Your National Scheme: For safer healthcare

Chiropractic Board of Australia Annual report summary 2016/17



Board of Australia

At a glance: The chiropractic profession in 2016/17



5,284 chiropractors, up **2.3%** from 2015/16 That's **0.8%** of the total health practitioner registrant base **1,614** registered chiropractic students, up **30.2%** from last year





103 notifications lodged with AHPRA about chiropractors

3.1% of chiropractors had notifications lodged about them



Male: 60.9% Female: 39.1%

49 chiropractors were being actively monitored for compliance with restrictions on their registration¹



162 statutory offence complaints were made;192 were closed

Most of the new matters related to advertising breaches



11 mandatory notifications were made(4 about standards, 2 about impairment and 5 about alleged sexual misconduct)

Data at 30 June 2017. See page 16 for data about monitoring cases relating to compliance with restrictions on registration for chiropractors.
 Immediate action is an interim step the Board can take to suspend or cancel a chiropractor's registration while a complaint is being considered. Refer to the <u>2016/17 annual report</u> by the Australian Health Practitioner Regulation Agency (AHPRA) for more data on immediate action.

88 notifications closed

this year -

14.8% resulted in accepting an undertaking or conditions being imposed on a chiropractor's registration

26.1% resulted in a chiropractor receiving a caution or reprimand by the Board

None resulted in suspension or cancellation of registration

52.3% resulted in no further action being taken

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Message from the Chair, Chiropractic Board of Australia

This report summarises data relating to the chiropractic profession in Australia, which have been drawn from the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards' 2016/17 annual report. It offers a unique insight into the regulatory landscape.

The Chiropractic Board of Australia's fundamental obligation is to ensure that the public receives safe, competent and ethical care from chiropractors. In addition to setting the ethical and professional standards for the profession, the Board works hard to engage and communicate with practitioners on important issues so they can better understand their obligations under the Health Practitioner Regulation National Law (the National Law).

In addition to publishing helpful and informative material, the Board has established a program of face-to-face engagement activities with the profession to facilitate and enhance the understanding by practitioners of their ethical and professional responsibilities. The Board also welcomes engagement with, and feedback from, other stakeholders in relation to its work.

We are committed to cross-profession collaboration and have been involved in several projects that seek to enhance the cross-professional nature of the National Registration and Accreditation Scheme (the National Scheme). Of note is our work with the Multi-Profession Immediate Action Committee and several projects in relation to codes and standards.

We are fortunate to have excellent support from the Board's regulatory partners in fulfilling our statutory obligations, particularly AHPRA, the Chiropractic Council of NSW, the Health Professional Councils Authority (HPCA) in New South Wales (NSW), the Office of the Health Ombudsman (OHO) in Queensland, and the Council on Chiropractic Education Australasia.

I am also personally grateful to work with a committed group of Board members without whose support and hard work none of this could be achieved.



Dr Wayne Minter AM Chair of the Chiropractic Board of Australia

The Chiropractic Board of Australia

Members of the Board in 2016/17:

Dr Wayne Minter (Chair) Dr Michael Badham Ms Anne Burgess Dr Phillip Donato Mr Frank Ederle Dr Graham Goodreid Ms Barbara Kent Dr Anna Ryan Dr Ailsa Wood

Committees

The following national committees support the Chiropractic Board of Australia:

- Immediate Action Committee
- Registration, Notifications and Compliance Committee, and
- liaison groups and working groups as required.

Executive and policy support



Mr Paul Fisher

Executive Officer, Chiropractic

Mr Fisher supports the Chiropractic Board of Australia. He works in AHPRA's National Office in Melbourne.

Executive Officers provide a vital link between the National Boards and AHPRA.

About us

The Board has worked in partnership with AHPRA to protect the public since the inception of the National Registration and Accreditation Scheme (the National Scheme) in July 2010. Together, we regulate the profession by ensuring that only those chiropractors who are suitably trained and qualified can practise in Australia.

Protecting the public by ensuring access to a safe, competent and qualified healthcare workforce is always our priority. Every decision we make is guided by the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory, and by the regulatory principles (see right).

Visit the Board's website at <u>www.chiropracticboard.gov.au</u>.

For more information about the National Scheme and AHPRA, visit <u>www.ahpra.gov.au/About-AHPRA</u>.

About this report

This annual report summary provides a professionspecific view of AHPRA and the Board's work to manage risk to the public in 2016/17. Information provided in this report is drawn from data published in the 2016/17 annual report by AHPRA and the National Boards. All data are correct as at 30 June 2017.

Whenever possible, historical data are provided to show trends over time.

Please see page 11 for more information about our data.

Profession-specific summaries for all 14 National Boards in the National Scheme are available to download from www.ahpra.gov.au/annual report/2017.

Annual report summaries that segment the registrant base by state and territory are also published online.

Our regulatory principles

Eight <u>regulatory principles</u> underpin our work, and guide our decision-making in the public interest. These principles foster a responsive, risk-based approach to regulation. In brief, they are to:

Protect the public

Take timely and necessary action

Administer the National Law

Ensure registrants are qualified

Work with stakeholders

Uphold professional standards

Identify and respond to risk

Use appropriate regulatory force

For more information, download AHPRA's 2016/17 annual report from www.ahpra.gov.au/annual report/2017

The Chiropractic Board of Australia: Year in review

Spotlight on: Responsible advertising of chiropractic services

Advertising continued to be an issue for the profession this year, and the Board continued with its work to reinforce its strong position on false, misleading or deceptive advertising.

The Board has engaged with chiropractors and other stakeholders in this area, and reminded registrants to 'check, correct and comply' with their professional and legal advertising obligations.

A breach of advertising requirements is a criminal offence. A court may impose a penalty of up to \$5,000 for an individual and \$10,000 for a body corporate. Breaches include, but are not limited to:

- ► false, misleading or deceptive advertising
- using testimonials or purported testimonials about the service or business, and
- creating an unreasonable expectation of beneficial treatment.

The Board worked closely with AHPRA to develop helpful resources to assist chiropractors in better understanding these obligations. Our work included implementing a cross-professional *Advertising compliance and enforcement strategy* to ensure advertising complaints are handled as efficiently as possible.

As a part of this work, the Board and AHPRA hosted a forum on advertising by chiropractors for a wide range of invited stakeholders, including professional bodies, community groups and representatives of the AHPRA Community Reference Group. The goal was to gain a deeper understanding of views and issues associated with advertising by chiropractors, and by extension other health professions, and to consider how different stakeholders could work together to improve the quality of advertising by chiropractors.

Read the *Guidelines for advertising regulated health services* on <u>the Board website</u>.

External review

During the year, the Board commenced an external governance review process to ensure that it is functioning well and doing the job it is required to do.

Revised position statements

The Board was called upon by Ministers to provide advice on issues related to the potentially unsafe treatment of children and pregnant women during the year.

The care of children by chiropractors attracted some interest in the media and by Ministers. In addition to providing detailed advice to Ministers, the Board released a revised <u>position statement on paediatric care</u> to enhance the clarity of its position originally published in 2015. In that statement, the Board made it clear that chiropractors have a responsibility to practise in an evidence-based and patient-centred manner, and also to recognise and work within the limits of their competence and scope of practice.

The Board also released a revised version of its <u>position</u> <u>statement on the provision of health information</u>.

Enforcing the National Law

The Board and AHPRA successfully took strong action against a number of practitioners during the period.

A New South Wales (NSW) chiropractor, Dr Hance Limboro, pleaded guilty in court to 13 charges related to his advertising and was fined \$29,500.

The State Administrative Tribunal of Western Australia (WA) disqualified a former chiropractor from applying for registration for three years after admitting to professional misconduct, including sexual contact and inappropriate conduct with female patients.

The Board also successfully brought disciplinary proceedings against a suspended South Australian chiropractor, Mr Robert Marin, with the South Australian Health Practitioners Tribunal finding his behaviour was 'commercially predatory' and 'exploitative'. The Board and AHPRA investigated seven notifications about Mr Marin's clinical practice, concerning five chiropractic patients and two massage clients, and a further seven notifications about his provision of a weight-loss program. The investigation also examined Mr Marin's use of CCTV in his clinic and routine screening X-rays for 14 children under the age of 12.

Codes and standards

The Board agreed to start an early review of the *Code of conduct* for chiropractors and the Board's registration standard for continuing professional development (CPD) to ensure the standards are contemporary and relevant. The Board is working in collaboration with other National Boards on these pieces of work as part of a crossprofessional approach to work in these areas.

The Board approved revised accreditation standards for chiropractic programs submitted by the Council on Chiropractic Education Australasia (CCEA) and, subsequent to accreditation advice from the CCEA, it approved a set of substantially equivalent program pathways at Macquarie University and a new qualification at Central Queensland University.

Communicating with the profession

To support practitioners during the renewal period, the the Board published vodcasts to help chiropractors to better understand their obligations regarding the recently revised registration standards on CPD, professional indemnity insurance (PII) arrangements and recency of practice.

Keep up-to-date with the works of the Board, as well as reading our communiqués, consultations, media releases and newsletters, at <u>www.chiropracticboard.gov.au/News</u>.

Stakeholder forums

The Board hosted a number of forums and workshops throughout the year. In conjunction with CCEA, it hosted a forum for chiropractic educators and professional bodies on professionalism in chiropractic services. Presenters included Professor Charlotte Rees, Professor and Director of Monash Centre for Scholarship in Health Education and Director of Curriculum (Medicine) at Monash University. A number of aspects of professionalism were discussed, in both educational and regulatory contexts.

To advance the conversation on self-reflection for chiropractors, the Board hosted another round of stakeholder forums, which focused on self-reflection in CPD, and in effective remediation and return to practice. These forums were attended by a broad spectrum of professional stakeholders and guests. Attendees enjoyed thought-provoking and informative presentations from keynote speaker Professor Kevin Eva, Associate Director and Senior Scientist in the Centre for Health Education Scholarship.

Registering the chiropractic workforce in 2016/17

In brief: Registration of chiropractors

- ▶ 5,284 registered chiropractors in 2016/17; up from 5,167 in 2015/16.
- Chiropractors comprise 0.8% of the total registrant base.
- ▶ 1,614 registered chiropractic students, compared with 1,240 in 2015/16.
- 0.3% of the profession identified as being Aboriginal and/or Torres Strait Islander in a workforce survey filled out on renewal of registration (17 chiropractors nationally).
- ▶ Women comprised 39.1% of the profession.



Under the National Law, as in force in each state and territory, there is a <u>range of categories</u> under which a practitioner can be registered as a chiropractor in Australia:

- General registration
- Limited registration
- ► Non-practicing registration, and
- Student registration (students undertaking an approved program of study).

Before a practitioner can practise and use a title protected under the National Law, applicants must provide evidence that they are eligible to hold registration, and registration must be granted.

Find out more about registration with the Chiropractic Board of Australia at <u>www.chiropracticboard.gov.au/</u><u>Registration</u>.

Registration in 2016/17

As at 30 June 2017, there were 5,284 chiropractors registered under the National Scheme. This represents a 2.3% increase from 2015/16, which is consistent with previous years. Most jurisdictions saw an increase in registrant numbers, with NSW, Victoria and Queensland being the principal place of practice for over 75.4% of all registered chiropractors.

Of the 678,938 registered health practitioners across the 14 professions, 0.8% were chiropractors.

Of the chiropractic registrant base, 94% of all chiropractors held some form of practising registration. There was also a 7.9% increase from the previous year in the number of chiropractors moving to non-practising registration.

Tables 1–3 show data relating to the registration of chiropractors in 2016/17.

Applications for registration

AHPRA received 388 applications for registration as a chiropractor in 2016/17. In partnership with AHPRA, the Board considers every application for registration carefully and assesses it against the requirements for registration, including English language proficiency and checking whether the applicant has a criminal history.

Only those chiropractors who are suitably trained and qualified to practise in a competent and ethical manner are registered. Where appropriate to protect the public, and in accordance with the <u>regulatory principles</u> of the National Scheme, the Board may decide to impose conditions on a practitioner's registration or to refuse the application.

Of the 396 applications finalised, 2.5% resulted in conditions being imposed on registration or the refusal of registration, in order to protect the public.

For more information, see AHPRA and the National Boards' annual report, which is available for download at www.ahpra.gov.au/annualreport/2017.

Figure 1: Registration numbers for chiropractors,
year by year, since the National Scheme began2010/112012/132014/152016/174.3504.6574.9985.284

Figure 2: Percentage of chiropractors with a principal place of practice in each state and territory¹



Renewals

Once on the *Register of practitioners* (see box to right), chiropractors must apply to renew their registration(s) each year and make declarations on the relevant registration requirements. As with new applications for registration, the Board may impose conditions on registration or refuse renewal.

A total of 4,956 chiropractors renewed their registration in 2016/17, with the proportion of chiropractors who renewed online increasing to 97.7%; up 0.6% from 2015/16.

Practitioner audits

AHPRA conducts regular audits of random samples of health practitioners across all professions on behalf of the National Boards. Audits provide assurance that practitioners are meeting the registration requirements for their profession. During an audit, a practitioner is required to provide evidence in support of the declarations they made in their previous year's registration renewal application.

In 2016/17, AHPRA audited 6,314 practitioners across all 14 regulated health professions. For all audits initiated and completed this year, 92.1% of chiropractors were found to be in compliance with the registration standards being audited.

See AHPRA's <u>2016/17 annual report</u> for more information about the audit process.

Find out more about practitioner audits and other registration information on the Board's website: <u>www.chiropracticboard.gov.au/Registration</u>.

Figure 3: Audit outcomes for the chiropractic profession in 2016/17



85.1% Compliant: fully compliant with the registration standards

7% Compliant (education): compliant through education in one or more standard

6.1% Non-compliant: non-compliant with one or more standard

1.8% No audit action required: practitioners who changed registration type to non-practising or surrendered their registration after being advised that they were subject to audit

The Register of practitioners

According to the National Law, AHPRA is required to maintain and publish a publicly accessible *Register of practitioners* (*Register*) so that information about the registration of any health practitioner is easy to find.

The online <u>Register</u> has accurate, up-to-date information about the registration status of all registered health practitioners in Australia. When decisions are made in relation to a practitioner's registration/renewal or disciplinary proceedings, the <u>Register</u> is updated to inform the public about the current status of individual health practitioners and any restrictions placed upon their practice.

Tribunal decisions that result in the cancellation of a practitioner's registration due to health, performance or conduct issues result in the individual appearing on a <u>Register of cancelled</u> <u>practitioners</u>.

1 Chiropractors with no principal place of practice (includes overseas registrants): 2.9% of total practitioners or 155 registrants.

Table 1: Registrant numbers as at 30 June 2017

| Registrants | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | No PPP ¹ | Total |
|---|--------|---------|-------|---------|--------|--------|---------|--------|---------------------|---------|
| 2016/17 total registered chiropractors | 69 | 1,771 | 27 | 844 | 370 | 54 | 1,371 | 623 | 155 | 5,284 |
| 2015/16 total registered chiropractors | 67 | 1,736 | 23 | 818 | 373 | 57 | 1,328 | 602 | 163 | 5,167 |
| % change from 2015/16 | 3.0% | 2.0% | 17.4% | 3.2% | -0.8% | -5.3% | 3.2% | 3.5% | -4.9% | 2.3% |
| All registered health practitioners in 2016/17 | 11,845 | 196,605 | 7,083 | 133,103 | 53,823 | 14,522 | 175,354 | 69,012 | 17,591 | 678,938 |

Table 2: Registered chiropractors by age

| Chiropractors | U-25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80+ | Total |
|---------------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|-------|
| 2016/17 | 88 | 763 | 867 | 775 | 750 | 666 | 421 | 386 | 241 | 182 | 81 | 43 | 21 | 5,284 |
| 2015/16 | 135 | 857 | 816 | 739 | 762 | 559 | 418 | 352 | 235 | 163 | 79 | 39 | 13 | 5,167 |

Table 3: Registered chiropractors, by principal place of practice and gender

| Chiropractors | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | No PPP ¹ | Total |
|---------------|-----|-------|----|-----|-----|-----|-------|-----|---------------------|-------|
| Total 2016/17 | 69 | 1,771 | 27 | 844 | 370 | 54 | 1,371 | 623 | 155 | 5,284 |
| Female | 31 | 654 | 9 | 298 | 143 | 17 | 581 | 274 | 57 | 2,064 |
| Male | 38 | 1,117 | 18 | 546 | 227 | 37 | 790 | 349 | 98 | 3,220 |
| Total 2015/16 | 67 | 1,736 | 23 | 818 | 373 | 57 | 1,328 | 602 | 163 | 5,167 |
| Female | 33 | 634 | 7 | 288 | 141 | 17 | 550 | 258 | 61 | 1,989 |
| Male | 34 | 1,102 | 16 | 530 | 232 | 40 | 778 | 344 | 102 | 3,178 |

¹ No principal place of practice (No PPP) will include practitioners with an overseas address.

Regulating the workforce: Complaints about chiropractors in 2016/17

In brief: Notifications about chiropractors

- 103 notifications (complaints or concerns) were lodged with AHPRA about chiropractors in 2016/17.
- 3.1% of the chiropractic registrant base were the subject of a notification (compared with 1.6% of all registered health practitioners).
- Immediate action was taken 14 times; 10 cases resulted in suspension of a chiropractor's registration while a notification was investigated.
- 11 mandatory notifications were lodged with AHPRA about chiropractors during the year.
- 88 notifications were closed.
- 49 chiropractors were being monitored for compliance with restrictions on their registration as at 30 June 2017.
- 162 statutory offence complaints were made about the profession – almost all related to advertising chiropractic services.

An important note about our data

AHPRA and the National Boards do not manage all complaints made about health practitioners in Australia and the data reflect this. In the pages that follow, we are reporting mainly on matters received and managed by AHPRA and the Chiropractic Board of Australia, unless otherwise stated.

The notification process is different in NSW and Queensland:

- In NSW, AHPRA does not manage notifications. They are managed by 14 professional councils (supported by the Health Professional Councils Authority, or HPCA) and the Health Care Complaints Commission (HCCC).
- In Queensland, the Office of the Health Ombudsman (OHO) receives all complaints about health practitioners and determines which of those complaints are referred to the Board/AHPRA to manage.

Wherever possible in the tables in this report, HPCA data are given in separate columns and the data have been checked by the HPCA (correct as at time of publication). Please refer to the HPCA's 2016/17 annual report on their website, as data may have been subsequently reconciled. Queensland became a co-regulatory jurisdiction on 1 July 2014 with the commencement of the Health Ombudsman Act. The OHO receives all health complaints in Queensland, including those about registered chiropractors, and decides whether the complaint:

- is serious, in which case it must be retained by the OHO for investigation
- should be referred to AHPRA and the relevant National Board for management, or
- can be closed, or managed by way of conciliation or local resolution.

This means that we only have access to the data relating to matters referred to us by the OHO. We do not report on all complaints about registered health practitioners in Queensland.

What is a notification?

In the National Scheme, a complaint or concern about a registered health practitioner or student is called a notification. They are called notifications because AHPRA is notified of a concern or complaint about a practitioner, which AHPRA then manages in partnership with the relevant National Board. Most of the notifications received about individual chiropractors are managed through Part 8 of the National Law, which can lead to decisions that affect a practitioner's registration.

Some complaints are treated differently under the National Law, as they are considered 'statutory offences'. AHPRA and the Board can prosecute individuals who commit these offences. For information about statutory offences concerning chiropractors in 2016/17, see page 14.

Keeping the public safe is the primary focus when the Board makes decisions about notifications.

Anyone can notify AHPRA about a chiropractor's health, performance or conduct. While registered chiropractors and employers have mandatory reporting obligations under the National Law, most of the complaints or concerns we receive are made voluntarily by patients or their families (see Figure 6).

We also receive some notifications about students who are studying to become chiropractors. Usually, notifications about students are lodged by education providers or places where students undertake clinical training. See <u>the 2016/17 annual report</u> for data relating to notifications about students across all regulated health professions.

For more information about the notifications process, visit the <u>AHPRA website</u>.

Notifications received in 2016/17

This year, AHPRA received the highest number of notifications (6,898) about health practitioners across all professions than in any single financial year since the National Scheme began. Of these, 1.5% (103) were about chiropractors.

On a jurisdictional level, Victoria (27), Queensland (35) and Western Australia (24) accounted for more than 83% of the notifications relating to chiropractors received in 2016/17.

Of the registrant base, 3.1% of the chiropractic profession had notifications made about them in 2016/17, a slight increase from the previous year.

Notifications closed in 2016/17

The Board assessed and completed 79.6% more notifications about chiropractors in 2016/17 than in the previous reporting year (88, compared with 49 in 2015/16). These closures accounted for just over 5.3% of all closed notifications nationally across all professions. Of the notifications closed, 49.9% resulted in some form of regulatory action being taken by the Board against a practitioner.

As at 30 June 2017, there were 108 open notifications about chiropractors being managed by AHPRA and the Board.

Tables 4–12 show data about notifications in 2016/17.

Figure 4: Total notifications received by AHPRA about chiropractors, year by year, since the National Scheme began



Figure 5: How AHPRA and the Board manage notifications



Figure 6: Five most common sources of notifications lodged with AHPRA about chiropractors





Figure 7: Five most common types of complaint lodged with AHPRA about chiropractors

Mandatory notifications

All health practitioners, their employers and education providers have mandatory reporting obligations under the National Law. This means that they must tell AHPRA if they have formed a reasonable belief that a registered chiropractor or student has behaved in a way that constitutes notifiable conduct.

Notifiable conduct by registered health practitioners is defined as:

- practising while intoxicated by alcohol or drugs
- sexual misconduct in the practice of the profession
- placing the public at risk of substantial harm because of an impairment (health issue), or
- placing the public at risk because of a significant departure from accepted professional standards.

AHPRA received 847 mandatory notifications in 2016/17. Of those, 11 mandatory notifications related to notifiable conduct by chiropractors. The majority of matters related to a significant departure from accepted professional standards of clinical care or alleged boundary violations.

For information about the *Guidelines for mandatory notifications*, visit the <u>Board's website</u>.

Taking immediate action

Immediate action is a serious step that the Board can take when it believes it is necessary to limit a chiropractor's registration in some way to keep the public safe. It is an interim measure that a Board takes only in high-risk cases while it seeks further information.

In 2016/17, the Board considered 22 cases for immediate action and took immediate action 14 times; mostly suspending a practitioner's registration to protect the public while an investigation was conducted.

See Table 6 for immediate action cases about chiropractors by state and territory. See <u>AHPRA's annual</u> <u>report</u> for more information about immediate actions considered and taken across all professions in 2016/17.

Tribunals, panels and appeals

Tribunals

The Board can refer a matter to a tribunal for hearing. Usually, this happens when the allegations involve the most serious of matters, such as when the Board believes a chiropractor has behaved in a way that constitutes professional misconduct.

Tribunal proceedings are conducted in accordance with timetables set by the responsible tribunal in each jurisdiction.

Tribunals in each state and territory:

- ► Australian Capital Territory Civil and Administrative Tribunal
- ▶ New South Wales Civil and Administrative Tribunal
- ► Northern Territory Civil and Administrative 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 2016/17, six matters about chiropractors were decided by a tribunal.

Panels

The Board has the power to establish two types of panel depending on the type of notification:

- Health panels, for issues relating to a practitioner's health and performance, or
- Professional standard panels, for conduct and performance issues.

Under the National Law, panels must include members from the relevant health profession as well as community members. All health panels about chiropractors must include a chiropractor. Each National Board has a list of approved people who may be called upon to sit on a panel.

In 2016/17, three matters about chiropractors were decided by a panel.

¹ Breach of a non-offence provision in the National Law, which could result in regulatory action but not be prosecuted through a local or Magistrate's court. For example, a breach of conditions placed on a practitioner's or breach of registration standards.

Appeals

All regulatory decisions are evidence-based and guided by the regulatory principles of the National Scheme. The National Law provides a mechanism of appeal against a decision by a National Board in certain circumstances, including decisions to:

- refuse an application for registration or endorsement of registration, or to refuse renewal of registration or renewal of an endorsement of registration
- impose or change a condition placed on registration, or to refuse to change or remove a condition imposed on registration or an undertaking given by a registrant, or
- suspend registration or to reprimand a practitioner.

There is also a mechanism of appeal by judicial review if the appeal relates to a perceived flaw in the administrative decision-making process, as opposed to the merits of the individual decision itself.

One decision by the Board was the subject of an appeal in 2016/17.

The National Scheme's <u>regulatory principles</u> apply to all regulatory decision-making. The principles are designed to encourage a responsive, risk-based approach to regulation across all professions to ensure the public is safe. The low rate of appeal demonstrates that these principles continue to have a positive impact on regulatory decision-making.

Please refer to <u>AHPRA's annual report</u> for data relating to appeals in 2016/17.

Compliance

On behalf of the Board, AHPRA monitors chiropractors and students who have restrictions (conditions or undertakings) placed on their registration, and those with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports the Board to manage risk to public safety.

As at 30 June 2017, there were 49 individual chiropractors being monitored (comprising 49 monitoring cases).¹

Monitoring can be for one or more of the following reasons:

- suitability/eligibility to be registered to practise
- compliance with restrictions on their registration
 health, conduct, performance, and/or
- to make sure that any practitioner who was cancelled from the register did not practise.

The 49 active monitoring cases of chiropractors represent 1% of all monitoring cases managed by AHPRA across all 14 regulated health professions. The majority of these cases were being monitored for suitability/eligibility. It should be noted that despite increasing volumes of notifications received and high closure rates, this has not translated into a peak in active monitoring cases for the Board. For more information on monitoring and compliance, visit <u>the AHPRA website</u>.

See Table 11 for active monitoring cases by stream.

Statutory offences

The National Law sets out four types of statutory offences:

- Unlawful use of protected titles
- Unlawful claims by individuals or organisations as to registration
- Performing a restricted act, and
- ► Unlawful advertising.

Breaches of the National Law that constitute a statutory offence can put individuals and the community at risk. These offences may be committed by registered health practitioners, unregistered individuals or corporate entities and are covered under Part 7 of the National Law. For more information, see <u>the AHPRA website</u>.

AHPRA received 162 new statutory offence complaints about chiropractors in 2016/17, which is a significant decrease when compared to the 601 received in 2015/16. Over 94% of the offence complaints received during the year related to advertising. Statutory offence complaints about chiropractors accounted for 7.1% of all statutory offences received nationally across all professions.

This year, there was a substantial increase of 182.4% in the number of statutory offence complaints closed (192, up from 68 in 2015/16).

See Table 12 for data about statutory offences relating to chiropractors in 2016/17.

¹ A practitioner who has restrictions on their registration for more than one reason may be allocated more than one 'monitoring case'. However, for the chiropractic profession, each case corresponded to an individual.

Table 4: Notifications received about chiropractors, by state or territory

| Chiropractors ¹ | ACT | NSW ² | NT | QLD ³ | SA | TAS | VIC | WA | No PPP ⁴ | Subtotal | HPCA⁵ | Total |
|----------------------------|-----|------------------|----|------------------|----|-----|-----|----|---------------------|----------|-------|-------|
| Total 2016/17 | 1 | 1 | 2 | 35 | 12 | 0 | 27 | 24 | 1 | 103 | 68 | 171 |
| Total 2015/16 | 1 | 0 | 1 | 24 | 9 | 0 | 31 | 12 | 4 | 82 | 64 | 146 |

Table 5: Percentage of the profession with notifications received, by state or territory

| Registrants | АСТ | NSW (including HPCA complaints) | NT | QLD (including OHO complaints) | SA | TAS | VIC | WA | No PPP ⁴ | Total ⁶ |
|---|--------------|------------------------------------|------|-----------------------------------|------|------|---------------|------|------------------------|--------------------|
| Chiropractors 2016/17 | 2.9 % | 3.3% | 7.4% | 5.7% | 2.2% | | 1 .6 % | 3.4% | 1.3% | 3.1% |
| Chiropractors 2015/16 | 1.5% | 3.7% | 4.3% | 2.9% | 2.4% | | 2.3% | 2.0% | 2.5% | 2.8% |
| All registered practitioners 2016/17 | 1.9% | 1.7% | 2.2% | 2.2% | 1.3% | 1.9% | 1.1% | 1.2% | 0.5% | 1.6% |
| All registered practitioners 2015/16 | 1.8% | 2.2% | 1.8% | 1.5% | 1.5% | 1.7% | 1.1% | 1.1% | 0.4% | 1.5% |

Table 6: Immediate action cases by state or territory (excluding HPCA)

| Chiropractors | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | No PPP ⁴ | Total |
|---------------|-----|-----|----|-----|----|-----|-----|----|---------------------|-------|
| 2016/17 | 0 | 0 | 1 | 1 | 7 | 0 | 0 | 6 | 0 | 15 |
| 2015/16 | 0 | 0 | 0 | 1 | 3 | 0 | 1 | 3 | 0 | 8 |

Table 7: Outcomes of immediate actions (excluding HPCA)

| | 2016/ | /17 | 2015/ | /16 |
|----------------------------------|---------------|-------------------|---------------|-------------------|
| Outcome | Chiropractors | All practitioners | Chiropractors | All practitioners |
| Not take immediate action | 1 | 76 | 1 | 66 |
| Accept undertaking | 2 | 69 | 1 | 67 |
| Impose conditions | 2 | 147 | 3 | 229 |
| Accept surrender of registration | 0 | 1 | 0 | 6 |
| Suspend registration | 10 | 103 | 3 | 74 |
| Decision pending | 0 | 23 | 0 | 22 |
| Total | 15 | 419 | 8 | 464 |

Table 8: Notifications closed, by state or territory

| Chiropractors | ACT | NSW ² | NT | QLD ³ | SA | TAS | VIC | WA | No PPP ⁴ | Subtotal | HPCA⁵ | Total |
|---------------|-----|------------------|----|------------------|----|-----|-----|----|---------------------|----------|-------|-------|
| Total 2016/17 | 2 | 1 | 1 | 27 | 9 | 0 | 24 | 23 | 1 | 88 | 64 | 152 |
| Total 2015/16 | 0 | 0 | 0 | 13 | 4 | 0 | 20 | 10 | 2 | 49 | 52 | 101 |

Table 9: Notifications closed, by stage at closure (excluding HPCA)

| Stage at closure | 2016/17 | 2015/16 |
|---|---------|---------|
| Assessment ⁷ | 44 | 24 |
| Health or performance assessment ⁸ | 2 | 2 |
| Investigation | 33 | 20 |
| Panel hearing | 3 | 3 |
| Tribunal hearing | 6 | 0 |
| Total | 88 | 49 |

¹ Data relating to notifications (complaints or concerns) are based on the state or territory of the practitioner's principal place of practice (PPP).

2 Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

3 Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman in Queensland (OHO).

- 4 No principal place of practice (No PPP) will include practitioners with an overseas address.
- 5 Matters managed by the Health Professional Councils Authority (HPCA) in NSW.

7 Closed after initial assessment of the matter.

⁶ Total includes matters managed by AHPRA, the OHO in Queensland and the HPCA in NSW.

⁸ Performance assessments are carried out by a Board-selected assessor whose scope of practice is similar to that of the practitioner being assessed (assessors are not Board members or AHPRA staff).

Table 10: Notifications closed, by outcome at closure (excluding HPCA)

| Outcome | Total 2016/17 | Total 2015/16 |
|------------------------------------|---------------|---------------|
| No further action ¹ | 46 | 33 |
| Accept undertaking | 1 | 1 |
| Impose conditions | 12 | 7 |
| Caution | 23 | 7 |
| Reprimand | 0 | 1 |
| Fine registrant | 6 | 0 |
| Health complaints entity to retain | 0 | 0 |
| Suspend registration | 0 | 0 |
| Total ² | 88 | 49 |

Table 11: Active monitoring cases at 30 June 2017, by stream (excluding HPCA)

| Stream ³ | Total 2016/17 | Total 2015/16 |
|---------------------------------|---------------|---------------|
| Conduct | 7 | 12 |
| Health | 2 | 1 |
| Performance | 10 | 9 |
| Prohibited practitioner/student | 6 | 3 |
| Suitability/eligibility | 24 | 21 |
| Total ⁴ | 49 | 49 |

Table 12: Statutory offence complaints received and closed in 2016/17, by type of offence and jurisdiction

| Type of offence⁵ | | АСТ | NSW ² | NT | QLD6 | SA | TAS | VIC | WA | No PPP ⁷ | Total 2016/17 | Total 2015/16 |
|---|----------|-----|------------------|----|------|----|-----|-----|----|---------------------|------------------|------------------|
| Title protections (s.113–120) | Received | 0 | 1 | 0 | 3 | 0 | 0 | 3 | | 1 | 8 | 9 |
| | Closed | 0 | 4 | 0 | 1 | 0 | 0 | 1 | 1 | 5 | 12 | 9 |
| Practice protections (s.121–123) | Received | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 2 |
| | Closed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| Advertising breach (s.133) | Received | 3 | 45 | 1 | 22 | 3 | 2 | 35 | 8 | 34 | 153 | 580 |
| | Closed | 1 | 43 | 1 | 19 | 8 | | 75 | 3 | 28 | 178 | 54 |
| Directing or inciting unprofessional conduct/professional misconduct (s.136) | Received | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |
| | Closed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 |
| Other offence | Received | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | Closed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 |
| Total 2016/17 | Received | 3 | 46 | 1 | 25 | 4 | 2 | 38 | 8 | 35 | 162 | |
| | Closed | 1 | 47 | 1 | 20 | 8 | 0 | 76 | 5 | 34 | 68 | |
| Total 2015/16 | Received | 10 | 183 | 3 | 115 | 27 | 4 | 176 | 65 | 18 | | 601 |
| | Closed | 1 | 40 | 0 | 11 | 0 | 2 | 4 | 2 | 8 | | 68 |

No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.
 Excludes matters managed by the Health Professional Councils Authority (HPCA) in NSW.

AHPRA reports on monitoring cases established rather than by individual registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. As at 30 June 2017, there were 251 cases about chiropractors, which relate to 169 individual registrants.

⁴ These cases also may include cases that are to be transitioned from AHPRA to the HPCA for conduct, health and performance streams. They do not include HPCA-managed monitoring cases.

⁵ Table 12 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.

⁶ Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman in Queensland.

⁷ AHPRA also receives offence complaints about unregistered persons where there is no PPP recorded. Only registered practitioners have a designated PPP.

The Chiropractic Board of Australia: www.chiropracticboard.gov.au

Phone

Within Australia, call **1300 419 495** From outside Australia, call **+61 3 9275 9009** Opening hours: Monday to Friday 9:00am–5:00pm (Australian Eastern Standard Time)

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For more information about AHPRA and the National Boards' work in 2016/17, please see the annual report, available from the <u>AHPRA website</u>.

Useful links

Register of practitioners: <u>www.ahpra.gov.au/registration/registers-of-practitioners</u> Complaints portal: <u>www.ahpra.gov.au/About-AHPRA/Complaints</u> Court and tribunal outcomes: <u>www.ahpra.gov.au/Publications/Tribunal-Decisions</u> National restrictions library: <u>www.ahpra.gov.au/Registration/Monitoring-and-compliance/National-Restrictions-Library</u>

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