

# Local decisions: National Scheme

Regulating health  
practitioners in the  
**Northern Territory**

# NT

## Annual Report Summary

2015/16

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



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

Australian Health Practitioner Regulation Agency

This annual report summary is publicly available to download at [www.ahpra.gov.au/annualreport](http://www.ahpra.gov.au/annualreport).

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# At a glance: regulating health practitioners in the Northern Territory in 2015/16

This annual report summary offers a snapshot of our work regulating almost 7,000 registered health practitioners in the Northern Territory (NT) for the financial year to 30 June 2016.

A more detailed national profile is published in the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards' 2015/16 annual report: [www.ahpra.gov.au/annualreport/2016](http://www.ahpra.gov.au/annualreport/2016).



NT practitioners accounted for **1.1%** of all registered health practitioners in Australia

**6,913** health practitioners were registered in the NT in 2015/16, compared with 6,696 the previous year



**673** new applications for registration were received in the NT this year, an increase of **6%** year on year



Women comprised **76%** of the registered NT health workforce



**706** criminal history checks were carried out for applicants in the NT. Of **64** disclosable court outcomes, none required regulatory action

**35.8%** of all registered Aboriginal and Torres Strait Islander health practitioners were based in the NT

**123** notifications were received about registrants with a principal place of practice in the NT



**0.1%** of all osteopaths were based in the NT



**55** NT practitioners were monitored for health, performance and/or conduct during the year

**1.2%** of all notifications (complaints or concerns) received during the year were about practitioners in the NT

**11** new statutory offence complaints were received, an increase of **120%** from the previous year

The majority of these were medical practitioners (**22**) or nurses (**18**)



There was a **16.3%** decrease in notifications, down from 147 in 2014/15

# About the National Scheme

## Who

The National Registration and Accreditation Scheme (the National Scheme) regulates almost 660,000 registered health practitioners across Australia.

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

### The 14 National Boards are:

- ▶ Aboriginal and Torres Strait Islander Health Practice Board of Australia
- ▶ Chinese Medicine Board of Australia
- ▶ Chiropractic Board of Australia
- ▶ Dental Board of Australia
- ▶ Medical Board of Australia
- ▶ Medical Radiation Practice Board of Australia
- ▶ Nursing and Midwifery Board of Australia
- ▶ Occupational Therapy Board of Australia
- ▶ Optometry Board of Australia
- ▶ Osteopathy Board of Australia
- ▶ Pharmacy Board of Australia
- ▶ Physiotherapy Board of Australia
- ▶ Podiatry Board of Australia
- ▶ Psychology Board of Australia

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 one-stop shop 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 a standardised framework for the accreditation of health practitioner education and training in Australia.

The searchable database for the registers of practitioners (also known as the public register) can be found at [www.ahpra.gov.au/registration/registers-of-practitioners](http://www.ahpra.gov.au/registration/registers-of-practitioners).

## When

The National Scheme started in July 2010. Since then, there has been an increase in the number of registered practitioners, from 530,115 in June 2011 to 657,621 on 30 June 2016.

## Where

The National Scheme operates across Australia with local offices in each capital city. It builds local decision-making into a national standards and policy framework. Every state and territory parliament has passed a national 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 core focus of regulation. Other objectives and guiding principles of the National Scheme are set down in the National Law.

For more information on the National Law, see [www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation](http://www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation).

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# Foreword from the AHPRA Chair and CEO

**The regulation of almost 660,000 registered health practitioners across 14 health professions and a federation of eight states and territories is a large and important task.**

AHPRA and the National Boards rely on the local knowledge and expertise of boards, committees and our offices in each state and territory to protect the public Australia-wide. Our number one priority is patient safety while enabling a competent and flexible health workforce to meet the current and future health needs of the community.

The NT has 6,913 registered health practitioners. This represents 1.1% of all Australian practitioners, with growth of 3.2% from last year.

Strengthening relationships with stakeholders was an important focus for the NT office and the local boards and committees during the year, with a number of regular stakeholder meetings, presentations and events.

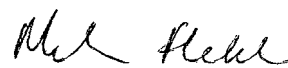
The NT office continued its strong emphasis on improving how it manages notifications, including a pilot decision-making matrix for allocating matters between the National Boards and the health complaints entities. In partnership with the new NT Health and Community Services Commissioner, the NT office completed a significant body of work to redesign the consultation process between the NT office and the Commission, considerably improving communications about new notifications and complaints.

The NT office manages all the registration applications AHPRA receives for Aboriginal and Torres Strait Islander health practitioners, and provides support to the Registration and Notifications Committee of the Aboriginal and Torres Strait Islander Health Practice Board. Grandparenting provisions for the profession under the National Law [Section 303] ceased to apply at the end of June 2015, and the office experienced a surge in registration applications in the weeks before provisions expired.

This contributed significantly to an increase in the number of registered Aboriginal and Torres Strait Islander health practitioners of well over 50% by the end of June 2016.

The NT office ensures timely and effective regulatory decision-making, in partnership with the local Territory Boards and Committees. This is consistent with our shared regulatory principles and our commitment to being a risk-based regulator.

We thank the staff of the AHPRA NT office, board and committee members for their hard work and commitment over the past year. We particularly acknowledge and thank NT State Manager Jill Huck for her leadership of regulation in the Northern Territory for many years. While much has been achieved, there is always more to do. We look forward to continuing to work with them to serve the NT community.



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



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

# Foreword from NT Territory Manager, Jill Huck

The local NT office of AHPRA together with the National Boards continued to serve the NT community in 2015/16 by strengthening our relationships with local stakeholders and improving the way that we manage notifications.

## Highlights of 2015/16

- ▶ **A unique registrant base:** The NT is the principal place of practice for 1.1% of registered health practitioners in Australia. While ratio of professions and practitioners is comparable to the rest of Australia based on population, there are some key areas of difference. For example, 35.8% of all registered Aboriginal and Torres Strait Islander health practitioners in Australia have a principal place of practice in the NT.
- ▶ **Stakeholder engagement:** The NT office undertook a number of stakeholder engagement activities that focused on healthcare practice in remote communities during the year.
- ▶ **New ways of working:** The NT office worked with the Health and Community Services Commissioner to implement better ways of working, and also participated in the pilot of a decision-making matrix for making sure complaints and notifications get to the right entity as quickly as possible.

## Working in partnership with National Boards

The NT AHPRA office works in close partnership with the NT boards and committees of the medical, nursing and midwifery, dental, psychology and Aboriginal and Torres Strait Islander health professions.

In this past year, a number of National Boards, including the Psychology Board of Australia, the Podiatry Board of Australia, the Nursing and Midwifery Board of Australia and the Aboriginal and Torres Strait Islander Health Practice Board of Australia, have utilised the NT AHPRA office when meeting in Darwin. As required, local staff provided support for stakeholder events, and consultation and information sessions.

A particularly successful stakeholder event was held in Darwin by the Podiatry Board of Australia, which was attended by almost all of the 24 podiatrists registered in the NT at that time.

## Building stakeholder relationships

During the year, the NT office and local boards and committees worked closely with the NT Health and Community Services Complaints Commission (HCSCC) to redesign our consultation process for dealing with notifications (complaints). This resulted in a more efficient, effective and transparent joint decision-making process and has enhanced the relationship between the different entities.

As part of our work with the HCSCC, the NT participated in the development and piloting of a decision-making matrix for allocating matters between National Boards and HCEs and the development of joint protocols and community information products. The pilot involved the boards, AHPRA and the HCEs in three very different jurisdictions – Victoria, Western Australia and the NT. The model has since been adopted by two more jurisdictions.

As part of the new working relationship with the HCSCC, we have undertaken joint community education activities, including a productive session with health staff at the Darwin Corrections Centre.

During the year, we had regular contact with stakeholders such as Medicare, the NT Department of Health, the major hospitals, Aboriginal Medical Services, GP practices, Medicare Local, the major training providers and authorities including Charles Darwin University, the NT Medical Education and Training Council, the Centre for Remote Health, NT General Practice Education and various professional associations.

Formal presentations on regulatory issues were provided to a range of these organisations, often in response to specific requests for speakers and education sessions. Presentations were also made in connection with a number of outreach activities, including remote-area visits of the boards.

In September 2015 I was a special guest speaker at a Quality Assurance for Aboriginal and Torres Strait Islander Medical Services (QAAMS) conference in Adelaide about the regulation of Aboriginal and Torres Strait Islander health practitioners.

During the year, the NT office facilitated the visits of two different boards to health clinics in remote Aboriginal communities.

In October 2015, members of the NT Board of the Nursing and Midwifery Board of Australia, local AHPRA staff and senior staff from the NT Department of Health, visited Wadeye and Palumpa (Nganmariyanga) to meet with health practitioners in these communities.

In May 2016, we organised a successful trip for members of the Aboriginal and Torres Strait Islander Health Practitioner Board of Australia to visit Julanimawu Health Centre in the Tiwi Islands to meet with local health practitioners and health clinic staff. This visit included presentations by local Aboriginal health practitioners and AHPRA staff.

The visits allowed all participants to exchange information and to discuss specific regulatory issues relevant to remote practice.

In June 2016, the Darwin office hosted a meeting of the AHPRA Agency Management Committee. We arranged for the Committee to meet local stakeholders, including the NT Minister for Health. A well-attended stakeholder forum was also held at Parliament House.

## Managing risk through local decision-making

The mechanisms for managing risk are consistent in each state and territory under the National Scheme, and may include some or all of the following: immediate action; imposing restriction; accepting undertakings; suspension or cancellation of registration; ongoing compliance monitoring of practitioners; and/or audits.

Boards may also refuse or impose conditions on registration while making decisions on registration applications.

The NT office and local boards give high priority to quickly identifying high-risk matters and managing them appropriately, including taking immediate action, prioritising investigations and referring matters to panels and tribunals when appropriate.

One matter we referred to the Health Professional Review Tribunal during the year involved six patient notifications about a dentist who was providing a 'service' to remote mining towns and charging patients upfront for dentures, crowns and other dental work, which was never provided. The Tribunal cancelled the dentist's registration and disqualified him from applying for registration for two years.

## Local office, national contribution

As well as managing local registration and regulation matters, the NT office participates in cross-jurisdictional work. We provide secretariat support to the Aboriginal and Torres Strait Islander Health Practitioner Board of Australia, and in 2015/16, we took on additional responsibility for processing physiotherapy applications lodged in New South Wales, Tasmania and the Australian Capital Territory. We also adopted a quality-assurance role regarding papers for the NT, South Australia and Western Australia Regional Board of Psychology Board of Australia.

Our notifications team contributed by taking on the investigation of a number of complex matters where concerns had been raised about practitioners who practised in a number of different Australian states and territories.

As I am leaving AHPRA at the end of 2016 as a planned step towards retirement, I would like to take this opportunity to welcome Eliza Collier to the role of NT Manager. I would also like to acknowledge the high-quality work undertaken by staff, board and committee members in the NT, and extend my sincere gratitude to them for their hard work, professionalism and commitment.

Finally, I would like to thank AHPRA staff and board members locally and nationally for their friendship and support over the past six years. It has been an honour to work with so many wonderful people.



**Jill Huck**  
**NT Territory Manager,**  
**AHPRA (until 30 June**  
**2016)**



## **Part 1:**

Decision-making in the NT:  
Board and committee reports

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

The NT Committee has continued to work hard to protect the public in 2015/16. We held quarterly formal meetings in 2016, and continued a very good relationship with the AHPRA office in Darwin.

The NT Committee consists of two general practice members (Dr Erna Melton and Dr Quentin Rahaus), one public member (Ms Joanna Pethick), and one specialist dentist (Dr Mark Leedham, Chair).

The Chair attended the Dental Board of Australia meeting in November, and also participated in a meeting of the State and Territory Committee Chairs to discuss common issues. In addition, the Chair continued to participate as a member of the Professions Reference Group (PRG) as it looked at specialist-dentist competencies. The PRG has a number of roles, including providing feedback, information and advice on strategies for building better knowledge from within the professions about health practitioner regulation, and advising AHPRA on issues affecting the professions.

The Board met with the Health and Community Services Complaints Commissioner, Mr Stephen Dunham, early this year, to discuss common issues, and to maintain the existing strong relationship with the HCSCC. The Chair also attended when the Management Committee of AHPRA visited Darwin in June.

The NT Committee has made a conscious effort to apply the regulatory principles of the National Scheme this year.

The main focus of the Committee's work this year related to notification matters, and a number of registrants had conditions placed on their registration. One registrant had their registration cancelled and was disqualified from reapplying for registration for two years as a result of referral to the Tribunal.

Protecting the public and serving the community in the NT remain our key areas of focus.



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



**Dr John Lockwood AM**  
Chair, Dental Board  
of Australia

## Members of the NT Committee in 2015/16

Dr Mark Leedham (Chair)

Dr Erna Melton

Ms Joanna Pethick

Dr Quentin Rahaus

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

**The focus of the NT Board of the Medical Board of Australia in 2015/16 continues to be on public safety. The NT Board has continued to focus on notifications processes to ensure the public has access to safe, competent and trustworthy practitioners.**

The NT Board made a number of referrals to panels and tribunals in the 2015/16, which resulted in the suspension and reprimand of one medical practitioner who engaged in significant boundary violations, and significant conditions being placed on another medical practitioner who had conducted examinations on two patients without obtaining informed consent.

We also worked alongside AHPRA on the implementation of an NT Action Plan to improve the Board's performance on notifications. This has included participation in a pilot with the HCSCC to improve the shared consultation process and undertaking a qualitative analysis of 'no further action' decisions to better understand and categorise the reasons for these decisions and inform ongoing practice. This research was later developed into a presentation to be given at the 2016 International Association of Medical Regulatory Authorities (IAMRA) Conference.

The NT Board has continued to focus on the issues arising from the limited registration of international medical graduates (IMGs) this year. We imposed restrictions on registration or refused registration when required to protect public health and safety, and continued to carefully assess the adequacy of supervision arrangements for all IMGs with limited registration.

We have also worked closely with the Department of Health and NT Chief Medical Officer on a review of the declaration of Area of Need (AoN) localities process for the Northern Territory, resulting in a new position-specific model for declarations.

The Board's approach involves working closely with local stakeholders. In August 2015, I attended a meeting of the Indigenous Advisory Council of the Australian Medical Council. In June 2016, I met with the NT Minister for Health, John Elferink, as



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



**Dr Joanna Flynn AM**  
Chair, Medical Board  
of Australia

well as representatives of AHPRA and the Agency Management Committee to discuss the functioning of the National Scheme and attended and spoke at a stakeholder forum at Parliament House in Darwin. The Board has continued throughout the year to liaise with representatives of the Department of Health, the NT Medical Education and Training Council, and the HCSCC.

## Members of the NT Board in 2015/16

Dr Charles Kilburn (Chair)  
Mr John Boneham  
Ms Helen Egan (until 29 February 2016)  
Dr Paul Helliwell  
Mr Garrett Hunter  
Dr Verushka Krigovsky  
Ms Diane Walsh (until 29 February 2016)  
Dr Christine Watson  
Dr Sara Watson (until 29 October 2015)

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

**The NT Board of the Nursing and Midwifery Board of Australia (NMBA) has continued to work hard to ensure nurses and midwives practise their professions in a way that upholds the expectations of the public around healthcare, safety and patient satisfaction.**

In 2015/16, the NT Board continued to work closely with AHPRA staff to ensure streamlined processes and timely management of matters before the Board for the benefit of both practitioners and notifiers (those making complaints). A review of the performance of the NT Board demonstrated the strength of the partnership with AHPRA resulting in a high standard of decision-making.

The NT Board maintained our commitment to professional development and stakeholder engagement. We attended the second NMBA National Conference in November 2015, representing the NT on the conference organising committee, and NT Board member Brian Phillips and I presented on the topics of professional development and improved decision-making.

The Health and Community Services Complaints Commissioner met with the Board to discuss processes and how our work can be mutually beneficial and streamlined, and the Board participated in a pilot with the Commission to improve the shared consultation process.

NT Board members attended NMBA stakeholder events in Darwin and Alice Springs and the NMBA monthly meeting that was held in Darwin in May.

The NT Board contributed to the work of the NMBA by developing considered responses to its policies and projects, ensuring the needs and the nuances of the NT were considered. Members have also been participants in national working groups for the review of midwifery practice standards, internationally qualified nurses and midwives' (IQNM) competency assessments, and an inter-jurisdictional notifications committee.



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



**Associate Professor  
Lynette Cusack**  
Chair, Nursing  
and Midwifery Board  
of Australia

## Members of the NT Board in 2015/16

Ms Angela Bull (Chair)  
Ms Stephanie Campbell  
Mr David Carpenter  
Dr Therese Kearns  
Ms Heather King  
Ms Gay Lavery  
Dr Brian Phillips  
Ms Alison Phillis  
Dr Joanne Seiler (from 30 August 2015)  
Ms Healthier Sjoberg (until 19 June 2015)

# Pharmacy Board of Australia: Chair's message

**The Pharmacy Board of Australia (the National Board) makes decisions about all registered pharmacists in the NT. Regulation of pharmacists at a state and territory level is guided by the standards and policies set by the National Board.**

Practitioner representation from each of the states and territories on the National Board helps to ensure consistency and transparency in the Board's work to implement the National Scheme at a local level. This is supported by a public perspective which comes from community member representatives from four states. Mrs Bhavini Patel is the practitioner member from the NT on the National Board.

To ensure local knowledge informs nationally consistent decisions, the National Board has a notifications committee to make decisions about individual registered pharmacists in the NT. In addition to five core members from the National Board, there are two representatives from each state and territory on this committee.

The NT representatives (jurisdictional members) on the notifications committee are:

- ▶ Ms Angela Young, and
- ▶ Mrs Joanna Wallace.

Input throughout the year from stakeholders in the Northern Territory has been important in helping the Board to complete significant work.

The National Board consulted widely before publishing revised registration standards on:

- ▶ professional indemnity insurance arrangements
- ▶ continuing professional development and related guidelines
- ▶ recency of practice
- ▶ supervised practice arrangements, and
- ▶ examinations for eligibility for general registration.

Feedback received after the publication of the Board's *Guidelines on compounding of medicines* resulted in a further period of consultation with stakeholders in relation to the expiry of compounded parenteral medicines. The Board continues to work closely with technical experts, the Therapeutic Goods Administration and other stakeholders to finalise this guidance.



**Mr William Kelly**  
**Chair, Pharmacy**  
**Board of Australia**

The National Board also worked with an external service provider to create a revised training program for oral examiners. This drew on the skills and expertise of local pharmacists who support the Board through their participation as examiners for the national pharmacy examination.

Information for students and interns published on the Board's website was reviewed and updated. New resources were also created, including PowerPoint presentations that explain the Board's requirements and can be used by local education providers.

AHPRA staff supports the Board in its engagement with stakeholders in the NT, which includes speaking each year to final-year pharmacy students about the Board's requirements for provisional registration and how to apply.

Data showing the work of the National Board in the NT are detailed in this report. More comprehensive information about the work of the Board nationally is included in the 2015/16 annual report of AHPRA and the National Boards.

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

**The Regional Board of the Psychology Board of Australia serves communities in the NT, South Australia (SA) and Western Australia (WA).**

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

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

The main focus of the Regional Board has continued to be on public safety, as we made decisions about individual psychologists. Most of our work considered what action we needed to take to manage risk to the public as a result of a notification (complaint). Another priority was assessing complex applications for registration. Consistency has been ensured through regular teleconferences with the three other Regional Chairs and attendance at the National Registration and Accreditation Scheme (NRAS) combined meeting.

We have endeavoured to engage with our stakeholders during the year, including representatives of health complaints entities in SA, WA and the NT, to discuss issues that are common to our work.

This year we say a special thanks to outgoing members Dr Shirley Grace and Mrs Janet Stephenson for their valued contributions. Subsequently, we welcome SA Practitioner Member Mr Colby Pearce and NT Practitioner Member Mr Chris Frank to the Board.

I would like to thank all members of the Regional Board for their continued hard work and for their commitment to protecting the public by ensuring that psychologists in our region are suitably qualified and uphold the standards that are expected of the profession.



**Associate Professor Jennifer Thornton**  
Chair, Regional Board of the Psychology Board of Australia



**Professor Brin Grenyer**  
Chair, Psychology Board of Australia

## Members of the Regional Board in 2015/16

Dr Jennifer Thornton (Chair)

Ms Cathy Beaton

Ms Judith Dikstein

Emeritus Professor David Leach

Mr Colby Pearce

Mr Chris Frank (from 10 June 2016)

Dr Shirley Grace

Dr Neil McLean (from 17 October 2015)

Mr Theodore Sharp (from 17 October 2015)

Ms Claire Simmons (from 1 January 2016)

Ms Janet Stephenson (until 9 September 2015)

## National Boards and committees: making local decisions

The remaining nine National Boards in the National Scheme have taken a different approach to decision-making about local practitioners, with national committees comprising state and territory representatives.

The committees were established to manage the risk profile, complexity and size of their professions. See the 'Meet the Chairs' panel below to find out which National Boards have national committees that oversee decision-making on a local level.

The committees are appointed by the National Boards on merit and include Board members in most cases. Additional members may be appointed to bring specific professional or jurisdictional expertise when needed. Committees are overseen by the National Boards, who support consistent and robust decision-making to keep 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 AHPRA state and territory managers, so they can monitor and respond to any jurisdiction-specific issues for their professions.

Throughout 2015/16, National Boards engaged with local stakeholders in a range of ways, including:

- ▶ holding stakeholder forums in states and territories to meet local practitioners and community members, and to 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 2015/16 annual report of AHPRA and the National Boards, at: [www.ahpra.gov.au/annualreport/2016](http://www.ahpra.gov.au/annualreport/2016).

### Meet the Chairs



**Ms Lisa Penrith**  
Presiding Member,  
Aboriginal and Torres  
Strait Islander Health  
Practice Board of  
Australia



**Professor Charlie Xue**  
Chair, Chinese  
Medicine Board of  
Australia



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



**Mr Neil Hicks**  
Chair, Medical  
Radiation Practice  
Board of Australia



**Ms Julie Brayshaw**  
Chair, Occupational  
Therapy Board of  
Australia



**Mr Ian Bluntish**  
Chair, Optometry  
Board of Australia



**Dr Nikole Grbin**  
Chair, Osteopathy  
Board of Australia



**Dr Charles Flynn**  
Presiding Member,  
Physiotherapy Board  
of Australia



**Ms Catherine  
Loughry**  
Chair, Podiatry Board  
of Australia



**Part 2:**  
The National Scheme  
at work in the NT



# NT: data snapshot

## Five insights for 2015/16

- ▶ As at 30 June 2016, there were 6,913 registered health practitioners with a principal place of practice in the NT.
- ▶ The NT is the principal place of practice for 35.8% of registered Aboriginal and Torres Strait Islander health practitioners in Australia.
- ▶ 673 new applications were received for registration in the NT, an increase of 6% from the previous year.
- ▶ Complaints about practitioners in the NT decreased by 16.3% year on year, to 123 new notifications received.
- ▶ Of the 1,348 new statutory offence complaints received nationally, 11 were made about practitioners in the NT.

## Background

Data in the NT jurisdiction summary are drawn from the 2015/16 annual report published by AHPRA and the National Boards. NT data have been extracted from national source data to highlight the work we have undertaken over the past year to keep the public safe. All data were correct as at 30 June 2016.

Throughout, national figures are also provided to show how the NT compares with the national average. Where possible, we have included the previous year's data for comparison.

In the following pages, you will find registration data, such as the number of practitioners in each profession whose principal place of practice (PPP) is in the NT, including a breakdown by registration type, registration division (for professions with divisions), information about specialties (for dental, medical and podiatry practitioners), and endorsements or notations held. A gender breakdown of practitioners by profession is also included.

Notifications data<sup>1</sup> (about complaints lodged) are also included, with details of notifications received and closed during the year, as well as those that remained 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 notifications in the jurisdiction.

Information on statutory offence matters, tribunal and panel hearings, active monitoring cases and criminal history checks is also included.

To view the 2015/16 AHPRA annual report in full, along with national, profession-specific data and other state and territories' data, visit [www.ahpra.gov.au/annualreport/2016](http://www.ahpra.gov.au/annualreport/2016).

In early 2017, each of the 14 national boards will publish a summary report outlining their profession's performance in 2015/16.

## Registration in the NT

Tables 1–8 provide details of registered health practitioners with a principal place of practice in the NT. At 30 June 2016, the number of registered health practitioners in the NT was 6,913, an increase of 217 (3.2%) from 2014/15. This jurisdiction represents 1.1% of all registered health practitioners in Australia.

At a profession level, the proportion of registrants in the NT ranged from 35.8% of Aboriginal and Torres Strait Islander health practitioners to 0.1% of osteopaths nationally. See Table 1.

Data also showed that in 2015/16 the NT had:

- ▶ 0.9% of registered health practitioners with a recognised specialty nationally, and
- ▶ 0.6% of health practitioners with a recognised endorsement or notation nationally, which permits an expanded scope of practice within their profession.

In 2015/16, applications received for registration in the NT increased by 6%, with 673 new applications. This equates to 1% of new applications received nationally during the year. Details of registration applications received, with a breakdown of profession and registration type, are provided in Table 7.

Note:

1. In general, national data about notifications include data from the Health Professional Councils Authority (HPCA) in NSW, except when categories used differ between NSW and the other states and territories.

Profession	NT	National total <sup>4</sup>	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	210	587	35.8%
Chinese Medicine Practitioner	17	4,762	0.4%
Chiropractor	23	5,167	0.4%
Dental Practitioner	153	21,741	0.7%
Medical Practitioner	1,177	107,179	1.1%
Medical Radiation Practitioner	112	15,303	0.7%
Midwife	73	4,122	1.8%
Nurse	3,785	346,387	1.1%
Nurse and Midwife <sup>2</sup>	520	29,699	1.8%
Occupational Therapist	175	18,304	1.0%
Optometrist	30	5,142	0.6%
Osteopath	8	2,094	0.1%
Pharmacist	217	29,717	0.7%
Physiotherapist	165	28,855	0.6%
Podiatrist	24	4,655	0.5%
Psychologist	229	33,907	0.7%
<b>Total 2015/16</b>	<b>6,913</b>	<b>657,621</b>	<b>1.1%</b>
<b>Total 2014/15</b>	<b>6,696</b>	<b>637,218</b>	<b>1.1%</b>
<b>Population as a proportion of national population<sup>3</sup></b>	<b>244,000</b>	<b>23,940,300</b>	<b>1.0%</b>

Notes:

1. Data are based on registered practitioners as at 30 June 2016.
2. Practitioners who hold dual registration as both a nurse and a midwife.
3. Based on Australian Bureau of Statistics demographics statistics as at 30 December 2015.
4. National total also includes registrants who have no specified principal place of practice.

Profession/registration type	NT	National total	% of national total
<b>Aboriginal and Torres Strait Islander Health Practitioner</b>	<b>210</b>	<b>587</b>	<b>35.8%</b>
General	209	585	35.7%
Non-practising	1	2	50.0%
<b>Chinese Medicine Practitioner</b>	<b>17</b>	<b>4,762</b>	<b>0.4%</b>
General	17	4,535	0.4%
Non-practising		277	0.4%
<b>Chiropractor</b>	<b>23</b>	<b>5,167</b>	<b>0.4%</b>
General	21	4,875	0.4%
Non-practising	2	292	0.7%
<b>Dental Practitioner</b>	<b>153</b>	<b>21,741</b>	<b>0.7%</b>
General	144	19,458	0.7%
General and non-practising <sup>1</sup>		1	0.0%
General and specialist	4	1,632	0.2%
Limited		74	0.0%
Non-practising	4	546	0.7%
Specialist	1	30	3.3%
<b>Medical Practitioner</b>	<b>1,177</b>	<b>107,179</b>	<b>1.1%</b>
General	509	36,953	1.4%
General (teaching and assessing)		36	0.0%
General (teaching and assessing) and specialist		2	0.0%
General and specialist	401	50,622	0.8%
Limited	52	2,705	1.9%
Non-practising	4	2,655	0.2%
Provisional	86	5,408	1.6%
Specialist	125	8,798	1.4%
<b>Medical Radiation Practitioner</b>	<b>112</b>	<b>15,303</b>	<b>0.7%</b>
General	106	14,541	0.7%
Limited		6	0.0%
Non-practising	2	234	0.9%
Provisional	4	522	0.8%

Profession/ registration type	NT	National total	% of national total
<b>Midwife</b>	<b>73</b>	<b>4,122</b>	<b>1.8%</b>
General	73	4,050	1.8%
Non-practising		72	0.0%
<b>Nurse</b>	<b>3,785</b>	<b>346,387</b>	<b>1.1%</b>
General	3,742	341,071	1.1%
General and non-practising <sup>1</sup>		25	0.0%
Non-practising	41	5,161	0.8%
Provisional	2	130	1.5%
<b>Nurse and Midwife</b>	<b>520</b>	<b>29,699</b>	<b>1.8%</b>
General	513	27,680	1.9%
General and non-practising <sup>2</sup>	6	1,337	0.4%
General and provisional		6	0.0%
Non-practising	1	671	0.1%
Provisional		5	0.0%
<b>Occupational Therapist</b>	<b>175</b>	<b>18,304</b>	<b>1.0%</b>
General	173	17,552	1.0%
Limited		69	0.0%
Non-practising	2	643	0.3%
Provisional		40	0.0%
<b>Optometrist</b>	<b>30</b>	<b>5,142</b>	<b>0.6%</b>
General	29	4,977	0.6%
Limited		5	0.0%
Non-practising	1	160	0.6%
<b>Osteopath</b>	<b>3</b>	<b>2,094</b>	<b>0.1%</b>
General	3	2,020	0.1%
Non-practising		66	0.0%
Provisional <sup>3</sup>		8	0.0%
<b>Pharmacist</b>	<b>217</b>	<b>29,717</b>	<b>0.7%</b>
General	202	26,948	0.7%
Limited		7	0.0%
Non-practising	2	1,035	0.2%
Provisional	13	1,727	0.8%

Profession/ registration type	NT	National total	% of national total
<b>Physiotherapist</b>	<b>165</b>	<b>28,855</b>	<b>0.6%</b>
General	162	27,667	0.6%
Limited	2	346	0.6%
Non-practising	1	842	0.1%
<b>Podiatrist</b>	<b>24</b>	<b>4,655</b>	<b>0.5%</b>
General	23	4,524	0.5%
General and specialist		30	0.0%
Non-practising	1	101	1.0%
<b>Psychologist</b>	<b>229</b>	<b>33,907</b>	<b>0.7%</b>
General	199	27,627	0.7%
Non-practising	1	1,658	0.1%
Provisional	29	4,622	0.6%
<b>Total</b>	<b>6,913</b>	<b>657,621</b>	<b>1.1%</b>

Notes:

1. Practitioners holding general registration in one division and non-practising registration in another division.
2. Practitioners holding general registration in one profession and non-practising registration in the other profession.
3. The Osteopathy Board introduced a category of provisional registration in 2013/14.

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

Profession/ endorsement or notation	NT	National total	% of national total
<b>Chiropractor</b>		<b>32</b>	<b>0.0%</b>
Acupuncture		32	0.0%
<b>Dental Practitioner</b>	<b>2</b>	<b>95</b>	<b>2.1%</b>
Area of Practice	2	95	2.1%
<b>Medical Practitioner</b>	<b>2</b>	<b>573</b>	<b>0.3%</b>
Acupuncture	2	573	0.3%
<b>Midwife<sup>1</sup></b>	<b>4</b>	<b>342</b>	<b>1.2%</b>
Eligible Midwife <sup>2</sup>	2	91	2.2%
Midwife Practitioner		1	0.0%
Scheduled Medicines	2	250	0.8%
<b>Nurse<sup>1</sup></b>	<b>43</b>	<b>2,804</b>	<b>1.5%</b>
Eligible Midwife <sup>3</sup>	3	289	1.0%
Nurse Practitioner	21	1,418	1.5%
Scheduled Medicines	19	1,097	1.7%
<b>Optometrist</b>	<b>19</b>	<b>2,387</b>	<b>0.8%</b>
Scheduled Medicines	19	2,387	0.8%
<b>Osteopath</b>		<b>2</b>	<b>0.0%</b>
Acupuncture		2	0.0%
<b>Physiotherapist</b>		<b>8</b>	<b>0.0%</b>
Acupuncture		8	0.0%
<b>Podiatrist</b>		<b>74</b>	<b>0.0%</b>
Scheduled Medicines		74	0.0%
<b>Psychologist</b>	<b>43</b>	<b>11,167</b>	<b>0.4%</b>
Area of Practice	43	11,167	0.4%
<b>Total</b>	<b>113</b>	<b>17,484</b>	<b>0.6%</b>

Notes:

1. Nursing and midwifery 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.
3. Holds dual registration as a nurse and a midwife, and holds notation of Eligible Midwife.

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

Profession/gender	NT	National total	% of national total
<b>Aboriginal and Torres Strait Islander Health Practitioner</b>	<b>210</b>	<b>587</b>	<b>35.8%</b>
Female	154	452	34.1%
Male	56	135	41.5%
<b>Chinese Medicine Practitioner</b>	<b>17</b>	<b>4,762</b>	<b>0.4%</b>
Female	10	2,602	0.4%
Male	7	2,160	0.3%
<b>Chiropractor</b>	<b>23</b>	<b>5,167</b>	<b>0.4%</b>
Female	7	1,989	0.4%
Male	16	3,178	0.5%
<b>Dental Practitioner</b>	<b>153</b>	<b>21,741</b>	<b>0.7%</b>
Female	80	10,737	0.7%
Male	73	11,004	0.7%
<b>Medical Practitioner</b>	<b>1,177</b>	<b>107,179</b>	<b>1.1%</b>
Female	568	44,492	1.3%
Male	609	62,687	1.0%
<b>Medical Radiation Practitioner</b>	<b>112</b>	<b>15,303</b>	<b>0.7%</b>
Female	72	10,369	0.7%
Male	40	4,934	0.8%
<b>Midwife</b>	<b>73</b>	<b>4,122</b>	<b>1.8%</b>
Female	72	4,107	1.8%
Male	1	15	6.7%
<b>Nurse</b>	<b>3,785</b>	<b>346,387</b>	<b>1.1%</b>
Female	3,199	306,450	1.0%
Male	586	39,937	1.5%
<b>Nurse and Midwife</b>	<b>520</b>	<b>29,699</b>	<b>1.8%</b>
Female	494	29,177	1.7%
Male	26	522	5.0%
<b>Occupational Therapist</b>	<b>175</b>	<b>18,304</b>	<b>1.0%</b>
Female	157	16,749	0.9%
Male	18	1,555	1.2%
<b>Optometrist</b>	<b>30</b>	<b>5,142</b>	<b>0.6%</b>
Female	15	2,658	0.6%
Male	15	2,484	0.6%

Profession/gender	NT	National total	% of national total
<b>Osteopath</b>	<b>3</b>	<b>2,094</b>	<b>0.1%</b>
Female		1,137	0.0%
Male	3	957	0.3%
<b>Pharmacist</b>	<b>217</b>	<b>29,717</b>	<b>0.7%</b>
Female	140	18,243	0.8%
Male	77	11,474	0.7%
<b>Physiotherapist</b>	<b>165</b>	<b>28,855</b>	<b>0.6%</b>
Female	116	19,639	0.6%
Male	49	9,216	0.5%
<b>Podiatrist</b>	<b>24</b>	<b>4,655</b>	<b>0.5%</b>
Female	13	2,822	0.5%
Male	11	1,833	0.6%
<b>Psychologist</b>	<b>229</b>	<b>33,907</b>	<b>0.7%</b>
Female	170	26,909	0.6%
Male	59	6,998	0.8%
<b>Total</b>	<b>6,913</b>	<b>657,621</b>	<b>1.1%</b>

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

Profession/division	NT	National total	% of national total
<b>Chinese Medicine Practitioner</b>	<b>17</b>	<b>4,762</b>	<b>0.4%</b>
Acupuncturist	12	1,722	0.7%
Acupuncturist and Chinese Herbal Dispenser <sup>1</sup>		2	0.0%
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner <sup>1</sup>		779	0.0%
Acupuncturist and Chinese Herbal Medicine Practitioner <sup>1</sup>	5	2,147	0.2%
Chinese Herbal Dispenser		45	0.0%
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner <sup>1</sup>		17	0.0%
Chinese Herbal Medicine Practitioner		50	0.0%
<b>Dental Practitioner</b>	<b>153</b>	<b>21,741</b>	<b>0.7%</b>
Dental Hygienist	12	1,414	0.8%
Dental Hygienist and Dental Prosthetist <sup>1</sup>		3	0.0%
Dental Hygienist and Dental Prosthetist and Dental Therapist <sup>1</sup>		2	0.0%
Dental Hygienist and Dental Therapist <sup>1</sup>	7	480	1.5%
Dental Hygienist and Dental Therapist and Dentist		2	0.0%
Dental Hygienist and Dental Therapist and Oral Health Therapist		1	0.0%
Dental Hygienist and Dentist <sup>1</sup>		3	0.0%
Dental Hygienist and Oral Health Therapist <sup>1</sup>		6	0.0%
Dental Prosthetist	4	1,250	0.3%
Dental Prosthetist and Dental Therapist <sup>1</sup>		1	0.0%
Dental Prosthetist and Dentist <sup>1</sup>		1	0.0%

Profession/division	NT	National total	% of national total
Dental Therapist	15	1,016	1.5%
Dental Therapist and Dentist		1	0.0%
Dental Therapist and Oral Health Therapist <sup>1</sup>		4	0.0%
Dentist	106	16,264	0.7%
Dentist and Oral Health Therapist <sup>1</sup>		2	0.0%
Oral Health Therapist	9	1,291	0.7%
<b>Medical Radiation Practitioner</b>	<b>112</b>	<b>15,303</b>	<b>0.7%</b>
Diagnostic Radiographer	99	11,840	0.8%
Diagnostic Radiographer and Nuclear Medicine Technologist <sup>1</sup>		14	0.0%
Diagnostic Radiographer and Radiation Therapist <sup>1</sup>		2	0.0%
Nuclear Medicine Technologist	2	1,095	0.2%
Radiation Therapist	11	2,352	0.5%
<b>Nurse</b>	<b>3,785</b>	<b>346,387</b>	<b>1.1%</b>
Enrolled Nurse (Division 2)	425	62,994	0.7%
Enrolled Nurse (Division 2) and Registered Nurse (Division 1) <sup>1</sup>	64	6,465	1.0%
Registered Nurse (Division 1)	3,296	276,928	1.2%
<b>Nurse and Midwife</b>	<b>520</b>	<b>29,699</b>	<b>1.8%</b>
Enrolled Nurse and Midwife <sup>1</sup>	1	64	1.6%
Enrolled Nurse and Registered Nurse and Midwife <sup>1</sup>	1	66	1.5%
Registered Nurse and Midwife <sup>1</sup>	518	29,569	1.8%
<b>Total</b>	<b>4,587</b>	<b>417,892</b>	<b>1.1%</b>

Note:

1. Practitioners who hold dual or multiple registration.

**Table 6. Health practitioners with specialties at 30 June 2016<sup>1</sup>**

Profession/area of specialty practice	NT	National total	% of national total
<b>Dental Practitioner</b>	<b>6</b>	<b>1,714</b>	<b>0.4%</b>
Dento-maxillofacial radiology		10	0.0%
Endodontics		163	0.0%
Forensic odontology	1	26	3.8%
Oral and maxillofacial surgery	2	202	1.0%
Oral medicine		35	0.0%
Oral pathology		24	0.0%
Oral surgery		51	0.0%
Orthodontics	3	605	0.5%
Paediatric dentistry		130	0.0%
Periodontics		223	0.0%
Prosthodontics		213	0.0%
Public health dentistry (Community dentistry)		16	0.0%
Special needs dentistry		16	0.0%
<b>Medical Practitioner</b>	<b>562</b>	<b>64,463</b>	<b>0.9%</b>
Addiction medicine	2	168	1.2%
Anaesthesia	35	4,782	0.7%
Dermatology	1	528	0.2%
Emergency medicine	36	1,904	1.9%
General practice	245	24,471	1.0%
Intensive care medicine	10	856	1.2%
Paediatric intensive care medicine		7	0.0%
No subspecialty declared	10	849	1.2%
<b>Medical administration</b>	<b>4</b>	<b>331</b>	<b>1.2%</b>

Profession/area of specialty practice	NT	National total	% of national total
<b>Obstetrics and gynaecology</b>	16	<b>1,932</b>	0.8%
Gynaecological oncology		<b>46</b>	0.0%
Maternal-fetal medicine	1	<b>40</b>	2.5%
Obstetrics and gynaecological ultrasound		<b>76</b>	0.0%
Reproductive endocrinology and infertility		<b>54</b>	0.0%
Urogynaecology		<b>31</b>	0.0%
No subspecialty declared	15	<b>1,685</b>	0.9%
<b>Occupational and environmental medicine</b>	1	<b>308</b>	0.3%
<b>Ophthalmology</b>	4	<b>991</b>	0.4%
<b>Paediatrics and child health</b>	30	<b>2,555</b>	1.2%
Paediatric intensive care medicine		<b>6</b>	0.0%
Clinical genetics		<b>26</b>	0.0%
Community child health		<b>52</b>	0.0%
General paediatrics	19	<b>1,825</b>	1.0%
Neonatal and perinatal medicine	2	<b>174</b>	1.1%
Paediatric cardiology	1	<b>36</b>	2.8%
Paediatric clinical pharmacology		<b>1</b>	0.0%
Paediatric emergency medicine		<b>51</b>	0.0%
Paediatric endocrinology		<b>32</b>	0.0%
Paediatric gastroenterology and hepatology		<b>24</b>	0.0%
Paediatric haematology		<b>11</b>	0.0%
Paediatric immunology and allergy		<b>20</b>	0.0%
Paediatric infectious diseases	1	<b>19</b>	5.3%
Paediatric medical oncology		<b>27</b>	0.0%
Paediatric nephrology		<b>11</b>	0.0%
Paediatric neurology		<b>35</b>	0.0%
Paediatric palliative medicine		<b>2</b>	0.0%

Profession/area of specialty practice	NT	National total	% of national total
Paediatric rehabilitation medicine		<b>8</b>	0.0%
Paediatric respiratory and sleep medicine		<b>27</b>	0.0%
Paediatric rheumatology		<b>12</b>	0.0%
No subspecialty declared	7	<b>156</b>	4.5%
<b>Pain medicine</b>		<b>276</b>	0.0%
<b>Palliative medicine</b>	4	<b>312</b>	1.3%
<b>Pathology</b>	10	<b>2,073</b>	0.5%
Anatomical pathology (including cytopathology)	4	<b>892</b>	0.4%
Chemical pathology		<b>95</b>	0.0%
Forensic pathology	1	<b>48</b>	2.1%
General pathology	1	<b>123</b>	0.8%
Haematology	3	<b>513</b>	0.6%
Immunology		<b>118</b>	0.0%
Microbiology	1	<b>231</b>	0.4%
No subspecialty declared		<b>53</b>	0.0%
<b>Physician</b>	76	<b>9,779</b>	0.8%
Cardiology	7	<b>1,313</b>	0.5%
Clinical genetics		<b>72</b>	0.0%
Clinical pharmacology		<b>55</b>	0.0%
Endocrinology	7	<b>658</b>	1.1%
Gastroenterology and hepatology	2	<b>836</b>	0.2%
General medicine	19	<b>1,785</b>	1.1%
Geriatric medicine	2	<b>661</b>	0.3%
Haematology	4	<b>532</b>	0.8%
Immunology and allergy	1	<b>159</b>	0.6%
Infectious diseases	11	<b>408</b>	2.7%
Medical oncology	2	<b>626</b>	0.3%
Nephrology	11	<b>522</b>	2.1%
Neurology	1	<b>567</b>	0.2%
Nuclear medicine		<b>261</b>	0.0%
Respiratory and sleep medicine	4	<b>651</b>	0.6%
Rheumatology	2	<b>365</b>	0.5%
No subspecialty declared	3	<b>308</b>	1.0%

Profession/area of specialty practice	NT	National total	% of national total
<b>Psychiatry</b>	20	<b>3,565</b>	0.6%
<b>Public health medicine</b>	21	<b>434</b>	4.8%
<b>Radiation oncology</b>	2	<b>380</b>	0.5%
<b>Radiology</b>	4	<b>2,368</b>	0.2%
Diagnostic radiology	3	<b>2,023</b>	0.1%
Diagnostic ultrasound		<b>4</b>	0.0%
Nuclear medicine		<b>186</b>	0.0%
No subspecialty declared	1	<b>155</b>	0.6%
<b>Rehabilitation medicine</b>	2	<b>497</b>	0.4%
<b>Sexual health medicine</b>	1	<b>123</b>	0.8%
<b>Sport and exercise medicine</b>	1	<b>119</b>	0.8%
<b>Surgery</b>	37	<b>5,711</b>	0.6%
Cardio-thoracic surgery		<b>501</b>	0.0%
General surgery	18	<b>1,974</b>	0.9%
Neurosurgery		<b>247</b>	0.0%
Oral and maxillofacial surgery	2	<b>123</b>	1.6%
Orthopaedic surgery	8	<b>1,394</b>	0.6%
Otolaryngology – head and neck surgery	3	<b>498</b>	0.6%
Paediatric surgery		<b>103</b>	0.0%
Plastic surgery	3	<b>450</b>	0.7%
Urology	1	<b>434</b>	0.2%
Vascular surgery	1	<b>229</b>	0.4%
No subspecialty declared	1	<b>58</b>	1.7%
<b>Podiatrist</b>		<b>30</b>	<b>0.0%</b>
Podiatric surgeon		<b>30</b>	0.0%
<b>Total</b>	<b>568</b>	<b>66,207</b>	0.9%

Note:

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

**Table 7. Applications received, by profession and registration type**

Profession/registration type	NT	National total	% of national total
<b>Aboriginal and Torres Strait Islander Health Practitioner</b>	<b>16</b>	<b>269</b>	<b>5.9%</b>
General	15	<b>268</b>	5.6%
Non-practising	1	<b>1</b>	100.0%
<b>Chinese Medicine Practitioner</b>		<b>742</b>	<b>0.0%</b>
General		<b>546</b>	0.0%
Non-practising		<b>196</b>	0.0%
<b>Chiropractor</b>	<b>1</b>	<b>394</b>	<b>0.3%</b>
General		<b>340</b>	0.0%
Limited		<b>3</b>	0.0%
Non-practising	1	<b>51</b>	2.0%
<b>Dental Practitioner</b>	<b>6</b>	<b>1,536</b>	<b>0.4%</b>
General	4	<b>1,280</b>	0.3%
Limited	1	<b>46</b>	2.2%
Non-practising	1	<b>143</b>	0.7%
Specialist		<b>67</b>	0.0%
<b>Medical Practitioner</b>	<b>268</b>	<b>16,203</b>	<b>1.7%</b>
General	83	<b>5,280</b>	1.6%
Limited	24	<b>1,720</b>	1.4%
Non-practising	4	<b>393</b>	1.0%
Provisional	91	<b>5,453</b>	1.7%
Specialist	66	<b>3,357</b>	2.0%
<b>Medical Radiation Practitioner</b>	<b>15</b>	<b>1,722</b>	<b>0.9%</b>
General	11	<b>1,160</b>	0.9%
Limited		<b>6</b>	0.0%
Non-practising		<b>82</b>	0.0%
Provisional	4	<b>474</b>	0.8%
<b>Midwife</b>	<b>27</b>	<b>1,715</b>	<b>1.6%</b>
General	25	<b>1,401</b>	1.8%
Non-practising	2	<b>297</b>	0.7%
Provisional		<b>17</b>	0.0%
<b>Nurse</b>	<b>267</b>	<b>28,854</b>	<b>0.9%</b>
General	253	<b>27,031</b>	0.9%
Non-practising	10	<b>1,513</b>	0.7%
Provisional	4	<b>310</b>	1.3%



Profession/ registration type	NT	National total	% of national total
<b>Occupational Therapist</b>	<b>6</b>	<b>2,200</b>	<b>0.3%</b>
General	6	1,799	0.3%
Limited		81	0.0%
Non-practising		287	0.0%
Provisional		33	0.0%
<b>Optometrist</b>	<b>2</b>	<b>399</b>	<b>0.5%</b>
General	1	365	0.3%
Limited		6	0.0%
Non-practising	1	28	3.6%
<b>Osteopath</b>		<b>207</b>	<b>0.0%</b>
General		163	0.0%
Non-practising		28	0.0%
Provisional		16	0.0%
<b>Pharmacist</b>	<b>24</b>	<b>3,324</b>	<b>0.7%</b>
General	14	1,622	0.9%
Limited		29	0.0%
Non-practising		151	0.0%
Provisional	10	1,522	0.7%
<b>Physiotherapist</b>	<b>9</b>	<b>2,505</b>	<b>0.4%</b>
General	5	2,101	0.2%
Limited	3	244	1.2%
Non-practising	1	160	0.6%
<b>Podiatrist</b>	<b>3</b>	<b>445</b>	<b>0.7%</b>
General	2	408	0.5%
Non-practising	1	36	2.8%
Specialist		1	0.0%
<b>Psychologist</b>	<b>29</b>	<b>4,759</b>	<b>0.6%</b>
General	11	1,773	0.6%
Non-practising	1	529	0.2%
Provisional	17	2,457	0.7%
<b>Total 2015/16</b>	<b>673</b>	<b>65,274</b>	<b>1.0%</b>
<b>Total 2014/15</b>	<b>635</b>	<b>61,517</b>	<b>1.0%</b>

**Table 8. Outcome of applications for registration finalised in 2015/16**

Outcome	NT	National total <sup>2</sup>	% of national total
Register	516	57,260	0.9%
Register with conditions	17	1,716	1.0%
Register in a type other than applied for	2	150	1.3%
Register in a type other than applied for with conditions		130	0.0%
Refuse application	24	2,706	0.9%
Withdrawn	38	3,823	1.0%
Other	3	191	1.6%
<b>Total 2015/16 (PPP)<sup>1</sup></b>	<b>600</b>	<b>65,976</b>	<b>0.9%</b>

Notes:

1. Based on state and territory of the applicant's principal place of practice (PPP).
2. National total figure includes overseas applicants and applicants who did not indicate their PPP.

**Table 9. Domestic and international criminal history checks in the NT and nationally, by profession, and cases where a criminal history check resulted in, or contributed to, imposition of conditions or undertakings**

State/territory <sup>1</sup>	NT					National 2015/16			
Profession	Number of CHCs <sup>2</sup>	Number of DCOs <sup>3</sup>	% of DCOs resulting from CHCs	Conditions/undertakings resulting from CHCs	% of total national CHCs resulted in conditions/undertakings	Number of CHCs <sup>2</sup>	Number of DCOs <sup>3</sup>	% of DCOs resulting from CHCs	Conditions/undertakings resulting from CHCs
Aboriginal and Torres Strait Islander Health Practitioner	65	37	56.9%		0.0%	396	193	48.7%	1
Chinese Medicine Practitioner	1		0.0%		0.0%	933	60	6.4%	
Chiropractor	1		0.0%		0.0%	787	66	8.4%	
Dental Practitioner	9		0.0%		0.0%	1,992	96	4.8%	1
Medical Practitioner	150	8	5.3%		0.0%	11,891	267	2.2%	
Medical Radiation Practitioner	12	1	8.3%		0.0%	1,728	61	3.5%	
Midwife	18	2	11.1%		0.0%	859	52	6.1%	
Nurse	383	13	3.4%		0.0%	36,140	1,977	5.5%	6
Occupational Therapist	9		0.0%		0.0%	2,288	66	2.9%	
Optometrist			0.0%		0.0%	408	5	1.2%	
Osteopath			0.0%		0.0%	185	15	8.1%	
Pharmacist	19	1	5.3%		0.0%	2,516	86	3.4%	1
Physiotherapist	11		0.0%		0.0%	2,702	94	3.5%	
Podiatrist	2		0.0%		0.0%	814	54	6.6%	
Psychologist	26	2	7.7%		0.0%	3,059	183	6.0%	1
<b>Total 2015/16</b>	<b>706</b>	<b>64</b>	<b>9.1%</b>	<b>0</b>	<b>0.0%</b>	<b>66,698</b>	<b>3,275</b>	<b>4.9%</b>	<b>10</b>
<b>Total 2014/15</b>	<b>488</b>	<b>79</b>	<b>16.2%</b>	<b>0</b>	<b>0.0%</b>	<b>51,947</b>	<b>3,100</b>	<b>6.0%</b>	<b>37</b>

Notes:

1. For 2015/16, figures are reported by principal place of practice. For 2014/15, figures are reported by the state/territory location of the preferred address as advised by the applicant/registrant. Where this can't be identified, the location of the office assessing the application is used.
2. Criminal history checks. Refers to both domestic and international criminal history checks submitted. International criminal history checks started in 2014/15.
3. Disclosable court outcomes.

## Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal history checks. A common criminal history standard is used across all 14 National Boards.

Nationally, AHPRA undertook 66,698 domestic and international criminal record checks of registrants in 2015/16, an increase of 28.4% from the previous year. The increase is largely due to a new approach to checking international criminal history, which was introduced in 2014/15.

In 2015/16, there were 706 criminal history checks carried out for applicants with a principal place of practise in the NT. Of those, 64 resulted in disclosable court outcomes. See Table 9, on page 24.

Table 10 provides an overview of national cases where a criminal history check resulted in, or contributed to the imposition of conditions by a Board or undertakings given by a practitioner. There were no such cases in the NT in 2015/16.

**Table 10. Cases in 2015/16 where a criminal history check resulted in, or contributed to, imposition of conditions or undertakings, by profession**

Profession	NT	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner		1	0.0%
Chinese Medicine Practitioner		0	0.0%
Chiropractor		0	0.0%
Dental Practitioner		1	0.0%
Medical Practitioner		0	0.0%
Medical Radiation Practitioner		0	0.0%
Midwife		0	0.0%
Nurse		6	0.0%
Occupational Therapist		0	0.0%
Optometrist		0	0.0%
Osteopath		0	0.0%
Pharmacist		1	0.0%
Physiotherapist		0	0.0%
Podiatrist		0	0.0%
Psychologist		1	0.0%
<b>Total 2015/16</b>	<b>0</b>	<b>10</b>	<b>0.0%</b>
<b>Total 2014/15</b>	<b>0</b>	<b>37</b>	<b>0.0%</b>

## Notifications in the NT

Notifications are complaints or concerns that are raised with AHPRA about registered health practitioners or students practising in Australia, excluding NSW, where complaints are handled by the Health Professional Councils Authority (HPCA), and Queensland, where complaints may be referred to AHPRA by the Office of the Health Ombudsman (OHO). For more information on our data, see 'Background' on page 15.

Tables 11–23 contain data relating to notifications about registered health practitioners with a principal place of practice (PPP) in the NT. Some tables do not include data from the HPCA in NSW, as indicated in the table headings.

Nationally, notifications received in 2015/16 increased by 19.7% (including those managed by the HPCA in NSW). Notifications received about practitioners with a PPP in the NT decreased by 16.3%, to 123 complaints, compared with 147 in the previous year. This represents 1.2% of all notifications received nationally (including HPCA data).

Of the new notifications received, mandatory notifications in the NT decreased from two in 2014/15 to just one in 2015/16; this represents 0.1% of mandatory notifications nationally in 2015/16.

There were 14 fewer open notifications as of 30 June 2016 (68, compared with 84 in 2014/15). This represents 1.2% of all open notifications nationally.

The percentage of the NT registrant base with notifications received in 2015/16 was 1.8%, which was 0.3% higher than the national percentage.

A large proportion of notifications (59) were about clinical care, which is consistent with the national pattern. See Table 14.

Notifications received came largely from a health complaints entity (41), other practitioner (25) or from the patient (16).

There were 10 cases where immediate action was initiated against practitioners in the NT. In seven of these cases the registration of the practitioner was suspended or restricted in order to protect the public. In the remaining three cases the Board determined that no further action was required<sup>1</sup>. See Table 16.

As at 30 June 2016, there were no open notifications in the NT that were received before the National Law took effect in 2010. See Table 17 for national data.

Tables 18–22 detail the outcomes of key stages in the notifications process during 2015/16; note the national data in these tables do not include data for NSW, because complaints in that jurisdiction are managed by the HPCA.

The majority of the 140 enquiries received about NT registrants in 2015/16 were considered to meet the criteria for a notification (121) and an assessment commenced.

On completion of assessment of cases in 2015/16, 68 cases were closed and 52 cases were taken to a further stage. See Table 19.

One case was closed following a panel hearing and 17 following tribunal hearings. See Tables 21 and 22.

In total, 144 matters were closed in the NT in 2015/16. See Table 23.

### Note:

1. No further action is usually taken when, based on the available information, the Board determines there is no risk to the public that meets the threshold for regulatory action or because a practitioner has taken steps to voluntarily address issues of concern.

**Table 11. Notifications received or closed in 2015/16 or remaining open at 30 June 2016, by profession**

Notifications	All received			Mandatory received			Closed			Open at 30 June		
	NT	National total	% of national total	NT	National total	% of national total	NT	National total	% of national total	NT	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	4	5	80.0%		1	0.0%	8	9	88.9%		1	0.0%
Chinese Medicine Practitioner		54	0.0%		4	0.0%		36	0.0%		33	0.0%
Chiropractor	1	146	0.7%		10	0.0%		101	0.0%	1	126	0.8%
Dental Practitioner	6	1,025	0.6%		27	0.0%	12	794	1.5%	4	621	0.6%
Medical Practitioner	54	5,371	1.0%		272	0.0%	69	4,714	1.5%	28	2,882	1.0%
Medical Radiation Practitioner	1	48	2.1%		7	0.0%		38	0.0%	1	27	3.7%
Midwife	3	103	2.9%		16	0.0%	5	83	6.0%	1	82	1.2%
Nurse	35	1,942	1.8%	1	519	0.2%	33	1,762	1.9%	20	1,226	1.6%
Occupational Therapist	1	59	1.7%		2	0.0%	1	56	1.8%		25	0.0%
Optometrist		39	0.0%		1	0.0%		44	0.0%		15	0.0%
Osteopath	1	23	4.3%		1	0.0%		27	0.0%	1	9	11.1%
Pharmacist	7	570	1.2%		38	0.0%	8	537	1.5%	2	330	0.6%
Physiotherapist	3	102	2.9%		5	0.0%	6	93	6.5%	3	67	4.5%
Podiatrist		57	0.0%		5	0.0%		49	0.0%		28	0.0%
Psychologist	7	528	1.3%		72	0.0%	2	484	0.4%	7	316	2.2%
Unknown <sup>1</sup>		10	0.0%		0	0.0%		12	0.0%		1	0.0%
<b>Total 2015/16 (PPP)<sup>2</sup></b>	<b>123</b>	<b>10,082</b>	<b>1.2%</b>	<b>1</b>	<b>980</b>	<b>0.1%</b>	<b>144</b>	<b>8,839</b>	<b>1.6%</b>	<b>68</b>	<b>5,789</b>	<b>1.2%</b>
<b>Total 2014/15 (PPP)<sup>2</sup></b>	<b>147</b>	<b>8,426</b>	<b>1.7%</b>	<b>2</b>	<b>833</b>	<b>0.2%</b>	<b>166</b>	<b>9,003</b>	<b>1.8%</b>	<b>84</b>	<b>4,531</b>	<b>1.9%</b>
<b>Total 2014/15 (Responsible Office)<sup>3</sup></b>	<b>178</b>	<b>8,426</b>	<b>2.1%</b>	<b>4</b>	<b>833</b>	<b>0.5%</b>	<b>226</b>	<b>9,003</b>	<b>2.5%</b>	<b>90</b>	<b>4,531</b>	<b>2.0%</b>

Notes:

1. Profession of registrant is not always identifiable in the early stages of a notification.
2. For 2015/16, notifications are based on the state or territory of the practitioner's principal place of practice (PPP).
3. Prior to the above, notifications were based on the location of the AHPRA state or territory office that handled the notification (Responsible Office).

Profession	NT	National total
Aboriginal and Torres Strait Islander Health Practitioner	1.9%	0.9%
Chinese Medicine Practitioner	0.0%	1.1%
Chiropractor	4.3%	2.8%
Dental Practitioner	3.9%	4.7%
Medical Practitioner	4.6%	5.0%
Medical Radiation Practitioner	0.9%	0.3%
Midwife <sup>2</sup>	0.5%	0.3%
Nurse <sup>3</sup>	0.8%	0.5%
Occupational Therapist	0.6%	0.3%
Optometrist	0.0%	0.8%
Osteopath	33.3%	1.1%
Pharmacist	3.2%	1.9%
Physiotherapist	1.8%	0.4%
Podiatrist	0.0%	1.2%
Psychologist	3.1%	1.6%
<b>Total 2015/16 (PPP)<sup>4</sup></b>	<b>1.8%</b>	<b>1.5%</b>
<b>Total 2014/15 (PPP)<sup>4</sup></b>	<b>2.2%</b>	<b>1.3%</b>
<b>Total 2014/15 (Responsible Office)<sup>4</sup></b>	<b>2.7%</b>	<b>1.3%</b>

Notes:

- Percentages are based on registrants whose profession and principal place of practice (PPP) have been identified.
- The registrant base for midwives includes registrants with midwifery or with nursing and midwifery registration.
- The registrant base used for nurses includes registrants with midwifery or with nursing and midwifery registration.
- For 2015/16, notifications are based on the practitioner's PPP. Prior to this, notifications were based on the state or territory where the notification was handled (Responsible Office).

Issue	NT	National total	% of national total
Behaviour	5	374	1.3%
Billing	3	178	1.7%
Boundary violation	2	344	0.6%
Clinical care	59	4,208	1.4%
Communication	5	668	0.7%
Confidentiality	3	248	1.2%
Conflict of interest	1	20	5.0%
Discrimination		27	0.0%
Documentation	5	436	1.1%
Health impairment	12	932	1.3%
Infection/hygiene		87	0.0%
Informed consent		116	0.0%
Medico-legal conduct		146	0.0%
National Law breach	1	299	0.3%
National Law offence		277	0.0%
Offence		329	0.0%
Offence by student		9	0.0%
Other	7	170	4.1%
Pharmacy/medication	19	1,062	1.8%
Research/teaching/assessment		20	0.0%
Response to adverse event		43	0.0%
Teamwork/supervision		65	0.0%
Not recorded	1	24	4.2%
<b>Total</b>	<b>123</b>	<b>10,082</b>	<b>1.2%</b>

Year	2015/16 (PPP) <sup>1</sup>		2014/15 (PPP) <sup>1</sup>		2014/15 (Responsible Office) <sup>2</sup>	
	No. practitioners <sup>3</sup>	Rate/10,000 practitioners <sup>4</sup>	No. practitioners <sup>3</sup>	Rate/10,000 practitioners <sup>4</sup>	No. practitioners <sup>3</sup>	Rate/10,000 practitioners <sup>4</sup>
NT	1	1.4	2	3.0	4	6.0
<b>Total Australia</b>	<b>920</b>	<b>14.0</b>	<b>789</b>	<b>12.4</b>	<b>789</b>	<b>12.4</b>

Notes:

- Principal place of practice (PPP).
- State or territory where the notification is handled for registrants, including those registrants who do not reside in Australia.
- Figures represent the number of practitioners involved in the mandatory reports received.
- Practitioners with no PPP are not represented in the calculation of a rate for each state, but are included in the calculation of the Total Australia rate.

**Table 15. Source of notifications received in 2015/16**

Source	NT	National total (excluding HPCA) <sup>1</sup>	% of national total (excluding HPCA)
Anonymous	3	112	2.7%
Drugs and poisons		24	0.0%
Education provider		21	0.0%
Employer	9	568	1.6%
Government department	2	155	1.3%
Health complaints entity	41	434	9.4%
Health advisory service		28	0.0%
Hospital	1	71	1.4%
Insurance company		14	0.0%
Lawyer		44	0.0%
Member of Parliament		2	0.0%
Member of the public	2	340	0.6%
Ombudsman		35	0.0%
Other Board	2	39	5.1%
Other practitioner	25	741	3.4%
Own motion	7	329	2.1%
Patient	16	2,022	0.8%
Police		93	0.0%
Relative	8	596	1.3%
Self	5	182	2.7%
Treating practitioner	1	58	1.7%
Unclassified	1	148	0.7%
<b>Total</b>	<b>123</b>	<b>6,056</b>	<b>2.0%</b>

Note:

1. The national total excludes HPCA data as the categorisation of 'source' differs between the HPCA and AHPRA.

**Table 16. Immediate action cases about notifications received in 2015/16**

Outcome	NT	National total	% of national total
Not take immediate action	3	139	2.2%
Accept undertaking	1	67	1.5%
Impose conditions	5	405	1.2%
Accept surrender of registration		13	0.0%
Suspend registration	1	106	0.9%
Decision pending		19	0.0%
<b>Total</b>	<b>10</b>	<b>749</b>	<b>1.3%</b>

**Table 17. Notifications under previous legislation open at 30 June 2016, by profession (excluding HPCA)**

Profession	NT	National total <sup>1</sup>	% of national total
Aboriginal and Torres Strait Islander Health Practitioner		0	0.0%
Chinese Medicine Practitioner		0	0.0%
Chiropractor		2	0.0%
Dental Practitioner		0	0.0%
Medical Practitioner		7	0.0%
Medical Radiation Practitioner		0	0.0%
Midwife		0	0.0%
Nurse		0	0.0%
Occupational Therapist		0	0.0%
Optometrist		0	0.0%
Osteopath		0	0.0%
Pharmacist		3	0.0%
Physiotherapist		0	0.0%
Podiatrist		0	0.0%
Psychologist		2	0.0%
<b>Total 2015/16</b>	<b>0</b>	<b>14</b>	<b>0.0%</b>
<b>Total 2014/15</b>	<b>0</b>	<b>38</b>	<b>0.0%</b>

Note:

1. Of the 14 open matters in the national total for 2015/16, 13 are lodged with a tribunal.

Table 18. Outcome of enquiries received in 2015/16 (excluding HPCA)			
Outcome	NT	National total	% of national total
Moved to notification, complaint or offence	121	6,214	1.9%
Closed at lodgement	14	1,576	0.9%
Yet to be determined	5	374	1.3%
<b>Total</b>	<b>140</b>	<b>8,164</b>	<b>1.7%</b>

Table 19. Outcome of assessments finalised in 2015/16 (excluding HPCA)			
Outcome of decisions to take the notification further	NT	National total (excluding HPCA)	% of national total
Health or performance assessment	4	295	1.4%
Investigation	48	1,975	2.4%
Panel hearing		16	0.0%
Tribunal hearing		3	0.0%
<b>Total</b>	<b>52</b>	<b>2,289</b>	<b>2.3%</b>
Outcome of notifications closed following assessment			
No further action	45	2,358	1.9%
Health complaints entity to retain	11	109	10.1%
Refer all or part of the notification to another body		33	0.0%
Dealt with as enquiry		47	0.0%
Managed as a complaint by a co-regulator		5	0.0%
Managed as an offence under Part 7 of the National Law		7	0.0%
Caution	9	367	2.5%
Accept undertaking	1	46	2.2%
Impose conditions	2	164	1.2%
Practitioner surrenders registration		2	0.0%
<b>Total</b>	<b>68</b>	<b>3,138</b>	<b>2.2%</b>

Table 20. Outcome of investigations finalised in 2015/16 (excluding HPCA)			
Outcome of decisions to take the notification further	NT	National total (excluding HPCA)	% of national total
Assessment		16	0.0%
Health or performance assessment	3	116	2.6%
Panel hearing	1	79	1.3%
Tribunal hearing	1	100	1.0%
<b>Total</b>	<b>5</b>	<b>311</b>	<b>1.6%</b>
Outcome of notifications closed following investigation			
No further action	28	838	3.3%
Health complaints entity to retain		8	0.0%
Refer all or part of the notification to another body	1	11	9.1%
Dealt with as enquiry		1	0.0%
Managed as a complaint by a co-regulator		5	0.0%
Caution	12	272	4.4%
Accept undertaking	1	72	1.4%
Impose conditions	7	189	3.7%
Suspend registration		1	0.0%
<b>Total</b>	<b>49</b>	<b>1,397</b>	<b>3.5%</b>



Outcome	NT	National total (excluding HPCA)	% of national total
No further action		32	0.0%
Accept undertaking		1	0.0%
Caution	1	39	2.6%
Reprimand		11	0.0%
Impose conditions		88	0.0%
Practitioner surrenders registration		1	0.0%
Suspend registration		1	0.0%
<b>Total</b>	<b>1</b>	<b>173</b>	<b>0.6%</b>

Outcome	NT	National total (excluding HPCA)	% of national total
No further action		18	0.0%
Caution		3	0.0%
Reprimand		21	0.0%
Fine registrant		5	0.0%
Accept undertaking		2	0.0%
Impose conditions	9	28	32.1%
Practitioner surrenders registration		3	0.0%
Suspend registration	2	44	4.5%
Cancel registration	6	34	17.6%
Not permitted to reapply for registration for a period of 12 months		8	0.0%
Withdrawn		9	0.0%
<b>Total</b>	<b>17</b>	<b>175</b>	<b>9.7%</b>

Profession	Assessment	Investigation	Health or performance assessment	Panel hearing	Tribunal hearing	Total 2015/16
Aboriginal and Torres Strait Islander Health Practitioner	4	4				8
Chinese Medicine Practitioner						0
Chiropractor						0
Dental Practitioner	3	3			6	12
Medical Practitioner	37	20	2		10	69
Medical Radiation Practitioner						0
Midwife	3	2				5
Nurse	15	15	1	1	1	33
Occupational Therapist		1				1
Optometrist						0
Osteopath						0
Pharmacist	7	1				8
Physiotherapist		3	3			6
Podiatrist						0
Psychologist	2					2
Not identified <sup>1</sup>						0
<b>Total 2015/16</b>	<b>71</b>	<b>49</b>	<b>6</b>	<b>1</b>	<b>17</b>	<b>144</b>

Note:

1. Practitioner profession may not have been identified in notifications closed at an early stage.

## Monitoring and compliance

AHPRA's monitoring and compliance team monitors health practitioners and students with restrictions on their registration, or whose registration has been suspended or cancelled.

Monitoring ensures practitioners are complying with restrictions placed on their registration. Each case is assigned to one of five streams, where the below affects a practitioner or student's ability or performance:

- ▶ **health:** physical or mental impairment, disability, condition or disorder (including substance abuse or dependence)
- ▶ **performance:** deficiencies in knowledge, skill, judgement or care
- ▶ **conduct:** where they have a criminal history or have demonstrated a lesser standard of professional care than expected
- ▶ **suitability/eligibility:** they do not hold an approved or equivalent qualification; lack English-language skills; do not meet the requirements for recency of practice or do not meet approved registration standards, or
- ▶ **prohibited practitioner/student:** they are subject to a cancellation order, surrender of registration or change to non-practising registration or suspension.

At 30 June 2016, there were 55 cases under active compliance monitoring in the NT.

The NT accounted for 1.1% of all cases nationally under active monitoring. The majority of these registrants were medical practitioners (22) or nurses (18). See Tables 24 and 25.

**Table 24. Active monitoring cases at 30 June 2016, by profession (excluding HPCA)**

Profession	NT	National total (excluding HPCA)	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	5	73	6.8%
Chinese Medicine Practitioner	2	954	0.2%
Chiropractor		46	0.0%
Dental Practitioner	3	141	2.1%
Medical Practitioner	22	1,767	1.2%
Medical Radiation Practitioner		109	0.0%
Midwife	1	144	0.7%
Nurse	18	1,274	1.4%
Occupational Therapist		36	0.0%
Optometrist		17	0.0%
Osteopath		9	0.0%
Pharmacist	1	178	0.6%
Physiotherapist	2	60	3.3%
Podiatrist		21	0.0%
Psychologist	1	134	0.7%
<b>Total</b>	<b>55</b>	<b>4,963</b>	<b>1.1%</b>

**Table 25: Active monitoring cases at 30 June 2016 in the NT and nationally, by stream**

Jurisdiction	Conduct <sup>1</sup>	Health <sup>1</sup>	Performance <sup>1</sup>	Prohibited practitioner/student	Suitability/eligibility <sup>2</sup>	Total 2015/16
NT	4	18	10		23	55
National 2015/16 <sup>3</sup>	709	1,000	677	219	3,129	5,734
<b>% of national total</b>	<b>0.6%</b>	<b>1.8%</b>	<b>1.5%</b>	<b>0.0%</b>	<b>0.7%</b>	<b>1.0%</b>

Notes:

1. Includes cases to be transitioned from AHPRA to HPCA for Conduct, Health and Performance streams.
2. AHPRA performs monitoring of compliance cases in 'suitability/eligibility' matters for NSW registrations.
3. Includes cases monitored by the HPCA.

## Statutory offence complaints

In order to protect the public, the National Law sets out the following types of statutory offences:

- ▶ unlawful use of protected titles
- ▶ performing restricted acts
- ▶ holding out (unlawful claims by individuals or organisations as to registration), and
- ▶ unlawful advertising.

These offences are prosecuted in the Magistrates' Court (or equivalent) of the relevant state or territory, and carry penalties or fines that may be imposed on a finding of guilt.

Nationally, AHPRA received 1,348 statutory offence complaints in 2015/16 (166% more than in 2014/15). This increase was largely due to a series

of complaints made by organisations about alleged advertising breaches, which made up 75% of all complaints. Of these, 57.3% were about chiropractic services, 16% were about dental services and 13.1% were about medical services.

In 2015/16, 11 new statutory offence complaints were made about NT-based practitioners, an increase of 120% from 2014/15, which is consistent with the national pattern. The NT received 1.7% of all offence complaints received nationally.

Ten statutory offences were closed in 2015/16, over 100% more than in 2014/15. See Table 26.

Almost all new matters in the NT related to title protection or advertising concerns.

Profession	NT		National total <sup>2</sup>		% of national total	
	Received	Closed	Received	Closed	Received	Closed
Aboriginal and Torres Strait Islander Health Practitioner			0	0		
Chinese Medicine Practitioner	2	1	26	12	7.7%	8.3%
Chiropractor	3		601	68	0.5%	0.0%
Dental Practitioner		1	196	157	0.0%	0.6%
Medical Practitioner	1	1	202	128	0.5%	0.8%
Medical Radiation Practitioner		1	8	7	0.0%	14.3%
Midwife			33	6	0.0%	0.0%
Nurse	2	1	54	40	3.7%	2.5%
Occupational Therapist			6	5	0.0%	0.0%
Optometrist			9	9	0.0%	0.0%
Osteopath			12	25	0.0%	0.0%
Pharmacist		1	13	13	0.0%	7.7%
Physiotherapist	3	4	66	40	4.5%	10.0%
Podiatrist			26	17	0.0%	0.0%
Psychologist			83	64	0.0%	0.0%
Unknown <sup>3</sup>			13	9	0.0%	0.0%
<b>Total 2015/16 (PPP)<sup>4</sup></b>	<b>11</b>	<b>10</b>	<b>1,348</b>	<b>600</b>	<b>0.8%</b>	<b>1.7%</b>
<b>Total 2014/15 (PPP)<sup>4</sup></b>	<b>5</b>	<b>4</b>	<b>506</b>	<b>518</b>	<b>1.0%</b>	<b>0.8%</b>

Notes:

1. This table captures offence complaints by principal place of practice (PPP) and includes all offences from sections 113-116 of the National Law, not only offences about advertising, title and practice protection.
2. The national total includes offences managed about unregistered persons where there is no PPP recorded.
3. AHPRA also receives offence complaints about unregistered persons where there is no PPP recorded. Only registered practitioners have a designated PPP.
4. Based on state and territory of the practitioner's PPP.







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