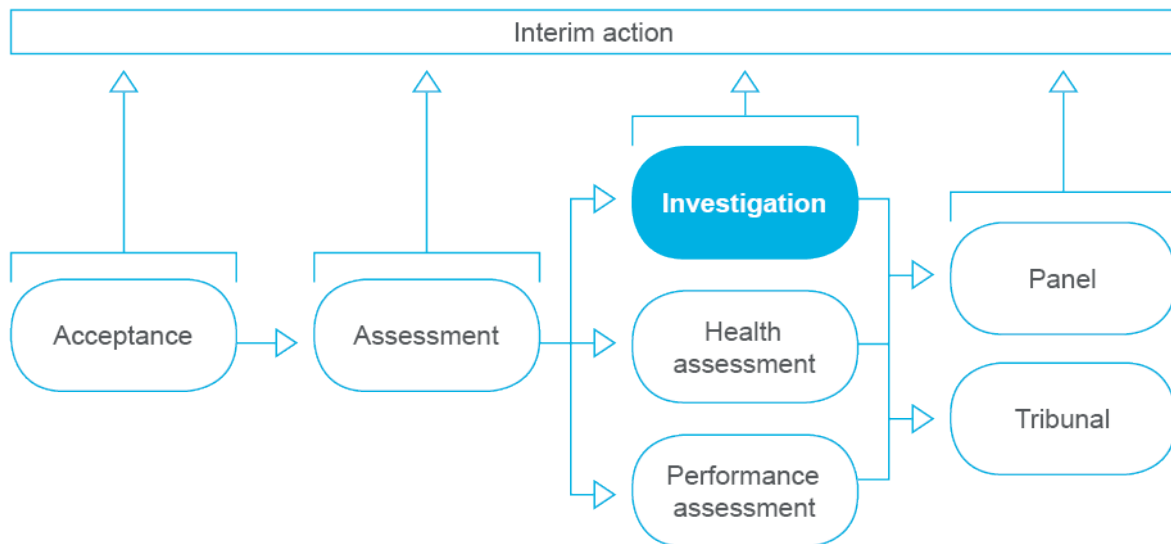
Time frame	WA	National	% of national
Completed in ≤ 60 days	85	613	14%
Completed in > 60 days but ≤ 90 days	45	358	13%
Completed in > 90 days	13	195	7%
Total	143	1,166	12%

Table 14: Assessments completed, by outcome

Outcome	WA	National	% of national
Outcome of decision to close the notification			
No further action	54	483	11%
Board cautions practitioner	4	83	5%
Board accepts undertaking by the practitioner		10	0%
Board imposes conditions on practitioner's registration	1	37	3%
Assessment to be done by healthcare complaints entity		4	0%
Other		16	0%
Outcome of decision to take the notification further			
Investigation by AHPRA	72	437	16%
Health or performance assessment	10	74	14%
Referral to a panel	1	6	17%
Referral to a tribunal		1	0%
Other	1	15	7%
Total	143	1,166	12%

Table 15: Assessments open at the end of the latest quarter, by time frame

Time frame	WA	National	% of national*
Open for ≤ 60 days	65	790	8%
Open for > 60 days but ≤ 90 days	8	171	5%
Open for > 90 days	20	159	13%
Total	93	1,120	8%



Investigation

A National Board may decide to investigate a health practitioner or student if it receives a notification or for any other reason believes that:

- the practitioner or student has, or may have, an impairment
- the way the practitioner practises is, or may be, unsatisfactory
- the practitioner's conduct is, or may be, unsatisfactory.

Not every notification lodged is investigated, and not every investigation arises from a notification. A National Board has the power to initiate an investigation without a notification. It might do this when it becomes concerned about a practitioner through information that is in the public domain, or when information about a practitioner is revealed in an investigation about another practitioner.

A National Board may also conduct an investigation to ensure that a practitioner or student is complying with conditions imposed on their registration or an undertaking given by the practitioner or student to the Board.

After an investigation, a National Board may decide to:

- take no further action
- caution the practitioner
- accept an undertaking from the practitioner
- impose conditions on the practitioner's registration
- refer the matter to another entity
- require the practitioner to undergo a health or performance assessment
- refer the matter for hearing by a panel, or
- refer the matter for hearing by a tribunal.

We aim to complete investigations in under six months. But sometimes gathering the information needed to complete the investigation is complex, and the investigation takes longer. All investigations are reviewed at six, nine and 12 months to make sure that the information we are gathering is necessary to resolve the investigation.

Table 16 shows the number of the investigations completed in the latest quarter, by profession.

Table 17 shows the timeliness of those completed investigations.

Table 18 shows the outcomes of the investigations completed in the latest quarter.

Table 19 shows how long investigations that were open at the end of the latest quarter had been open.

Table 16: Investigations completed, by profession

Profession	WA	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner		1	0%
Chinese Medicine Practitioner		1	0%
Chiropractor	2	5	40%
Dental Practitioner	8	37	22%
Medical Practitioner	32	185	17%
Medical Radiation Practitioner	1	4	25%
Midwife	1	4	25%
Nurse	11	80	14%
Occupational Therapist			-
Optometrist	1	1	100%
Osteopath			-
Pharmacist	1	22	5%
Physiotherapist		3	0%
Podiatrist	1	1	100%
Psychologist	4	26	15%
Not yet coded*		2	0%
Total	62	372	17%

Note:

*This report provides a snapshot of a point in time. Details of the notification may not have been entered into the system or were not available at that time.

Table 17: Investigations completed, by time frame

Time frame	WA	National	% of national
Completed in ≤ 6 months	23	121	19%
Completed in > 6 months but ≤ 12 months	22	117	19%
Completed in > 12 months but ≤ 18 months	14	64	22%
Completed in > 18 months	3	70	4%
Total	62	372	17%

Table 18: Investigations completed, by outcome

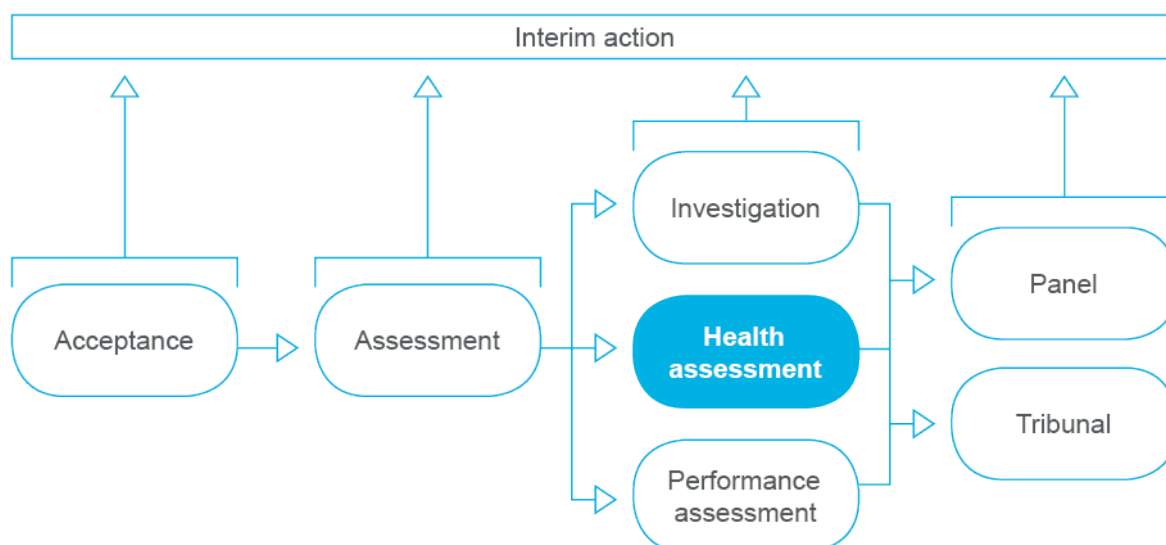
Outcome	WA	National	% of national
Outcome of decision to close the notification			
No further action	41	178	23%
Board cautions practitioner	7	58	12%
Board accepts undertaking by the practitioner	1	22	5%
Board imposes conditions on practitioner's registration	7	42	17%
Other			-
Outcome of decision to take the notification further			
Health or performance assessment		24	0%
Referral to a panel	2	24	8%
Referral to a tribunal	3	20	15%
Other	1	4	25%
Total	62	372	17%

Table 19: Investigations open at the end of the latest quarter, by time frame

Time frame	WA	National	% of national
Open for ≤ 6 months	168	876	19%
Open for > 6 months but ≤ 12 months	92	454	20%
Open for > 12 months but ≤ 18 months	30	237	13%
Open for > 18 months	21	183	11%
Total	311	1,750	18%

Note:

Interim action may be taken at any time during the notifications process, including the investigation stage, to protect the public from a practitioner who poses a serious risk to the public.



Health assessment

A National Board may require a health practitioner or student to undergo a health assessment if it believes that the practitioner or student has or may have an impairment that affects their capacity to practise.

The results of the health assessment are discussed with the health practitioner. This allows an honest discussion of any adverse findings, and ways to deal with them. It also gives the health practitioner the chance to discuss any recommendations made by the assessor.

After a health assessment, a National Board may decide to:

- take no further action
- caution the practitioner
- accept an undertaking from the practitioner
- impose conditions on the practitioner's registration
- refer the matter to another entity
- investigate the matter further
- require the practitioner to undergo a performance assessment
- refer the matter for hearing by a panel, or
- refer the matter for hearing by a tribunal.

Table 20 shows the number of health assessments completed in the latest quarter, by profession.

Table 21 shows the timeliness of those health assessments completed.

Table 22 shows the outcomes of the health assessments completed in the latest quarter.

Table 23 shows the timeliness of those health assessments open at the end of the latest quarter.

Table 20: Health assessments completed, by profession

Profession	WA	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			-
Chinese Medicine Practitioner			-
Chiropractor	1	1	100%
Dental Practitioner	1	1	100%
Medical Practitioner	1	27	4%
Medical Radiation Practitioner			-
Midwife			-
Nurse		39	0%
Occupational Therapist			-
Optometrist			-
Osteopath			-
Pharmacist		3	0%
Physiotherapist			-
Podiatrist			-
Psychologist	1	5	20%
Not yet coded*		1	0%
Total	4	77	5%

Note:

*This report provides a snapshot of a point in time. Details of the notification may not have been entered into the system or were not available at that time.

Table 21: Health assessments completed, by time frame

Time frame	WA	National	% of national
Completed in ≤ 6 months	3	52	6%
Completed in > 6 months	1	25	4%
Total	4	77	5%

Table 22: Health assessments completed, by outcome

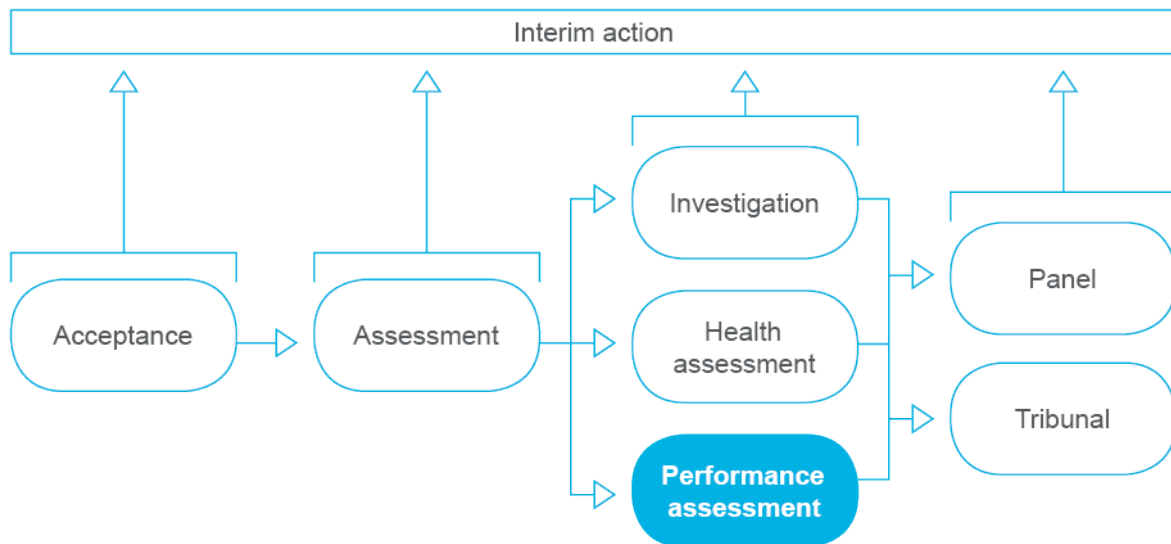
Outcome	WA	National	% of national
Outcome of decision to close the notification			
No further action	2	37	5%
Board cautions practitioner		2	0%
Board accepts undertaking by the practitioner		15	0%
Board imposes conditions on practitioner's registration		14	0%
Other			-
Outcome of decision to take the notification further			
Investigation by AHPRA	2	7	29%
Referral to a panel			-
Referral to a tribunal			-
Other		2	0%
Total	4	77	5%

Table 23: Health assessments open at the end of the latest quarter, by time frame

Time frame	WA	National	% of national
Open for ≤ 6 months	14	134	10%
Open for > 6 months	7	50	14%
Total	21	184	11%

Note:

Interim action may be taken at any time during the notifications process, including the health assessment stage, to protect the public from a practitioner who poses a serious risk to the public.



Performance assessment

A National Board may require a health practitioner to have a performance assessment if it believes that the way they practise is or may be unsatisfactory.

A performance assessment is an assessment of the knowledge, skill, judgement and care shown by a health practitioner in their work. It is carried out by one or more independent health practitioners who are not Board members.

The results of the performance assessment are discussed with the health practitioner. This allows an honest discussion of any adverse findings, and ways to deal with them. It also gives the health practitioner the chance to discuss any recommendations for upskilling, education, mentoring or supervision made by the assessor.

After a performance assessment, a National Board may decide to:

- take no further action
- caution the practitioner
- accept an undertaking from the practitioner
- impose conditions on the practitioner's registration
- refer the matter to another entity
- investigate the matter further
- require the practitioner to undergo a health assessment
- refer the matter for hearing by a panel, or
- refer the matter for hearing by a tribunal.

Table 24 shows the number of performance assessments completed in the latest quarter, by profession.

Table 25 shows the timeliness of those performance assessments completed.

Table 26 shows the outcomes of the performance assessments completed in the latest quarter.

Table 27 shows the timeliness of those performance assessments open at the end of the latest quarter.

Table 24: Performance assessments completed, by profession

Profession	WA	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			-
Chinese Medicine Practitioner			-
Chiropractor			-
Dental Practitioner			-
Medical Practitioner	1	5	20%
Medical Radiation Practitioner			-
Midwife			-
Nurse		8	0%
Occupational Therapist			-
Optometrist			-
Osteopath			-
Pharmacist			-
Physiotherapist		2	0%
Podiatrist			-
Psychologist			-
Total	1	15	7%

Table 25: Performance assessments completed, by time frame

Time frame	WA	National	% of national
Completed in ≤ 6 months		4	0%
Completed in > 6 months	1	11	9%
Total	1	15	7%

Table 26: Performance assessments completed, by outcome

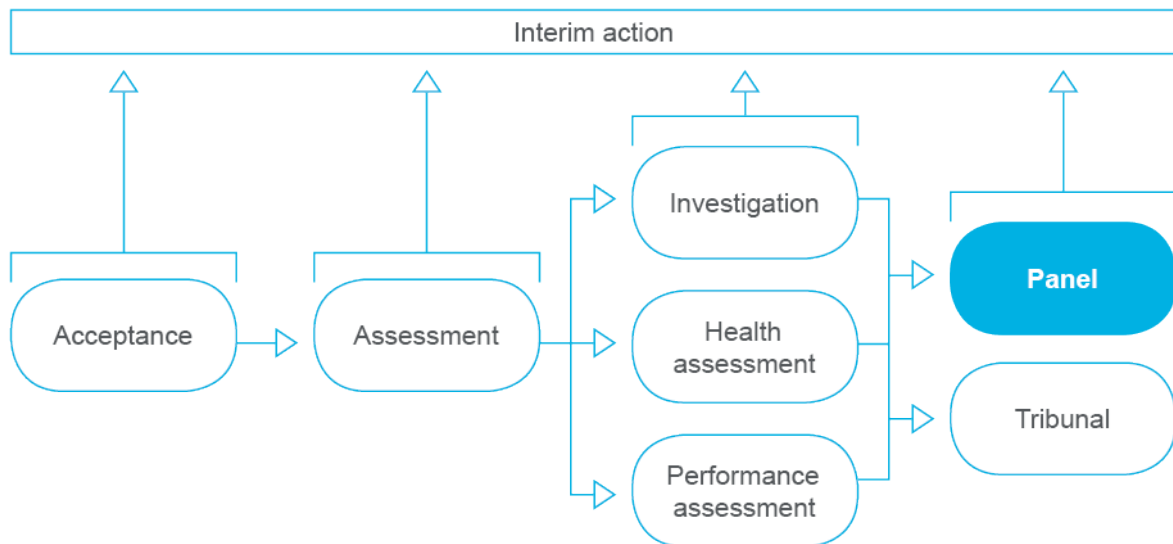
Outcome	WA	National	% of national
Outcome of decision to close the notification			
No further action	1	6	17%
Board cautions practitioner			
Board accepts undertaking by the practitioner		3	0%
Board imposes conditions on practitioner's registration		4	0%
Other			-
Outcome of decision to take the notification further			
Investigation by AHPRA		1	0%
Referral to a panel			-
Referral to a tribunal		1	0%
Other			-
Total	1	15	7%

Table 27: Performance assessments open at the end of the latest quarter, by time frame

Time frame	WA	National	% of national
Open for ≤ 6 months		45	0%
Open for > 6 months		23	0%
Total	0	68	0%

Note:

Interim action may be taken at any time during the notifications process, including the performance assessment stage, to protect the public from a practitioner who poses a serious risk to the public.



Panel hearing

A National Board can refer a matter to a health panel or a performance and professional standards panel.

A health panel is formed if a National Board believes that a health practitioner or student has, or may have, an impairment that impairs their ability to practise.

A performance and professional standards panel is formed if a National Board believes that the way a health practitioner practises is, or may be, unsatisfactory, or that the health practitioner's professional conduct is, or may be, unsatisfactory.

The data presented below encompasses data about both health panels and performance and professional standards panels.

Table 28 shows the number of panel hearings completed in the last quarter, by profession.

Table 29 shows the timeliness of the panel hearings completed in the last quarter.

Table 30 shows the outcomes of panel hearings completed in the last quarter.

Table 28: Panel hearings completed, by profession

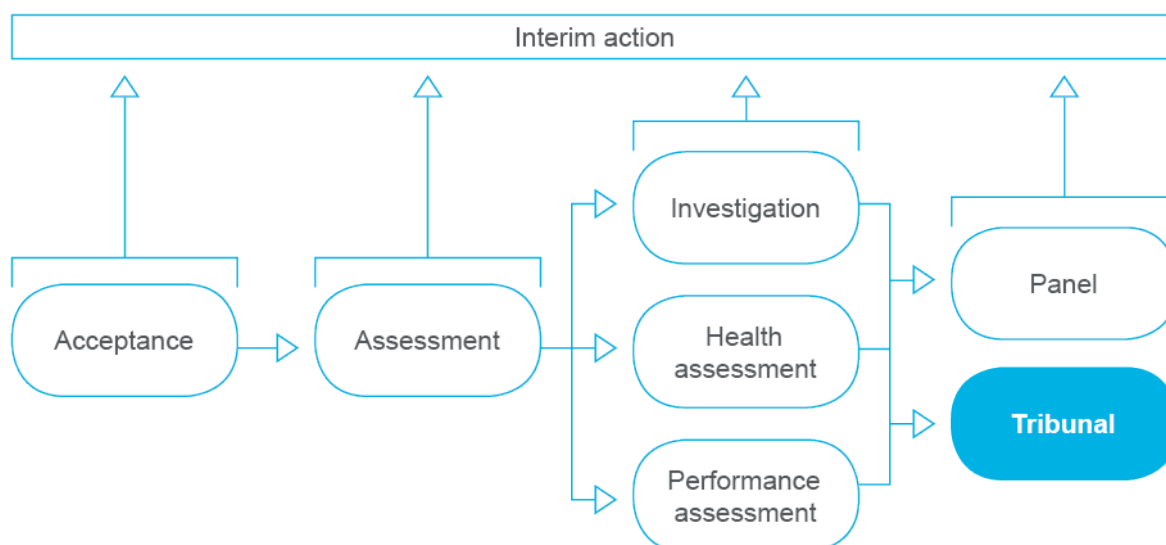
Profession	WA	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			-
Chinese Medicine Practitioner			-
Chiropractor			-
Dental Practitioner		1	0%
Medical Practitioner		35	0%
Medical Radiation Practitioner			-
Midwife			-
Nurse	1	8	13%
Occupational Therapist		2	0%
Optometrist			-
Osteopath			-
Pharmacist		8	0%
Physiotherapist			-
Podiatrist		1	0%
Psychologist		4	0%
Total	1	59	2%

Table 29: Panel hearings completed, by time frame

Time frame	WA	National	% of national
Completed in ≤ 6 months	1	38	3%
Completed in > 6 months		21	0%
Total	1	59	7%

Table 30: Panel hearings completed, by outcome

Outcome	WA	National	% of national
Outcome of decision to close the notification			
No further action		7	0%
Referral to another body			-
Board cautions practitioner	1	12	8%
Reprimand		5	0%
Practitioner surrenders registration			-
Board suspends practitioner			-
Board accepts undertaking by the practitioner		1	0%
Board imposes conditions on practitioner's registration		25	0%
Other			-
Outcome of decision to take the notification further			
Investigation by AHPRA		1	0%
Health or performance assessment			-
Referral to a tribunal		5	0%
Other		3	0%
Total	1	59	2%



Tribunal hearing

A National Board can refer a matter to a tribunal for hearing. This happens only when the allegations involve the most serious unprofessional conduct, known as professional misconduct, and when a National Board believes suspension or cancellation of the practitioner’s registration may be warranted.

Each state and territory has its own tribunal.

Table 31 Tribunals in each state and territory

State/territory	Tribunal
New South Wales	Civil and Administrative Tribunal
Australian Capital Territory	Civil and Administrative Tribunal
Northern Territory	Health Professional Review Tribunal
Queensland	Civil and Administrative Tribunal
South Australia	Health Practitioners Tribunal
Tasmania	Health Practitioners Tribunal
Victoria	Civil and Administrative Tribunal
Western Australia	State Administrative Tribunal

Performance data is being developed.

Statutory offence management

It is illegal for anybody who is not a registered health practitioner to pretend to be, or to carry out clinical actions as if they were, a registered health practitioner.

It is illegal for health practitioners to advertise in certain ways, and it is illegal for anyone to incite or induce a health practitioner to act in an unprofessional way.

These sorts of offences are called 'statutory offences'. AHPRA and the National Boards take complaints about statutory offences seriously, as they are responsible for making sure that only practitioners who have the skills and qualifications to provide care are registered to practise.

Table 31 shows the statutory offence matters completed in the latest quarter, by profession.

Table 32 shows the type of statutory offence matters completed during the latest quarter, by type.

Table 33 shows the outcomes of the statutory offence matters completed in the latest quarter.

Table 34 shows the number of statutory offences open at the end of the latest quarter.

Table 31: Statutory offences completed, by profession

Profession	WA	National (incl NSW)	% of national total
Aboriginal and Torres Strait Islander Health Practitioner			-
Chinese Medicine Practitioner		1	0%
Chiropractor	1	19	5%
Dental Practitioner	6	29	21%
Medical Practitioner	3	23	13%
Medical Radiation Practitioner		1	0%
Midwife			-
Nurse	1	5	20%
Occupational Therapist		2	0%
Optometrist		4	0%
Osteopath	1	20	5%
Pharmacist		1	0%
Physiotherapist	4	7	57%
Podiatrist	2	7	29%
Psychologist	2	14	14%
No Profession		13	0%
Total	20	146	14%

Note:

The designation 'No Profession' can include persons falsely claiming to be a registered health practitioner.

Table 32: Statutory offences completed, by type

Type	WA	National (incl NSW)	% of national
Falsely claiming to be a registered health practitioner	2	43	5%
Carrying out acts that only a registered health practitioner should do		4	0%
Breach of laws on advertising	17	93	18%
Directing or inciting a health practitioner to act in an unprofessional way		2	0%
Other offence	1	4	25%
Total	20	146	14%

Note:

Other offence can relate to offences under schedules 5 and 6 of the National Law.

Table 33: Statutory offences completed, by outcome

Outcome	WA	National (incl NSW)	% of national
Outcome where offence not prosecuted			
Health practitioner complies with demand for action by Board	13	36	36%
Referred for management as a notification			-
Board refers matter to another entity		11	0%
No action taken	7	98	7%
Outcome where offence prosecuted			
Not guilty – acquitted			-
Guilty – no conviction, not fined			-
Guilty – no conviction, fined			-
Guilty – conviction recorded, fined		1	0%
Total	20	146	14%

Table 34: Open statutory offences at the end of the latest quarter

Open	WA	National (incl NSW)	% of national
Total	11	559	2%

Monitoring and compliance management

AHPRA monitors health practitioners and students with restrictions on their registration, or whose registration has been suspended or cancelled. This helps protect the public and manage risk to patients.

Our monitoring and compliance program ensures that we know which practitioners are complying with restrictions on their registration and which are not. It also confirms that the health practitioner or student whose registration has been suspended or cancelled is not practising their profession.

Restrictions can be placed on a practitioner's registration through a number of different mechanisms, including for example as an outcome of a notification or an application for registration.

Each monitoring case created by AHPRA is assigned to one of five streams. Information about these streams is available at <http://www.ahpra.gov.au/Registration/Monitoring-and-compliance.aspx>.

Table 35 shows the monitoring cases open at the end of the latest quarter, by profession.

Table 36 shows the monitoring cases open at the end of the latest quarter, by monitoring stream.

Table 37 shows the monitoring cases open at the end of the latest quarter in the jurisdiction, by profession and stream

Table 35: Monitoring cases open at the end of the latest quarter, by profession

Profession	ACT	NSW	NT	QLD	SA	Tas	Vic	WA	No PPP	National (incl NSW)
Aboriginal and Torres Strait Islander Health Practitioner		5	7	9			3	20		44
Chinese Medicine Practitioner	24	590	2	126	42	5	69	74	19	951
Chiropractor	1	9		10	7	1	15	10	2	55
Dental Practitioner	7	7	3	47	24	4	42	17	3	154
Medical Practitioner	33	441	26	379	169	30	348	223	17	1,666
Medical Radiation Practitioner	2	20	1	35	12	4	13	14	2	103
Midwife	6	30	3	25	5	2	21	28	11	131
Nurse	34	60	20	312	163	31	301	122	39	1,082
Occupational Therapist		8		16	5	2	7	10	2	50
Optometrist		1		2			6	3	1	13
Osteopath		2		1	1		7	1		12
Pharmacist	10	20	2	47	16	5	43	18	8	169
Physiotherapist	3	11	1	16	5	2	15	4		57
Podiatrist		3		4	4		7			18
Psychologist	13	5	1	40	10	8	42	20	1	140
Never registered under National Law				3						3
Total	133	1,212	66	1,072	463	94	939	564	105	4,648

Note:

1. Practitioners who do not have a PPP have typically maintained their registration in Australia but are not currently in Australia.
2. A monitoring case may be created as a result of the orders of a Tribunal. The person being monitored may not be registered and is being monitored to provide evidence as to whether or not they should be registered in the future.

Table 36: Number of monitoring cases open at the end of the latest quarter, by monitoring stream

Profession	WA	National (incl NSW)	% of national total
Health	59	706	8%
Performance	81	560	14%
Conduct	50	434	12%
Prohibited Practitioner / Student	18	120	15%
Suitability / Eligibility	356	2,828	13%
Total	564	4,648	12%

Table 37: Number of WA monitoring cases open at the end of the latest quarter, by monitoring stream and profession

Profession	Health	Performance	Conduct	Prohibited Practitioner / Student	Suitability / Eligibility	WA Total
Aboriginal and Torres Strait Islander Health Practitioner			1		19	20
Chinese Medicine Practitioner					74	74
Chiropractor	2	2	3		3	10
Dental Practitioner	1	7	3		6	17
Medical Practitioner	29	38	23	11	122	223
Medical Radiation Practitioner			1	2	11	14
Midwife		3			25	28
Nurse	22	20	11	4	65	122
Occupational Therapist		2			8	10
Optometrist		1			2	3
Osteopath					1	1
Pharmacist	4	3	2	1	8	18
Physiotherapist			1		3	4
Podiatrist						-
Psychologist	1	5	5		9	20
Total	59	81	50	18	356	564

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