

# AHPRA Performance Report

## Victoria

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October-December 2016



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 by regulating health practitioners efficiently and effectively in the public interest to facilitate access to safer healthcare. We believe in the importance of reporting regularly on our performance. This aims to provide clear information about what we do and how well we do it and to help us to continue to improve our services. Further information about our work is available at [www.ahpra.gov.au](http://www.ahpra.gov.au).

### What does this report cover?

This quarterly performance report summarises data for each state and territory over a three month period. It 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. Wherever possible, data for each state or territory are shown as a percentage of national activity.

The report is divided into sections. Section One covers data on registration management. Section Two covers data on notifications management. Section Three covers data on statutory offences. Section Four covers data on monitoring of practitioners with restrictions in their registration.

Data for each state and territory are reported in terms of the principal place of practice of a registered health practitioner. Each registered health practitioner must nominate a principal place of practice. This appears on the national register.

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 notifications data in this report excludes matters managed in NSW.

From 1 July 2014, all complaints about Queensland health practitioners are made to Office of the Health Ombudsman. The Health Ombudsman takes 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 only includes data about matters which have been referred by the Health Ombudsman. It does not include data about matters managed by the Office of the Health Ombudsman in Queensland.

### How to use this report

The data presented in this report can be used to compare data reported within each state and territory to national activity. It can provide data for research and enable triangulation with other data sources.

AHPRA's reporting of its activity and performance is evolving. We welcome any feedback about our performance and our reporting approach. Your contribution can help ensure the continued value of our future reports. You can provide feedback by email: [reportingfeedback@ahpra.gov.au](mailto:reportingfeedback@ahpra.gov.au).

## Registration management

Practitioners in 14 health professions are registered by 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.

AHPRA maintains a free online register of all registered health practitioners at [www.ahpra.gov.au](http://www.ahpra.gov.au).

## 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	3	120	218	114	53	3	10	109		630
Chinese Medicine Practitioner	67	1,998	12	869	187	37	1,312	261	129	4,872
Chiropractor	66	1,760	28	844	375	57	1,358	618	171	5,277
Dental Practitioner	414	6,795	153	4,499	1,835	375	5,151	2,618	623	22,463
Medical Practitioner	2,017	33,046	1,191	21,109	7,773	2,208	25,985	10,679	2,836	106,844
Medical Radiation Practitioner	272	5,276	107	3,178	1,188	322	3,913	1,360	260	15,876
Midwife	123	963	76	846	519	23	1,183	380	151	4,264
Nurse	5,467	95,128	3,762	68,445	30,509	8,195	91,235	34,777	9,675	347,193
Nurse and Midwife	548	8,274	508	5,836	2,017	627	7,528	2,928	304	28,570
Occupational Therapist	335	5,399	176	3,763	1,502	299	4,789	2,718	279	19,260
Optometrist	73	1,767	29	1,068	295	94	1,393	423	171	5,313
Osteopath	34	572	3	202	39	45	1,200	63	48	2,206
Pharmacist	555	9,336	219	5,988	2,158	745	7,532	3,203	632	30,368
Physiotherapist	585	8,717	174	5,596	2,363	477	7,296	3,584	1,212	30,004
Podiatrist	68	1,288	21	822	431	107	1,545	455	68	4,805
Psychologist	884	11,318	225	6,092	1,683	587	9,218	3,600	560	34,167
<b>Total</b>	<b>11,511</b>	<b>191,757</b>	<b>6,902</b>	<b>129,271</b>	<b>52,927</b>	<b>14,201</b>	<b>170,648</b>	<b>67,776</b>	<b>17,119</b>	<b>662,112</b>

### 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. While the majority of applicants have their applications approved, some applications are refused because the required standards are not met. 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.

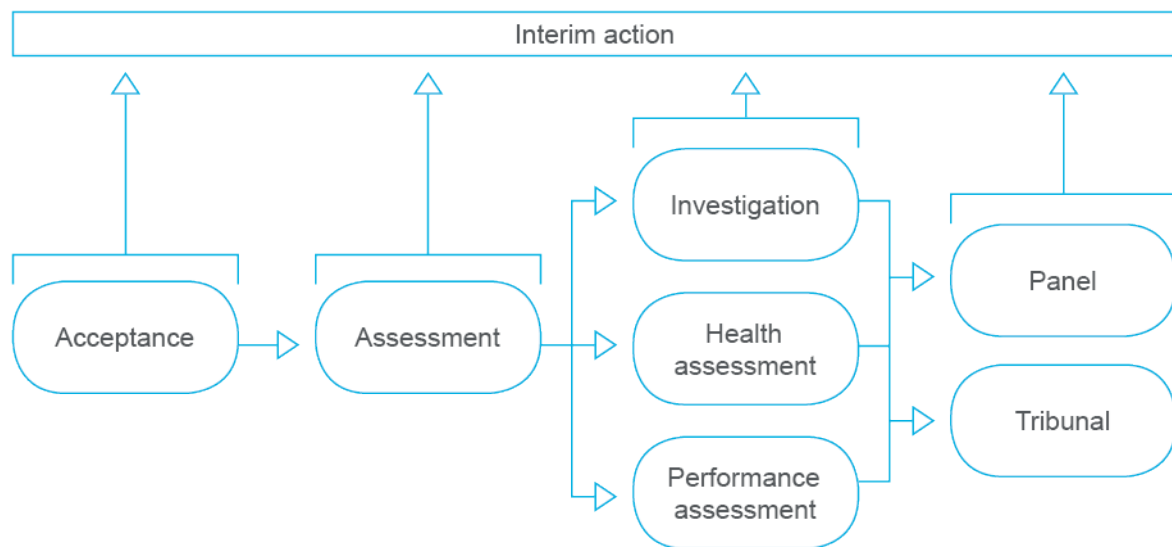
**Table 2: Applications for registration finalised, by profession**

Profession	Vic	National (incl NSW)	% of national
Aboriginal and Torres Strait Islander Health Practitioner		33	0%
Chinese Medicine Practitioner	51	233	22%
Chiropractor	46	141	33%
Dental Practitioner	186	789	24%
Medical Practitioner	1,306	5,772	23%
Medical Radiation Practitioner	184	661	28%
Midwife	134	493	27%
Nurse	2,046	8,289	25%
Occupational Therapist	286	1,055	27%
Optometrist	35	103	34%
Osteopath	103	134	77%
Pharmacist	272	1,252	22%
Physiotherapist	227	1,093	21%
Podiatrist	54	154	35%
Psychologist	255	900	28%
<b>Total</b>	<b>5,185</b>	<b>21,102</b>	<b>25%</b>

**Table 3: Applications for registration finalised, by outcome**

Outcome	Vic	National (incl NSW)	% of national
Register	4,799	19,025	25%
Register with conditions	72	396	18%
Register in a type other than applied for	4	17	24%
Register in a type other than applied for with conditions	6	40	15%
Refuse application	92	660	14%
Withdrawn	199	911	22%
Other	13	53	25%
<b>Total</b>	<b>5,185</b>	<b>21,102</b>	<b>25%</b>

## 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.

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. In consultation with the health complaints entity, we will also consider whether it could also be made to a health complaints entity. A list of the health complaints entities in each state and territory is outlined later in the report in Table 10.

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).

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	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner		1	0%
Chinese Medicine Practitioner	3	16	19%
Chiropractor	7	35	20%
Dental Practitioner	29	108	27%
Medical Practitioner	259	852	30%
Medical Radiation Practitioner		3	0%
Midwife	2	24	8%
Nurse	104	407	26%
Occupational Therapist	2	7	29%
Optometrist	4	9	44%
Osteopath	3	5	60%
Pharmacist	35	93	38%
Physiotherapist	8	17	47%
Podiatrist	3	14	21%
Psychologist	24	79	30%
Yet to be coded*	5	9	56%
<b>Total</b>	<b>488</b>	<b>1,679</b>	<b>29%</b>

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	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			-
Chinese Medicine Practitioner	5	8	63%
Chiropractor	8	21	38%
Dental Practitioner	27	88	31%
Medical Practitioner	282	859	33%
Medical Radiation Practitioner	4	9	44%
Midwife	13	28	46%
Nurse	112	344	33%
Occupational Therapist	2	9	22%
Optometrist	1	3	33%
Osteopath		1	0%
Pharmacist	36	69	52%
Physiotherapist	4	22	18%
Podiatrist	5	13	38%
Psychologist	34	69	49%
Yet to be coded*	3	5	60%
<b>Total</b>	<b>536</b>	<b>1,548</b>	<b>35%</b>

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 open notifications in a timely way. Table 7 shows the change in the number of open notifications over the latest quarter.

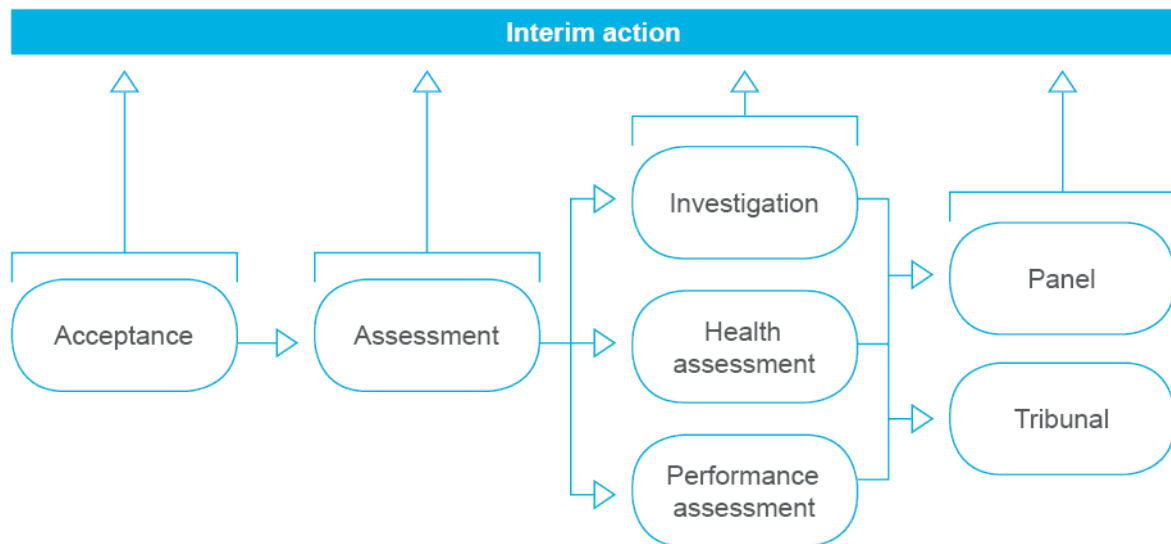
**Table 6: Stage of open notifications at the end of the latest quarter**

Stage	Vic	National	% of national
Assessment	281	1,244	23%
Investigation	689	2,285	30%
Health assessment	54	191	28%
Performance assessment	48	78	62%
Referred to a Panel	8	49	16%
Referred to a Tribunal	93	279	33%
<b>Total</b>	<b>1,173</b>	<b>4,126</b>	<b>28%</b>

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

Status	Vic	National
Open at start of quarter	1,226	3,995
Received	488	1,679
Closed	536	1,548
Open at end of quarter	1,173	4,126
<b>Change (no.)</b>	<b>▼ 48</b>	<b>▲ 131</b>
<b>Change (%)</b>	<b>▼ 4%</b>	<b>▲ 3%</b>

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 procedural fairness 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.

As a result of an interim action, 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**

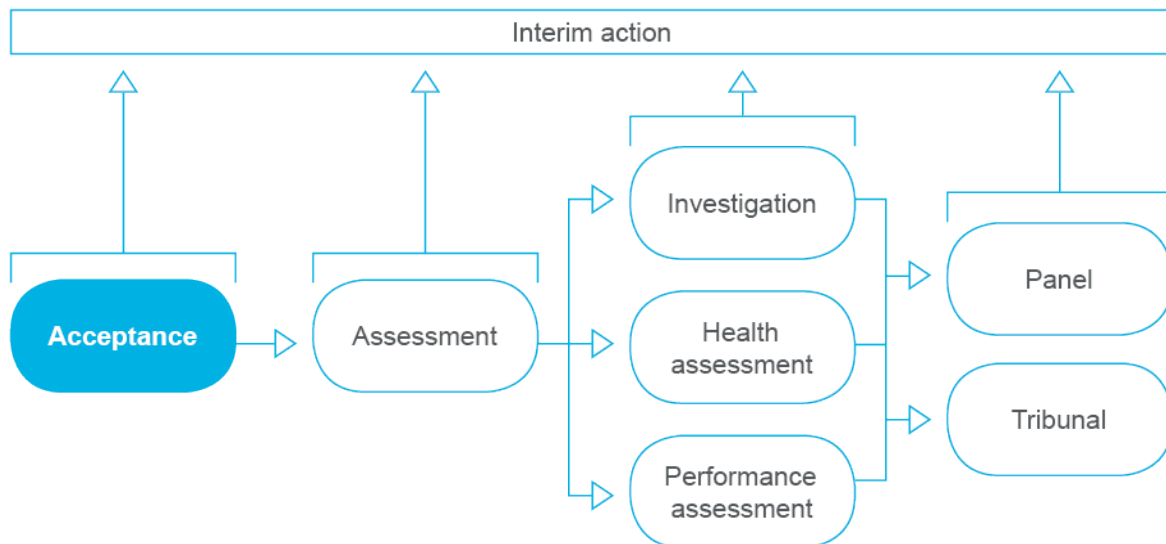
Outcome	Vic	National	% of national
Board accepts undertaking by the practitioner	5	21	24%
Board imposes conditions on practitioner's registration	14	55	25%
Board suspends practitioner	6	34	18%
Practitioner surrenders registration			-
<b>Total</b>	25	110	23%

**Table 9: Interim actions taken, by time frame**

Time frame	Vic	National
<b>Median days</b>	7	6

**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.

This reflects the requirements of the National Law, and is known as a preliminary assessment.<sup>1</sup>

Nationally, during the quarter, over 98% of these preliminary assessments were completed within the 60 days required by the National Law.

A list of the health complaints entities in each state and territory is outlined below in Table 10.

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

Table 12 shows how many notifications were accepted for management by AHPRA and how many were not accepted in the latest quarter.

<sup>1</sup> The Health Practitioner Regulation National Law, as in force in each state and territory.

**Table 10: Health complaints entities in each state and territory**

State/territory	Health complaints entity
New South Wales	Health Care Complaints Commission
Australian Capital Territory	ACT Human Rights Commission
Northern Territory	Health and Community Services Complaints Commission
Queensland	Office of the Health Ombudsman
South Australia	Health and Community Services Complaints Commission
Tasmania	Health Complaints Commissioner
Victoria	Office of the Health Services Commissioner
Western Australia	Health and Disability Services Complaints Office

**Table 11: Notifications considered for acceptance, by profession**

	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner		1	0%
Chinese Medicine Practitioner	2	16	13%
Chiropractor	9	35	26%
Dental Practitioner	48	140	34%
Medical Practitioner	376	1,026	37%
Medical Radiation Practitioner		4	0%
Midwife	3	25	12%
Nurse	120	432	28%
Occupational Therapist	3	8	38%
Optometrist	6	9	67%
Osteopath	5	8	63%
Pharmacist	40	90	44%
Physiotherapist	10	24	42%
Podiatrist	3	12	25%
Psychologist	36	92	39%
Yet to be coded*	21	60	35%
<b>Total</b>	<b>682</b>	<b>1,982</b>	<b>34%</b>

Note:

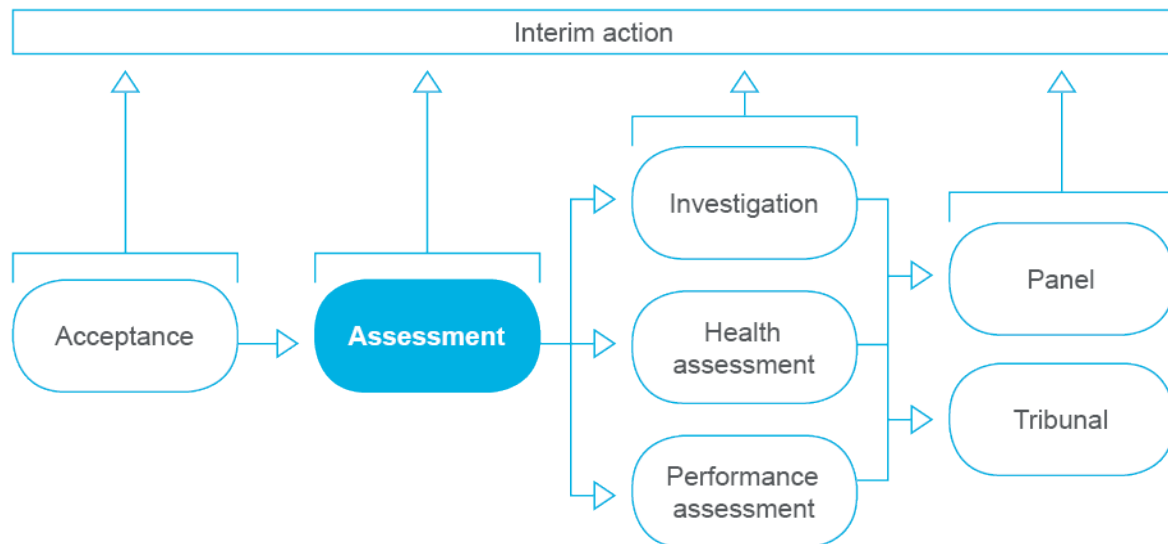
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**Table 12: Outcome of acceptance process**

Outcome	Vic	National	% of national
Accepted for management by AHPRA	493	1,666	30%
Not accepted as a notification	191	322	59%
<b>Total</b>	<b>684</b>	<b>1,988</b>	<b>34%</b>

Note:

Matters can include notifications as well as statutory offences.



## 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](http://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 13 shows the number of assessments completed, by profession.

Table 14 shows the timeliness of the completion of the assessment.

Table 15 shows the outcomes of the assessments completed.

Table 16 shows how long assessments that were open at the end of the latest quarter had been open.

**Table 13: Assessments completed, by profession**

Profession	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			-
Chinese Medicine Practitioner	6	9	67%
Chiropractor	5	21	24%
Dental Practitioner	35	88	40%
Medical Practitioner	308	848	36%
Medical Radiation Practitioner	2	4	50%
Midwife	4	17	24%
Nurse	118	324	36%
Occupational Therapist	1	7	14%
Optometrist	3	7	43%
Osteopath		2	0%
Pharmacist	44	94	47%
Physiotherapist	6	18	33%
Podiatrist	3	14	21%
Psychologist	34	70	49%
Not yet coded*	3	5	60%
<b>Total</b>	<b>572</b>	<b>1,528</b>	<b>37%</b>

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 14: Assessments completed, by time frame**

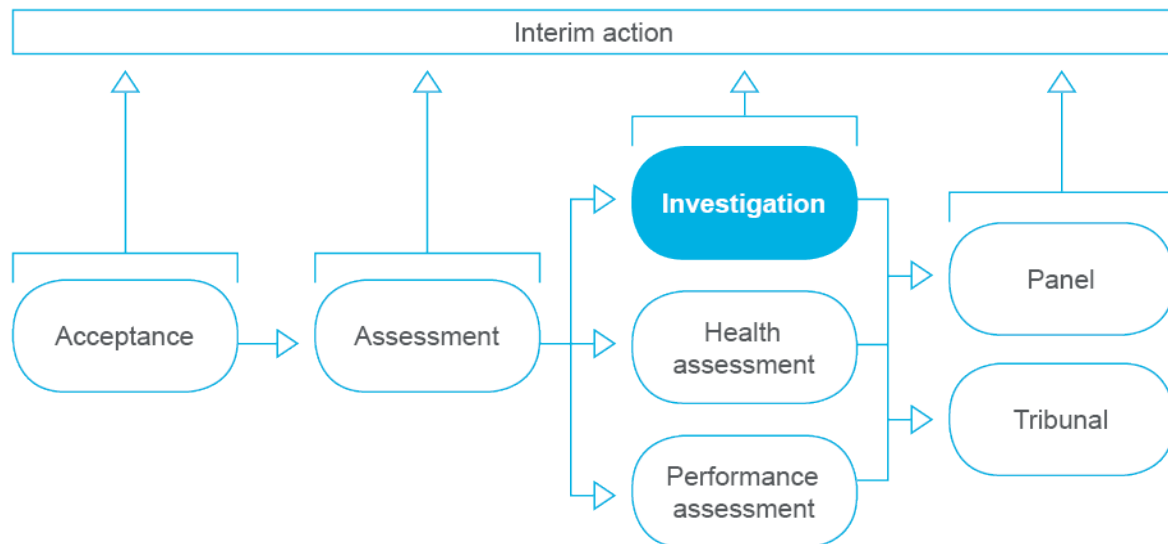
Time frame	Vic	National	% of national
Completed in ≤ 60 days	238	652	37%
Completed in > 60 days but ≤ 90 days	200	480	42%
Completed in > 90 days	59	188	31%
Completed following a show cause process	75	208	36%
<b>Total</b>	<b>572</b>	<b>1,528</b>	<b>37%</b>

**Table 15: Assessments completed, by outcome**

Outcome	Vic	National	% of national
Outcome of decision to close the notification			
No further action	291	710	41%
Board cautions practitioner	48	130	37%
Board accepts undertaking by the practitioner	5	15	33%
Board imposes conditions on practitioner's registration	18	45	40%
Assessment to be done by health complaints entity	2	29	7%
Other	10	13	77%
Outcome of decision to take the notification further			
Investigation by AHPRA	155	496	31%
Health or performance assessment	16	56	29%
Referral to a panel		5	0%
Referral to a tribunal			-
Other	27	29	93%
<b>Total</b>	<b>572</b>	<b>1,528</b>	<b>37%</b>

**Table 16: Assessments open at the end of the latest quarter, by time frame**

Time frame	Vic	National	% of national*
Open for ≤ 60 days	200	851	24%
Open for > 60 days but ≤ 90 days	22	148	15%
Open for > 90 days	22	110	20%
Subject to a show cause process	37	135	27%
<b>Total</b>	<b>281</b>	<b>1,244</b>	<b>23%</b>



## 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 17 shows the number of the investigations completed in the latest quarter, by profession.

Table 18 shows the timeliness of those completed investigations.

Table 19 shows the outcomes of the investigations completed in the latest quarter.

Table 20 shows how long investigations that were open at the end of the latest quarter had been open.

**Table 17: Investigations completed, by profession**

Profession	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner		1	0%
Chinese Medicine Practitioner	1	2	50%
Chiropractor	6	14	43%
Dental Practitioner	8	38	21%
Medical Practitioner	45	226	20%
Medical Radiation Practitioner	2	5	40%
Midwife	7	9	78%
Nurse	28	127	22%
Occupational Therapist	1	2	50%
Optometrist		1	0%
Osteopath		1	0%
Pharmacist	9	20	45%
Physiotherapist	2	9	22%
Podiatrist	3	4	75%
Psychologist	7	23	30%
<b>Total</b>	<b>119</b>	<b>482</b>	<b>25%</b>

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 18: Investigations completed, by time frame**

Time frame	Vic	National	% of national
Completed in ≤ 6 months	18	132	14%
Completed in > 6 months but ≤ 12 months	41	168	24%
Completed in > 12 months but ≤ 18 months	27	95	28%
Completed in > 18 months	33	87	38%
<b>Total</b>	<b>119</b>	<b>482</b>	<b>25%</b>

**Table 19: Investigations completed, by outcome**

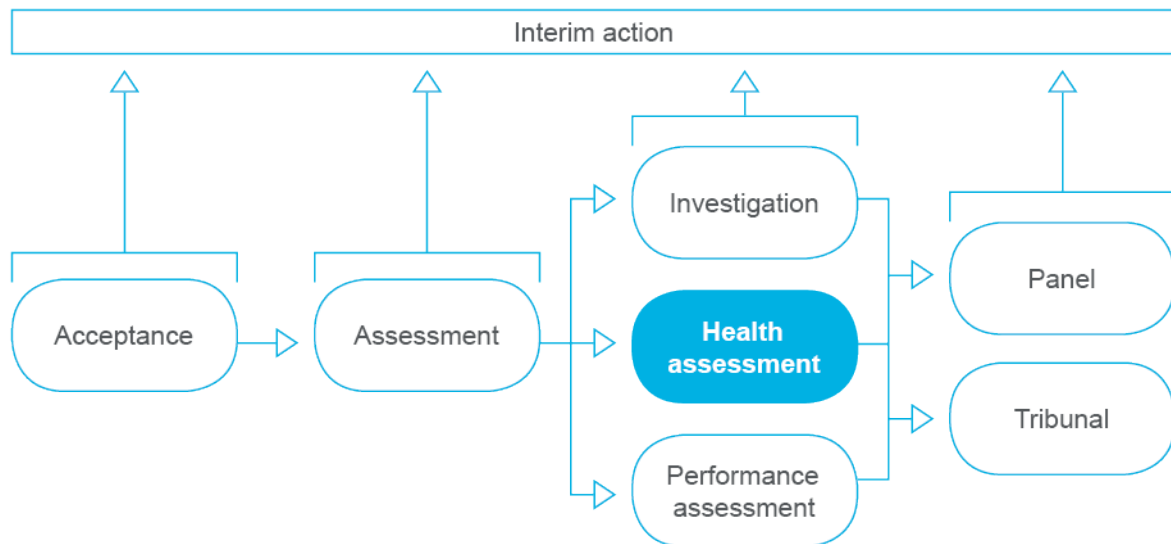
Outcome	Vic	National	% of national
Outcome of decision to close the notification			
No further action	56	234	24%
Board cautions practitioner	21	73	29%
Board accepts undertaking by the practitioner	2	15	13%
Board imposes conditions on practitioner's registration	13	53	25%
Other		6	0%
Outcome of decision to take the notification further			
Health or performance assessment	2	40	5%
Referral to a panel	5	10	50%
Referral to a tribunal	18	50	36%
Other	1	1	100%
<b>Total</b>	<b>119</b>	<b>482</b>	<b>25%</b>

**Table 20: Investigations open at the end of the latest quarter, by time frame**

Time frame	Vic	National	% of national
Open for ≤ 6 months	330	1,071	31%
Open for > 6 months but ≤ 12 months	201	769	26%
Open for > 12 months but ≤ 18 months	100	292	34%
Open for > 18 months	58	153	38%
<b>Total</b>	<b>689</b>	<b>2,285</b>	<b>30%</b>

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

Table 22 shows the timeliness of those health assessments completed.

Table 23 shows the outcomes of the health assessments completed in the latest quarter.

Table 24 shows the timeliness of those health assessments open at the end of the latest quarter.



**Table 21: Health assessments completed, by profession**

Profession	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			-
Chinese Medicine Practitioner			-
Chiropractor		1	0%
Dental Practitioner		1	0%
Medical Practitioner	12	37	32%
Medical Radiation Practitioner			-
Midwife		3	0%
Nurse	12	67	18%
Occupational Therapist		1	0%
Optometrist			-
Osteopath			-
Pharmacist	1	6	17%
Physiotherapist		3	0%
Podiatrist			-
Psychologist		3	0%
<b>Total</b>	<b>25</b>	<b>122</b>	<b>20%</b>

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 22: Health assessments completed, by time frame**

Time frame	Vic	National	% of national
Completed in ≤ 6 months	10	59	17%
Completed in > 6 months	15	63	24%
<b>Total</b>	<b>25</b>	<b>122</b>	<b>20%</b>

**Table 23: Health assessments completed, by outcome**

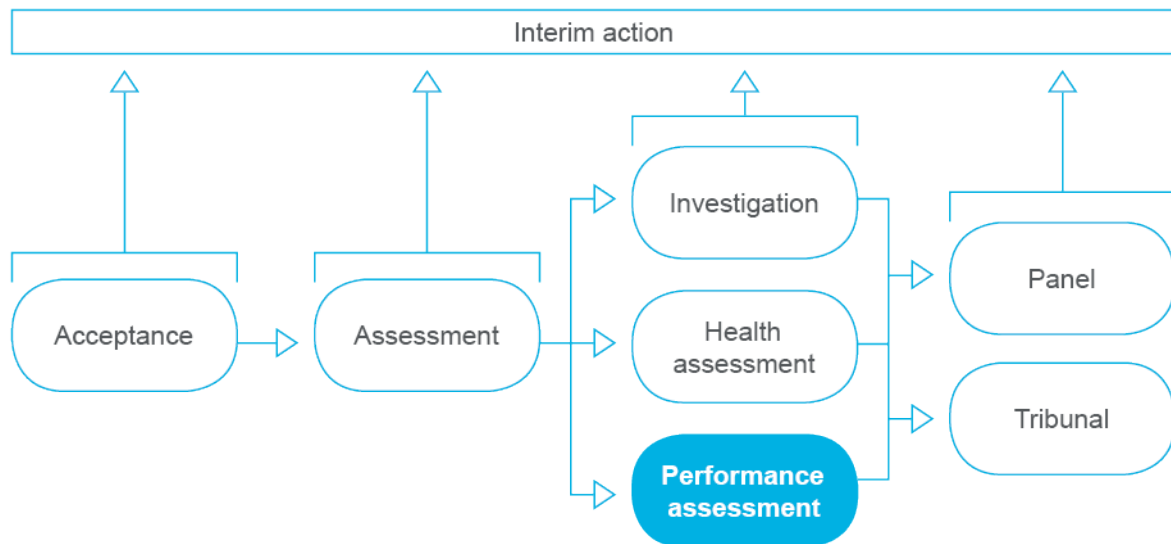
Outcome	Vic	National	% of national
Outcome of decision to close the notification			
No further action	19	44	43%
Board cautions practitioner		3	0%
Board accepts undertaking by the practitioner	1	16	6%
Board imposes conditions on practitioner's registration	4	42	10%
Practitioner surrenders registration		1	0%
Other			-
Outcome of decision to take the notification further			
Investigation by AHPRA	1	12	8%
Referral to a panel		3	0%
Referral to a tribunal			-
Other		1	0%
<b>Total</b>	<b>25</b>	<b>122</b>	<b>20%</b>

**Table 24: Health assessments open at the end of the latest quarter, by time frame**

Time frame	Vic	National	% of national
Open for ≤ 6 months	25	111	23%
Open for > 6 months	29	80	36%
<b>Total</b>	<b>54</b>	<b>191</b>	<b>28%</b>

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

Table 26 shows the timeliness of those performance assessments completed.

Table 27 shows the outcomes of the performance assessments completed in the latest quarter.

Table 28 shows the timeliness of those performance assessments open at the end of the latest quarter.

**Table 25: Performance assessments completed, by profession**

Profession	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			-
Chinese Medicine Practitioner			-
Chiropractor			-
Dental Practitioner			-
Medical Practitioner		4	0%
Medical Radiation Practitioner			-
Midwife			-
Nurse	4	6	67%
Occupational Therapist			-
Optometrist			-
Osteopath			-
Pharmacist			-
Physiotherapist			-
Podiatrist			-
Psychologist			-
<b>Total</b>	<b>4</b>	<b>10</b>	<b>40%</b>

**Table 26: Performance assessments completed, by time frame**

Time frame	Vic	National	% of national
Completed in ≤ 6 months	2	4	50%
Completed in > 6 months	2	6	33%
<b>Total</b>	<b>4</b>	<b>10</b>	<b>40%</b>

**Table 27: Performance assessments completed, by outcome**

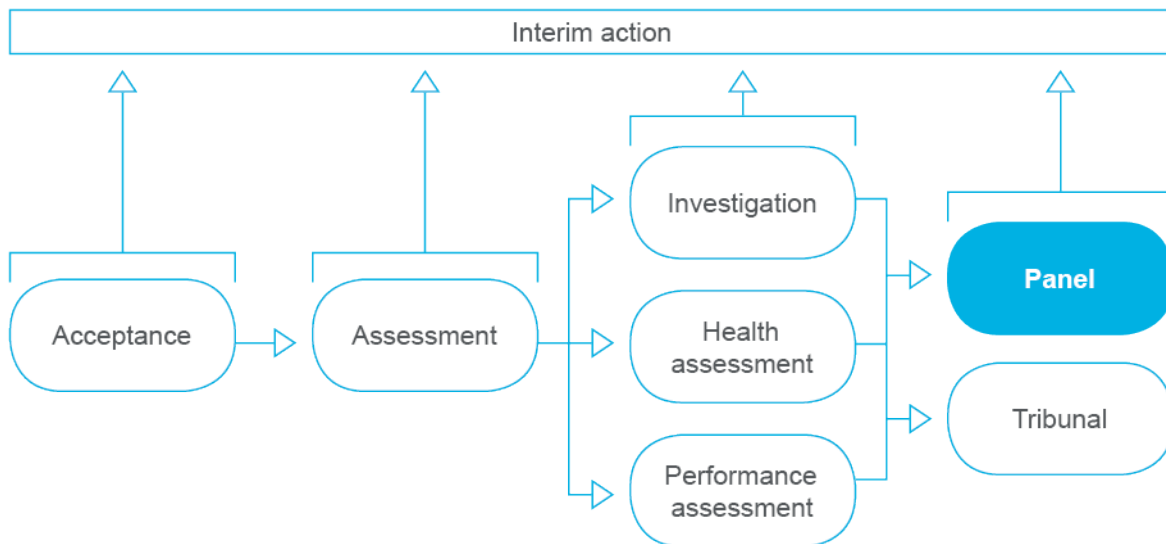
Outcome	Vic	National	% of national
Outcome of decision to close the notification			
No further action	1	3	33%
Board cautions practitioner			-
Board accepts undertaking by the practitioner			-
Board imposes conditions on practitioner's registration	2	5	40%
Other			-
Outcome of decision to take the notification further			
Investigation by AHPRA	1	2	50%
Referral to a panel			-
Referral to a tribunal			-
Other			-
<b>Total</b>	<b>4</b>	<b>10</b>	<b>40%</b>

**Table 28: Performance assessments open at the end of the latest quarter, by time frame**

Time frame	Vic	National	% of national
Open for ≤ 6 months	26	46	57%
Open for > 6 months	22	32	69%
<b>Total</b>	<b>48</b>	<b>78</b>	<b>62%</b>

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

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

Table 31 shows the outcomes of panel hearings completed in the last quarter.

**Table 29: Panel hearings completed, by profession**

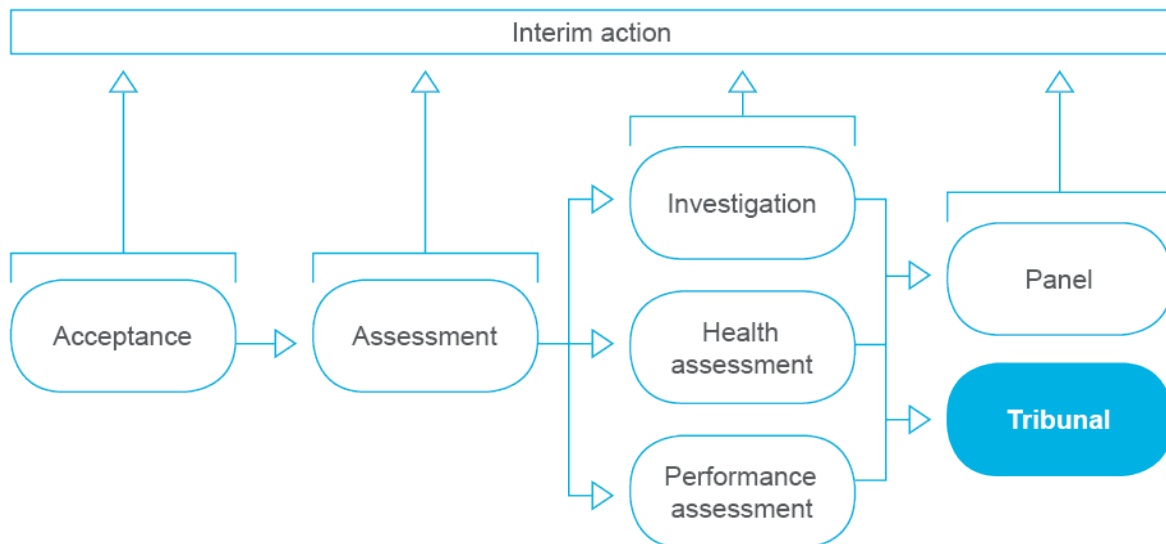
Profession	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			-
Chinese Medicine Practitioner			-
Chiropractor			-
Dental Practitioner			-
Medical Practitioner	1	8	13%
Medical Radiation Practitioner			-
Midwife	2	2	100%
Nurse	2	7	29%
Occupational Therapist		1	0%
Optometrist			-
Osteopath			-
Pharmacist			-
Physiotherapist			-
Podiatrist			-
Psychologist	3	4	75%
<b>Total</b>	<b>8</b>	<b>22</b>	<b>36%</b>

**Table 30: Panel hearings completed, by time frame**

Time frame	Vic	National	% of national
Completed in ≤ 6 months	6	14	43%
Completed in > 6 months	2	8	25%
<b>Total</b>	<b>8</b>	<b>22</b>	<b>36%</b>

**Table 31: Panel hearings completed, by outcome**

Outcome	Vic	National	% of national
Outcome of decision to close the notification			
No further action	1	3	33%
Referral to another body			-
Board cautions practitioner	3	8	38%
Reprimand		1	0%
Practitioner surrenders registration			-
Board suspends practitioner			-
Board accepts undertaking by the practitioner			-
Board imposes conditions on practitioner's registration	4	9	44%
Other			-
Outcome of decision to take the notification further			
Investigation by AHPRA		1	0%
Health or performance assessment			-
Referral to a tribunal			-
Other			-
<b>Total</b>	<b>8</b>	<b>22</b>	<b>36%</b>



## 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 independent tribunal as listed in Table 32.

**Table 32: 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

In the future, we plan to report on performance measures about timeframes for preparing matters for submission to a tribunal, once that decision has been made by a National Board.

## 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.

Statutory offences are managed by AHPRA and Boards under a different part of the National Law to notifications. As such, statutory offences are reported separately from notifications in this report.

Table 33 shows the statutory offence matters completed in the latest quarter, by profession.

Table 34 shows the type of statutory offence matters completed during the latest quarter, by type.

Table 35 shows the outcomes of the statutory offence matters completed in the latest quarter.

Table 36 shows the number of statutory offences open at the end of the latest quarter.

**Table 33: Statutory offences completed, by profession**

Profession	Vic	National (incl NSW)	% of national total
Aboriginal and Torres Strait Islander Health Practitioner			-
Chinese Medicine Practitioner		15	0%
Chiropractor	18	54	33%
Dental Practitioner	11	37	30%
Medical Practitioner	15	78	19%
Medical Radiation Practitioner		3	0%
Midwife		10	0%
Nurse	2	28	7%
Occupational Therapist		6	0%
Optometrist		3	0%
Osteopath	2	10	20%
Pharmacist	1	5	20%
Physiotherapist	369	602	61%
Podiatrist		2	0%
Psychologist	1	41	2%
No Profession	6	46	13%
<b>Total</b>	<b>425</b>	<b>940</b>	<b>45%</b>

Note:

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

**Table 34: Statutory offences completed, by type**

Type	Vic	National (incl NSW)	% of national
Falsely claiming to be a registered health practitioner	12	173	7%
Carrying out acts that only a registered health practitioner should do	2	3	67%
Breach of laws on advertising	409	756	54%
Directing or inciting a health practitioner to act in an unprofessional way	1	2	50%
Other offence	1	6	17%
<b>Total</b>	<b>425</b>	<b>940</b>	<b>45%</b>

Note:

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

**Table 35: Statutory offences completed, by outcome**

Outcome	Vic	National (incl NSW)	% of national
Outcome where offence not prosecuted			
Health practitioner complies with demand for action by Board	29	120	24%
Referred for management as a notification		2	0%
Board refers matter to another entity	2	14	14%
No action taken	394	801	49%
Outcome where offence prosecuted			
Not guilty – acquitted			-
Guilty – no conviction, not fined			-
Guilty – no conviction, fined		1	0%
Guilty – conviction recorded, fined		2	0%
<b>Total</b>	<b>425</b>	<b>940</b>	<b>45%</b>

**Table 36: Open statutory offences at the end of the latest quarter**

Open	Vic	National (incl NSW)	% of national
<b>Total</b>	<b>634</b>	<b>2,046</b>	<b>31%</b>



## 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.

When we monitor restrictions on a health practitioner we call it a monitoring case. Each monitoring case is assigned to one of five streams as follows:

**Health:** The practitioner or student is being monitored because they have a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence). See the AHPRA glossary.

**Performance:** The practitioner is being monitored to ensure they practise safely and appropriately while demonstrated deficiencies in their knowledge, skill, judgement or care in the practise of their profession are addressed.

**Conduct:** The practitioner is being monitored to ensure they practise safely and appropriately following consideration of their criminal history, or they have demonstrated a lesser standard of professional conduct than expected.

**Suitability/eligibility:** The practitioner is being monitored because they:

- do not hold an approved or substantially equivalent qualification in the profession
- lack the required competence in the English language
- do not meet the requirements for recency of practice, or
- do not fully meet the requirements of any other approved registration standard.

**Prohibited practitioner/student:** the person is being monitored because they have been suspended or their registration has been cancelled.

A National Board may impose restrictions on a health practitioner with a PPP of NSW. Restrictions that are monitored in a Health, Performance or Conduct stream are transferred to the Health Professional Councils Authority in NSW for ongoing monitoring. Until the transfer of the monitoring case occurs, AHPRA is accountable for the monitoring case to ensure public safety.

Suitability/eligibility stream cases about a health practitioner with a PPP of NSW, are monitored by AHPRA.

Further information about these streams is available at <http://www.ahpra.gov.au/Registration/Monitoring-and-compliance.aspx>.

Table 37 shows the monitoring cases open at the end of the latest quarter, by profession.

Table 38 shows the monitoring cases open at the end of the latest quarter, by monitoring stream.

Table 39 shows the monitoring cases open at the end of the latest quarter in the jurisdiction, by profession and stream.

**Table 37: 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		11	8	20	1		3	39		82
Chinese Medicine Practitioner	25	602	1	128	45	2	73	80	32	988
Chiropractor		2		10	8		16	10		46
Dental Practitioner	7	12	5	41	30	3	43	19	2	162
Medical Practitioner	36	474	29	343	144	39	342	235	26	1,668
Medical Radiation Practitioner	2	24	1	33	9	4	19	8	1	101
Midwife	1	24	1	17	6	2	33	23	16	123
Nurse	36	169	17	379	189	37	428	173	45	1,473
Occupational Therapist		7		8	3	2	13	6	1	40
Optometrist	1	5		5		1	7	4		23
Osteopath		1		1	2		3			7
Pharmacist	6	41	1	42	6	3	60	20	11	190
Physiotherapist	2	11	2	17	6		22	11		71
Podiatrist				3	2	1	8		2	16
Psychologist	5	11		38	9	4	39	23	1	130
<b>Total</b>	<b>121</b>	<b>1,394</b>	<b>65</b>	<b>1,085</b>	<b>460</b>	<b>98</b>	<b>1,109</b>	<b>651</b>	<b>137</b>	<b>5,120</b>

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 38: Number of monitoring cases open at the end of the latest quarter, by monitoring stream**

Profession	Vic	National (incl NSW)	% of national total
Health	120	<b>621</b>	19%
Performance	154	<b>528</b>	29%
Conduct	127	<b>380</b>	33%
Prohibited Practitioner / Student	77	<b>229</b>	34%
Suitability / Eligibility	631	<b>3,362</b>	19%
<b>Total</b>	<b>1,109</b>	<b>5,120</b>	<b>22%</b>

**Table 39: Number of Victoria monitoring cases open at the end of the latest quarter, by monitoring stream and profession**

Profession	Health	Performance	Conduct	Prohibited Practitioner / Student	Suitability / Eligibility	Vic Total
Aboriginal and Torres Strait Islander Health Practitioner					3	<b>3</b>
Chinese Medicine Practitioner		2	2		69	<b>73</b>
Chiropractor		6	1		9	<b>16</b>
Dental Practitioner	2	21	12	1	7	<b>43</b>
Medical Practitioner	59	48	49	20	166	<b>342</b>
Medical Radiation Practitioner		1	1		17	<b>19</b>
Midwife	2	2	4	2	23	<b>33</b>
Nurse	41	46	31	46	264	<b>428</b>
Occupational Therapist					13	<b>13</b>
Optometrist	1				6	<b>7</b>
Osteopath					3	<b>3</b>
Pharmacist	8	19	8	4	21	<b>60</b>
Physiotherapist		2	5		15	<b>22</b>
Podiatrist	1			1	6	<b>8</b>
Psychologist	6	7	14	3	9	<b>39</b>
<b>Total</b>	<b>120</b>	<b>154</b>	<b>127</b>	<b>77</b>	<b>631</b>	<b>1,109</b>

# Australian Health Practitioner Regulation Agency

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