

2017/18

Osteopathy Board of Australia Annual report summary

Our National Scheme: For safer healthcare



Osteopathy
Board of Australia | AHPRA

Contents

At a glance: The osteopathy profession	3
Message from the Chair	4
Osteopathy Board of Australia	4
About us	5
About this report	5
Our regulatory principles	5
Osteopathy Board of Australia: Year in review	6
Advertising	6
Stakeholder relations	6
Capabilities for osteopathic practice	6
Accreditation	6
Consultations	6
Registering the osteopathy workforce	7
In brief	7
Registration	7
Applications for registration	8
Renewals	8
<i>Register of practitioners</i>	8
Practitioner audits	9
Regulating the osteopathy workforce	10
In brief: Notifications, monitoring and offences	10
An important note about our data	10
What is a notification?	10
Notifications received	11
Notifications closed	11
Mandatory notifications	12
Taking immediate action	12
Tribunals, panels and appeals	12
Compliance	13
Statutory offences	13

Tables

Table 1: Number of registered osteopaths as at 30 June 2018	9
Table 2: Registered osteopaths, by age	9
Table 3: Registered osteopaths, by principal place of practice and gender	9
Table 4: Notifications received about osteopaths, by state or territory (including HPCA)	14
Table 5: Percentage of the profession with notifications received, by state or territory	14
Table 6: Immediate action cases by state or territory (excluding HPCA)	14
Table 7: Outcomes of immediate actions (excluding HPCA)	14
Table 8: Notifications closed, by state or territory (including HPCA)	14
Table 9: Notifications closed, by stage at closure (excluding HPCA)	15
Table 10: Notifications closed, by outcome at closure (excluding HPCA)	15
Table 11: Active monitoring cases at 30 June 2018, by stream (excluding HPCA)	15
Table 12: Statutory offence complaints about osteopaths, received and closed in 2017/18, by type of offence and jurisdiction	15

Figures

Figure 1: Number of registered osteopaths, year by year, since the National Scheme began	7
Figure 2: Number and percentage of osteopaths with a principal place of practice in each state and territory	8
Figure 3: Audit outcomes for the osteopathy profession	9
Figure 4: Total notifications received by AHPRA about osteopaths, year by year, since the National Scheme began	11
Figure 5: How AHPRA and the Board manage notifications	11
Figure 6: Sources of notifications lodged with AHPRA about osteopaths	11
Figure 7: The most common types of complaint lodged with AHPRA about osteopaths	12

At a glance: The osteopathy profession



2,389 osteopaths, up **7.1%** from 2016/17

That's **0.3%** of all registered health practitioners

Female: **54.7%**

Male: **45.3%**



17 notifications were lodged with AHPRA about osteopaths

1.4% of osteopaths had notifications lodged about them

17 notifications closed this year:

- **17.6%** resulted in accepting an undertaking or conditions being imposed on an osteopath's registration
- **5.9%** resulted in an osteopath receiving a caution or reprimand by the Board
- **76.5%** resulted in no further action being taken



Immediate action was considered **3** times and taken **once**¹



1 mandatory notification was made about impairment



6 osteopaths were monitored by AHPRA for health, performance and/or conduct during the year



9 cases were being monitored for compliance with restrictions on their registration² as at 30 June 2018:

- **1** for health reasons
- **3** for performance
- **1** prohibited practitioner/student
- **4** for suitability/eligibility



5 statutory offence complaints were made; **7** were closed

- **2** of the new matters related to title protection
- **2** to advertising breaches
- **1** to 'other' offence

¹ Immediate action is an interim step the Board can take to suspend or cancel an osteopath's registration while a complaint is being considered. Refer to the [2017/18 annual report](#) by the Australian Health Practitioner Regulation Agency (AHPRA) for more data on immediate action.

² See Table 11 for data about monitoring cases relating to compliance with restrictions on registration for osteopaths.

Message from the Chair

This report summarises data relating to the osteopathy profession in Australia, which have been drawn from the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards' 2017/18 annual report. It offers a unique insight into the regulatory landscape.

The role of the Osteopathy Board of Australia (the Board) is to make sure that only those practitioners who are suitably trained and qualified are registered to practise as osteopaths. Part of this work is to take timely and necessary regulatory action to ensure that the profession remains a trustworthy and respected source of healthcare for the community. However, the Board's responsibilities are not solely reactive. It also takes a proactive approach to sharing information with the profession to ensure that all osteopaths understand their obligations under the Health Practitioner Regulation National Law (the National Law).

This year, the Board engaged in regular communication with the profession via newsletters as well as providing specific information about the responsible advertising of osteopathic services. The Board developed resources that included osteopathy-specific examples and a self-assessment tool; and with other Boards, a new tool to help practitioners and advertisers understand their obligations about using testimonials and reviews to advertise regulated health services.

From April to June, the Board conducted a profession-specific public consultation on the draft revised *Professional capabilities for osteopathic practice*, seeking views on the key features of safe and competent practice as an osteopath in Australia.

In April, the Board also conducted a public consultation on the future accreditation arrangements from mid-2019 and in June 2018, decided that the Australasian Osteopathic Accreditation Council (AOAC) should continue to exercise accreditation functions for the osteopathy profession.

Within these pages, you will also find data relating to the regulation of osteopaths during the year. We hope you find it informative. I'd like to take this opportunity to thank all the Board members for their ongoing commitment, passion and hard work this year to keep the public safe.



Dr Nikole Grbin

Chair, Osteopathy Board of Australia

Osteopathy Board of Australia

Members of the Board

Dr Nikole Grbin (Chair) (Osteopath)

Dr Anne Martin Cooper (Osteopath) (to 14 December 2017)

Dr Pamela Dennis (Osteopath)

Ms Judith Dikstein

Mr Robert McGregor AM

Ms Helga (Liza) Newby

Dr Paul Orrock (Osteopath) (from 15 December 2017)

Dr Natalie Rutsche (Osteopath)

Adjunct Associate Professor Philip Tehan (Osteopath)

Dr Andrew Yaksich (Osteopath)

Committees

The following national committees support the Osteopathy Board of Australia:

- Immediate Action Committee
- Registration and Notifications Committee, and
- Statutory Offences Unit Liaison Group.

Executive and policy support



Dr Cathy Woodward PhD

Executive Officer, Osteopathy

Dr Woodward supports the Osteopathy Board of Australia. She works in AHPRA's National Office in Melbourne.

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

For more information about the Board, visit the [Board's website](#).

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 osteopaths 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.

Visit the [Board's website](#).

For more information about the National Scheme and AHPRA, visit the [AHPRA website](#).

About this report

This annual report summary provides a profession-specific view of AHPRA and the Board's work to manage risk to the public in 2017/18. Information provided in this report is drawn from the annual report published by AHPRA and the National Boards. All data are correct as at 30 June 2018.

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

For information about our data please read 'An important note about our data' in *Regulating the workforce*.

Profession-specific summaries for 14 National Boards are available to download from the [AHPRA website](#).

Our regulatory principles

Eight [regulatory principles](#) 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 [2017/18 annual report](#).

Osteopathy Board of Australia: Year in review

A number of major initiatives were actioned by the Board in 2017/18. Here are the highlights:

Advertising

During the year, a major focus continued from last year on messaging about advertising osteopathy services. Resources were developed including osteopathy-specific examples and a self-assessment tool, and using testimonials and reviews to advertise regulated health services. This approach helped osteopaths to be compliant with advertising.

Stakeholder relations

The Chair, several members and the Executive Officer attended the Osteopathic International Alliance conference in Auckland, New Zealand, in September 2017 and met with international regulators in osteopathy to share ideas, initiatives and research. The conference focused on osteopathy regulation, education, research and association leadership. At the conference the Chair presented on the challenges of delivering healthcare in a commercial environment. It was also an opportunity to discuss issues of mutual interest with other regulatory entities and stakeholders.

The Board continued to engage with professional associations during the year with regular teleconferences.

Capabilities for osteopathic practice

The Board is revising the current *Capabilities for osteopathic practice*. This is a major regulatory initiative for the Board for the current and following year. After preliminary consultation with targeted stakeholders in early 2017, the Board sought a provider to amend the draft revised Capabilities for osteopathic practice to address the feedback received in preliminary consultation and to finalise the document after public consultation.

A document for public consultation, which incorporated the preliminary consultation feedback, was drafted by the successful provider and presented to the Board as per the project deliverables in the contract for service. Using this document, the Board then undertook public [consultation](#) from April to June 2018.

Accreditation

In April 2018, the Board conducted public [consultation](#) on the future accreditation arrangements from mid-2019, when the current term of assignment of accreditation functions ends. In June 2018, the Board decided that the Australasian Osteopathic Accreditation Council (AOAC) should continue to exercise accreditation functions for the osteopathy profession. The Board looks forward to continuing the excellent working relationship with the AOAC.

Throughout the year, the Chairs and Executive Officers of the Board and AOAC held regular teleconferences.

Consultations

In addition to the above consultations, in April 2018, the Board published a public consultation paper on the draft guideline for informing the Board about where practitioners practise.

Details of consultations are found at the [past consultations](#) webpage.

More information about the Board's work in 2017/18 will be available from the [Board's website](#).

Registering the osteopathy workforce

In brief

2,389 registered osteopaths in 2017/18; up from 2,230 in 2016/17.

Osteopaths comprise 0.3% of the total registrant base.

0.7% of the profession identified as being Aboriginal and/or Torres Strait Islander (17 osteopaths nationally).

Women comprised 54.7% of the profession.

Figure 1: Number of registered osteopaths, year by year, since the National Scheme began



Under the National Law, as in force in each state and territory, there is a range of registration categories. Osteopathy registration types are:

- General registration
- Limited registration
- Provisional registration
- Non-practising 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 Osteopathy Board of Australia.

Registration

As at 30 June 2018, there were 2,389 osteopaths registered under the National Scheme. This represents a 7.1% increase from the previous year. New South Wales (NSW), Victoria and Queensland were the principal place of practice for over 90.2% of registered osteopaths.

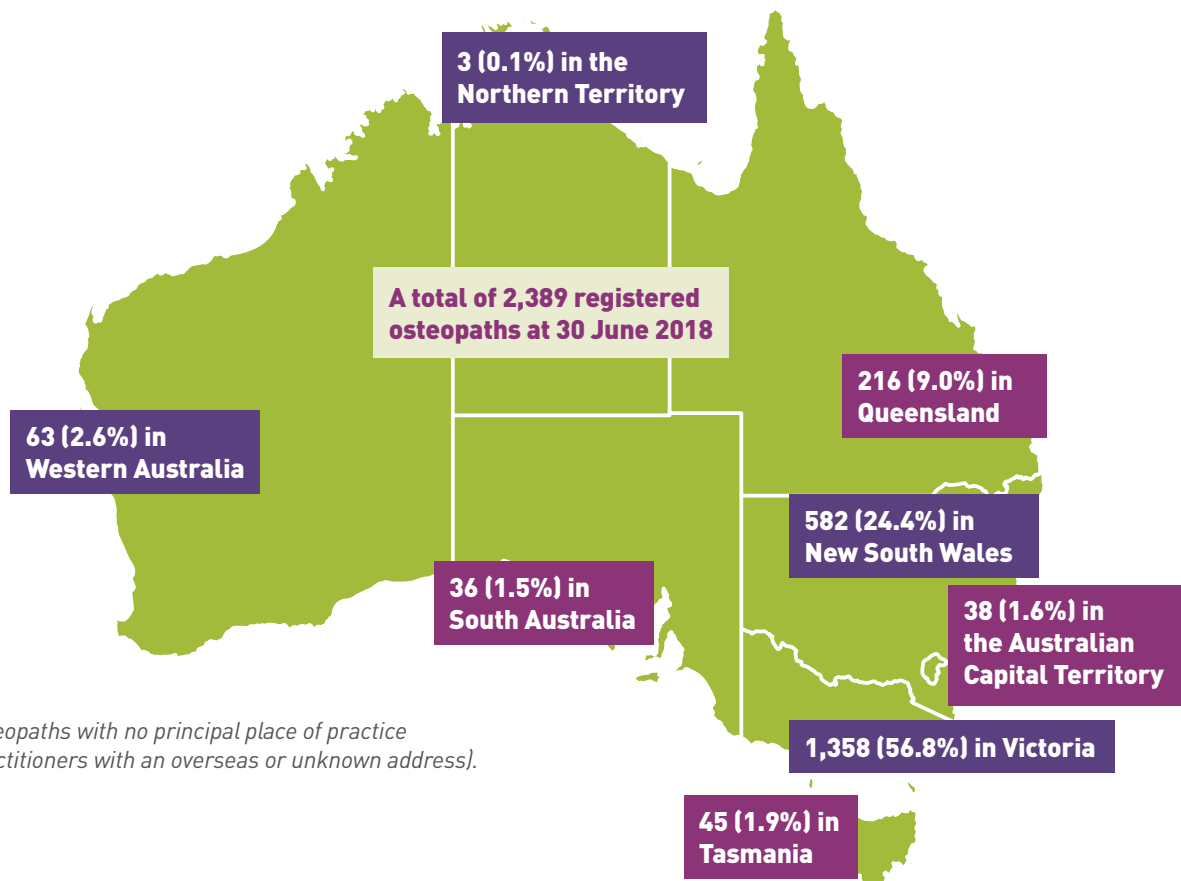
Of the 702,741 registered health practitioners across the professions, 0.3% were osteopaths.

Of the registrant base, 96.0% of all osteopaths held some form of practising registration. There was a 6.7% increase from the previous year in the number of osteopaths moving to non-practising registration.

Of the total osteopathic registrant base, only two practitioners held an endorsement (for acupuncture).

Tables 1–3 show data relating to the registration of osteopaths in 2017/18.

Figure 2: Number and percentage of osteopaths with a principal place of practice in each state and territory



Applications for registration

AHPRA received 273 new applications for registration as an osteopath in 2017/18. In partnership with AHPRA, the Board considers every application for registration carefully and assesses it against the requirements for registration, including qualifications, English language proficiency and checking whether the applicant has a relevant criminal history.

Only those osteopaths 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 regulatory principles of the National Scheme, the Board may decide to impose conditions on a practitioner's registration or to refuse the application.

Of the applications finalised, 1.1% resulted in conditions being imposed on registration in order to protect the public. None resulted in refusal of registration.

For more information about applications finalised during the year, see Table 7 in AHPRA and the National Boards' [annual report](#).

Renewals

Once on the *Register of practitioners*, osteopaths must apply to renew their registration 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 2,149 osteopaths renewed their registration in 2017/18, with 99.1% of practitioners renewing online; an increase of 0.8% from 2016/17.

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 [Register](#) 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 [Register](#) 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 [Register of cancelled practitioners](#).

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 renewal application.

In 2017/18, AHPRA audited 7,193 practitioners across all 15 regulated health professions. For all audits initiated and completed this year, 99% of osteopaths were found to be in full compliance, or required minor education to comply with the registration standards being audited and 1% changed their registration to non-practising or surrendered their registration during the audit.

For more detail about audits and other registration information, visit the [Board's website](#).

Figure 3: Audit outcomes for the osteopathy profession

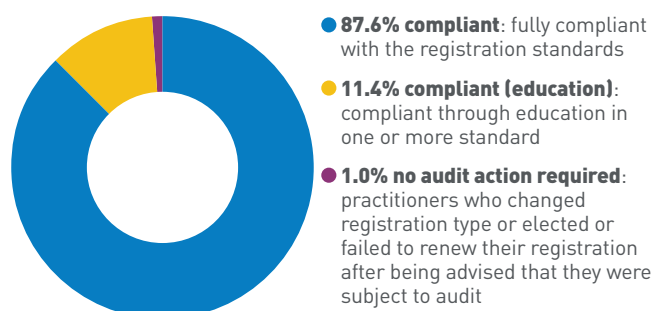


Table 1: Number of registered osteopaths as at 30 June 2018

Registrants	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
2017/18 total registered osteopaths	38	582	3	216	36	45	1,358	63	48	2,389
2016/17 total registered osteopaths	35	564	3	209	38	41	1,231	63	46	2,230
% change from 2016/17 to 2017/18	8.6%	3.2%	0.0%	3.3%	-5.3%	9.8%	10.3%	0.0%	4.3%	7.1%
All registered health practitioners in 2017/18	12,297	202,033	7,419	139,056	55,060	15,188	182,674	70,859	18,155	702,741

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 2: Registered osteopaths, by age

Year	<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
2017/18	68	472	450	444	334	215	114	101	86	64	26	8	7	2,389
2016/17	51	440	422	431	293	192	114	105	88	56	20	11	7	2,230

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

Osteopaths	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
Total 2017/18	38	582	3	216	36	45	1,358	63	48	2,389
Female	17	271	1	97	19	24	818	32	28	1,307
Male	21	311	2	119	17	21	540	31	20	1,082
Total 2016/17	35	564	3	209	38	41	1,231	63	46	2,230
Female	15	251		96	21	23	757	32	22	1,217
Male	20	313	3	113	17	18	474	31	24	1,013

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Regulating the osteopathy workforce

In brief: Notifications, monitoring and offences

17 notifications (complaints or concerns) were lodged with AHPRA about osteopaths in 2017/18.¹

1.4% of the osteopathy registrant base were the subject of a notification (compared with 1.6% of all registered health practitioners).²

Immediate action was taken once.

17 notifications were closed.

9 osteopaths were being monitored for compliance with restrictions on their registration as at 30 June 2018 – 1 for health reasons; 3 for performance; 1 prohibited practitioner/student and 4 for suitability/eligibility for registration.

5 statutory offence complaints were made about the profession. 2 of the new matters related to title protection; 2 to advertising breaches and 1 to 'other' offence.

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 Osteopathy Board of Australia, unless otherwise stated.

The notification process is different in New South Wales 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 2017/18 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. OHO receives all health complaints in Queensland, including those about registered osteopaths, and decides whether the complaint:

- ➔ is serious, in which case it must be retained by 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 OHO. AHPRA does 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 osteopaths 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 osteopaths in 2017/18, see *Statutory offences*.

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

Anyone can notify AHPRA about an osteopath's health, performance or conduct. While registered osteopaths 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). Standards of clinical care continues to be the primary reason people lodge a notification about an osteopath.

We can also receive notifications about students who are studying to become osteopaths. Usually, notifications about students are lodged by education providers. In 2017/18, the Board did not receive any notifications about students.

See the [2017/18 annual report](#) for data relating to notifications about students across all regulated health professions.

For more information about the notifications process, visit the [AHPRA website](#).

¹ Note that 32 complaints were received about osteopaths in 2017/18, when data from the HPCA are included. This total does not include complaints retained by OHO in Queensland. In this report, we mainly report on matters managed by AHPRA.

² Includes complaints managed by the HPCA in NSW and OHO in Queensland. Refer to Table 5.

Notifications received

This year, AHPRA received the highest number of notifications (7,276) about health practitioners across all professions in any single reporting year since the National Scheme began. Just 0.2% of all notifications received in 2017/18 related to osteopaths (17 notifications in total).

Of all jurisdictions, Victoria (13 notifications) and Queensland (two notifications) accounted for over 88% of notifications relating to osteopaths in 2017/18.

Of all registered health practitioners, 1.4% of the osteopathy workforce had notifications made about them in 2017/18, which is a 0.3% increase from 2016/17.¹

Tables 4–10 show data about notifications in 2017/18.

Notifications closed

The Board assessed and closed 17 notifications about osteopaths during the year; 30.8% more than in 2016/17. These closures accounted for 0.2% of all closed notifications nationally across all professions. Of the osteopathy notifications closed, 23.5% resulted in some form of regulatory action being taken by the Board.

As at 30 June 2018, there were eight open notifications about osteopaths being managed by AHPRA and the Board.

Tables 8–10 show data about notifications closed in 2017/18.

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

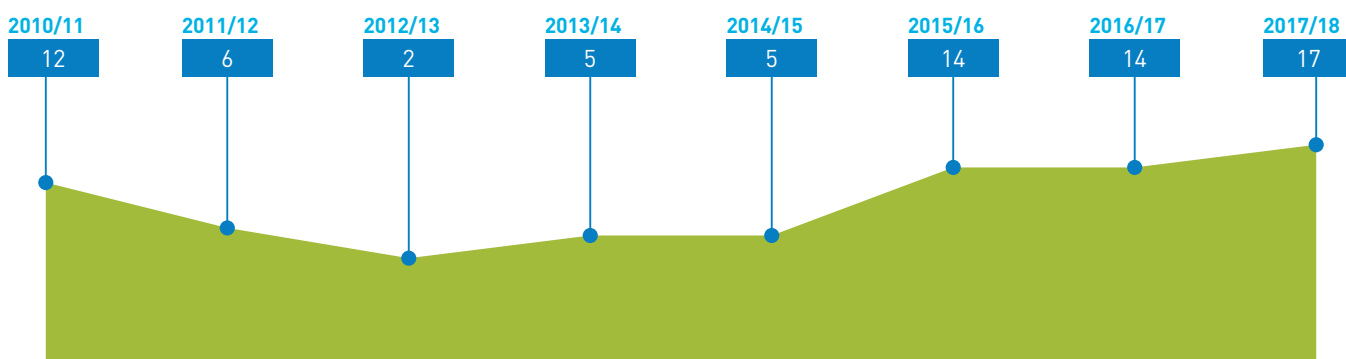


Figure 5: How AHPRA and the Board manage notifications

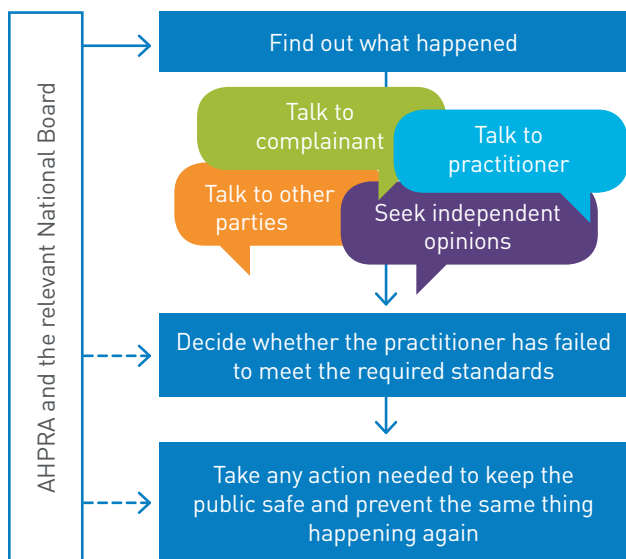
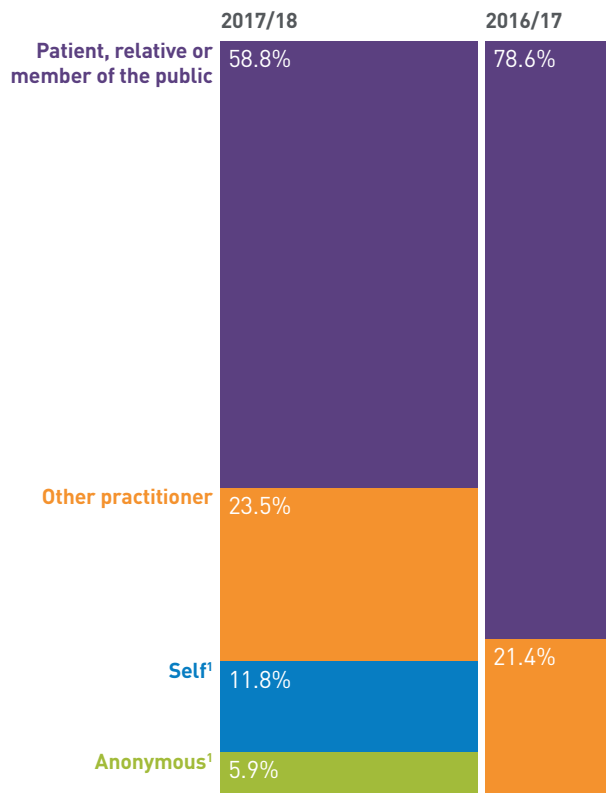


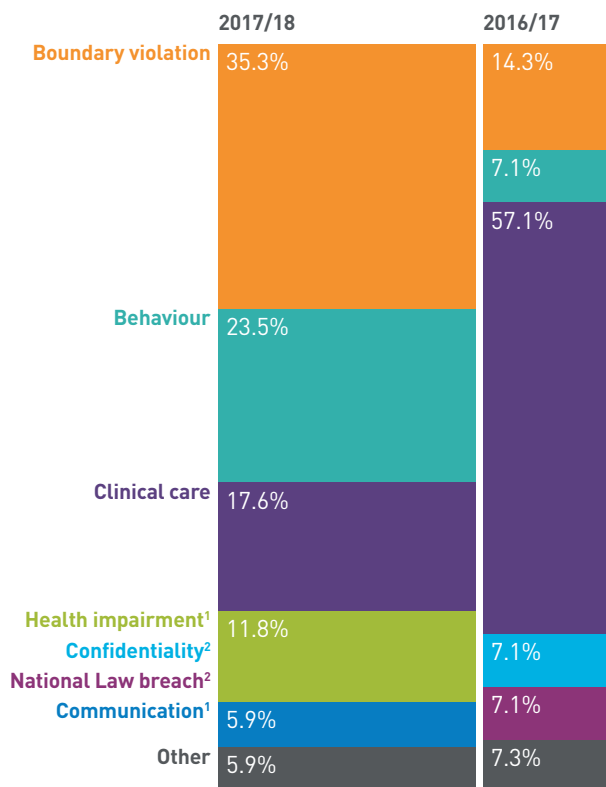
Figure 6: Sources of notifications lodged with AHPRA about osteopaths



¹ 0% for 2016/17.

¹ Includes complaints managed by the HPCA in NSW and the OHO in Queensland. Refer to Table 5.

Figure 7: The most common types of complaint lodged with AHPRA about osteopaths



¹ 0% for 2016/17.

² 0% for 2017/18.

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 osteopath or student has behaved in a way that constitutes notifiable conduct.

Notifiable conduct by registered health practitioners is defined as:

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

AHPRA received 908 mandatory notifications across all regulated health professions in 2017/18. Noting the relatively small number of complaints lodged about osteopathy overall, one mandatory notification was about osteopaths.

For information about the *Guidelines for mandatory notifications*, visit the [Board's website](#).

Taking immediate action

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

In 2017/18, the Board considered immediate action three times and took immediate action once, suspending an osteopath's registration while further information was sought.

See [AHPRA's annual report](#) for more information about immediate actions considered and taken in 2017/18 across all professions, and Table 6 in this report for immediate action cases about osteopaths by state and territory.

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 an osteopath has behaved in a way that constitutes professional misconduct.

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
- ➔ **Victorian** Civil and Administrative Tribunal
- ➔ **Western Australia** State Administrative Tribunal

Noting the relatively small numbers of notifications closed about osteopaths in 2017/18, no osteopathy matters were decided by 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 osteopaths must include an osteopath. Each National Board has a list of approved people who may be called upon to sit on a panel.

Noting the relatively small numbers of notifications closed about osteopaths in 2017/18, no osteopathy matters were decided by a panel.

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.

There were no osteopathy decisions made by the Board that were subject to an appeal in 2017/18.

The National Scheme's [regulatory principles](#) 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 proportion of successful appeals that resulted in an amended/substituted decision demonstrates that the regulatory principles continue to have a positive impact on regulatory decision-making.

Please refer to [AHPRA's annual report](#) for data relating to appeals in 2017/18.

Compliance

On behalf of the Board, AHPRA monitors osteopaths 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.

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.

As at 30 June 2018, there were nine active monitoring cases, which related to nine individual osteopaths.

The nine monitoring cases of osteopaths represent 0.2% of all monitoring cases managed by AHPRA across all the regulated health professions. Over 40% of these cases were being monitored for suitability/eligibility.¹

For more information on monitoring and compliance, visit the [AHPRA website](#).

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.

AHPRA received five new statutory offence complaints about osteopaths in 2017/18, which is a significant decrease of 98% when compared to the 252 complaints received in 2016/17. In 2016/17 the increase in statutory offences was due to a series of bulk complaints by a number of external organisations about alleged advertising breaches. Two offence complaints received about the profession during the year were about the alleged improper use of a protected title; two were about advertising breaches and one related to 'other' offence. Complaints about osteopaths accounted for 0.9% of all statutory offence complaints received by AHPRA nationally across all regulated health professions during the year.

Concerns about unlawful advertising are now managed in two ways: all serious-risk advertising complaints, all complaints about advertising by corporate entities and all complaints about advertising by unregistered persons are managed as statutory offences, and all low- to moderate-risk complaints about advertising by registrants are managed under the *Advertising compliance and enforcement strategy*. Data for low- to moderate-risk advertising offences are not included here.

This year, related to the smaller number of complaints received, there was a 70.8% decrease in the number of statutory offence complaints closed relating to osteopathy (seven; down from 24 in 2016/17).

See Table 12 for data about statutory offences relating to osteopaths in 2017/18.

¹ A practitioner who has restrictions on their registration for more than one reason may be allocated more than one 'monitoring case'. For example, if an osteopath has conditions imposed as a result of health concerns and conduct, they may be allocated two monitoring cases.

Table 4: Notifications received about osteopaths, by state or territory (including HPCA)

Osteopaths ¹	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Subtotal	HPCA ⁵	Total
Total 2017/18	1	0	0	2	0	0	13	1	0	17	15	32
Total 2016/17	0	0	0	2	1	0	10	0	1	14	11	25

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

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

Registrants	ACT	NSW (including HPCA complaints)	NT	QLD (including OHO complaints)	SA	TAS	VIC	WA	No PPP ¹	Total ²
Osteopaths 2017/18	2.6%	2.2%	0.0%	2.8%	0.0%	0.0%	1.0%	1.6%	0.0%	1.4%
Osteopaths 2016/17	0.0%	1.2%	0.0%	2.4%	2.6%	0.0%	0.8%	0.0%	4.3%	1.1%
All registered practitioners 2017/18	1.6%	1.8%	1.8%	2.1%	1.6%	1.5%	1.1%	1.2%	0.3%	1.6%
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%

- ¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
² Total matters managed by AHPRA, OHO in Queensland and the HPCA in NSW.

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

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
2017/18	0	0	0	0	0	0	3	0	0	3
2016/17	0	0	0	0	0	0	1	0	0	1

- ¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 7: Outcomes of immediate actions (excluding HPCA)

Outcome	2017/18		2016/17	
	Osteopaths	All practitioners	Osteopaths	All practitioners
Not take immediate action	2	173	0	76
Accept undertaking	0	113	0	69
Impose conditions	0	174	1	147
Accept surrender of registration	0	1	0	1
Suspend registration	1	126	0	103
Decision pending	0	22	0	23
Total	3	609	1	419

Table 8: Notifications closed, by state or territory (including HPCA)

Osteopaths	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	Subtotal	HPCA ⁴	Total
Total 2017/18	0	0	0	2	0	0	13	1	1	17	20	37
Total 2016/17	0	0	1	2	1	0	9	0	0	13	5	18

- ¹ Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.
² Matters referred to AHPRA and the National Board by OHO in Queensland.
³ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
⁴ Matters managed by the HPCA in NSW.

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

Stage at closure	2017/18	2016/17
Assessment ¹	11	8
Investigation	6	5
Total	17	13

¹ Closed after initial assessment of the matter.

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

Outcome	2017/18	2016/17
No further action ¹	13	9
Accept undertaking	2	0
Caution	1	2
Impose conditions	1	2
Total²	17	13

¹ 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.

² Excludes matters managed by the HPCA in NSW.

Table 11: Active monitoring cases at 30 June 2018, by stream (excluding HPCA)

Stream ¹	2017/18	2016/17
Conduct	0	1
Health	1	0
Performance	3	1
Prohibited practitioner/student	1	0
Suitability/eligibility	4	4
Total²	9	6

¹ 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. However, as at 30 June 2018, there were nine cases about osteopaths, which related to nine individual registrants.

² Total may include cases that are yet to be transitioned from AHPRA to the HPCA for conduct, health and performance streams. They do not include HPCA-managed monitoring cases.

Table 12: Statutory offence complaints about osteopaths, received and closed in 2017/18, by type of offence and jurisdiction

Type of offence ¹		ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Total 2017/18	Total 2016/17
Title protections (s. 113–120)	Received	0	1	0	0	0	0	0	0	1	2	2
	Closed	0	1	0	0	0	0	1	0	1	3	9
Advertising breach (s. 133)	Received	0	1	0	0	0	0	0	0	1	2	250
	Closed	0	2	0	0	0	0	0	0	1	3	15
Other offence	Received	0	0	0	0	0	0	0	0	1	1	0
	Closed	0	0	0	0	0	0	0	0	1	1	0
Total 2017/18	Received	0	2	0	0	0	0	0	0	3	5	
	Closed	0	3	0	0	0	0	1	0	3	7	
Total 2016/17	Received	4	66	0	30	4	5	122	9	12		252
	Closed	0	3	0	2	1	1	4	0	13		24

¹ This table captures offence complaints by principal place of practice (PPP) and includes all offences from sections 113–116 of the National Law, not only offences about advertising, title and practice protection.

² Excludes matters managed by the HPCA in NSW.

³ Matters referred to AHPRA and the National Board by OHO in Queensland.

⁴ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address. AHPRA also receives offence complaints about unregistered persons where a PPP is not recorded.

Osteopathy Board of Australia: www.osteopathyboard.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)

Published

Australian Health Practitioner Regulation Agency

Melbourne, February 2019

For more information about AHPRA and the National Boards' work in 2017/18, please see the [annual report](#).

Useful links

[Register of practitioners](#)

[Complaints portal](#)


[Court and tribunal outcomes](#)

[National restrictions library](#)

Follow us on social media

 [Twitter](#)

 [Facebook](#)

 [YouTube](#)

 [LinkedIn](#)

Australian Health Practitioner Regulation Agency

GPO Box 9958 in your capital city

www.osteopathyboard.gov.au

www.ahpra.gov.au

Australian Capital Territory

Ground floor
50 Blackall St
Barton ACT 2600

New South Wales

Level 51
680 George St
Sydney NSW 2000

Northern Territory

Level 5
22 Harry Chan Ave
Darwin NT 0800

Queensland

Level 4
192 Ann St
Brisbane QLD 4000

South Australia

Level 11
80 Grenfell St
Adelaide SA 5000

Tasmania

Level 5
99 Bathurst St
Hobart TAS 7000

Victoria

Level 8
111 Bourke St
Melbourne VIC 3000

Western Australia

Level 1
541 Hay St
Subiaco WA 6008

Connect with us



@ahpra



ahpra.gov.au



Search for AHPRA



Search for AHPRA