

AHPRA Performance Report

Victoria

January-March 2017



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.

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.

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.

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	110	206	106	46	3	9	98		581
Chinese Medicine Practitioner	68	1979	13	855	183	36	1,303	262	132	4,831
Chiropractor	67	1770	27	846	368	53	1,366	621	152	5,270
Dental Practitioner	413	6756	153	4,474	1,838	372	5,113	2,602	592	22,313
Medical Practitioner	2,099	34,201	1,255	22,017	8,018	2,296	26,958	11,087	2,897	110,828
Medical Radiation Practitioner	266	5191	108	3,156	1,175	314	3,828	1,335	247	15,620
Midwife	140	1022	80	893	585	24	1,245	401	170	4,560
Nurse	5,613	97,449	3,800	69,766	31,088	8,350	93,170	35,359	10,100	354,695
Nurse and Midwife	548	8358	505	5,875	2,036	632	7,658	2,959	308	28,879
Occupational Therapist	333	5461	174	3,766	1,518	291	4,831	2,760	255	19,389
Optometrist	76	1803	29	1,057	295	93	1,396	423	167	5,339
Osteopath	35	564	3	205	38	41	1,225	62	46	2,219
Pharmacist	548	9248	222	5,991	2,172	738	7,581	3,217	570	30,287
Physiotherapist	583	8860	169	5,630	2,362	473	7,348	3,582	1,146	30,153
Podiatrist	68	1364	20	823	439	105	1,576	455	63	4,913
Psychologist	893	11321	225	6,195	1,716	596	9,310	3,625	533	34,414
Total	11,753	195,457	6,989	131,655	53,877	14,417	173,917	68,848	17,378	674,291

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.

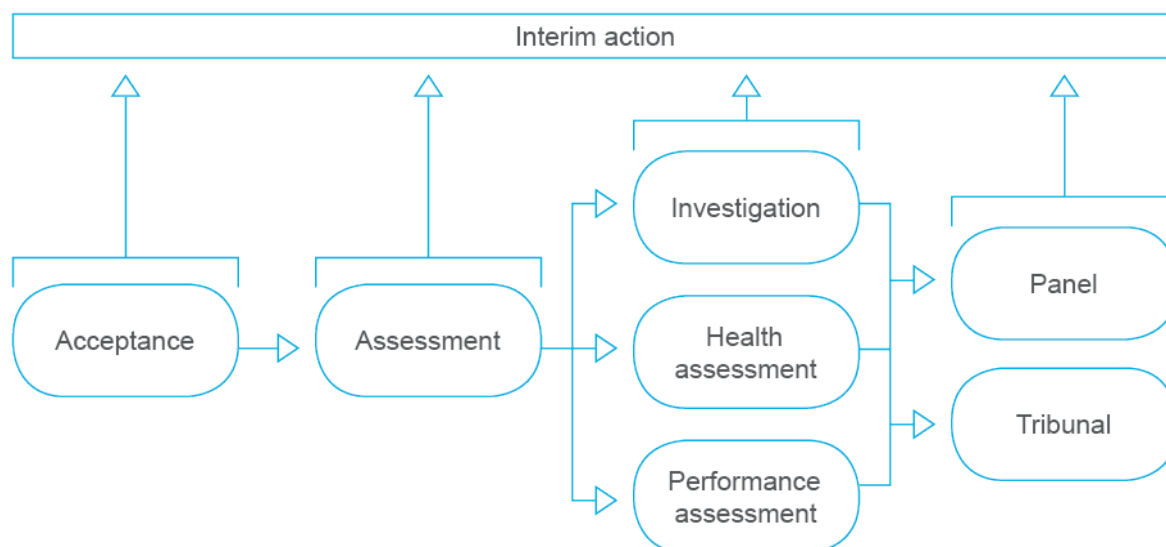
Table 2: Applications for registration finalised, by profession

Profession	Vic	National (incl NSW)	% of national
Aboriginal and Torres Strait Islander Health Practitioner	2	51	4%
Chinese Medicine Practitioner	123	358	34%
Chiropractor	52	175	30%
Dental Practitioner	119	529	22%
Medical Practitioner	1,538	6,426	24%
Medical Radiation Practitioner	162	616	26%
Midwife	193	684	28%
Nurse	2,735	10,466	26%
Occupational Therapist	176	686	26%
Optometrist	21	108	19%
Osteopath	58	84	69%
Pharmacist	427	1,456	29%
Physiotherapist	246	963	26%
Podiatrist	85	253	34%
Psychologist	428	1,799	24%
Total	6,365	24,654	26%

Table 3: Applications for registration finalised, by outcome

Outcome	Vic	National (incl NSW)	% of national
Register	5,993	22,483	27%
Register with conditions	54	332	16%
Register in a type other than applied for	5	30	17%
Register in a type other than applied for with conditions	4	20	20%
Refuse application	64	574	11%
Withdrawn	240	1,173	20%
Other	5	42	12%
Total	6,365	24,654	26%

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		3	0%
Chinese Medicine Practitioner		4	0%
Chiropractor	6	19	32%
Dental Practitioner	40	126	32%
Medical Practitioner	256	895	29%
Medical Radiation Practitioner	3	4	75%
Midwife	1	14	7%
Nurse	99	377	26%
Occupational Therapist	2	10	20%
Optometrist	2	5	40%
Osteopath	2	3	67%
Pharmacist	35	78	45%
Physiotherapist	11	26	42%
Podiatrist	2	7	29%
Psychologist	42	99	42%
Yet to be coded*	5	10	50%
Total	506	1,680	30%

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		2	0%
Chinese Medicine Practitioner	1	3	33%
Chiropractor	2	19	11%
Dental Practitioner	34	112	30%
Medical Practitioner	235	827	28%
Medical Radiation Practitioner	1	7	14%
Midwife	5	18	28%
Nurse	96	336	29%
Occupational Therapist	5	7	71%
Optometrist	1	2	50%
Osteopath	4	5	80%
Pharmacist	33	85	39%
Physiotherapist	13	20	65%
Podiatrist	1	11	9%
Psychologist	34	66	52%
Yet to be coded*	3	4	75%
Total	468	1,524	31%

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.

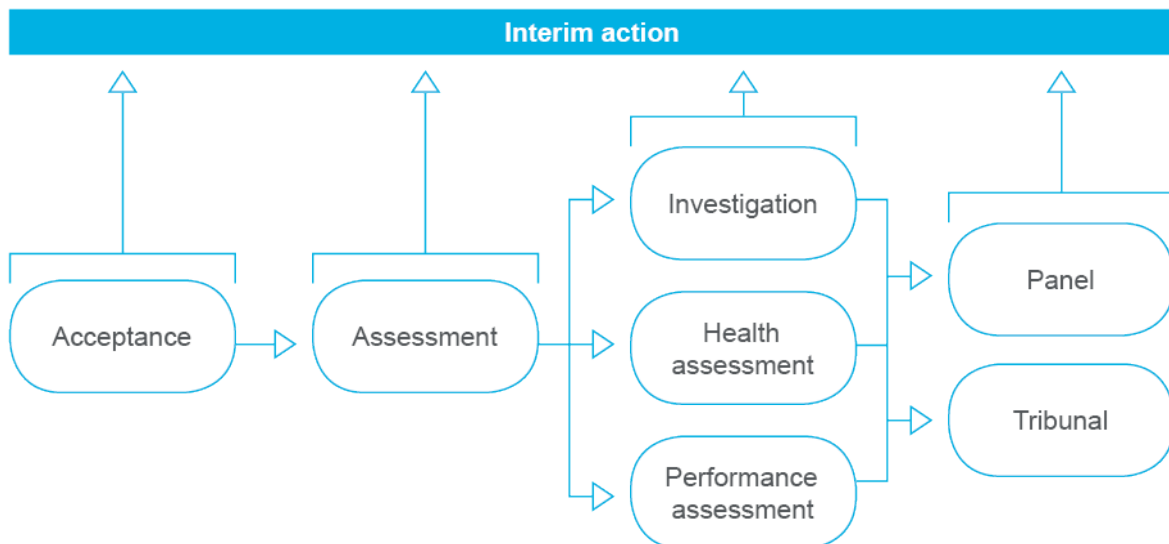
Table 6: Stage of open notifications at the end of the latest quarter

Stage	Vic	National	% of national
Assessment	324	1,255	26%
Investigation	692	2,400	29%
Health assessment	47	208	23%
Performance assessment	53	101	52%
Referred to a Panel	12	59	20%
Referred to a Tribunal	84	259	32%
Total	1,212	4,282	28%

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

Status	Vic	National
Open at start of quarter	1,173	4,126
Received	506	1,680
Closed	468	1,524
Open at end of quarter	1,212	4,282
Change (no.)	▲ 39	▲ 156
Change (%)	▲ 3%	▲ 4%

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

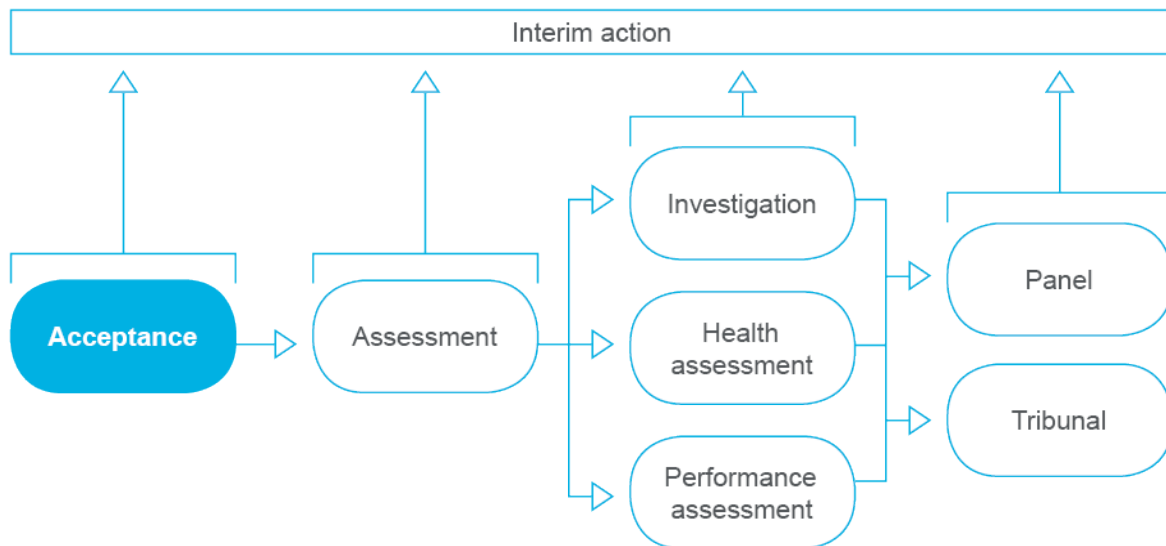
Outcome	Vic	National	% of national
Board accepts undertaking by the practitioner	8	18	44%
Board imposes conditions on practitioner's registration	8	36	22%
Board suspends practitioner	14	31	45%
Practitioner surrenders registration		1	0%
Total	30	86	35%

Table 9: Interim actions taken, by time frame

Time frame	Vic	National
Median days	7	8

Note:

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



Acceptance

When accepting a notification, AHPRA appraises:

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

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

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.

¹ 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		3	0%
Chinese Medicine Practitioner	1	8	13%
Chiropractor	8	26	31%
Dental Practitioner	54	193	28%
Medical Practitioner	399	1,130	35%
Medical Radiation Practitioner	7	7	100%
Midwife	3	21	14%
Nurse	108	409	26%
Occupational Therapist	3	12	25%
Optometrist	3	9	33%
Osteopath	2	3	67%
Pharmacist	37	84	44%
Physiotherapist	13	30	43%
Podiatrist	7	19	37%
Psychologist	57	132	43%
Yet to be coded*	38	193	20%
Total	740	2,279	32%

Note:

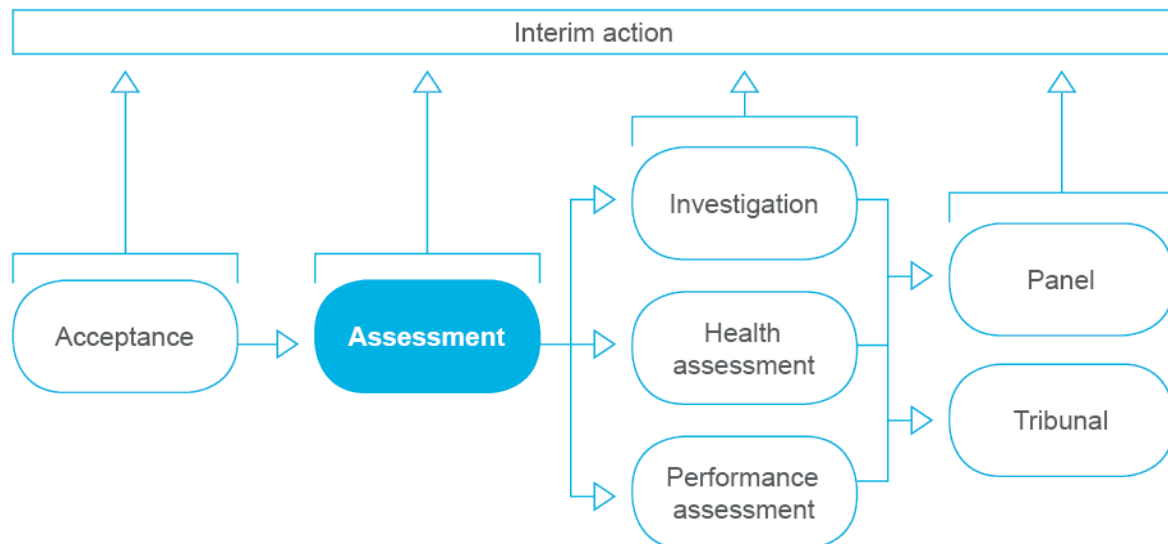
This report provides a snapshot of a point in time. Details of the notification may not have been entered into the system or were not available at that time.

Table 12: Outcome of acceptance process

Outcome	Vic	National	% of national
Accepted for management by AHPRA	511	1,696	30%
Not accepted as a notification	155	388	40%
Total	666	2,084	32%

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.

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		3	0%
Chinese Medicine Practitioner	1	4	25%
Chiropractor	3	21	14%
Dental Practitioner	34	100	34%
Medical Practitioner	216	872	25%
Medical Radiation Practitioner		6	0%
Midwife		15	0%
Nurse	90	368	24%
Occupational Therapist	2	6	33%
Optometrist	1	2	50%
Osteopath	5	5	100%
Pharmacist	34	83	41%
Physiotherapist	13	23	57%
Podiatrist	2	13	15%
Psychologist	25	76	33%
Not yet coded*	6	11	55%
Total	432	1,608	27%

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

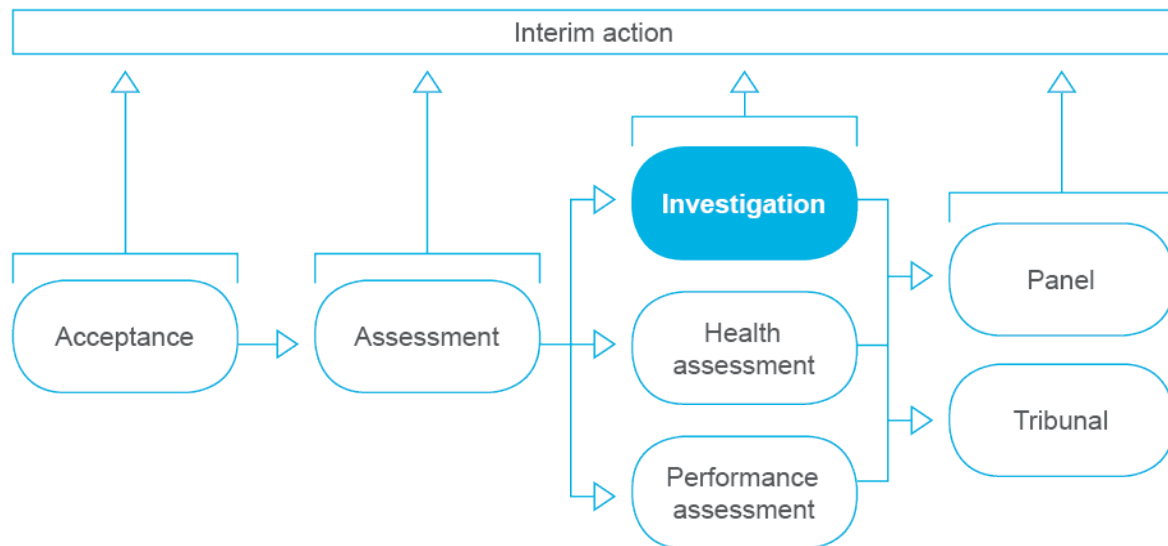
Time frame	Vic	National	% of national
Completed in ≤ 60 days	210	714	29%
Completed in > 60 days but ≤ 90 days	118	417	28%
Completed in > 90 days	46	274	17%
Completed following a show cause process	58	203	29%
Total	432	1,608	27%

Table 15: Assessments completed, by outcome

Outcome	Vic	National	% of national
Outcome of decision to close the notification			
No further action	250	736	34%
Board cautions practitioner	37	128	29%
Board accepts undertaking by the practitioner	6	13	46%
Board imposes conditions on practitioner's registration	17	51	33%
Assessment to be done by health complaints entity	2	33	6%
Other	7	10	70%
Outcome of decision to take the notification further			
Investigation by AHPRA	92	552	17%
Health or performance assessment	12	61	20%
Referral to a panel		2	0%
Referral to a tribunal			-
Other	9	22	41%
Total	432	1,608	27%

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

Time frame	Vic	National	% of national*
Open for ≤ 60 days	250	822	30%
Open for > 60 days but ≤ 90 days	37	132	28%
Open for > 90 days	11	172	6%
Subject to a show cause process	26	129	20%
Total	324	1,255	26%



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			-
Chinese Medicine Practitioner			-
Chiropractor		5	0%
Dental Practitioner	12	36	33%
Medical Practitioner	53	242	22%
Medical Radiation Practitioner	1	1	100%
Midwife	5	14	36%
Nurse	24	149	16%
Occupational Therapist			-
Optometrist		2	0%
Osteopath		1	0%
Pharmacist	5	26	19%
Physiotherapist			-
Podiatrist		3	0%
Psychologist	13	20	65%
Total	113	499	23%

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	22	141	16%
Completed in > 6 months but ≤ 12 months	42	200	21%
Completed in > 12 months but ≤ 18 months	36	111	32%
Completed in > 18 months	13	47	28%
Total	113	499	23%

Table 19: Investigations completed, by outcome

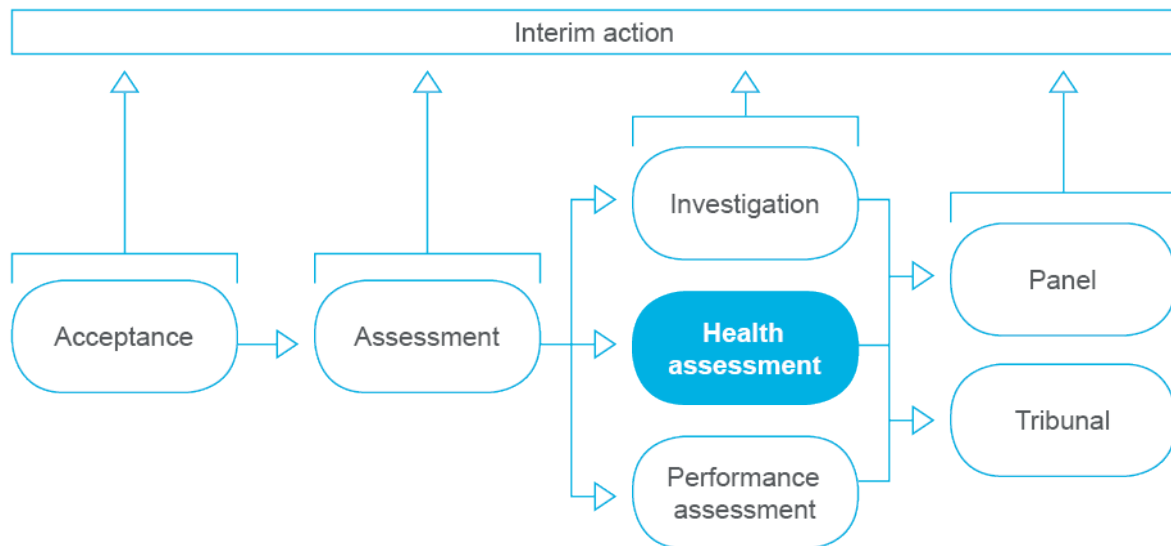
Outcome	Vic	National	% of national
Outcome of decision to close the notification			
No further action	55	261	21%
Board cautions practitioner	19	65	29%
Board accepts undertaking by the practitioner	2	11	18%
Board imposes conditions on practitioner's registration	18	61	30%
Other	1	6	17%
Outcome of decision to take the notification further			
Health or performance assessment	7	52	13%
Referral to a panel	5	18	28%
Referral to a tribunal	4	20	20%
Other	2	5	40%
Total	113	499	23%

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

Time frame	Vic	National	% of national
Open for ≤ 6 months	286	1,065	27%
Open for > 6 months but ≤ 12 months	232	804	29%
Open for > 12 months but ≤ 18 months	95	324	29%
Open for > 18 months	79	207	38%
Total	692	2,400	29%

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			-
Dental Practitioner		3	0%
Medical Practitioner	6	17	35%
Medical Radiation Practitioner		3	0%
Midwife			-
Nurse	9	38	24%
Occupational Therapist			-
Optometrist			-
Osteopath			-
Pharmacist			-
Physiotherapist			-
Podiatrist	1	1	100%
Psychologist		1	0%
Total	16	63	25%

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	2	28	7%
Completed in > 6 months	14	35	40%
Total	16	63	25%

Table 23: Health assessments completed, by outcome

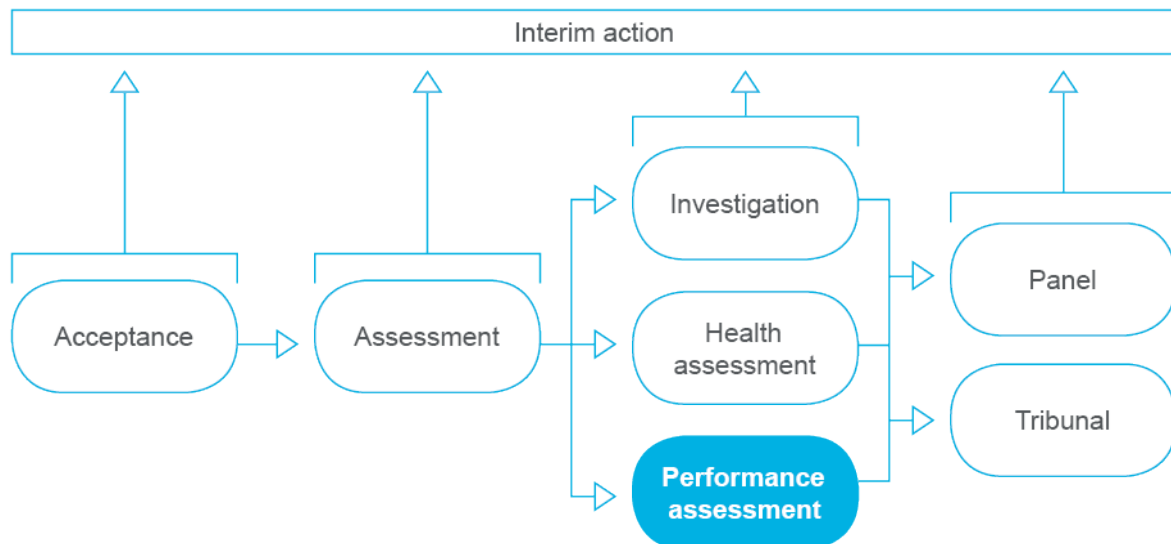
Outcome	Vic	National	% of national
Outcome of decision to close the notification			
No further action	8	16	50%
Board cautions practitioner		2	0%
Board accepts undertaking by the practitioner	2	14	14%
Board imposes conditions on practitioner's registration	5	19	26%
Practitioner surrenders registration		1	0%
Other			-
Outcome of decision to take the notification further			
Investigation by AHPRA	1	9	11%
Referral to a panel		1	0%
Referral to a tribunal			-
Other		1	0%
Total	16	63	25%

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	16	128	13%
Open for > 6 months	31	81	38%
Total	47	209	22%

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	1	1	100%
Medical Practitioner	5	8	63%
Medical Radiation Practitioner			-
Midwife			-
Nurse	3	10	30%
Occupational Therapist	4	4	100%
Optometrist			-
Osteopath			-
Pharmacist			-
Physiotherapist			-
Podiatrist			-
Psychologist			-
Total	13	23	57%

Table 26: Performance assessments completed, by time frame

Time frame	Vic	National	% of national
Completed in ≤ 6 months		6	0%
Completed in > 6 months	13	17	76%
Total	13	23	57%

Table 27: Performance assessments completed, by outcome

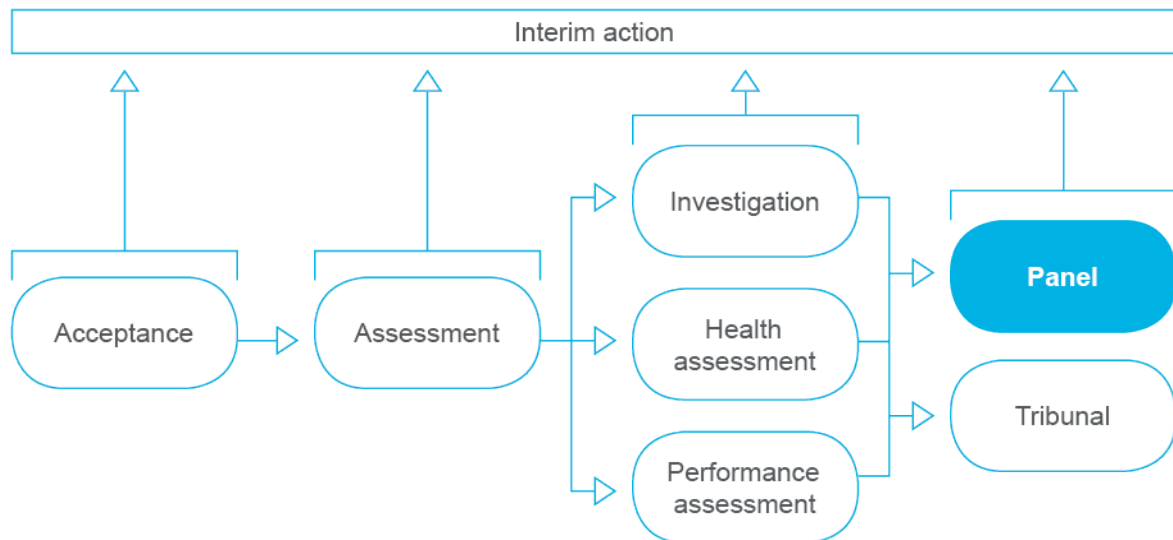
Outcome	Vic	National	% of national
Outcome of decision to close the notification			
No further action	10	12	83%
Board cautions practitioner		1	0%
Board accepts undertaking by the practitioner			-
Board imposes conditions on practitioner's registration	2	4	50%
Other			-
Outcome of decision to take the notification further			
Investigation by AHPRA		5	0%
Referral to a panel	1	1	100%
Referral to a tribunal			-
Other			-
Total	13	23	57%

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	34	66	52%
Open for > 6 months	19	34	56%
Total	53	100	53%

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

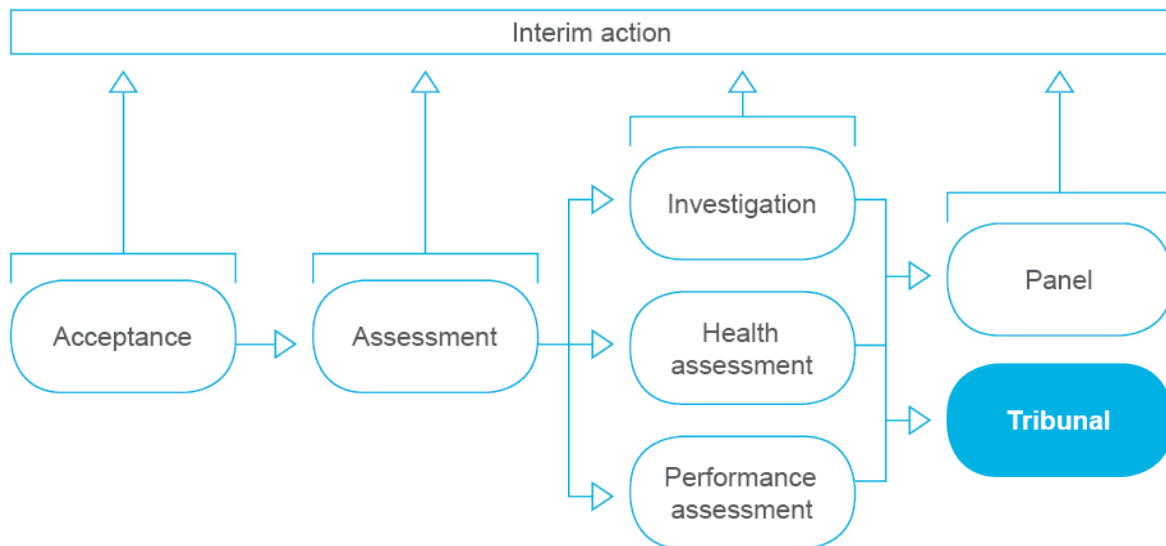
Profession	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			-
Chinese Medicine Practitioner			-
Chiropractor			-
Dental Practitioner			-
Medical Practitioner		9	0%
Medical Radiation Practitioner			-
Midwife			-
Nurse	1	3	33%
Occupational Therapist			-
Optometrist			-
Osteopath			-
Pharmacist			-
Physiotherapist	1	1	100%
Podiatrist			-
Psychologist			-
Total	2	13	15%

Table 30: Panel hearings completed, by time frame

Time frame	Vic	National	% of national
Completed in ≤ 6 months	2	7	29%
Completed in > 6 months		6	0%
Total	2	13	15%

Table 31: Panel hearings completed, by outcome

Outcome	Vic	National	% of national
Outcome of decision to close the notification			
No further action		1	0%
Referral to another body			-
Board cautions practitioner	1	9	11%
Reprimand		1	0%
Practitioner surrenders registration			-
Board suspends practitioner			-
Board accepts undertaking by the practitioner			-
Board imposes conditions on practitioner's registration	1	2	50%
Other			-
Outcome of decision to take the notification further			
Investigation by AHPRA			-
Health or performance assessment			-
Referral to a tribunal			-
Other			-
Total	2	13	15%



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	2	9	22%
Chiropractor	45	102	44%
Dental Practitioner	55	208	26%
Medical Practitioner	9	108	8%
Medical Radiation Practitioner		1	0%
Midwife		2	0%
Nurse	10	31	32%
Occupational Therapist		2	0%
Optometrist	1	11	9%
Osteopath	1	4	25%
Pharmacist	1	9	11%
Physiotherapist	1	19	5%
Podiatrist	7	13	54%
Psychologist	9	35	26%
No Profession	9	72	13%
Total	150	626	24%

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	28	113	25%
Carrying out acts that only a registered health practitioner should do	1	4	25%
Breach of laws on advertising	119	448	27%
Directing or inciting a health practitioner to act in an unprofessional way		3	0%
Other offence	2	58	3%
Total	150	626	24%

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	43	186	23%
Referred for management as a notification	2	7	29%
Board refers matter to another entity	18	28	64%
No action taken	87	402	22%
Outcome where offence prosecuted			
Not guilty – acquitted			-
Guilty – no conviction, not fined			-
Guilty – no conviction, fined		1	0%
Guilty – conviction recorded, fined		2	0%
Total	150	626	24%

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

Open	Vic	National (incl NSW)	% of national
Total	541	1,711	32%

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	7	18	1		4	32		73
Chinese Medicine Practitioner	25	569	1	125	41	2	69	78	33	943
Chiropractor		4		9	7		13	10		43
Dental Practitioner	6	10	3	35	29	3	39	23	1	149
Medical Practitioner	30	445	27	335	143	36	336	231	26	1,609
Medical Radiation Practitioner	3	22		27	7	5	13	8	2	87
Midwife	1	31	2	19	7	2	39	22	21	144
Nurse	38	195	18	379	191	47	462	182	45	1,557
Occupational Therapist		9		7	4	1	15	7	1	44
Optometrist		5		5			7	1		18
Osteopath		2					4			6
Pharmacist	5	27	1	40	5	6	55	24	8	171
Physiotherapist	2	6	1	16	5		18	10		58
Podiatrist		1		3	2	1	7		1	15
Psychologist	6	10	1	37	13	4	44	26	2	143
Total	116	1,347	61	1,055	455	107	1,125	654	140	5,060

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	116	617	19%
Performance	169	541	31%
Conduct	130	374	35%
Prohibited Practitioner / Student	97	263	37%
Suitability / Eligibility	613	3,265	19%
Total	1,125	5,060	22%

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	1				3	4
Chinese Medicine Practitioner		4	2		63	69
Chiropractor		5			8	13
Dental Practitioner	2	19	10	1	7	39
Medical Practitioner	58	51	48	20	159	336
Medical Radiation Practitioner		1			12	13
Midwife	1	6	6	3	23	39
Nurse	42	53	35	61	271	462
Occupational Therapist					15	15
Optometrist	1				6	7
Osteopath			1		3	4
Pharmacist	6	20	8	7	14	55
Physiotherapist		1	5		12	18
Podiatrist	1			1	5	7
Psychologist	4	9	15	4	12	44
Total	116	169	130	97	613	1,125

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