

2018/19

# Annual Report

Our National Scheme:  
For safer healthcare



**Ahpra  
& National  
Boards**

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

# The regulated health workforce in 2018/19

**744,437 registered health practitioners**

**1 in 17 people employed in Australia is a registered health practitioner**

Figure 1: Registered health practitioners by age

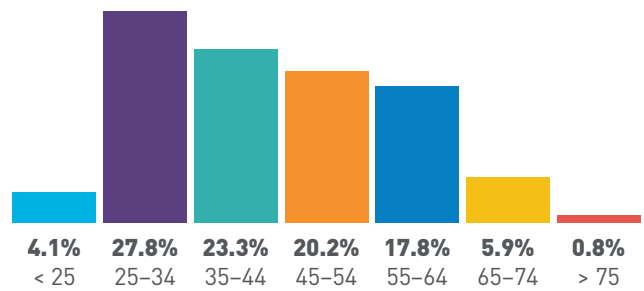


Figure 2: Number and percentage of registered health practitioners in each state and territory

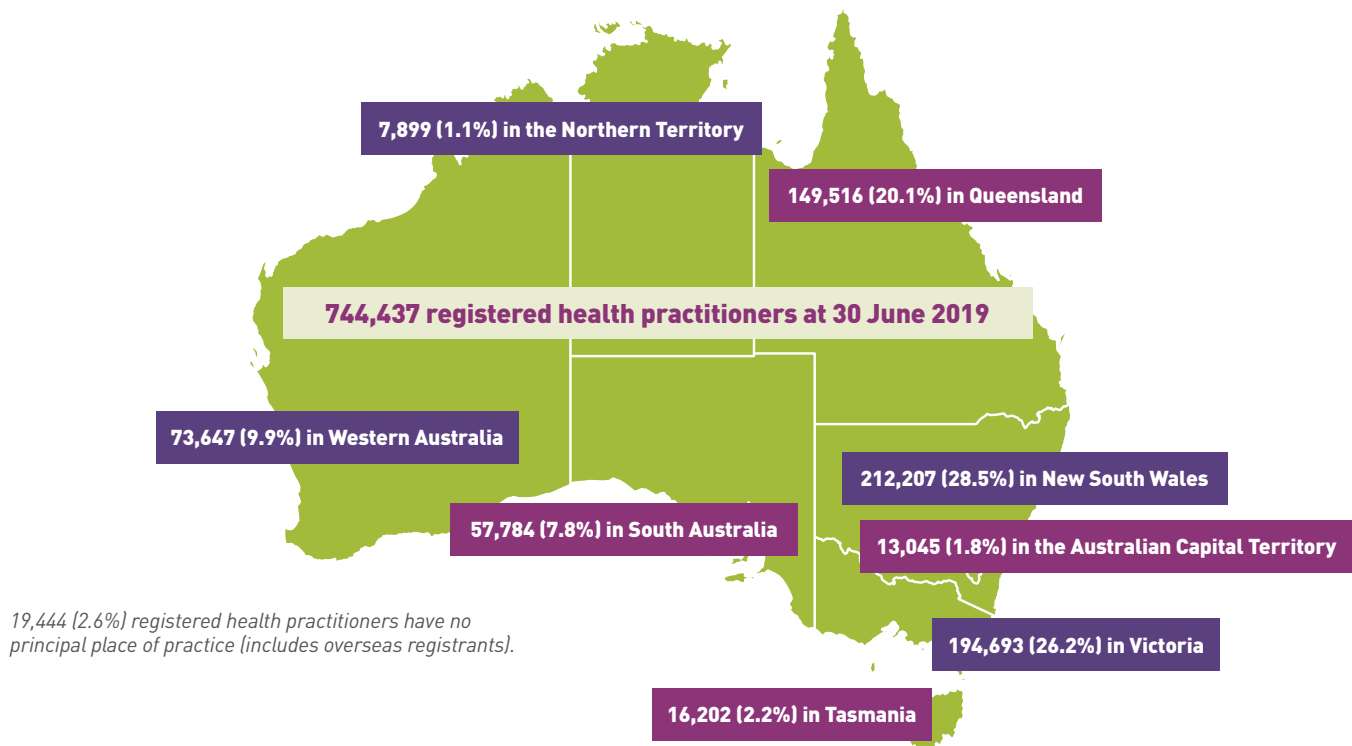


Figure 3: Relative size of registered health professions

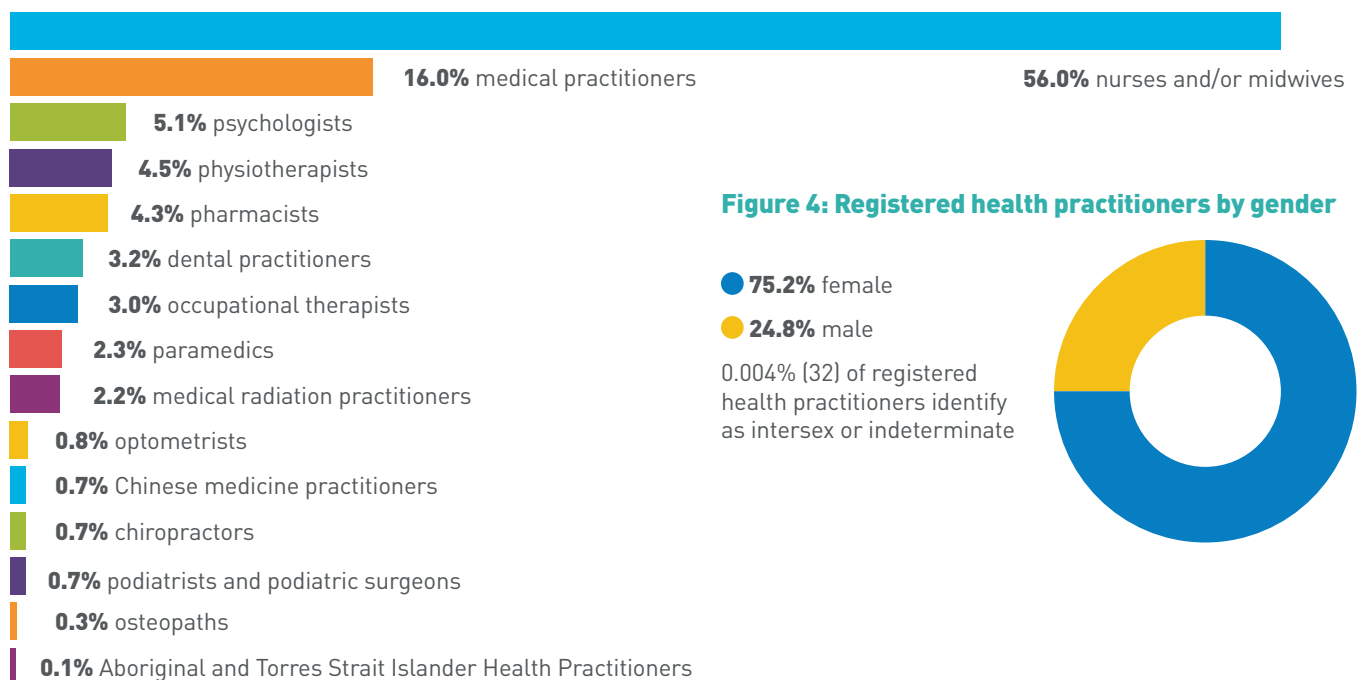


Figure 4: Registered health practitioners by gender



# About us

## Our mission

**To protect the public by regulating health practitioners efficiently and effectively to facilitate access to safer healthcare.**

## Our vision

**We are recognised as a leading risk-based regulator enabling a competent and flexible health workforce to meet the current and future needs of the Australian community.**

The Australian Health Practitioner Regulation Agency (AHPRA) is the national organisation responsible for implementing the National Registration and Accreditation Scheme (the National Scheme) across Australia. The Agency Management Committee is the governing board for AHPRA.

AHPRA works in partnership with 15 National Boards to ensure the community has access to a safe health workforce across all professions registered under the National Scheme. Together, we protect the public by regulating health professionals who practise in Australia. Public safety is always our number one 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.

## What we do

AHPRA has five core regulatory functions:

### Professional standards

We provide policy advice to the National Boards about registration standards, codes and guidelines for health practitioners.

### Registration

In partnership with the National Boards, we ensure that only health practitioners with the skills and qualifications to provide competent and ethical care are registered to practise.

### Notifications

We manage complaints and concerns raised about the health, performance and conduct of individual health practitioners.

### Compliance

We monitor and audit registered health practitioners to make sure they are complying with Board requirements.

### Accreditation

We work with accreditation authorities and committees to ensure graduating students are suitably qualified and skilled to apply to register as a health practitioner.

## How we do it

- **We support the National Boards** in their primary role of protecting the public.
- **We support the National Boards** in developing registration standards, codes and guidelines.
- **We publish a national *Register of practitioners*** so that important information about individual health practitioners is available to the public: [www.ahpra.gov.au/registration/registers-of-practitioners](http://www.ahpra.gov.au/registration/registers-of-practitioners).
- **We manage registration and renewal processes** for local and overseas-qualified health practitioners, and manage student registration.
- **We manage notifications** about the professional conduct, performance or health of registered health practitioners on behalf of the National Boards, except in New South Wales (NSW) and in Queensland (Qld) we only manage those notifications referred to us.
- **We work with health complaints entities (HCEs)** to make sure the appropriate organisation deals with the community's concerns about health practitioners.
- **We provide advice** to the Ministerial Council about the administration of the National Scheme.

## 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. These principles are:

- 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.

More information about AHPRA and the National Boards can be found on our website [www.ahpra.gov.au](http://www.ahpra.gov.au). Board websites can also be accessed from AHPRA's homepage.

Anyone needing advice on how to make a complaint can call AHPRA on 1300 419 495 or visit [www.ahpra.gov.au/About-AHPRA/Contact-Us#Makeanotification](http://www.ahpra.gov.au/About-AHPRA/Contact-Us#Makeanotification) for information.

*For definitions of words and phrases in this report, refer to Common abbreviations and acronyms and the Glossary.*

*Unless stated otherwise, this report provides AHPRA data.*

*Supplementary data tables are available online and are the source for some of the statistics cited in this report. Some other statistics are drawn from internal reports.*

*Due to rounding (to one decimal place), percentages may not add up exactly to 100%.*

*If a non-medical practitioner uses the title of 'Dr' their profession is usually shown after their name.*

# In 2018/19



## Registration

**744,437 registered health practitioners in Australia, across 16 professions<sup>1</sup>**

6,744 health practitioners identify as Aboriginal and/or Torres Strait Islander

**41,696 (5.9%) more registrants than last year**

**182,657 students studying to be health practitioners through an approved program of study or clinical training program**

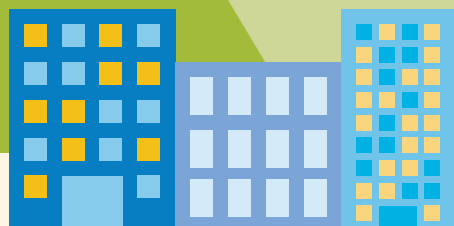
**93,079 new applications for registration received**

26.2% increase since last year

**99.2% of registrants renewed their registration online**

**96,124 domestic and international criminal history checks made**

4,214 applications for registration refused because they did not meet suitability/eligibility requirements (4.5% of all new applications)



## Accreditation

**The National Scheme accredits over 1,000 approved programs of study delivered by more than 130 education providers**

## Compliance

**2,584 practitioners were monitored by AHPRA for health, performance and/or conduct during the year**



<sup>1</sup> In 2018/19, 15 National Boards regulated 16 professions. The Nursing and Midwifery Board of Australia regulates two professions – nursing and midwifery.



## 174 matters were determined by tribunals

96% resulted in disciplinary action

## 15 successful prosecutions

12 were someone claiming they, or someone else, was a registered health practitioner

## 62 appeals lodged in tribunals about Board decisions

Of the 59 appeals that were finalised:

- 6 resulted in no change to the Board's decision
- 7 resulted in the decision being amended or substituted for a new decision
- 37 resulted in the appeal being withdrawn
- 9 were dismissed on administrative grounds

# Legal action

## 668 advertising-related complaints received

## 369 new offence complaints received about title protection

345 closed following investigation

# Notifications

## 12,445 practitioners had a notification made about them nationally; this is an increase of 13.8% from 2017/18<sup>1</sup>

9,338 notifications about practitioners were received by AHPRA<sup>2</sup>

14.3% increase in notifications received by AHPRA

## 1.7% of all registered health practitioners were the subject of a notification<sup>1</sup>

## Immediate action was taken 384 times to restrict or suspend the registration of a practitioner<sup>2</sup>

The top three reasons for a notification were:

- clinical care (46.3%)
- medication-related issues (10.7%)
- health impairment (6.5%)

30.5% of health, performance and conduct matters resulted in regulatory action

<sup>1</sup> Includes data provided by the Health Professional Councils Authority (HPCA) for New South Wales (NSW) and the Office of the Health Ombudsman (OHO) for Queensland (based on available data from these entities at time of publication).

<sup>2</sup> This refers to notifications managed by AHPRA (excludes data from HPCA and OHO). For information on how complaints about health practitioners are lodged and managed in Australia, see page 10.

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# Introduction

**AHPRA works collaboratively with 15 National Boards to implement the work of the National Registration and Accreditation Scheme. At its heart, the National Scheme is about patient safety and protecting the public.**

Our scheme continued to meet significant milestones this year.

We worked with our valued partners towards health equity for Aboriginal and Torres Strait Islander Peoples. Led by Aboriginal and Torres Strait Islander health experts, this work is a shared commitment with all National Boards, accreditation authorities and AHPRA to do our part to eliminate racism from the health system. Cultural safety is inextricably linked with patient safety and must be defined by Aboriginal and Torres Strait Islander people. This year, we partnered with the National Health Leadership Forum to begin developing a definition of cultural safety for the National Scheme and delivered AHPRA's first Reconciliation Action Plan.

Australia now has over 740,000 registered health practitioners across 16 professions, with paramedicine becoming a nationally regulated profession this year. More than 17,000 paramedics joined the scheme and can now register once, renew yearly and practise anywhere. As with all professions, patients, the public and employers can now check the public register of practitioners to see if a paramedic is registered.

This year, we continued working on improving how we manage notifications. This includes connecting people who have made, or are the subject of, a notification to services to support them through the process. Despite a 14.3% increase in notifications, we completed more matters more quickly and reduced overall timeframes for dealing with notifications. We also produced specific information materials, including videos of real practitioners who have had a notification made about them, to explain the process better.

We put in place a new, national operating model for practitioner registrations that will bring considerable benefits to our work. While the implementation began this year, it took longer than expected, which resulted in some registration applications being delayed. To address this, we have invested more resources and further streamlined the model, along with improved communications with employers, professional groups and applicants. Ensuring that our registration performance meets stakeholder expectations is an important ongoing focus for our work.

National Boards and AHPRA worked with accreditation authorities to finalise new agreements and committee terms of reference which reflect greater transparency, performance and accountability in the accreditation arrangements. The Agency Management Committee has worked closely with National Boards to provide a scheme-wide view of accreditation and to work jointly on common issues such as multi-professional practice, Aboriginal and Torres Strait Islander health and links with key stakeholders.

For the first time, we asked practitioners across all regulated professions, as well as members of the community, about their trust and confidence in our work. The results showed that practitioners want us to be less focused on explaining who does what and more focused on being positive and educational in our communications. They also showed that about two-thirds of people in the general community are interested in finding out more about what we do. We have incorporated these insights into our refreshed engagement strategy with the community and with practitioners.

It has been another big year for our scheme, and we thank AHPRA employees, Board and committee members for their commitment and partnership as we regulate in the public interest. We would like to especially thank the six National Board Chairs who finished their term and welcome the new Chairs.



**Mr Martin Fletcher**

Chief Executive Officer  
AHPRA



**Mr Michael Gorton AM**

Co-convenor, Forum of National  
Registration and Accreditation  
Scheme Chairs

Chair, Agency Management  
Committee, AHPRA



**Mr Ian Bluntish**

Co-convenor, Forum of National  
Registration and Accreditation  
Scheme Chairs

Chair, Optometry Board  
of Australia

# Progress towards our strategic outcomes

## Reduced risk of harm

to the public associated with the practice of regulated health professions

### Regulating in the public interest

Of the 174 notifications decided by tribunals, 96% resulted in disciplinary action. For example:

- A notification was received after a practitioner's spouse, who had a medical condition needing high-level care, was admitted to hospital and the practitioner disclosed he was his spouse's primary general practitioner. After an investigation, the Medical Board of Australia imposed conditions prohibiting the practitioner from treating family members and others with whom he had a close personal relationship, except in emergencies. The practitioner appealed to a tribunal seeking the removal of the conditions, but the tribunal upheld the Board's conditions.
- AHPRA received a notification from a patient who experienced extreme discomfort after undergoing dental implant surgery. The dentist admitted that the treatment plan was deficient, the outcome of the surgery was not satisfactory and the implants were not positioned correctly. The Dental Board of Australia took immediate action and accepted an undertaking from the dentist to not provide surgical implant treatment until approved to do so. After an investigation, the Dental Board referred the matter to a tribunal, which reprimanded the dentist and required him to complete further training.
- After a pharmacist was convicted of unlawfully importing over 2,000 ice-pipes, the Pharmacy Board of Australia referred the matter to a tribunal, which found his behaviour constituted professional misconduct. He was reprimanded and disqualified from re-applying for registration for six months. The pharmacist was also ordered to pay \$1,000 towards the Board's costs of the tribunal proceedings.
- The Nursing and Midwifery Board of Australia took action against a nurse by referring her to the tribunal for allegedly providing inappropriate care and treatment, practising outside of her scope of practice, failing to properly document treatment, failing to seek medical practitioner assessment, and falsely documenting medical officer authorisation. The tribunal reprimanded the nurse and imposed conditions on her registration.
- An audit found that a psychologist had falsely declared to the Psychology Board of Australia during her registration renewal that she had professional indemnity insurance and provided a false certificate. The Board referred the psychologist to a tribunal, which found that the conduct was substantially below that expected, reprimanded the practitioner, suspended her from practising for three months and imposed conditions on her registration.

## Assurance that registered health practitioners are suitably trained

and qualified to practise in a competent and ethical manner

### New accreditation agreements strengthen approach

Accreditation is a way the National Scheme assures that registered health practitioners are suitably trained and qualified to practise competently and ethically. This is done through setting standards, assuring the quality of education programs approved for registration and assessing overseas-qualified practitioners.

Accreditation authorities play a critical role in protecting the public by accrediting programs of study against the accreditation standards approved by the Board. The work of each accreditation authority ensures that when a National Board approves an accredited program as a qualification for registration, it is confident that graduates have the knowledge, skills and professional attributes to practise the relevant profession. This is critical to public protection.

Each National Board decides whether the accreditation functions for the profession it regulates will be carried out by an external accreditation body or a committee established by the National Board.

If the National Board decides on an external organisation, AHPRA enters into a contract with them to set out the accreditation functions to be delivered and the associated reporting and funding arrangements. If the National Board decides on a committee, these matters are covered in terms of reference.

New accreditation agreements and terms of reference are in place for the next five years from 1 July 2019. They provide a contemporary framework for addressing key accreditation issues such as cultural safety, safety and quality, reducing regulatory burden and duplication, multi-profession collaboration to achieve greater consistency and meet evolving health care needs, and strengthened governance, accountability and transparency. They also include principles for funding and fee setting and new key performance indicators to track progress on priority accreditation issues.

These agreements and terms of reference help address accreditation issues that will contribute to improving public protection as well as providing increased transparency and accountability.

## Increased public confidence in the effective and efficient regulation of health practitioners

### We cannot take trust for granted

Our work to help build trust continued to be a focus, as it is integral to:

- public confidence in regulated health practitioners
- professional standards being met by registered health practitioners, and
- confidence of the regulated health professions in the National Boards and AHPRA.

Part of ensuring accountability for the trust others place in AHPRA and the National Boards is understanding their experiences and perceptions of us and what we do. The views of consumers, practitioners and stakeholders were tested through commissioned social research, with the aim of measuring how these change over time. Knowing more about levels of awareness, understanding and interest in our work helps us improve how we engage.

One example of improving how people experience interacting with us, particularly during a notification, included developing the *Let's talk about it* video series, featuring real stories from practitioners who have been through a notification.

Amendments to our legislation in February 2019 changed the approach to how practitioners who are treating other registered health practitioners are required to notify concerns about public safety. These changes to mandatory reporting requirements will start in 2019/20 and will apply in all states and territories except Western Australia. The laws exist to protect the public and to ensure health practitioners can seek help for their health concerns when they need it.

Penalties for a number of offences increased from 1 July 2019. They now include possible custodial sentences of up to three years' imprisonment. AHPRA welcomed these changes as they strengthen the action we can take and are a strong deterrent to anyone tempted to claim to be a registered health practitioner when they are not.

## Increased public benefit from the use of our data for practitioner regulation, health workforce planning and research

### Health workforce survey

Each year at renewal, a survey is completed by registered health practitioners to collect critical demographic information about Australia's health practitioner workforce. This year, 96.5% of practitioners responded to the survey at renewal. AHPRA has liaised with the Australian Department of Health (DoH) to facilitate the secure and timely transfer of survey data and to resolve any issues with data quality. The DoH-published workforce data analyses for all professions regulated by the National Scheme, including profession-specific fact sheets and high-level workforce summaries. You can find these workforce data at <http://hwd.health.gov.au>.

### Developing our taxonomy

AHPRA is conducting a literature review to identify international best practice for regulatory taxonomies to help guide further improvements in managing and analysing National Scheme notifications data. A clearly defined taxonomy can represent often complex notifications data in a simple and logical fashion. This in turn affects: data transparency and data sharing; capacity to understand system-wide problems and regulatory effectiveness; and accuracy of the data collected.

### Using predictive analytics

AHPRA has started a project to explore how data analytics can be used to predict the likelihood of notification outcomes. This will support regulatory decision-making.

## Improved access to healthcare through our contribution to a more sustainable health workforce

### Addressing health inequity and racism

AHPRA, the National Boards and accreditation authorities have been working with Aboriginal and Torres Strait Islander health sector leaders and organisations on how to support health equity for Aboriginal and Torres Strait Islander Peoples. This is our ongoing commitment to do our part in helping to eradicate racism from the health system.

Led by the National Scheme's Aboriginal and Torres Strait Islander Health Strategy Group (Strategy Group), this work includes:

- partnering with the National Health Leadership Forum, comprising leaders from Australia's Aboriginal and Torres Strait Islander health peak sector, to develop and consult on a baseline definition of cultural safety for the National Scheme, noting that it is inextricably linked to patient safety and must be defined by Aboriginal and Torres Strait Islander Peoples. A draft definition went to public consultation in April and May, and is expected to be finalised in 2019
- implementing high-quality cultural safety training for all AHPRA staff, Board and committee members with a view to helping us be more culturally safe in our work. The training will also be made available to all accreditation authorities in the National Scheme. AHPRA undertook a tender process to appoint a provider for cultural safety training, which is expected to start rolling out from late 2019
- recommending and advocating change to the National Law to ensure consistency in cultural safety for Aboriginal and Torres Strait Islander Peoples, including adding both a principle and an objective
- supporting increased participation by Aboriginal and Torres Strait Islander people on Boards, committees and accreditation authorities through proactive advertising and engagement campaigns and advocating for greater representation. Four National Board appointments, four National Board committee and panel appointments, and one state, territory and regional board appointment were made to people identifying as Aboriginal and/or Torres Strait Islander, and
- attracting and retaining Aboriginal and Torres Strait Islander staff members.

This work is the first phase of a planned five-year strategy which will be finalised in 2019/20. Updates and strategy group communiqués are published on the AHPRA website.

### Reconciliation Action Plan

We successfully implemented most of the initiatives in our first Reconciliation Action Plan (RAP), including developing Acknowledgment of Country information for each office; encouraging that an acknowledgement be given at the start of formal meetings and raising awareness with staff about our work to support health equity. RAP working groups, set up in all of our offices, lead local engagement with staff and Aboriginal and Torres Strait Islander communities, organisations and businesses. All offices celebrated National Reconciliation Week and NAIDOC Week, including hosting film nights, attending historical walks and exhibitions, inviting Aboriginal and Torres Strait Islander health professionals and Elders to talk with staff, and procuring goods and services from local Aboriginal and Torres Strait Islander businesses.

# Health practitioner regulation in Australia

## The National Scheme

The National Scheme operates Australia-wide and is a vital part of the Australian health system. It is governed by a nationally consistent law passed by each state and territory parliament – the National Law. There is oversight by a Ministerial Council made up of all Australia's Health Ministers.

The National Scheme facilitates the regulation of individual health practitioners, not health services themselves.

## AHPRA and the National Boards

An Agency Management Committee, appointed by the Ministerial Council, oversees AHPRA's work.

Fifteen National Boards are responsible for the regulation of 16 health professions. The Boards' responsibilities include setting standards that practitioners must meet to be registered, making policy decisions, and investigating complaints and concerns raised about registered health practitioners. AHPRA has a Health Profession Agreement with each Board.

AHPRA and the National Boards are responsible for the registration of every practitioner in the registered health professions across Australia.

If someone wants to make a complaint or raise a concern about a registered health practitioner in most states and territories, they can visit our complaints portal at [www.ahpra.gov.au/Notifications](http://www.ahpra.gov.au/Notifications). However, if their complaint is about a registered health practitioner or student in NSW or Queensland, the process is different.

## New South Wales

Fifteen health professional councils – supported by the Health Professional Councils Authority (HPCA) and working with the Health Care Complaints Commission (HCCC) – work together to assess and manage complaints about practitioners' conduct, health and performance in NSW.

The National Boards have no role in handling notifications in NSW. AHPRA has a limited role in accepting mandatory notifications and referring them to the HCCC.

AHPRA ensures that all NSW notifications and their outcomes are recorded to ensure the national register is accurate and complete. For more information, visit the HPCA website [www.hpca.nsw.gov.au](http://www.hpca.nsw.gov.au) or the HCCC website [www.hccc.nsw.gov.au](http://www.hccc.nsw.gov.au).

## Queensland

The National Boards and AHPRA only manage complaints that arise in Queensland if the Office of the Health Ombudsman (OHO) refers the complaints to us.

OHO receives all complaints that arise in Queensland. It may refer a complaint to AHPRA and the National Boards. For more information, visit the OHO website [www.oho.qld.gov.au](http://www.oho.qld.gov.au).

## Other complaint organisations

AHPRA and the National Boards work with health complaints entities (HCEs) to decide which organisation should take responsibility for, and manage, a complaint or concern. HCEs also handle complaints about unregistered health practitioners, and can provide outcomes that AHPRA and the National Boards cannot, such as:

- an apology or explanation
- access to health records
- compensation or a refund, and/or
- an improvement for a hospital, clinic, pharmacy or community health service.

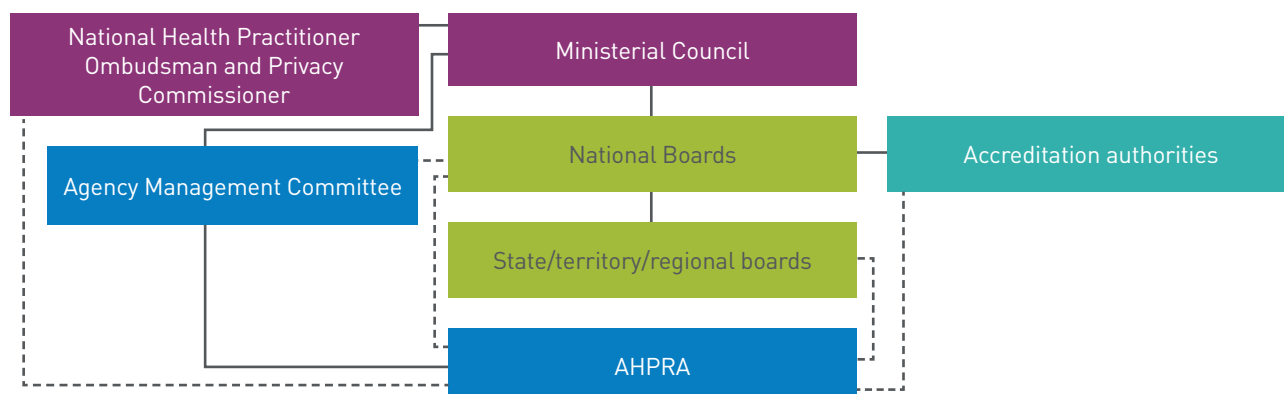
HCEs in each state and territory are:

- **Australian Capital Territory** ACT Human Rights Commission
- **New South Wales** Health Care Complaints 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** Health Complaints Commissioner
- **Western Australia** Health and Disability Services Complaints Office.

## Independent ombudsman

The National Health Practitioner Ombudsman and Privacy Commissioner (NHPOPC) provides an independent ombudsman, privacy and freedom of information oversight of the National Scheme, about the work of AHPRA and the National Boards, and the administrative processes experienced by practitioners and the public.

Figure 5: Who's who in the National Scheme





## Agency Management Committee

The Agency Management Committee is appointed by the Ministerial Council. It ensures that AHPRA performs its functions in a proper, effective and efficient way. It is responsible for determining and agreeing AHPRA policies and setting the strategic direction for the National Scheme.

For more information, visit [www.ahpra.gov.au/About-AHPRA/Agency-Management-Committee](http://www.ahpra.gov.au/About-AHPRA/Agency-Management-Committee).



Members of the Agency Management Committee during 2018/19 (L-R): Mr Ian Smith PSM, Ms Jenny Taing, Dr Peggy Brown AO, Adjunct Professor Karen Crawshaw PSM, Ms Philippa Smith AM, Dr Susan Young, Mr Michael Gorton AM (Chair), Ms Barbara Yeoh AM

## National Boards for the regulated health professions

The National Boards work with the support of AHPRA to ensure safe, quality healthcare across Australia.

We thank the six Chairs who retired this year and welcome six practitioner members to their new roles as Chair. The National Board Chairs are:



**Ms Renee Owen**

Chair, Aboriginal and Torres Strait Islander Health Practice Board of Australia



**Distinguished Professor Charlie C. Xue**

Chair, Chinese Medicine Board of Australia



**Dr Wayne Minter AM (chiropractor)**

Chair, Chiropractic Board of Australia



**Dr John Lockwood AM (dentist)**

Chair to 2 October, Dental Board of Australia



**Dr Murray Thomas (dentist)**

Chair from 2 October, Dental Board of Australia



**Dr Joanna Flynn AM**

Chair to 31 August, Medical Board of Australia



**Dr Anne Tonkin**

Chair from 2 October, Medical Board of Australia



**Mr Mark Marcenko**

Chair, Medical Radiation Board of Australia



**Associate Professor Lynette Cusack**

Chair, Nursing and Midwifery Board of Australia



**Ms Julie Brayshaw**

Chair, Occupational Therapy Board of Australia



**Mr Ian Bluntish**

Chair, Optometry Board of Australia



**Dr Nikole Grbin (osteopath)**

Chair, Osteopathy Board of Australia



**Associate Professor Stephen Gough ASM**

Chair, Paramedicine Board of Australia



**Mr William Kelly**

Chair to 2 October, Pharmacy Board of Australia



**Mr Brett Simmonds**

Chair from 2 October, Pharmacy Board of Australia



**Dr Charles Flynn PhD**

Chair to 2 October, Physiotherapy Board of Australia



**Ms Kim Gibson**

Chair from 2 October, Physiotherapy Board of Australia



**Ms Catherine Loughry**

Chair to 2 October, Podiatry Board of Australia



**Dr Cylie Williams PhD**

Chair from 2 October, Podiatry Board of Australia



**Professor Brin Grenyer**

Chair to 31 August, Psychology Board of Australia



**Ms Rachel Phillips**

Chair from 2 October, Psychology Board of Australia

# Aboriginal and Torres Strait Islander Health Practitioners

## Snapshot of the profession

### 690 Aboriginal and Torres Strait Islander Health Practitioners

→ Up 7.6% from 2017/18

→ 0.1% of all registered health practitioners

100% identified as Aboriginal and/or Torres Strait Islander

77.0% female; 23.0% male

Figure 6: Age

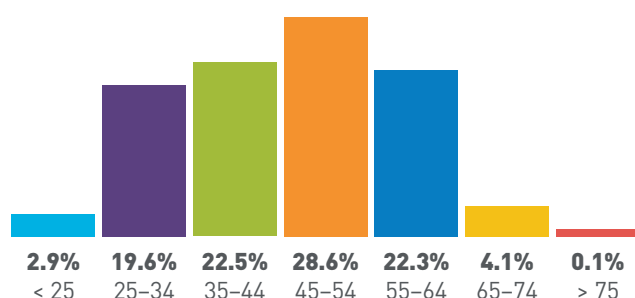
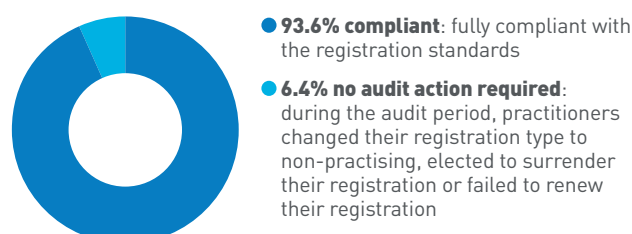


Figure 7: Audit outcomes



## Aboriginal and Torres Strait Islander Health Practice Board

### Board members

#### Ms Renee Owen (Chair)

Mr Bruce Brown

Ms Margaret McCallum

Ms Karrina DeMasi  
(Deputy Chair)

Mr David Nicholls  
(from 2 Oct)

Ms Celia Harnas

Ms Leanne Quirino

Ms Veronica (Bonny) King

Ms Kim Schellnegger

Ms Jill Humphreys is the Executive Officer for Aboriginal and Torres Strait Islander Health Practice.

See Appendices 1 and 3 for committees and members.

## From the Chair

2018/19 was a year of consolidation of the Aboriginal and Torres Strait Islander Health Practice Board of Australia's work to establish itself as a newly regulated profession (other than, of course, in the Northern Territory where Aboriginal and Torres Strait Islander Health Practitioners have been regulated for many years); and for telling our story about the valuable contribution Aboriginal and Torres Strait Islander Health Practitioners make to the healthcare system, in both clinical and non-clinical roles.

The Board was proud to see Mr Karl Briscoe, CEO of the National Aboriginal and Torres Strait Islander Health Worker Association, present to the United Nations in August 2018. The Aboriginal and Torres Strait Islander Health Practitioner profession is the only ethnically based profession in the world that is regulated, complete with training curriculum and registration requirements.

## Stakeholder engagement

With AHPRA's help, the Board began the development of a collection of communications tools to support its work in broader stakeholder engagement.

The Board is encouraged by the small but steady rise in the numbers of registered Aboriginal and Torres Strait Islander Health Practitioners across Australia, and continues to work with jurisdictional governments to encourage them to include Aboriginal and Torres Strait Islander Health Practitioners in their healthcare systems.

## Accreditation

The Board's committee, the Aboriginal and Torres Strait Islander Health Practitioner Accreditation Committee, is appointed to carry out the accreditation function of the National Law. It monitors approved programs of study and the institutions that provide them. The Board remains appreciative of the tireless work carried out by this committee, ably led by Professor Elaine Duffy. It has worked efficiently and effectively to accredit all the programs of study that are able to be accredited.

In conjunction with AHPRA and other National Boards, the accreditation committee has drafted, conducted broad-ranging consultation on, and submitted to the Board for its approval, a revised accreditation standard. The revised accreditation standard will come into force from 1 July 2020 and expands the eligibility for programs of study to seek accreditation for registration purposes.

## Registration standards

Broad consultation on draft revised registration standards was completed this year and the Ministerial Council approved the revised registration standards on 30 June. The Board has revised five registration standards to update them now that the grandparenting provisions of the National Law have passed, and to make them easier to understand and align more closely with the other professions in the National Scheme:

- Professional indemnity insurance
- Continuing professional development
- Recency of practice
- English language skills, and
- Aboriginal and Torres Strait Islander.

The Board contributed to the work to revise its code of conduct, which is shared with 10 other health professions regulated in the National Scheme.

## Registration and notifications

The Board also meets regularly as the Registration and Notifications Committee, as the authority appointed by the Board to deal with individual registration matters, as well as working with AHPRA to investigate any complaints that are made about registered Aboriginal and Torres Strait Islander Health Practitioners.

## A new member and future work

During 2018, the Board welcomed new member Mr David Nicholls as a practitioner member from Queensland.

The Board looks forward to expanding its stakeholder engagement activities next year and continuing to strengthen the knowledge and understanding of the important role Aboriginal and Torres Strait Islander Health Practitioners have, particularly towards closing the gap between Indigenous and non-Indigenous health outcomes.

**Ms Renee Owen, Chair**

## Regulating the profession

### 9 notifications lodged with AHPRA

Australia-wide, including HPCA and OHO data, 12 registered Aboriginal and Torres Strait Islander Health Practitioners – or 1.7% – had notifications made about them

### 5 notifications closed

- 20% had conditions imposed on registration or an undertaking accepted
- 80% no further action taken

### Immediate action taken once

### 3 mandatory notifications received

- 2 about professional standards

**8 Aboriginal and Torres Strait Islander Health Practitioners monitored for health, performance and/or conduct during the year**

### 6 cases were being monitored at 30 June

- 2 for health reasons
- 1 for performance
- 1 prohibited practitioner/student
- 2 for suitability/eligibility for registration

### 1 criminal offence complaint was made and none closed

- the new matter related to title protection

- Matters decided by a tribunal: 0

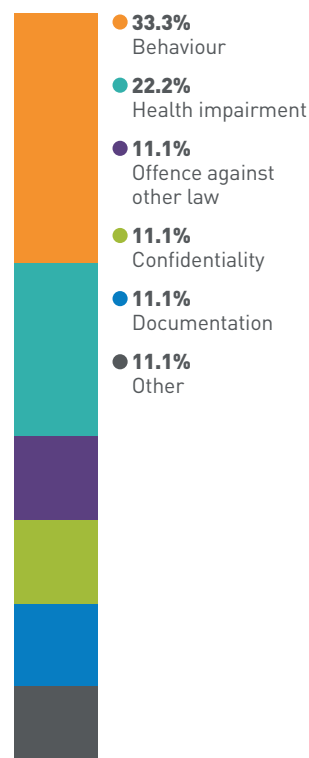
- Matters decided by a panel: 0

- Decisions appealed: 0

**Figure 8: Sources of notifications**



**Figure 9: Most common types of complaint**



See Appendices 5 and 6 for Board consultations and approved registration standards, codes and guidelines.

Visit the Board's website at [www.atsihealthpracticeboard.gov.au](http://www.atsihealthpracticeboard.gov.au) for more information and to download data tables.



# Chinese medicine practitioners

## Snapshot of the profession

### 4,892 Chinese medicine practitioners

→ Up 0.2% from 2017/18

→ 0.7% of all registered health practitioners

0.4% identified as Aboriginal and/or Torres Strait Islander

56.4% female; 43.6% male

Figure 10: Divisions

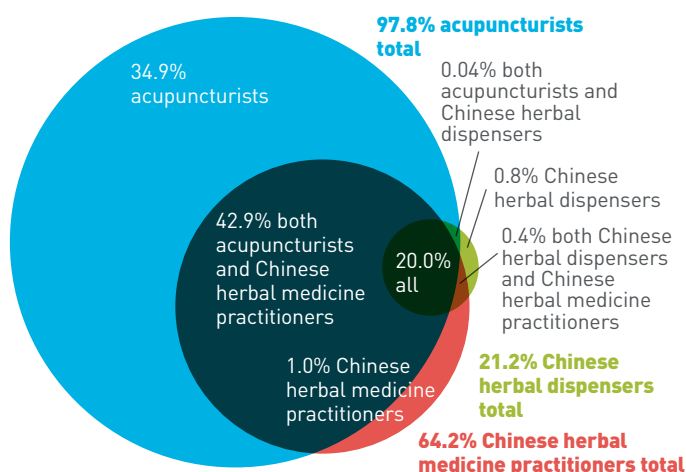


Figure 11: Age

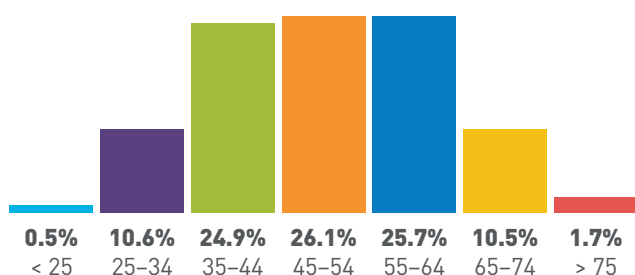
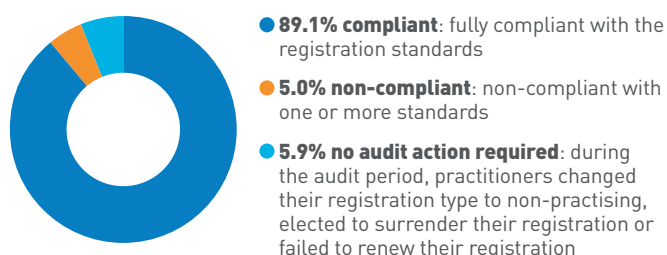


Figure 12: Audit outcomes



See Appendices 5 and 6 for Board consultations and approved registration standards, codes and guidelines.

Visit the Board's website at [www.chinesemedicineboard.gov.au](http://www.chinesemedicineboard.gov.au) for more information and to download data tables.

## Chinese Medicine Board

### Board members

#### Distinguished Professor Charlie C. Xue (Chair)

Ms Christine Berle

Mr David Brereton

Dr Liang Zhong Chen  
(Chinese medicine practitioner)

Dr David Graham PhD  
(Deputy Chair)

Ms Debra Gillick is the Executive Officer for Chinese medicine.

See Appendices 1 and 3 for committees and members.

Dr Di Wen Lai (Chinese medicine practitioner)

Mr Roderick Martin

Mrs Bing Tian (from 2 Oct)

Mrs Virginia Ryan  
(to 31 Dec)

## From the Chair

### Policy and research updates

The Chinese Medicine Board of Australia updated its position statement on translating publications and completed the annual revision of the *Nomenclature compendium of commonly used Chinese herbal medicines*.

In October, the Board published *Contributing to risk-based Chinese medicine regulation in Australia*. This report was carried out to review national and international data to identify possible risks arising from the use of Chinese medicine, and review them for practice in Australia. The report finds that Chinese medicine practice is generally safe in the Australian regulatory environment, while also identifying areas to consider for further responses.

### Accreditation

The Chinese Medicine Accreditation Committee consulted on draft revised accreditation standards.

The Board called for applications for appointment to this committee and reappointed Dr Meeuwis Boelen, external to the profession; Dr Wei Hong (Angela) Yang, practitioner member; Associate Professor Christopher Zaslawski, practitioner member; and Mr David Schievenin, practitioner member, and appointed Ms Suzi Shu Yi Mansu, practitioner member, for three-year terms. The Board expressed gratitude for the valued contribution of outgoing member Dr Jian Sheng (Jerry) Zhang.

## Stakeholder engagement

### Reference Group

The Chinese Medicine Reference Group's purpose is to enhance a common understanding of the National Scheme from the differing perspectives of stakeholders. The third meeting was in Melbourne in August.

The Board called for applications for the second term, adding a position for a new graduate. Ms Dina Tsiopelas and Dr Kevin Ryan were reappointed. Dr Shengxi (George) Zhang PhD, Ms Honglin (Linda) Yang and Ms Laura Sutton (new graduate) were newly appointed. It thanks outgoing members, Dr Carolyn Ee and Ms Geraldine Robinson.

## Forums

The Board held a forum in Hobart in February. The Board and AHPRA continue to work with the profession on advertising. A bilingual presentation was held in Canberra in August. An analysis of the feedback from practitioner forums gave useful insight into the issues concerning the profession.

## Meeting with national associations

In May, the Board met with representatives from the six national professional associations:

- Australian Acupuncture and Chinese Medicine Association (AACMA)
- Chinese Medicine and Acupuncture Society of Australia Ltd (CMASA)
- Chinese Medicine Industry Council (CMIC)
- Federation of Chinese Medicine and Acupuncture Societies of Australia (FCMA)
- Australian Natural Therapists Association (ANTA), and
- Australian Traditional Medicine Society (ATMS).

This enabled information-sharing and lively discussion about issues that affect Chinese medicine practitioners.

Important topics included an update on the Board's work, and the associations explored the prospect of endorsement to use certain scheduled herbs. We also discussed a pneumothorax education package developed by the Chinese Medicine Council of NSW that will soon be available to practitioners. All parties agreed the meeting was a success and will occur annually. A joint communiqué was published.

## Other news

The Board welcomed Ms Bing Tian as a practitioner member for her first term. Current Board members were reappointed.

The Board announced the frozen registration fee of \$579.

Eight members attended a Council on Licensure, Enforcement and Regulation (CLEAR) regional symposium in Wellington, New Zealand, in November. The symposium examined approaches and mechanisms used by occupational regulators to show they are protecting the public interest.

The Deputy Chair and Executive Officer visited the Chinese Medicine Council of NSW in April. In the spirit of partnership, they discussed the need for relevant information exchange.

**Distinguished Professor Charlie C. Xue, Chair**

## Regulating the profession

### 37 notifications lodged with AHPRA

Australia-wide, including HPCA and OHO data, 85 registered Chinese medicine practitioners – or 1.7% – had notifications made about them

### 43 notifications closed

- 11.6% had conditions imposed on registration or an undertaking accepted
- 11.6% received a caution or reprimand
- 2.3% referred to another body or retained by a health complaints entity
- 74.4% no further action taken

## Immediate action taken twice

### 4 mandatory notifications received

- all about professional standards

### 18 Chinese medicine practitioners monitored for health, performance and/or conduct during the year

### 860 cases were being monitored at 30 June

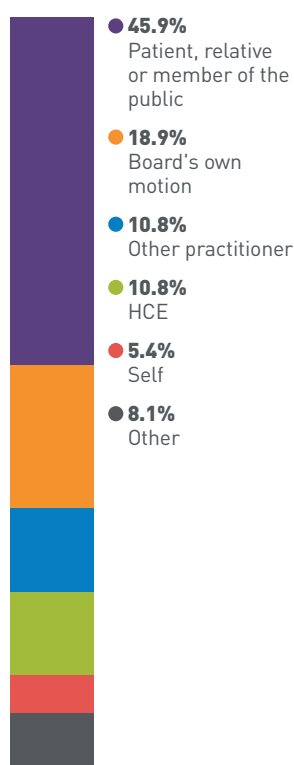
- 6 on the grounds of conduct
- 1 for health reasons
- 5 for performance
- 3 prohibited practitioner/student
- 845 for suitability/eligibility for registration (includes competency in speaking and communicating in English)

### 27 criminal offence complaints were made and 31 closed

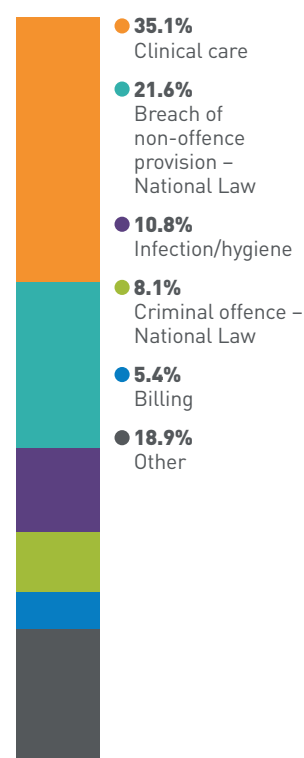
- 17 new matters related to title protection
- 9 to advertising breaches
- 1 to other offence

- Matters decided by a tribunal: 0
- Matters decided by a panel: 0
- Decisions appealed: 0

**Figure 13: Sources of notifications**



**Figure 14: Most common types of complaint**



# Chiropractors

## Snapshot of the profession

### 5,500 chiropractors

→ Up 2.4% from 2017/18

→ 0.7% of all registered health practitioners

0.4% identified as Aboriginal and/or Torres Strait Islander

40.1% female; 59.9% male

Figure 15: Age

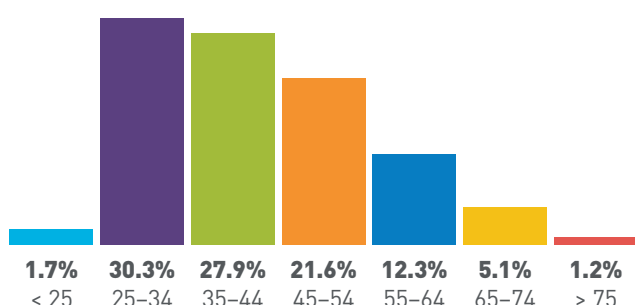
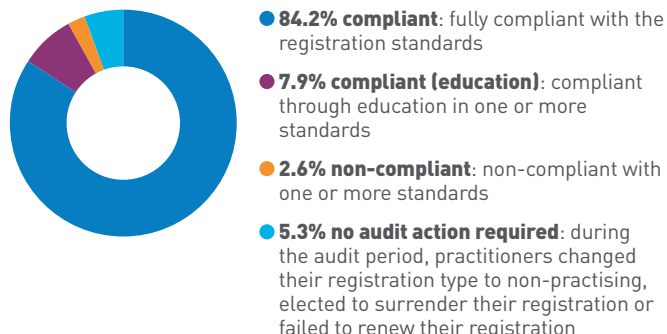


Figure 16: Audit outcomes



## Chiropractic Board

### Board members

#### Dr Wayne Minter AM (chiropractor) (Chair)

Dr Michael Badham  
(chiropractor)

Dr Anna Ryan  
(chiropractor)

Ms Anne Burgess

Dr Ailsa Wood  
(chiropractor)

Dr Abbey Chilcott  
(chiropractor) (from 2 Oct)

Dr Arcady Turczynowicz  
(chiropractor)

Mr Frank Ederle

Dr Graham Goodreid  
(chiropractor) (to 2 Oct)

Ms Alison von Bibra  
(from 2 Oct)

Dr Clarissa Martin PhD was the Executive Officer for Chiropractic until May. Ms Miriam Bourke acted in this role in June.

See Appendices 1 and 3 for committees and members.

## From the Chair

This past year the Chiropractic Board of Australia has engaged with the profession through many initiatives, including a stakeholder forum featuring continuing professional development, presentations throughout Australia on key issues relevant to chiropractic registration and regulation, and regular newsletters. We have also worked closely with the Chiropractic Council of NSW to ensure consistency in statistics.

## Exploring workplace-based learning

The Board held a successful stakeholder forum focusing on workplace-based learning: from theory to practice, in Melbourne on 28 and 29 July 2018.

The forum included a mix of interactive presentations and small group activities encouraging participants to explore the application of best practice in workplace-based learning to a range of practice settings. Participants were able to build on their understanding of workplace-based learning principles and consider how these may be applied to their own small-group or solo practice. Opportunities to build peer-to-peer learning experiences into everyday practice as effective forms of continuing professional development were also explored in depth.

The forum was presented by Ryan Brydges (Professor of Technology-enabled Education at St Michael's Hospital in Toronto, Canada), Rose Hatala (Director of the Clinical Educator Fellowship at the Centre for Health Education Scholarship at the University of British Columbia in Vancouver, Canada) and Liz Molloy (Professor of Work Integrated Learning in the Department of Medical Education, the University of Melbourne). Videos of the key presentations from the forum were published on the Board's website.

## Presentations

In September 2018, the Board gave a presentation at the Australian Chiropractors' Association Annual Conference in Hobart and presented to practitioners in Darwin. The Board also held a presentation in Sydney.

## Interim policy on spinal manipulation

In March 2019 the Board set an interim policy on spinal manipulation for infants and young children while an independent review of the practice was carried out by Safer Care Victoria.

The *Interim policy – spinal manipulation for infants and young children* outlined the Board's expectation that chiropractors do not use spinal manipulation to treat children under two years of age, pending the recommendations arising from the review. The independent panel established by Safer Care Victoria included experts in paediatrics and musculoskeletal care, consumers, and representatives from the Chiropractic Board of Australia and Australian Chiropractors Association.

## New accreditation funding agreement

In June 2019, a new accreditation funding agreement for a five-year term was signed by AHPRA on behalf of the Board, with the Council on Chiropractic Education Australasia. The agreement provides a contemporary framework for addressing key accreditation issues such as cultural safety, safety and quality, reducing regulatory burden, multi-profession collaboration to meet evolving healthcare needs, and strengthened accountability and transparency. The agreement also includes principles for funding and fee-setting, and new key performance indicators to track progress on priority issues.

## Pilot advertising audit

The National Boards for Chiropractic and Dental took part in a pilot audit conducted by AHPRA to check health practitioner compliance with advertising requirements. The pilot audit was modelled on the well-established approach to auditing compliance with core registration standards and involved adding an extra declaration about advertising compliance when chiropractors and dental practitioners applied for renewal of registration. The pilot audit report will include data analysis and recommendations for future compliance work.

A pilot audit report will be prepared for National Boards to consider the outcomes and implications for future compliance work.

**Dr Wayne Minter AM (chiropractor), Chair**

## Regulating the profession

### 85 notifications lodged with AHPRA

Australia-wide, including HPCA and OHO data, 134 registered chiropractors – or 2.4% – had notifications made about them

### 95 notifications closed

- 21.1% had conditions imposed on registration or an undertaking accepted
- 13.7% received a caution or reprimand
- 2.1% registration suspended or cancelled
- 8.4% referred to another body or retained by a health complaints entity
- 54.7% no further action taken

### Immediate action taken 4 times

### 7 mandatory notifications received

- 4 about professional standards

**41 chiropractors monitored for health, performance and/or conduct during the year**

### 41 cases were being monitored at 30 June

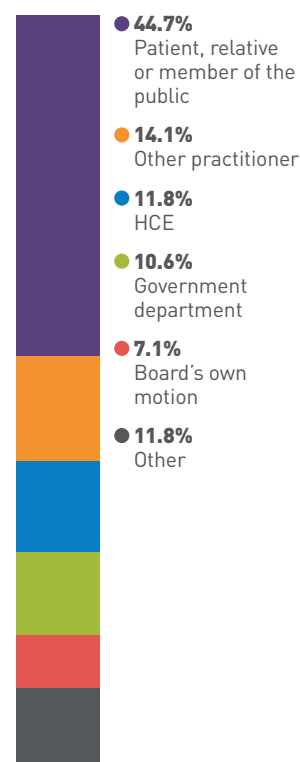
- 11 on the grounds of conduct
- 5 for health reasons
- 9 for performance
- 6 prohibited practitioner/student
- 10 for suitability/eligibility for registration

### 27 criminal offence complaints were made and 24 closed

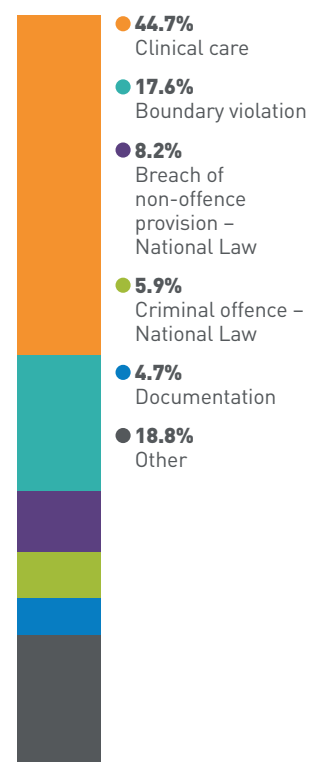
- 12 new matters related to title protection
- 14 to advertising breaches
- 1 to other offence

- Matters decided by a tribunal: 2
- Matters decided by a panel: 0
- Decisions appealed: 2

**Figure 17: Sources of notifications**



**Figure 18: Most common types of complaint**



See Appendices 5 and 6 for Board consultations and approved registration standards, codes and guidelines.

Visit the Board's website at [www.chiropracticboard.gov.au](http://www.chiropracticboard.gov.au) for more information and to download data tables.

# Dental practitioners

## Snapshot of the profession

### 23,730 dental practitioners

→ Up 2.8% from 2017/18

→ 3.2% of all registered health practitioners

0.5% identified as Aboriginal and/or Torres Strait Islander

51.8% female; 48.2% male

Figure 19: Age

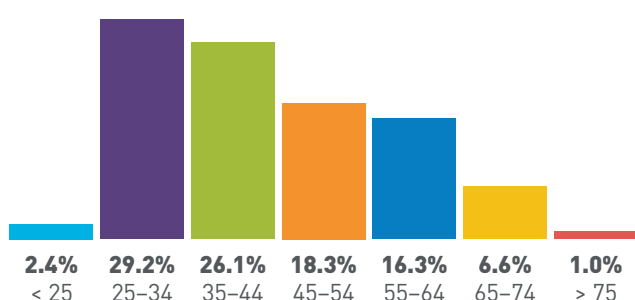


Figure 20: Audit outcomes

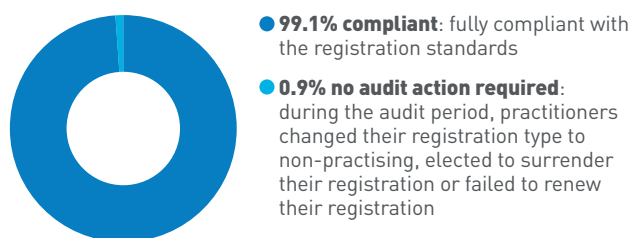
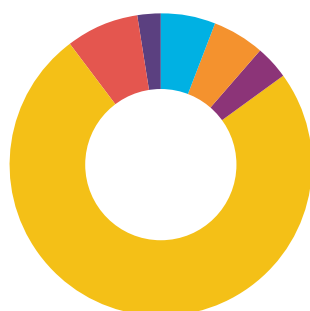


Figure 21: Divisions

- 74.7% dentists
- 7.9% oral health therapists
- 6.1% dental hygienists
- 5.3% dental prosthetists
- 3.7% dental therapists
- 2.3% registered in multiple divisions



See Appendices 5 and 6 for Board consultations and approved registration standards, codes and guidelines.

Visit the Board's website at [www.dentalboard.gov.au](http://www.dentalboard.gov.au) for more information and to download data tables.

## Dental Board

### Board members

**Dr Murray Thomas (dentist) (Chair from 2 Oct)**

**Dr John Lockwood AM (dentist) (Chair to 2 Oct)**

Winthrop Professor Paul Abbott AO

Mr Paul House (to 2 Oct)

Mrs Kim Jones

Ms Susan Aldenhoven AM (to 2 Oct)

Associate Professor Sajeev Koshy OAM (to 2 Oct)

Ms Alison von Bibra (to 2 Oct)

Professor Richard Logan (from 2 Oct)

Mrs Jennifer Bishop (to 2 Oct)

Mr Tan Nguyen (from 2 Oct)

Mr Robin Brown

Mrs Janice Okine (from 2 Oct)

Dr Penelope Burns (dentist) (from 2 Oct)

Dr Kate Raymond (dentist)

Ms Alison Faigniez

Ms Carolynne Smith (from 02 Oct)

Ms Jacqueline Gibson-Roos (from 2 Oct)

Ms Alessandra Peck was the Executive Officer for Dental to February and Ms Rachel Griffiths from March.

See Appendices 1 and 3 for committees and members.

## From the Chair

The public is best protected by professionals behaving professionally. The Dental Board of Australia's initiatives support professional practice by dental practitioners by setting the standards and policies for the profession that are enforceable and make sense to both the public and dental practitioners.

This summary highlights some of the Board's initiatives in 2018/19.

## Change in Board membership

In October 2018, I started in the role as Chair, and the Board farewellled outgoing Chair Dr John Lockwood, its Chair since his appointment in 2009. There were also additional changes to the Board membership, with six new members joining the Board to replace six retiring members.

## Scope of practice review

In 2018, the Board undertook public consultation on the review of the *Scope of practice registration standard*, and the proposed revised standard was submitted to government in late 2018. In March 2019, Health Ministers agreed to refer the standard to the Australian Commission on Safety and Quality in Health Care (the Commission) to independently assess the patient quality, patient safety implications and consumer benefit of the revised standard, and to report back to Health Ministers in July 2019. While the Commission's review is underway, the Board is continuing planning and engagement work to support implementation of the proposed revised registration standard.

## Professional assurance

Following its early discussions with the profession in 2017/18, the Board has continued to explore options for a framework for continuing professional assurance (revalidation). A key part of this work is to review the Board's notifications data to identify indicators of risk factors that will inform the development of a proposed framework.

## Policy and accreditation updates

In late 2018, the Board consulted on its proposal to close the Public Sector Dental Workforce Scheme, which was supported by most respondents. The Board is working closely with those affected to coordinate the transition.

The Board started work on the review of its guidelines and associated resources for dental records and infection control, which are closely linked to the code of conduct review.

On 27 June, the Australian Dental Council (ADC), AHPRA and the Board signed a new five-year accreditation agreement starting 1 July 2019. The Board looks forward to continuing its important work with the ADC.

## Engagement and cultural safety

Stakeholder engagement activities continue to be a focus. The Board is testing different ways of communicating and developing targeted messages for different groups.

The Board is also committed to contributing to the National Scheme's Aboriginal and Torres Strait Islander Health Strategy and is exploring opportunities to support the promotion of culturally safe practice by all dental practitioners.

## Future work

The Board will progress the development of a dental practitioner support service for every registered dental practitioner and dental student in Australia. The practitioner support service, which will be a confidential information and referral service, is an opportunity for the Board to support the profession and protect the public.

**Dr Murray Thomas (dentist), Chair**

## Regulating the profession

### 749 notifications lodged with AHPRA

→ 4 notifications were made about students

Australia-wide, including HPCA and OHO data, 992 registered dental practitioners – 4.2% – had notifications made about them

### 733 notifications closed

- 10.2% had conditions imposed on registration or an undertaking accepted
- 8.5% received a caution or reprimand
- 0.1% registration suspended or cancelled
- 0.1% fined
- 18.4% referred to another body or retained by a health complaints entity
- 62.6% no further action taken

## Immediate action taken 8 times

### 56 mandatory notifications received

→ 50 about professional standards

### 167 dental practitioners monitored for health, performance and/or conduct during the year

### 132 cases were being monitored at 30 June

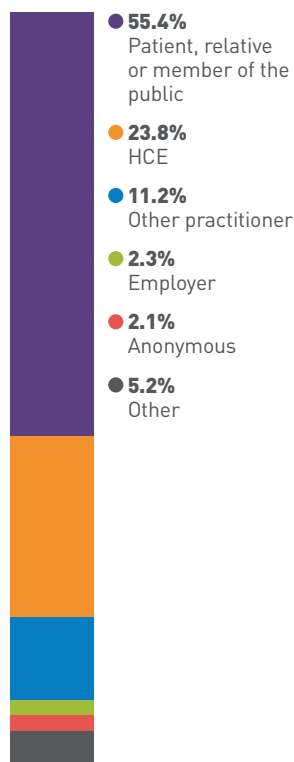
- 8 on the grounds of conduct
- 13 for health reasons
- 72 for performance
- 5 prohibited practitioner/student
- 34 for suitability/eligibility for registration

### 42 criminal offence complaints were made and 40 closed

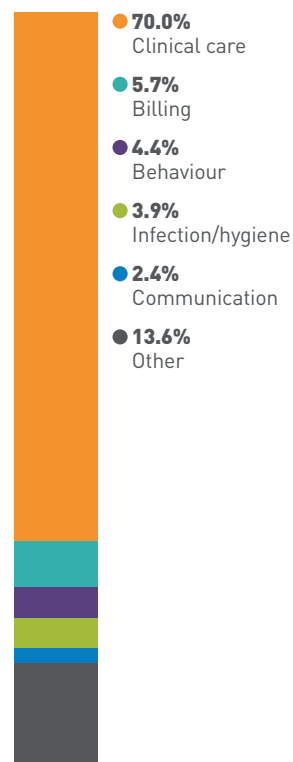
- 24 new matters related to title protection
- 6 to practice protection
- 12 to advertising breaches

- Matters decided by a tribunal: 11
- Matters decided by a panel: 0
- Decisions appealed: 1

**Figure 22: Sources of notifications**



**Figure 23: Most common types of complaint**





# Medical practitioners

## Snapshot of the profession

**118,996 medical practitioners**

→ Up 3.4% from 2017/18

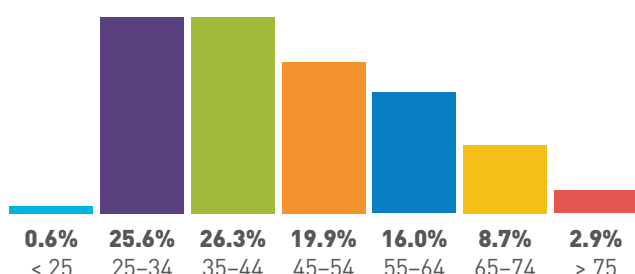
→ 16.0% of all registered health practitioners

0.4% identified as Aboriginal and/or Torres Strait Islander

**43.4% female; 56.6% male**

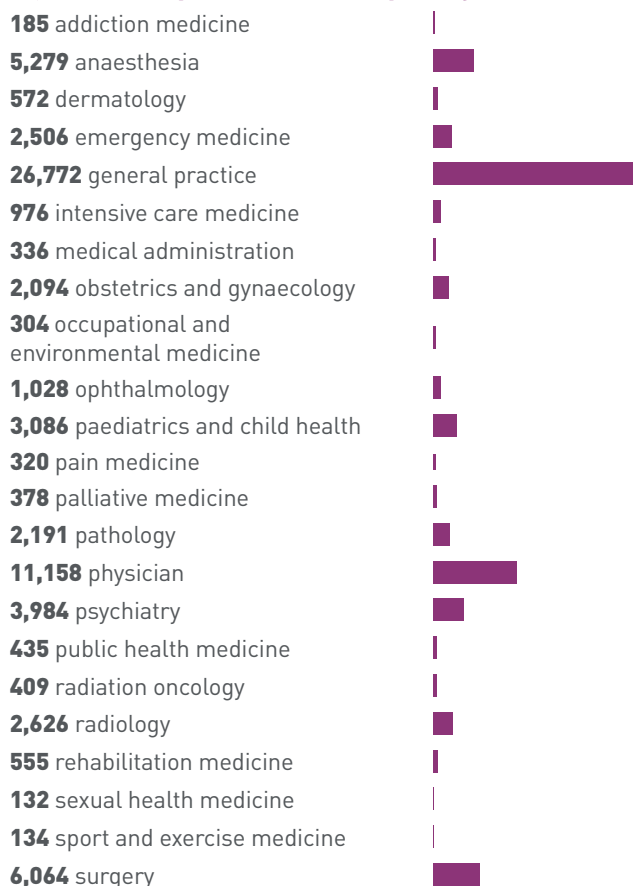
0.003% intersex or indeterminate

**Figure 24: Age**

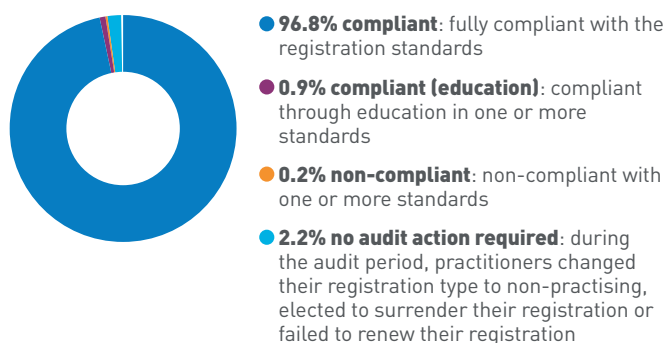


**Figure 25: Specialties**

**71,524 medical practitioners with specialty**



**Figure 26: Audit outcomes**



## Medical Board

### Board members

**Dr Anne Tonkin (Chair from 2 Oct)**

**Dr Joanna Flynn AM (Chair to 31 Aug)**

Associate Professor Stephen Adelstein	Dr Samuel Goodwin
Professor Belinda Bennett (to 31 Aug)	Ms Eileen Jerga AM (from 2 Oct)
Mr Mark Bodycoat	Dr Fiona Joske (to 31 Aug)
Dr Kerrie Bradbury (from 2 Oct)	Dr Hannah McGlade PhD (from 2 Oct)
Associate Professor Stephen Bradshaw AM (to 31 Aug)	Professor Constantine Michael AO
Professor Richard Doherty (from 2 Oct)	Dr Andrew Mulcahy (from 2 Oct)
Ms Prudence Ford (to 31 Aug)	Dr Susan O'Dwyer
	Ms Fearn (Michelle) Wright

Dr Joanne Katsoris is the Executive Officer for Medical.  
See Appendices 1 and 3 for committees and members.

## From the Chair

### Medical training survey

During 2019, the Medical Board of Australia invested in the development of the medical training survey (MTS), which will run during the 2019/20 medical registration renewal period.

The MTS has been designed to better understand and improve the quality of medical education in Australia. It will gather feedback from doctors in training in Australia to:

- better understand the quality of medical training in Australia
- identify how to improve medical training in Australia, and
- recognise and deal with potential issues in medical training that could impact on patient safety, including environment and culture, unacceptable behaviours and poor supervision.



It has been a team effort to develop the MTS, the survey questions and the policies that support it. Doctors in training have been involved, along with specialist colleges, employers, educators, the Australian Medical Association (AMA) and the Australian Medical Council (AMC), working closely with health practitioner regulators. The Board established an MTS Steering Committee and MTS Advisory Group, which have supported and advised on the project. These groups include representatives from:

- doctors in training from both the AMA Council of Doctors in Training and the Australasian Junior Medical Officers' Committee
- specialist colleges
- Directors of Clinical Training
- jurisdictions
- Australian Medical Council
- Australian Medical Association
- Australian Indigenous Doctors' Association
- Medical Deans Australia and New Zealand
- medical students
- employers
- postgraduate medical education councils
- doctors' health services, and
- consumers.

After a competitive procurement process, EY Sweeney was appointed to administer the survey and analyse and publish the results.

## Professional Performance Framework

The Board's Professional Performance Framework is a long-term project that, when implemented, will help ensure all registered medical practitioners in Australia practise competently and ethically.

The framework is integrated, builds on existing initiatives and is evidence-based. It has five pillars:

1. strengthened continuing professional development (CPD) requirements
2. active assurance of safe practice
3. strengthened assessment and management of practitioners with multiple substantiated complaints
4. guidance to support practitioners – regularly updated professional standards that support good medical practice, and
5. collaborations to foster a culture of medicine that is focused on patient safety, based on respect and encourages doctors to take care of their own health and wellbeing.

During 2018/19, the Board established a CPD Advisory Group to provide advice on what constitutes 'strengthened CPD' requirements. The Advisory Group proposed a revised CPD registration standard and fleshed out the concept of 'CPD homes'. The Board will consult on a revised draft registration standard in the next year.

The Board also established a Clinical Advice Committee to progress work on the active assurance of safe practice, and what should be involved in pragmatic and effective health checks for doctors aged 70 years and older. The committee will report to the Board in 2019/20 and the Board will then consult widely about what is proposed.

## Improvements in managing notifications

The vast majority (73.8%) of notifications end up with a decision to take 'no further action'. Despite this, most medical practitioners find it very stressful to be the subject of a notification. Many notifiers also find the process difficult and are often dissatisfied with the results. We know this anecdotally and from our research with people involved in the notifications process.

During 2018/19, the Board continued to work with AHPRA to introduce a range of measures to improve the management of notifications. Areas of priority included reducing the time involved, closing matters early if they did not pose a risk to the public and concentrating resources on high-risk matters. Measures include:

- establishing a Notifications Committee: Assessment, made up of Board members who consider all notifications within days of submission
- supporting the establishment of 'fast-track' teams of AHPRA staff who investigate matters that only need a small amount of additional information
- being more agile in the way we consider notifications and, to avoid unnecessary delays, distributing them for handling across our network of state and territory AHPRA offices and Boards
- supporting the development of a range of tools, such as videos, to provide better information for notifiers and practitioners
- ongoing support from Clinical Advisers who are medically qualified AHPRA staff who consider all notifications early and provide advice and support to other staff, and
- ongoing support for the Sexual Boundaries Notifications Committee, which is made up of community and practitioner members with training in sexual boundary violations and related issues. The committee considers all notifications that include any allegation of a sexual boundary violation.

## Guideline development and reviews

Pillar 4 of the Professional Performance Framework – guidance to support practitioners – is an important part of the way the Board supports medical practitioners in Australia to practise competently and ethically. During the year, the Board developed or reviewed some guidelines for the profession, all of which were subject to wide-ranging consultation. The Board considers all feedback before finalising these documents.

It has been interesting to see how social media and other forms of digital communication have increased the number of people motivated to get involved in regulatory discussion and made it easier for people to share their opinions.

## Sexual boundaries in the doctor–patient relationship

The Board approved revised guidelines on sexual boundaries in the doctor–patient relationship that came into effect in December 2018. The guidelines are accessible at [www.medicalboard.gov.au/Codes-Guidelines-Policies/Sexual-boundaries-guidelines](http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Sexual-boundaries-guidelines).

## Guideline for Informing a National Board about where you practise

All National Boards approved the guideline *Informing a National Board about where you practise*, to help registered practitioners ensure that they meet their legal obligations. The guideline came into effect on 1 August 2018 and can be found at [www.medicalboard.gov.au/Codes-Guidelines-Policies](http://www.medicalboard.gov.au/Codes-Guidelines-Policies).

### Good medical practice code of conduct

The Board consulted widely on its revised code of conduct *Good medical practice* during the year and was delighted to receive more than 800 submissions. Increasing awareness and participation in regulatory policy discussions is helpful. The Board will analyse the feedback and make appropriate amendments before issuing the code.

### Guidelines for regulating medical practitioners who provide complementary and unconventional medicine and emerging treatments

In response to concerns about risk of harm to patients, the Board developed and consulted on proposed guidelines for regulating medical practitioners who provide complementary and unconventional medicine and emerging treatments. There was an enormous response to the consultation and the Board received more than 13,000 submissions. Many of the people who responded identified as patients concerned that their right to choose their doctor or treatment options were under threat. This was not the Board's intention.

The Board will review submissions before finalising the guidelines.

### Review of the Good practice guidelines for the specialist international medical graduate assessment process

In 2019, the Board reviewed the *Good practice guidelines for the specialist international medical graduate assessment process* (the *Good practice guidelines*), after an external review by Deloitte Access Economics 'of the performance of specialist medical colleges' in assessing international medical graduates (IMGs).

The Board-appointed working group that reviewed the guidelines proposed changes, which will be subject to consultation in the next year.

## Doctors' health advisory and referral services

The Board has continued to invest \$2 million annually of doctors' registration fees in supporting Australia's network of doctors' health advisory and referral services.

This national network of services is run at arm's length from the Board and AHPRA and is coordinated by Doctors' Health Services Pty Ltd, a wholly owned subsidiary of the AMA. Doctors and medical students in all states and territories have access to help and support through this network of services.

## Communication, engagement and stakeholder relations

### Newsletters

The Board published 10 editions of the *Medical Board Update* in 2018/19.

### Media

The Board welcomes ongoing interest in its work and receives regular media requests for commentary on a range of issues. During the year there was particular interest in the Professional Performance Framework, *Good medical practice*, the Board's decision to link the *Register of practitioners* to tribunal decisions, and the proposed guidelines for regulating medical practitioners who provide complementary and unconventional medicine and emerging treatments.

We also receive regular media requests for commentary about individual practitioners, but the information we can provide about individuals is limited by law.

### Meetings with stakeholders

The Board has an active program of stakeholder engagement that includes regular meetings with:

- AMA
- AMC
- Medical Council of New Zealand, and
- specialist colleges through the Council of Presidents of Medical Colleges, and the Medical Council of New Zealand.

During the year, the Board held a forum to update stakeholders on the Board's work.

For the fifth consecutive year we also met with representatives of the AMA to discuss initiatives introduced to improve the notifications process.

### Internal engagement

The Board has a program of internal stakeholder engagement to promote consistency of decision-making and respond to feedback from our decision-makers. This includes an annual conference and regular feedback from state and territory medical boards.

## Accreditation

The AMC is the accreditation authority for the medical profession. The AMC develops accreditation standards that are approved by the Board and against which they assess medical schools and specialist colleges. The AMC also reviews and accredits authorities that accredit intern training programs in each state and territory.

The Board considers each of the AMC's accreditation reports and decides whether to approve the relevant accredited program of study for registration.

The AMC also monitors medical schools, specialist colleges and authorities that accredit intern training programs and provides monitoring reports to the Board.

## Future work

Much of the Board's policy work is long term and spans many reporting years. In 2019/20 the Board plans to focus on:

- delivering the MTS, working with stakeholders to raise awareness of the results and collaborating on how these can be used to strengthen medical training
- ongoing work on the Professional Performance Framework and in particular:
  - consulting on a revised registration standard for CPD, including progressing work on 'CPD homes'
  - seeking clinical advice to develop a clear idea about what is involved in practical and effective health checks for practitioners aged 70 and over
- finalising the review of *Good medical practice*
- considering extensive feedback and, if needed, finalising the *Guidelines for regulating medical practitioners who provide complementary and unconventional medicine and emerging treatments*
- finalising and implementing the *Good practice guidelines*, and
- further work to improve the management of notifications.

**Dr Anne Tonkin, Chair**

## Regulating the profession

### 5,359 notifications lodged with AHPRA

- 10 notifications were made about students

Australia-wide, including HPCA and OHO data, 6,970 registered medical practitioners – or 5.9% – had notifications made about them

### 4,801 notifications closed

- 5.8% had conditions imposed on registration or an undertaking accepted
- 3.6% received a caution or reprimand
- 0.5% registration suspended or cancelled
- 0.1% fined
- 16.1% referred to another body or retained by a health complaints entity
- 73.8% no further action taken

### Immediate action taken 170 times

### 339 mandatory notifications received

- 234 about professional standards

**895 medical practitioners monitored for health, performance and/or conduct during the year**

### 1,043 cases were being monitored at 30 June

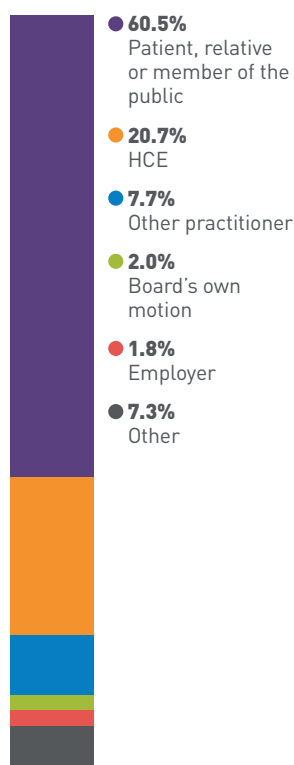
- 104 on the grounds of conduct
- 182 for health reasons
- 207 for performance
- 77 prohibited practitioner/student
- 473 for suitability/eligibility for registration

### 160 criminal offence complaints were made and 143 closed

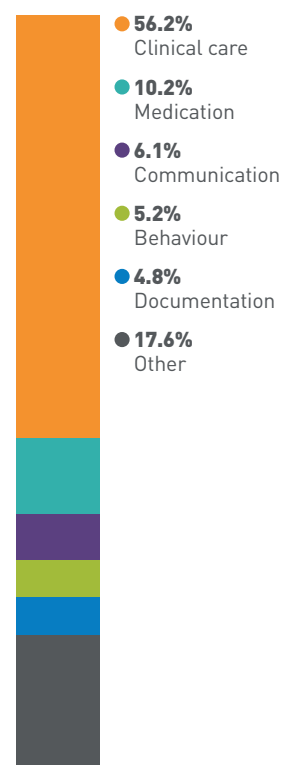
- 83 new matters related to title protection
- 3 to directing or inciting unprofessional conduct or professional misconduct
- 68 to advertising breaches
- 6 to other offences

- Matters decided by a tribunal: 55
- Matters decided by a panel: 22
- Decisions appealed: 30

**Figure 27: Sources of notifications**



**Figure 28: Most common types of complaint**



See Appendices 5 and 6 for Board consultations and approved registration standards, codes and guidelines.

Visit the Board's website at [www.medicalboard.gov.au](http://www.medicalboard.gov.au) for more information and to download data tables.

# Medical radiation practitioners

## Snapshot of the profession

### 16,683 medical radiation practitioners

- Up 2.6% from 2017/18
- 2.2% of all registered health practitioners

0.6% identified as Aboriginal and/or Torres Strait Islander

**68.1% female; 31.9% male**

### Divisions

- 13,006 diagnostic radiographers
- 15 diagnostic radiographers and nuclear medicine technologists
- 2 diagnostic radiographers and radiation therapists
- 1,194 nuclear medicine technologists
- 2,466 radiation therapists

Figure 29: Age

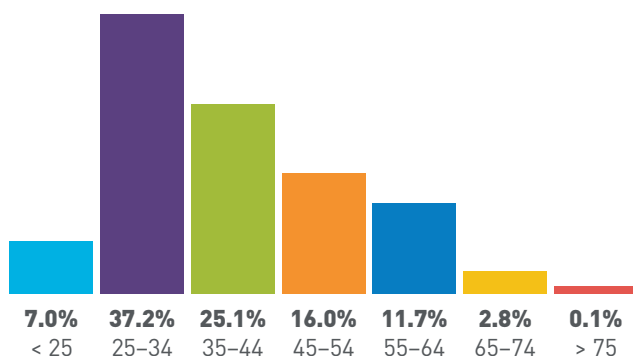
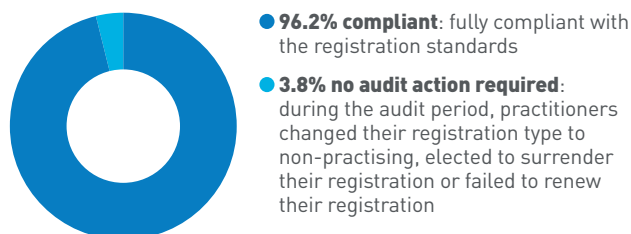


Figure 30: Audit outcomes



See Appendices 5 and 6 for Board consultations and approved registration standards, codes and guidelines

Visit the Board's website at [www.medicalradiationpracticeboard.gov.au](http://www.medicalradiationpracticeboard.gov.au) for more information and to download data tables.

## Medical Radiation Practice Board

### Board members

#### Mr Mark Marcenko (Chair)

Mr Richard Bialkowski	Mr Brendan McKernan
Ms Joan Burns	Ms Cara Miller
Ms Donisha Duff	Ms Tracy Vitucci
Dr Susan Gould PhD	Mr Roger Weckert
Mr James Green	Dr Caroline Wright PhD
Mr Christopher Hicks	

Mr Adam Reinhard is the Executive Officer for Medical radiation practice.

See Appendices 1 and 3 for committees and members.

## From the Chair

The year 2018/19 was another busy year. For medical radiation practitioners it also represented the end of the second CPD triennium. At the Medical Radiation Practice Board of Australia's conference in Sydney at the end of 2018, we raised the prospect of changing to an annual CPD obligation; however most practitioners indicated a preference to retain the current triennium arrangements.

It is pleasing to see that the audit results continue to show the medical radiation practice profession is engaged with its obligations as practitioners in providing safe and competent care. The continued low rate of notifications for medical radiation practitioners, when compared to other health professions, makes medical radiation practitioners one of the safest health professions.

## Revising the capabilities

In early 2018, the Board undertook preliminary work by examining how the *Professional capabilities for medical radiation practice* (first published in 2013) were operating as a regulatory tool, but also how practitioners, employers, education providers and the public used and applied the capabilities. In the latter half of 2018, the Board organised a stakeholder conference to look at some of the issues identified and propositions for how the Board might deal with some of the issues.

The Board undertook public consultation for 10 weeks between February and April. The Board held information sessions and a webinar to help stakeholders understand the proposed changes and what they mean for practice.

The Board has begun to finalise the revised capabilities, which are intended for publication in the later half of 2019.

## Engaging with stakeholders

The Board held its first conference in Sydney in November, with over 120 attendees, including registered practitioners, professional associations, education providers, community members and those working in various government organisations. Representatives of the Board engaged with practitioners at various professional gatherings including the

Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) conference and the Australian and New Zealand Society of Nuclear Medicine (ANZSNM) conference. Board members were able to directly engage with practitioners, employers, education providers and medical imaging equipment manufacturers on a range of regulatory matters, including the impact of technological change on practice.

In November, the Board published material that recognised the contributions that medical radiation practitioners make to safe patient care and supported the globally recognised World Radiographer Day.

## Supervisor training program

The Board has been offering the practitioner-facilitated Teaching on the Run (TOTR) workshops to help in the development of supervisors since 2014. In 2018/19, the Board held training sessions in Melbourne, Sydney and Brisbane. The sessions are always well attended and the Board is looking to provide more opportunities in other states and territories in the coming 12 months.

The aim of the training program is to support supervisors in their workplace clinical teaching roles. The program uses an innovative blended-learning approach that combines face-to-face workshops and eLearning, and covers these modules: Clinical supervision, Planning learning, Assessment, Supporting learners, Clinical teaching, Skills teaching, and Effective group teaching.

## Reducing red tape

In December, the Board decided to revise the way in which it has managed practitioners with conditions that impose restrictions on scope of practice. The revised process uses notations on the register to convey information to the public about a practitioner's self-identified practice restrictions. The revised practice recognises the importance of individual professional responsibility and the capability of practitioners to appropriately moderate the way in which they practise.

## Supporting safe practice

Culturally safe practice has been front and centre when looking at the revised *Professional capabilities for medical radiation practitioners*. We have been working with other National Boards and the Aboriginal and Torres Strait Islander Health Strategy Group, and will look to provide further resources to support culturally safe practice.

**Mr Mark Marcenko, Chair**

## Regulating the profession

### 31 notifications lodged with AHPRA

Australia-wide, including HPCA and OHO data, 44 registered medical radiation practitioners – or 0.3% – had notifications made about them

### 33 notifications closed

- 6.1% had conditions imposed on registration or an undertaking accepted
- 9.1% received a caution or reprimand
- 6.1% referred to another body or retained by a health complaints entity
- 78.8% no further action taken

### Immediate action taken 3 times

### 4 mandatory notifications received

- none about professional standards

### 18 medical radiation practitioners monitored for health, performance and/or conduct during the year

### 42 cases were being monitored at 30 June

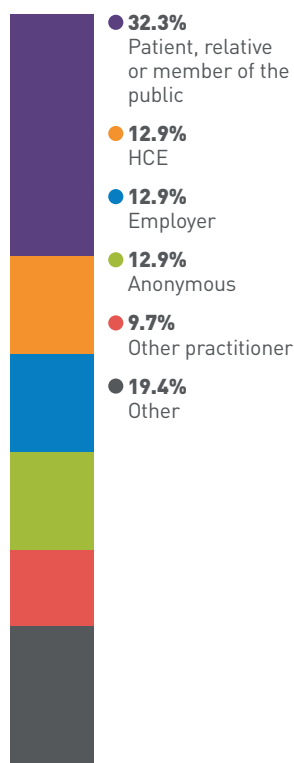
- 2 on the grounds of conduct
- 6 for health reasons
- 3 for performance
- 2 prohibited practitioner/student
- 29 for suitability/eligibility for registration

### 3 criminal offence complaints were made and 2 closed

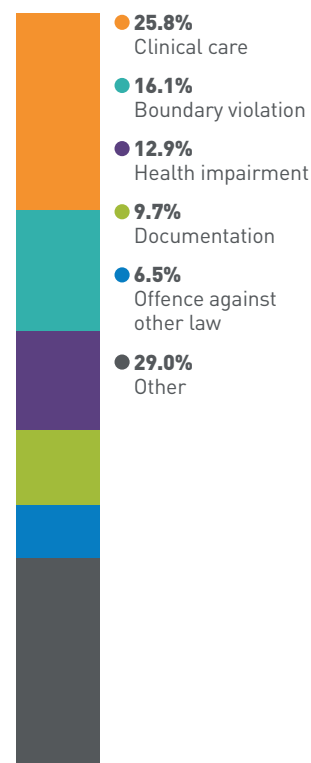
- 2 new matters related to title protection
- 1 to advertising breaches

- Matters decided by a tribunal: 1
- Matters decided by a panel: 0
- Decisions appealed: 3

**Figure 31: Sources of notifications**



**Figure 32: Most common types of complaint**





# Nurses and midwives

## Nursing and Midwifery Board

### Board members

#### Associate Professor Lynette Cusack (Chair)

Ms Angela Brannelly (to 2 Oct)	Dr Christopher Helms PhD
Mr David Carpenter (from 2 Oct)	Mr Max Howard
Adjunct Associate Professor Veronica Casey	Dr Jessica (Jessa) Rogers PhD (from 2 Oct)
Ms Nicoletta (Maria) Ciffolilli	Ms Catherine Schofield (from 2 Oct)
Professor Denise Fassett (to 31 Aug)	Ms Annette Symes
Ms Melodie Heland	Mrs Allyson Warrington
	Ms Margaret Winn (to 31 Aug)
	Mrs Jennifer Wood

Ms Tanya Vogt is the Executive Officer for Nursing and Midwifery.

See Appendices 1 and 3 for committees and members.

## From the Chair

### Prescribing endorsement

On recommendation from the Health Workforce Principal Committee, the Nursing and Midwifery Board of Australia (the NMBA) worked with the Australian and New Zealand Council of Chief Nursing and Midwifery Officers (ANZCCNMO) to determine a model for an endorsement to enable registered nurses (RNs) to prescribe scheduled medicines.

The NMBA and ANZCCNMO consulted with governments, key nursing stakeholders, nurses and consumers to formulate the basis for the proposed new registration standard.

In July, the NMBA opened consultation on the proposed *Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership and Guidelines: For registered nurses applying for and with the endorsement for scheduled medicines – prescribing in partnership*.

In March, the NMBA reviewed a final draft, which incorporated public consultation feedback, in preparation for a submission to the Ministerial Council. The final proposal is an *Endorsement for scheduled medicines designated registered nurse prescriber*, terminology that better reflects the intention of this model of prescribing as set out in the Health Professionals Prescribing Pathway. The NMBA and ANZCCNMO also held a final consultation session with stakeholders. If approved, the endorsement will be released and will come into effect in 2020.

### New midwife standards

On 1 October, new standards for practice came into effect for all midwives in Australia. The *Midwife standards for practice* replaced the previous *National competency standards for the midwife* and provide a framework for midwifery practice in

all contexts. The *Midwife standards for practice* are seven interrelated standards which are framed within a woman-centred approach and contain criteria that specify how the standard can be demonstrated.

These evidence-based standards were widely consulted on in 2017.

### New assessment model

In 2014, the NMBA introduced an interim assessment model for internationally qualified nurses and midwives (IQNMs) and committed to the establishment of a permanent model that meets international best practice. Since 2014, the NMBA has been researching an evidence base for the permanent model of assessment. In 2018, the NMBA announced that, based on the recommendations of this research, it would transition to an outcomes-based assessment model for some IQNMs.

From 2020, IQNMs who hold relevant but not substantially equivalent qualifications (and who meet the mandatory registration standards) will undertake an outcomes-based assessment model, replacing the current need for bridging programs.

During 2018/19, the NMBA has been developing the assessment model, which will include:

- a cognitive component consisting of a multiple-choice exam, which must be passed first, and
- a behavioural component in the form of an objective structured clinical examination (OSCE). The OSCE has been developed to assess the behavioural skills of an IQNM that reflect the knowledge and skills of an entry-level Australian nurse or midwife.

The new assessment model will also include a program to orientate all IQNMs to working in the Australian healthcare context.

As part of the new model, in early 2019 the NMBA also replaced the eight qualification assessment criteria for IQNMs with three revised criteria. The new criteria have streamlined the qualification assessment process without altering the outcomes from assessments.

### English language skills

On 1 March, the NMBA *English language skills registration standard* (2019) took effect. All applicants for general registration as a nurse or midwife in Australia need to meet this standard.

This standard amends the Extended Education Pathway to clarify the existing requirement to complete at least five years (full-time equivalent) education as continuous education. The requirement for education to be continuous over five years aligns with the approach across all professions in the National Scheme.

### Revised re-entry to practice

The NMBA's revised *Re-entry to practice for nurses and midwives policy* took effect on 11 February. This policy enables a consistent approach to decisions about people who have previously held registration in Australia as a nurse and/or a midwife and are seeking to re-enter the professions.

The revised policy reflects the findings from an evidence-based review in 2018, which aimed to improve the approach to re-entry by making the process clearer for applicants and employers while ensuring public safety.

## Decision-making framework

In 2018, the NMBA undertook an evidence-based review of the current *National framework for the development of decision-making tools for nursing and midwifery practice* (the national framework).

From this review, the NMBA developed the proposed *Decision-making framework for nurses and midwives* (DMF). It provides a guide to decision-making about scope of practice and delegation. It promotes consistent, safe, person-centred and evidence-based decision-making across the nursing and midwifery professions.

Changes to the national framework in the proposed DMF include:

- clearer, simpler content
- strengthening the involvement of the person receiving care in decision-making, and
- clearer guidance for registered nurses and midwives on delegating to enrolled nurses and other health workers.

In April, the NMBA opened consultation on the proposed DMF and expects the final framework to take effect in 2020.

## Advanced practice definitions

In March, the NMBA consulted on proposed changes to its definitions about advanced practice.

The NMBA currently has definitions of 'advanced nursing practice' and 'advanced practice nurse'. These definitions are set out within the NMBA *Nurse practitioner standards for practice* and the *Registration standard: Endorsement as a nurse practitioner*. The definitions are also found in the *Nurse practitioner accreditation standards*.

The NMBA worked closely with the Chief Nursing and Midwifery Officers (CNMOs) to develop the proposed definitions of 'advanced practice' and 'nurse practitioner'.

The NMBA considered the feedback received in the public consultation and agreed the revised definitions at its June meeting. Revised standards, with the proposed new definitions, will progress to Ministerial Council for approval.

## Statement on cultural safety

In August, the joint statement *Cultural safety: Nurses and midwives leading the way for safer healthcare* reached 30 signatures of support from leading nursing and midwifery organisations.

The joint statement outlines why the principles of cultural safety are included in the NMBA's codes of conduct. The NMBA worked closely with the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) to develop the requirements for cultural safety in the codes.

**Associate Professor Lynette Cusack, Chair**

# Nursing

## Snapshot of the profession

### 411,216 nurses

- Up 3.2% from 2017/18
- 55.2% of all registered health practitioners
- 27,707 also hold registration in midwifery
- The number of dual registered nurses and midwives is down 2.0% from last year

1.2% of nurses and midwives identified as Aboriginal and/or Torres Strait Islander

### Nurses including dual registered 88.7% female; 11.3% male

0.001% intersex or indeterminate

Nurse-only registered: 88.0% female; 12.0% male;  
0.002% intersex or indeterminate

Figure 33: Age

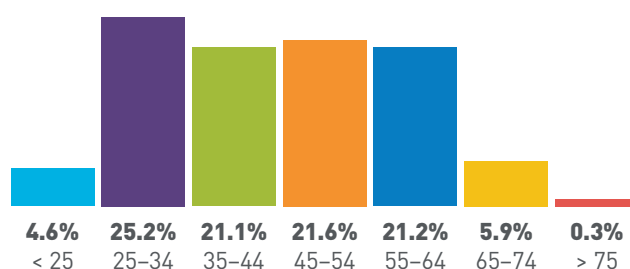
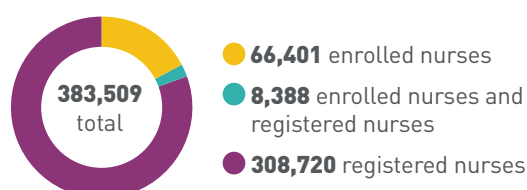


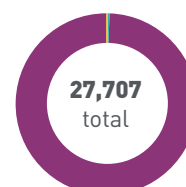
Figure 34: Divisions, dual registrations and endorsements

### Nurses by division and dual registration as a midwife

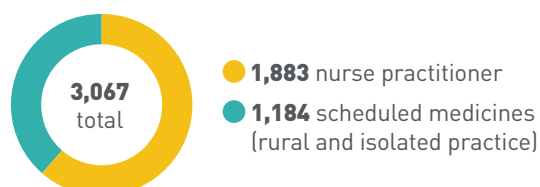


### Nurses and midwives

- 96 enrolled nurses and midwives
- 74 enrolled nurses and registered nurses and midwives
- 27,537 registered nurses and midwives



### Nurses with endorsements





# Regulating the profession

## 1,751 notifications lodged with AHPRA

→ 34 notifications were made about students

Australia-wide, including HPCA and OHO data, 2,271 nurses – or 0.6% – had notifications made about them

## 1,912 notifications closed

- 15.0% had conditions imposed on registration or an undertaking accepted
- 9.0% received a caution or reprimand
- 1.9% registration suspended or cancelled
- 0.1% fined
- 0.2% surrendered registration
- 6.1% referred to another body or retained by a health complaints entity
- 67.7% no further action taken

## Immediate action taken 126 times

## 566 mandatory notifications received

→ 379 about professional standards

1,035 nurses monitored for health, performance and/or conduct during the year

## 1,203 cases were being monitored at 30 June

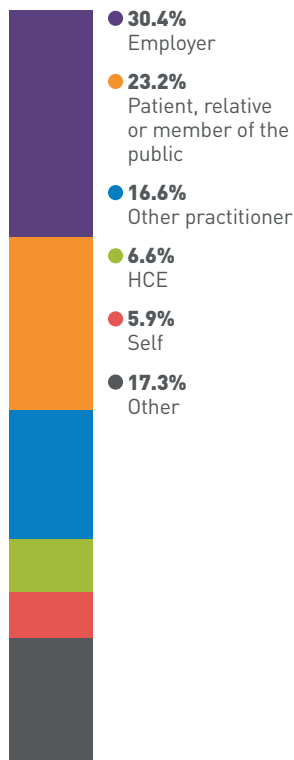
- 75 on the grounds of conduct
- 249 for health reasons
- 116 for performance
- 164 prohibited practitioner/student
- 599 for suitability/eligibility for registration

## 64 criminal offence complaints were made and 49 closed

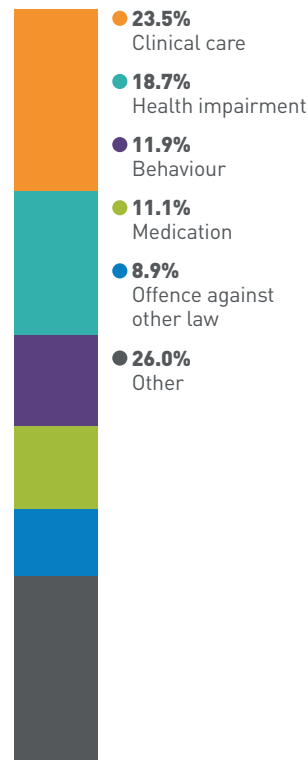
- 51 new matters related to title protection
- 1 to practice protection
- 10 to advertising breaches
- 2 to other offences

- Matters decided by a tribunal: 61
- Matters decided by a panel: 13
- Decisions appealed: 15 by nurses, 2 by dual registered nurses and midwives

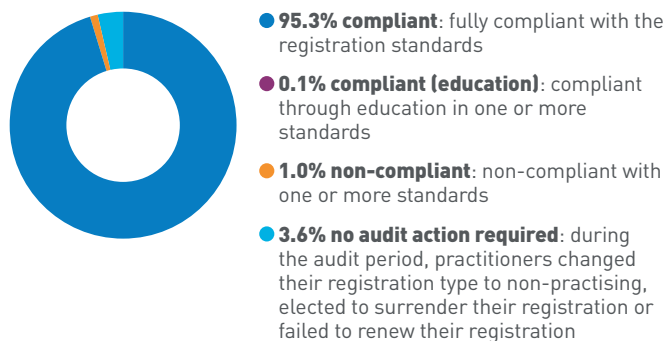
**Figure 35: Sources of notifications**



**Figure 36: Most common types of complaint**



**Figure 37: Audit outcomes for nurses and midwives**



# Midwifery

## Snapshot of the profession

### 33,434 midwives

- Down 0.2% from 2017/18
- 4.5% of all registered health practitioners
- 5,727 hold registration as midwife only
- The number of practitioners who are registered only as a midwife is up 9.9% from last year

1.2% of midwives and nurses identified as Aboriginal and/or Torres Strait Islander

## Midwives including dual registered 98.6% female; 1.4% male

Midwife-only registered 99.7% female; 0.3% male

Figure 38: Age

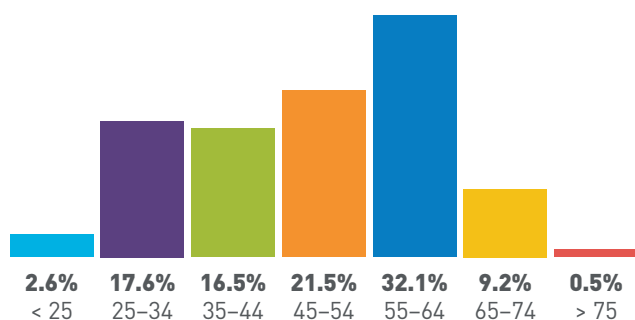
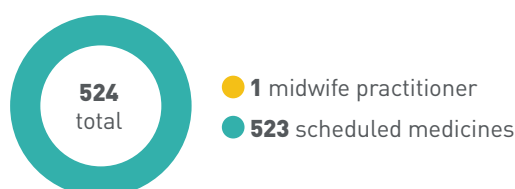


Figure 39: Endorsements

## Midwives with endorsements



# Regulating the profession

## 75 notifications lodged with AHPRA

→ 3 notifications were made about students

Australia-wide, including HPCA and OHO data, 99 midwives – or 0.3% – had notifications made about them

## 92 notifications closed

- 13.0% had conditions imposed on registration or an undertaking accepted
- 14.1% received a caution or reprimand
- 1.1% registration suspended or cancelled
- 1.1% fined
- 8.7% referred to another body or retained by a health complaints entity
- 62.0% no further action taken

## Immediate action taken 3 times

## 12 mandatory notifications received

→ 8 about professional standards

## 24 midwives monitored for health, performance and/or conduct during the year

## 69 cases were being monitored at 30 June

- 1 on the grounds of conduct
- 4 for health reasons
- 9 for performance
- 1 prohibited practitioner/student
- 54 for suitability/eligibility for registration

## 2 criminal offence complaints were made and 2 closed

→ both new matters related to title protection

- Matters decided by a tribunal: 3
- Matters decided by a panel: 0
- Board decisions appealed: 0 by midwives, 2 by dual registered nurses and midwives

Figure 40: Sources of notifications

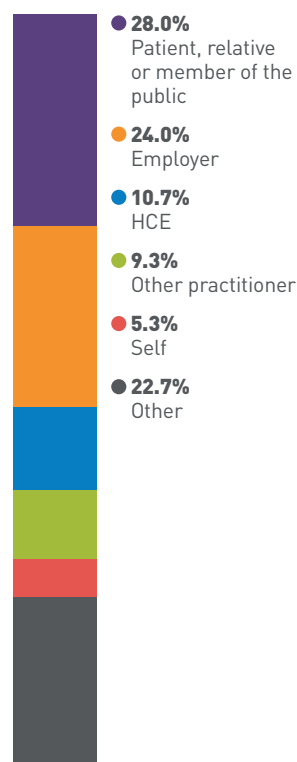
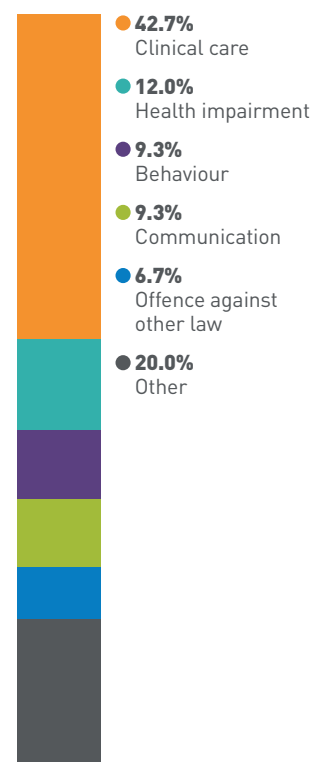


Figure 41: Most common types of complaint



See Appendices 5 and 6 for Board consultations and approved registration standards, codes and guidelines.

Visit the Board's website at [www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au) for more information and to download data tables.

# Occupational therapists

## Snapshot of the profession

### 22,412 occupational therapists

→ Up 6.9% from 2017/18

→ 3.0% of all registered health practitioners

0.5% identified as Aboriginal and/or Torres Strait Islander

90.8% female; 9.2% male

Figure 42: Age

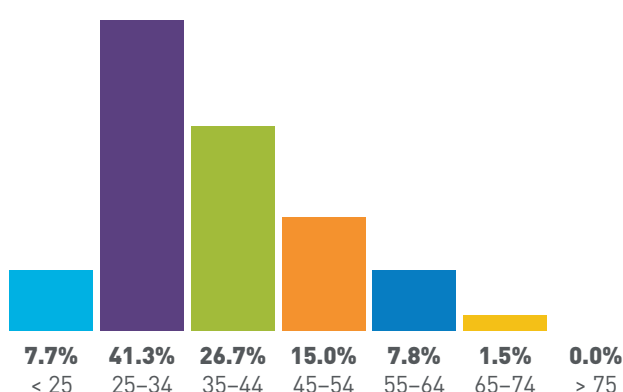
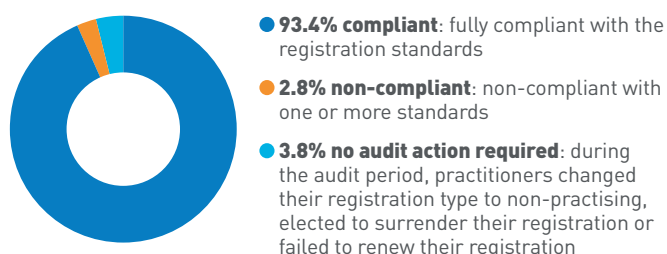


Figure 43: Audit outcomes



## Occupational Therapy Board

### Board members

**Ms Julie Brayshaw (Chair)** Dr Areti Metuamate PhD  
Mr James Carmichael Miss Jennifer Morris (from 2 Oct)  
Ms Sally Cunningham Mrs Terina Saunders  
Mrs Rachael Kay Dr Justin Scanlan PhD  
Ms Roxane Marcelle-Shaw  
Ms Amel Toubani is the Executive Officer for Occupational therapy.  
See Appendices 1 and 3 for committees and members.

See Appendices 5 and 6 for Board consultations and approved registration standards, codes and guidelines.

## From the Chair

### Competency standards

The Occupational Therapy Board of Australia developed the *Australian occupational therapy competency standards* (the competency standards), which have been in effect since 1 January 2019.

The competency standards focus on four conceptual areas of occupational therapy practice: professionalism, knowledge and learning, occupational therapy process and practice, and communication. They specifically acknowledge the need for occupational therapists to enhance their cultural responsiveness and capabilities with respect to Aboriginal and Torres Strait Islander Peoples.

The Board produced resources, including an animated video, to support occupational therapists, students, employers and others to familiarise themselves with the standards.

The Board is continuing to develop supporting tools to help occupational therapists and members of the public and others understand and apply the competency standards.

### Review of registration standards

The Board continued to work with six other National Boards to progress its review of three core registration standards:

- *Registration standard: Continuing professional development*
- *Registration standard: Professional indemnity insurance arrangements*
- *Registration standard: Recency of practice.*

The Board has also reviewed the *Guidelines: Continuing professional development* which supports the *Registration standard: Continuing professional development*.

Without pre-empting the Ministerial Council's approval, the Board continued to prepare for the effective implementation of these standards. On 30 June 2019, the Ministerial Council approved them. They will take effect on 1 December 2019.

The Board will continue to review existing materials, such as fact sheets and FAQ, to support occupational therapists in understanding and meeting the requirements outlined in the standards.

### Accreditation standards review

The Board supported the review carried out by the Occupational Therapy Council of Australia Ltd (OTC) of the *Accreditation standards for Australian entry-level occupational therapy education programs – December 2013*.

On 1 March 2019, the Board approved the *Accreditation standards for Australian entry-level occupational therapy education programs – December 2018*, which will come into effect on 1 January 2020. The revised accreditation standards were developed following wide-ranging consultation about their content carried out by the OTC.

The revised accreditation standards are used to assess whether a program of study, and the education provider that supplies the program of study, gives people who complete the program the knowledge, skills and professional attributes to practise the profession.

## Stakeholder engagement

The Board continued fostering its working relationships and sharing information on current and future initiatives with its stakeholders. Thanks to the National Scheme conference hosted in February, the Board met with representatives of the OTC, the Occupational Therapy Council of New South Wales and the Occupational Therapy Board of New Zealand (OTBNZ).

Material outlining the key responsibilities of entities involved in the regulation of occupational therapists has been developed, together with a document describing the responsibilities of the entities involved in the accreditation process. This material aims to provide clear information to support the Board's stakeholders, including education providers, in better understanding the role of each entity.

A collaborative partnership with Indigenous Allied Health Australia (IAHA) was formalised with the launch of the Collaboration Agreement in May. The partnership is focused on improving the quality, accessibility, cultural safety and responsiveness of occupational therapists to meet the health needs of Aboriginal and Torres Strait Islander Peoples. Increasing the number of Aboriginal and Torres Strait Islander people working as and studying to become occupational therapists is also a priority.

The Board successfully engaged with students and soon-to-be graduates by hosting its third annual webinar. Information about the Board, AHPRA and the registration requirements was provided, followed by a question-and-answer session.

The Board continued to engage with Occupational Therapy Australia (OTA). Preparation for the Board's Breakfast Forum scheduled for the OTA's 28th National Conference and Exhibition 2019 was also started. The forum will provide an update on regulatory matters.

The Board has also started to work with representatives of the OTBNZ and the Occupational Therapy Board of British Columbia to co-present at the Annual Educational Conference of the Council on Licensure, Enforcement & Regulation (CLEAR) in September 2019. This will be an opportunity for the Board to share its learning about the development of its competency standards in a regulatory context with other regulators internationally.

**Ms Julie Brayshaw, Chair**

## Regulating the profession

### 59 notifications lodged with AHPRA

→ 1 notification was made about a student

Australia-wide, including HPCA and OHO data, 83 registered occupational therapists – or 0.4% – had notifications made about them

### 52 notifications closed

- 3.8% had conditions imposed on registration or an undertaking accepted
- 5.8% received a caution or reprimand
- 21.2% referred to another body or retained by a health complaints entity
- 69.2% no further action taken

## Immediate action taken twice

### 7 mandatory notifications received

→ 3 about professional standards

### 7 occupational therapists monitored for health, performance and/or conduct during the year

### 50 cases were being monitored at 30 June

- 3 for health reasons
- 2 prohibited practitioner/student
- 45 for suitability/eligibility for registration

### 16 criminal offence complaints were made and 13 closed

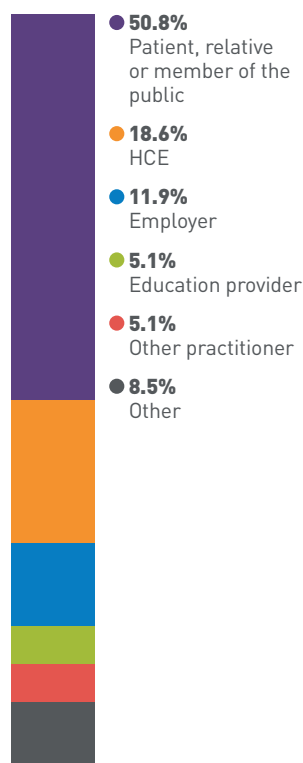
- 15 new matters related to title protection
- 1 to advertising breaches

→ Matters decided by a tribunal: 2

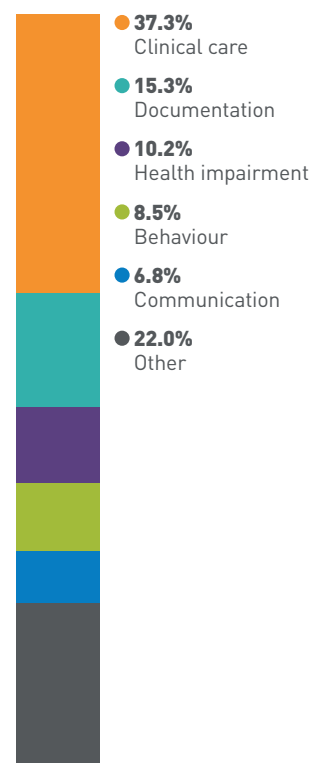
→ Matters decided by a panel: 0

→ Decisions appealed: 0

**Figure 44: Sources of notifications**



**Figure 45: Most common types of complaint**



Visit the Board's website at [www.occupationaltherapyboard.gov.au](http://www.occupationaltherapyboard.gov.au) for more information and to download data tables.

# Optometrists

## Snapshot of the profession

### 5,781 optometrists

→ Up 4.5% from 2017/18

→ 0.8% of all registered health practitioners

0.1% identified as Aboriginal and/or Torres Strait Islander

55.1% female; 44.9% male

Figure 46: Age

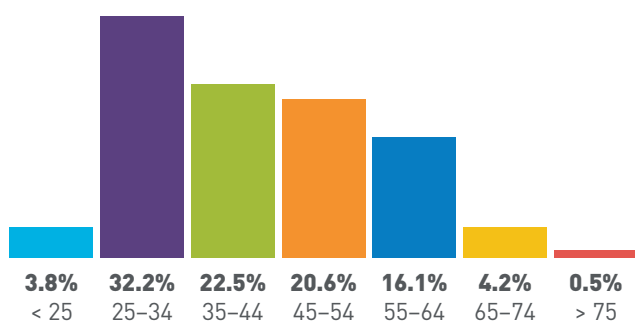
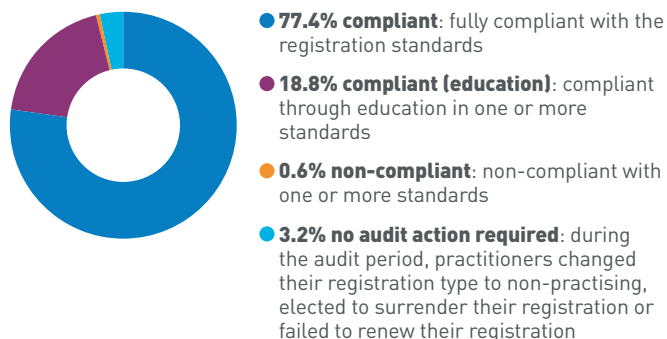


Figure 47: Audit outcomes



## Optometry Board

### Board members

#### Mr Ian Bluntish (Chair)

Dr Carla Abbott PhD  
(from 2 Oct)

Mr Garry Fitzpatrick  
(to 2 Oct)

Mr Stuart Aamodt  
(from 2 Oct)

Associate Professor Daryl Guest

Ms Jane Duffy (to 2 Oct)

Mrs Judith Hannan  
(from 2 Oct)

Mr Anthony Evans

Associate Professor Rosemary Knight

Mr Derek Fails (to 2 Oct)

Associate Professor Ann Webber

Ms Adrienne Farago

Ms Valerie Cheong is the Executive Officer for Optometry. See Appendices 1 and 3 for committees and members.

## From the Chair

### New standards

The Optometry Board of Australia's revised *Endorsement for scheduled medicines registration standard* (registration standard) and *Guidelines for use of scheduled medicines* (the guidelines) came into effect from 10 September 2018.

The registration standard sets out the requirements that an optometrist must meet to be granted an endorsement. The related guidelines outline the Board's expectations about the use of scheduled medicines by endorsed and non-endorsed optometrists. The guidelines apply to optometrists with general registration who use scheduled medicines for diagnostic purposes and to optometrists whose registration is endorsed for scheduled medicines, who use scheduled medicines for the purposes of the practice of optometry.

Appendix B of the guidelines shows the revised Board-approved list of topical scheduled medicines that endorsed optometrists are qualified to prescribe for the purposes of the practice of optometry.

### Policy updates

On 30 June 2019, the Ministerial Council approved the Board's revised *Continuing professional development (CPD) registration standard* that will come into effect on 1 December 2020 to give optometrists time to familiarise themselves with a system that moves from a CPD points system to one based on hours.

The standards were revised after a joint scheduled review, which included stakeholder and public consultation. The revised standard will apply to applicants for renewal from 1 December 2020.

The Board has published an updated fact sheet to provide greater clarity for applicants seeking limited registration for postgraduate training and/or supervised practice. To practise as an optometrist in Australia, all practitioners need to apply for and be registered with the Board. This registration standard applies to overseas-trained optometrists and other eligible optometrists applying for limited registration for postgraduate training or supervised practice, or renewal of limited registration for postgraduate training or supervised practice.

### Engagement

The Board convened the annual meeting of the Optometry Regulatory Reference Group (ORRG) in October 2018. The group is a discussion forum for matters about the registration of optometrists and the accreditation of optometry programs under the National Scheme. ORRG also helps foster communication and understanding of the different regulatory and accreditation issues in Australia and New Zealand. ORRG members discussed cultural safety in the health system.

In June, the Chair attended the Association of Regulatory Boards of Optometry's (ARBO) Annual Meeting in St Louis, Missouri, USA, to provide an overview of Board activities and exchanged ideas with other optometry regulators on common issues.

The Board welcomed the Chair and the Registrar of the Optometrists and Dispensing Opticians Board New Zealand (ODOB NZ) at its February meeting.

The Board sent a member representative to a conference held in March 2019 in Alice Springs co-hosted by Indigenous Eye Health at the University of Melbourne and Aboriginal Medical Services Alliance Northern Territory, supported by partners Vision 2020 Australia, Optometry Australia and the Royal Australian and New Zealand College of Ophthalmologists. The Board noted eye health outcomes for Aboriginal and Health Islander Peoples needed further improvement and in the context of cultural safety.

The Board consulted with a range of key internal and external stakeholders, including the Scheduled Medicines Expert Advisory Committee, on a draft targeted consultation paper on proposed revisions to its list of topical medicines in Appendix B of its *Endorsement for scheduled medicines registration standard* and guidelines.

## Accreditation

A new accreditation funding agreement for a five-year term has been signed by AHPRA, on behalf of the Board, with the Optometry Council of Australia and New Zealand. The agreement sets out the accreditation functions to be delivered for programs of study, associated funding, fee setting and new key performance indicator arrangements within a contemporary framework. The framework addresses accreditation issues such as cultural safety, safety and quality, and reducing regulatory burden and aims to strengthen accountability and transparency of accreditation in the National Scheme.

On the Board's recommendation, AHPRA, as the contracting entity, entered into a one-year contract extension with Optometry Australia for the provision of CPD accreditation services until 30 November 2019. The Board will review these arrangements before the new expiry date.

## Forums

The Board and members of its committees participated in the biennial National Scheme's combined meeting in February which brought together all National Boards, accreditation authorities and other partners to share information and discuss initiatives, challenges and opportunities nearly a decade after its establishment.

**Mr Ian Bluntish, Chair**

## Regulating the profession

### 41 notifications lodged with AHPRA

Australia-wide, including HPCA and OHO data, 66 registered optometrists – or 1.1% – had notifications made about them

### 41 notifications closed

- 17.1% had conditions imposed on registration or an undertaking accepted
- 2.4% received a caution or reprimand
- 24.4% referred to another body or retained by a health complaints entity
- 56.1% no further action taken

### No immediate action was taken

### 1 mandatory notification made

- about professional standards

### 15 optometrists monitored for health, performance and/or conduct during the year

### 14 cases were being monitored at 30 June

- 2 on the grounds of conduct
- 2 for performance
- 2 prohibited practitioner/student
- 8 for suitability/eligibility for registration

### 3 criminal offence complaints were made and 4 closed

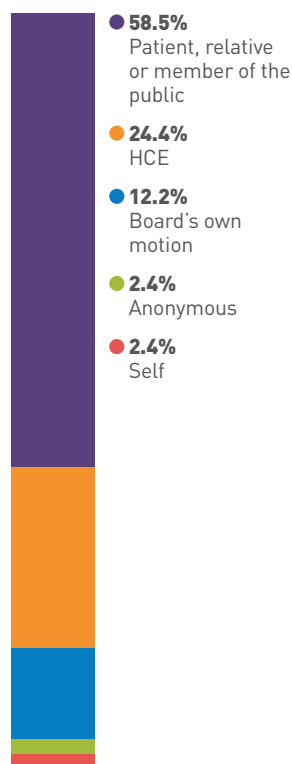
- 1 new matter related to title protection
- 2 to advertising breaches

- Matters decided by a tribunal: 0

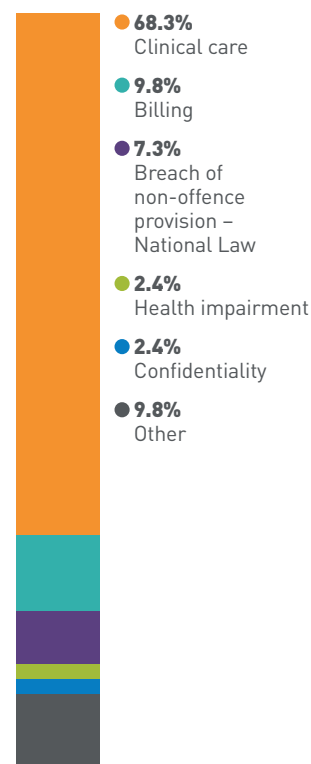
- Matters decided by a panel: 0

- Decisions appealed: 0

**Figure 48: Sources of notifications**



**Figure 49: Most common types of complaint**



See Appendices 5 and 6 for Board consultations and approved registration standards, codes and guidelines.

Visit the Board's website at [www.optometryboard.gov.au](http://www.optometryboard.gov.au) for more information and to download data tables.



# Osteopaths

## Snapshot of the profession

### 2,546 osteopaths

→ Up 6.6% from 2017/18

→ 0.3% of all registered health practitioners

0.7% identified as Aboriginal and/or Torres Strait Islander

54.7% female; 45.3% male

Figure 50: Age

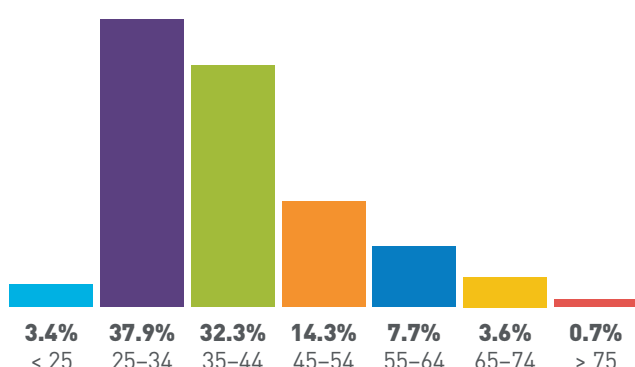
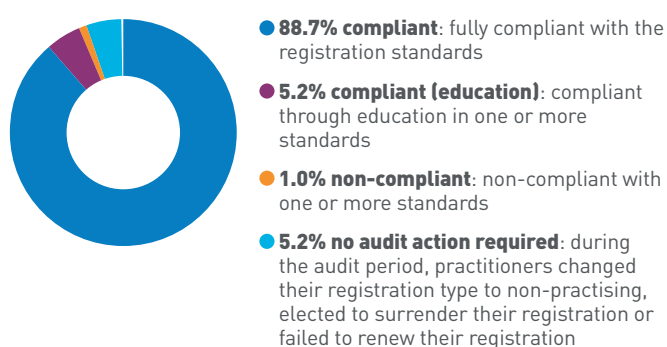


Figure 51: Audit outcomes



See Appendices 5 and 6 for Board consultations and approved registration standards, codes and guidelines.

Visit the Board's website at [www.osteopathyboard.gov.au](http://www.osteopathyboard.gov.au) for more information and to download data tables.

## Osteopathy Board

### Board members

#### Dr Nikole Grbin (osteopath) (Chair)

Dr Pamela Dennis (osteopath)

Ms Helga (Liza) Newby (to 2 Oct)

Ms Judith Dikstein

Dr Paul Orrock (osteopath)

Ms Julia Duffy (from 2 Oct)

Dr Natalie Rutsche (osteopath) (to 2 Oct)

Mr Joshua Hatten (from 2 Oct)

Adjunct Associate Professor Philip Tehan (to 31 Aug)

Dr Katherine Locke (osteopath) (from 2 Oct)

Mr Robert McGregor AM (to 2 Oct)

Dr Patricia Thomas (osteopath) (from 2 Oct)

Dr Andrew Yaksich (osteopath)

Dr Cathy Woodward PhD is the Executive Officer for Osteopathy.

See Appendices 1 and 3 for committees and members.

## From the Chair

The work of the Osteopathy Board of Australia this year built on key initiatives from the previous year and a program of stakeholder engagement and communication.

## Capabilities for practice

The Board published the revised *Capabilities for osteopathic practice* (2019) with a six-month transition period until the date of commencement on 1 December 2019.

The Board wishes to thank the accreditation council, osteopathy stakeholders, the project team and many registrants who have been involved in the development of this important document for the profession.

## Registrant information forums

The Board started a series of registrant forums with a breakfast forum in Canberra in May 2019 with the opportunity to engage with registrants and hear about the issues that are of most interest regarding regulation.

## Communications

The Board produced four electronic newsletters sent to registrants through the year, and these provide updates to the profession on changes to the Board and AHPRA's requirements, and the work of the Board. The newsletters continue to have a high level of readership. One article in December 2018 celebrated the 40th anniversary of regulation of osteopaths in Australia, and the article looked back at the significant changes in regulation from 1978 to the present day.

To recognise the contribution of registered osteopaths in healthcare during International Osteopathy Awareness Week from 14 to 20 April 2019, the Board communicated with registrants on Twitter, Facebook and LinkedIn. The Board also used social media to promote the publication of revised *Capabilities for osteopathic practice* in June 2019.



## Accreditation agreement

The Board, the Australasian Osteopathic Accreditation Council (AOAC) and AHPRA signed a new five-year accreditation agreement starting 1 July 2019.

The new accreditation agreement will provide the public with greater transparency and accountability and will contribute to work across the National Scheme to improve public protection. The agreement also includes principles for funding and fee setting and new key performance indicators to track progress on priority issues.

## Stakeholder engagement

The Board has carried out a range of engagements with stakeholders.

As Chair, I presented information on regulation and Board requirements for registration to final-year students in the osteopathy programs.

Following on from finalisation of a draft *Capabilities for osteopathic practice*, the Board conducted targeted consultation with stakeholders in a roundtable discussion in November 2018 in Melbourne and by email in early 2019. This represented the final stage of consultation and the Board appreciated the opportunity to talk directly with future users of the revised *Capabilities for osteopathic practice*.

During Research Summit 2019, the Board met with the Chair of the AOAC and the Chair and Registrar of the Osteopathic Council of New Zealand to discuss issues of mutual interest.

The Board's Chair and Executive Officer attended the annual Osteopathic International Alliance (OIA) meeting in Dubai, in September 2018. The conference focused on osteopathy regulation, education, research and association leadership. It was an opportunity to meet with regulators to discuss issues of mutual interest, including common regulatory functions, emerging issues, and to meet informally with attendees from osteopathic organisations and education institutions.

## Board members

In November, the Board welcomed four new members who were appointed to the Board by the Ministerial Council in October: Ms Julia Duffy and Mr Joshua Hatten, community members, and Drs Kate Locke and Patricia Thomas, practitioner members. Induction and governance training was provided in the following months. My term as Chair was also extended by a further two years.

**Dr Nikole Grbin (osteopath), Chair**

## Regulating the profession

### 19 notifications lodged with AHPRA

Australia-wide, including HPCA and OHO data, 30 registered osteopaths – or 1.2% – had notifications made about them

### 17 notifications closed

- 29.4% had conditions imposed on registration or an undertaking accepted
- 17.6% received a caution or reprimand
- 52.9% no further action taken

### No immediate action was taken

### 5 mandatory notifications received

- 1 about professional standards

### 9 osteopaths monitored for health, performance and/or conduct during the year

### 9 cases were being monitored at 30 June

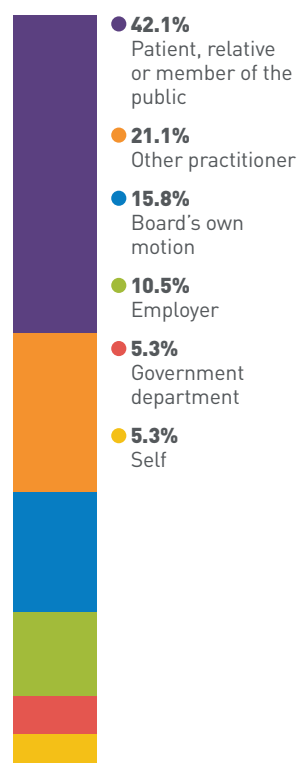
- 1 on the grounds of conduct
- 1 for health reasons
- 2 for performance
- 2 prohibited practitioner/student
- 3 for suitability/eligibility for registration

### 11 criminal offence complaints were made and 2 closed

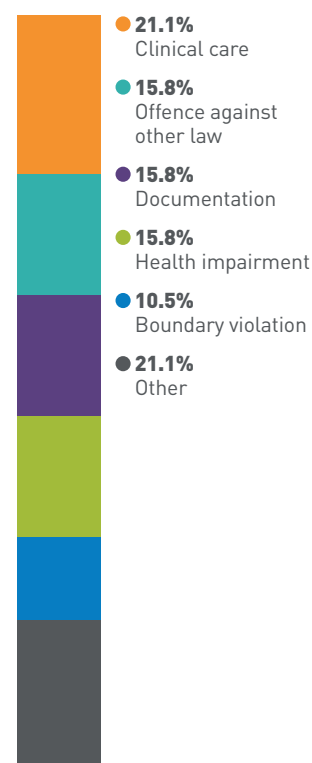
- 6 new matters related to title protection
- 5 to advertising breaches

- Matters decided by a tribunal: 0
- Matters decided by a panel: 0
- Decisions appealed: 0

**Figure 52: Sources of notifications**



**Figure 53: Most common types of complaint**



# Paramedics

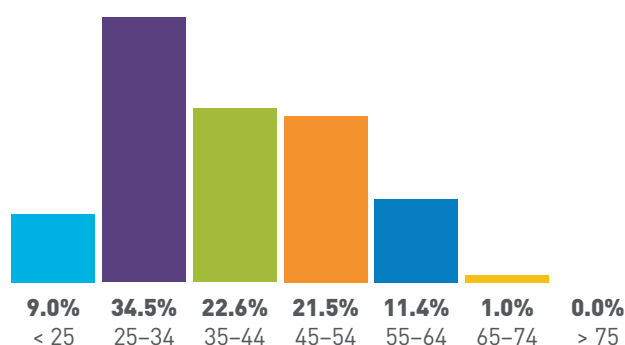
## Snapshot of the profession

### 17,323 paramedics

- This is the first year of registration
- 2.3% of all registered health practitioners

**43.0% female; 56.9% male;  
0.1% intersex or indeterminate**

Figure 54: Age



## Paramedicine Board

### Board members

#### Associate Professor Stephen Gough ASM (Chair)

Ms Jeanette Barker  
(Evans)

Associate Professor Ian  
Patrick ASM

Ms Clare Beech

Ms Linda Renouf

Ms Carol Bennett (to 1 Feb)

Mr Howard Wren ASM

Mr Keith Driscoll ASM

Ms Angela Wright

Mr Paul Fisher is the Executive Officer for Paramedicine.  
See Appendices 1 and 3 for committees and members.

## From the Chair

The Paramedicine Board of Australia started receiving inaugural applications from people for registration as a paramedic on 3 September 2018 with 1 December 2018 confirmed by the Ministerial Council as the participation day for paramedicine.

The Board continued its work to ensure that the essential regulatory infrastructure of policies, codes and guidelines was in place to support the regulation of paramedics from 1 December 2018. Additionally, to further support the transition of the profession into regulation, the Board developed and published an expanded supervised practice framework. It provides expanded scope for paramedics with diploma-level qualifications to have supervised practice recognised or to undertake further supervised practice to be qualified for registration via the grandparenting pathways.

## Registration

From 1 December 2018, only a paramedic registered by the Paramedicine Board of Australia is able to use the title 'paramedic'. However, applicants who had applied prior to 1 December 2018, but were not yet registered, could continue to use this protected title while their application was being processed. Similar arrangements were also made for those who had applied after 1 December 2018 to use the protected title up to 28 February 2019, provided they met the criteria specified in the National Law.

By 29 March 2019, over 17,900 applications for registration had been received and over 16,200 practitioners were granted first registration as a paramedic. The volume of applications for registration was higher than anticipated.

## Communications and engagement

The Board conducted an extensive communications campaign before participation day to ensure that all paramedics were aware of their obligations under the National Scheme and that they understood the implications of the regulation of paramedics starting on 1 December 2018.

The campaign required coordinated engagement across jurisdictions, through a variety of channels and with a broad range of stakeholders. Accordingly, communications with organising groups, such as employers, professional associations and unions, along with broad public communications were critical in ensuring the successful dissemination of information to potential registrants.

Large open forums were held in Melbourne, Sydney, Brisbane and Adelaide, with smaller meetings attended by the Chair, the Executive Officer and the local board member in Canberra, Perth, Hobart and Darwin and at the Australian Defence Force (ADF) training facility in Bandiana. Other meetings were held with governments, unions and health complaints entities. The forums in Melbourne and Sydney were recorded and were available for download from the Board's website.

## Accreditation

In November 2018, the Board published that the accreditation function for paramedicine would be undertaken by a committee appointed by the Board. The membership of the Paramedicine Accreditation Committee was announced on 28 March 2019 and it will exercise the accreditation functions for paramedicine for three years, at which time arrangements will be reviewed in accordance with the National Law.

The inaugural members are:

- Emeritus Professor Eileen Willis, Chair
- Associate Professor William Lord, Co-Deputy Chair
- Mr Alan Morrison, Co-Deputy Chair
- Associate Professor Helen Webb
- Mr Anthony Hucker ASM
- Mr Richard Larsen ASM
- Mr Martin Nichols.

## Thank you

Tremendous thanks must go to everyone who has contributed to making the regulation of paramedics such a success. Board members, AHPRA, the profession, employers and government have all played a critical role in effecting the regulation of paramedicine as a profession under the National Law – thank you.

**Associate Professor Stephen Gough ASM, Chair**

## Regulating the profession

### 31 notifications lodged with AHPRA

- 2 notifications were made about students

Australia-wide, including HPCA and OHO data, 101 registered paramedics – or 0.6% – had notifications made about them

### 18 notifications closed

- 16.7% referred to another body or retained by a health complaints entity
- 83.3% no further action taken

### Immediate action taken twice

### 12 mandatory notifications received

- 8 about professional standards

**2 paramedics monitored for health, performance and/or conduct since 1 December**

### 21 cases were being monitored at 30 June

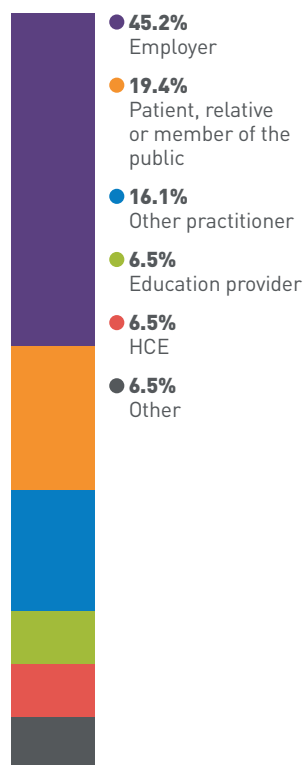
- 2 prohibited practitioner/student
- 19 for suitability/eligibility for registration

### 13 criminal offence complaints were made and 7 closed

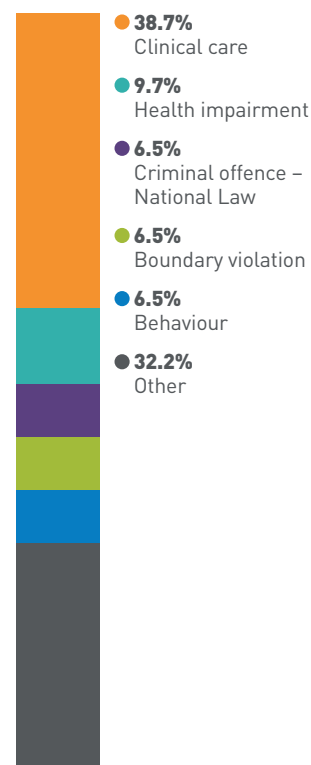
- 11 new matters related to title protection
- 1 to practice protection
- 1 to an 'other' offence

- Matters decided by a tribunal: 0
- Matters decided by a panel: 0
- Decisions appealed: 0

**Figure 55: Sources of notifications**



**Figure 56: Most common types of complaint**



See Appendices 5 and 6 for Board consultations and approved registration standards, codes and guidelines.

Visit the Board's website at [www.paramedicineboard.gov.au](http://www.paramedicineboard.gov.au) for more information and to download data tables.

# Pharmacists

## Snapshot of the profession

### 31,955 pharmacists

→ Up 2.7% from 2017/18

→ 4.3% of all registered health practitioners

0.3% identified as Aboriginal and/or Torres Strait Islander

62.8% female; 37.2% male

Figure 57: Age

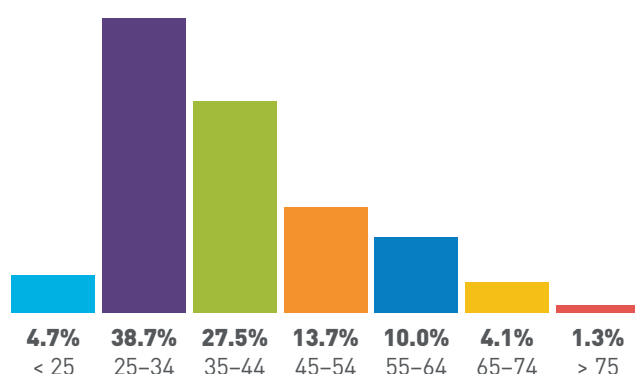
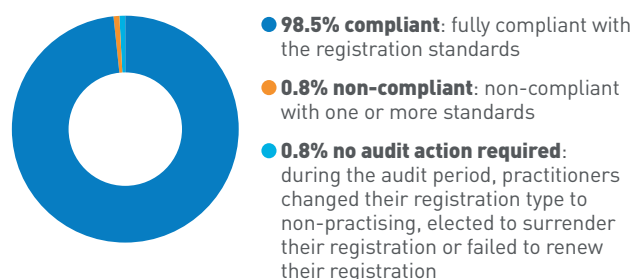


Figure 58: Audit outcomes



See Appendices 5 and 6 for Board consultations and approved registration standards, codes and guidelines.

## From the Chair

The work of the Pharmacy Board of Australia built on initiatives from last year and was informed by an extensive program of stakeholder engagement.

## Prescribing discussion paper

The Board hosted the Pharmacy prescribing forum (the forum) in June which was attended by a wide range of stakeholders including consumers, pharmacists, regulators and government representatives. Participants explored the opportunities for pharmacist prescribing of Schedule 4 and Schedule 8 medicines that could be implemented and sustained as part of a broader range of health services to effectively meet the health needs of the community.

Following the forum, the Board published a report, which provided a summation of the issues raised and discussed by participants about the potential for pharmacists to prescribe through each of the three models of non-medical prescribing outlined in the *Health Professionals Prescribing Pathway*.

The Board published a discussion paper to progress the forum's outcomes and a range of consultation questions to further explore:

- possible frameworks for pharmacist prescribing in the Australian context
- models of pharmacist prescribing of Schedule 4 and Schedule 8 medicines
- education and training considerations
- legislative considerations
- maintaining competence to prescribe, and
- whether an endorsement for scheduled medicines would be required for pharmacists to prescribe.

Feedback from a broad range of participants expressed a range of views. During 2019/20, the Board will analyse the feedback and publish a report which is expected to advise the degree of support for prescribing by pharmacists and may include recommendations about any additional work required, including:

- additional evidence to be gathered if sustainable prescribing models in the public interest are supported
- an indication of the roles of the profession and stakeholders in progressing next steps
- any further engagement with stakeholders and the public to clarify feedback, and
- details about any proposed regulatory work that would need to be completed to support any proposals for pharmacist prescribing.

## Research and analysis

Following the development during 2018 of the Intern Year Blueprint (blueprint) by the Australian Pharmacy Council (APC) with funding from the Board, the next stage of the project started. The blueprint will become the framework used to determine future options for assessing pharmacy interns against the revised competency standards for pharmacists. The Board, in collaboration with the APC, formed the Intern Year Blueprint Implementation Working Group (the working group), to develop a strategy to determine the most appropriate and effective type of assessment for each competency from the range of choices described in the blueprint, and to identify the organisation with the prime responsibility to develop and administer the assessment. The working group will continue to meet during 2019/20 and engage with stakeholders.

The Board conducted the National Pharmacy Internship Experience Survey, a large-scale survey to investigate issues relevant to the quality of the intern training experience. Interns and preceptors who participated provided feedback on their own intern training experiences. The results of the survey were analysed and a report was prepared. A stakeholder engagement plan is being developed to guide future engagement and action during the next reporting period. The results of the survey are anticipated to guide policy development regarding future arrangements for supervision of interns and are also likely to provide useful insights to be taken into account in reviewing assessment processes for interns.

## Board member induction

The Board developed an induction program for newly appointed Board members to complement National Scheme induction and governance training. Upon appointment by Ministers, seven new Board members were inducted. New members were also supported by an ongoing program of mentoring to facilitate their transition to their roles and effective participation at Board and committee meetings.

## Accreditation agreement

The Board, the APC and AHPRA signed a new five-year accreditation agreement starting 1 July 2019. The accreditation agreement is a contemporary framework designed to address key accreditation issues. The agreement also includes principles for funding and fee setting and new key performance indicators to track progress on priority issues.

I am pleased to present this report of the Board's activities in this my first year as its Chair.

**Mr Brett Simmonds, Chair**

## Pharmacy Board

### Board members

**Mr Brett Simmonds (Chair from 2 Oct)**

**Mr William Kelly (Chair to 2 Oct)**

Mrs Elise Apolloni (from 2 Oct) Dr Suzanne Martin (veterinarian) (from 2 Oct)

Ms Melissa Cadzow (from 2 Oct) Ms Karen O'Keefe (to 2 Oct)

Mrs Rachel Carr (to 2 Oct) Ms Bhavini Patel (to 2 Oct)

Mr Trevor Draysey (to 2 Oct) Mr Cameron Phillips (from 2 Oct)

Dr Alice Gilbert PhD (from 2 Oct) Mr Michael Piu (to 2 Oct)

Ms Joy Hewitt Dr Katherine Sloper PhD (to 2 Oct)

Mr Mark Kirschbaum Dr Rodney Wellard PhD

Ms Hannah Mann (from 2 Oct) Mr Rodney Wellington (from 2 Oct)

Mr Laurence (Ben) Wilkins

Mr Joe Brizzi is the Executive Officer for Pharmacy. See Appendices 1 and 3 for committees and members.

## Regulating the profession

**398 notifications lodged with AHPRA**

→ 3 notifications were made about students

Australia-wide, including HPCA and OHO data, 560 registered pharmacists – or 1.8% – had notifications made about them

**44 mandatory notifications received**

→ 34 about professional standards

**Immediate action taken 19 times**

**453 notifications closed**

- 11.5% accepted an undertaking or conditions being imposed on their registration
- 29.1% received a caution or reprimand
- 1.5% registration suspended or cancelled
- 6.0% referred to another body or retained by a health complaints entity
- 51.9% no further action taken

**139 pharmacists monitored for health, performance and/or conduct during the year**

**143 cases were being monitored at 30 June**

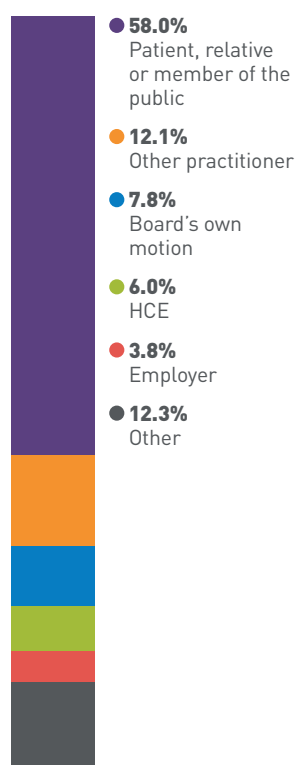
- 7 on the grounds of conduct
- 23 for health reasons
- 30 for performance
- 21 prohibited practitioner/student
- 62 for suitability/eligibility for registration

**16 criminal offence complaints were made and 21 closed**

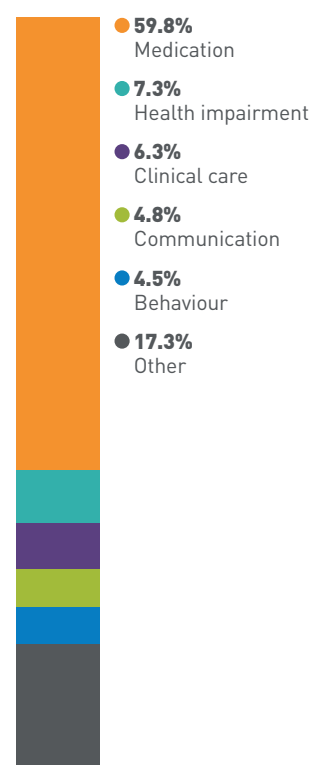
- 11 new matters related to title protection
- 4 related to advertising breaches
- 1 to other offence

- Matters decided by a tribunal: 26
- Matters decided by a panel: 0
- Decisions appealed: 2

**Figure 59: Sources of notifications**



**Figure 60: Most common types of complaint**



Visit the Board's website at [www.pharmacyboard.gov.au](http://www.pharmacyboard.gov.au) for more information and to download data tables.



# Physiotherapists

## Snapshot of the profession

### 33,792 physiotherapists

→ Up 5.6% from 2017/18

→ 4.5% of all registered health practitioners

0.7% identified as Aboriginal and/or Torres Strait Islander

66.2% female; 33.8% male

Figure 61: Age

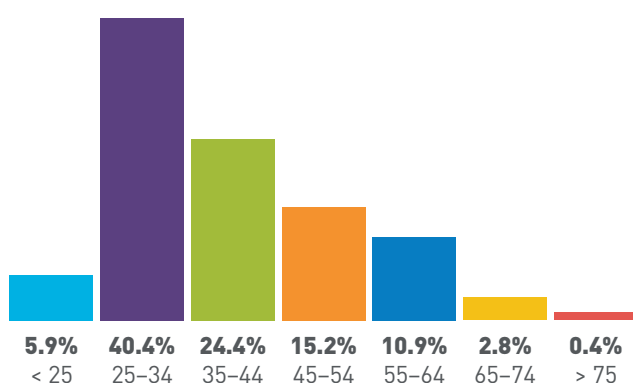
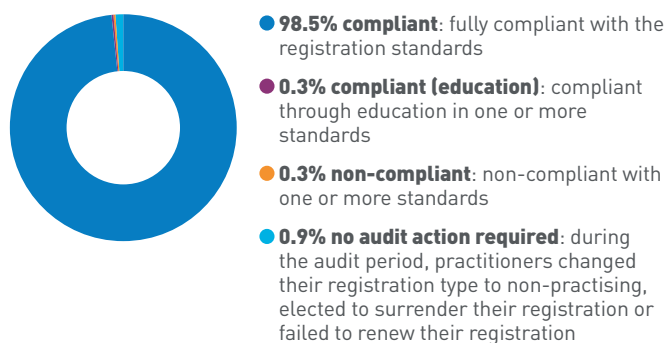


Figure 62: Audit outcomes



See Appendices 5 and 6 for Board consultations and approved registration standards, codes and guidelines.

Visit the Board's website at [www.physiotherapyboard.gov.au](http://www.physiotherapyboard.gov.au) for more information and to download data tables.

## Physiotherapy Board

### Board members

**Ms Kim Gibson (Chair from 2 Oct)**

Ms Cherie Hearn

Mr Peter Kerr AM

**Dr Charles Flynn (Chair to 2 Oct)**

Mrs Elizabeth Kosmala (to 2 Oct)

Ms Sally Adamson (from 2 Oct)

Emeritus Professor Sheila Lennon (from 2 Oct)

Ms Alison Bell (to 2 Oct)

Mr Lachlan Mortimer

Mrs Janet Blake

Ms Philippa Tessmann (to 2 Oct)

Mr David Cross

Mrs Lynette Green

Ms Elizabeth Trickett

Dr Paula Harding PhD (from 2 Oct)

Ms Katherine Waterford (from 2 Oct)

Ms Jill Humphreys is the Executive Officer for Physiotherapy.

See Appendices 1 and 3 for committees and members.

## From the Chair

### Board changes

The Physiotherapy Board of Australia underwent a significant change when four members, including the Chair, completed their third and final terms as members.

We farewellled Charles Flynn, Chair and practitioner member from Victoria; Alison Bell, practitioner member from South Australia; Libby Kosmala, community member; and Pippa Tessmann, practitioner member from the Northern Territory.

Health Ministers appointed and the Board inducted new members: Emeritus Professor Sheila Lennon, practitioner member from South Australia; Ms Sally Adamson, practitioner member from the Northern Territory; Ms Kate Waterford, community member; and Dr Paula Harding PhD, practitioner member from Victoria.

I am a practitioner member from Western Australia and I was pleased to be appointed Chair of the Board for a three-year term. The Board is hard-working and cohesive as it regulates a growing profession in accordance with the National Law and in partnership with AHPRA.

### Stakeholder engagement

As part of its strategic objectives, the Board strengthened its relationships with its key stakeholders, including the Australian Physiotherapy Association and its appointed accreditation authority, the Australian Physiotherapy Council.

It was able to clarify for the small number of practitioners who practise with animals what their professional obligations are, given that the National Law deals only with humans and has no jurisdiction over the treatment of animals nor any complaints which may arise.

Another successful stakeholder engagement breakfast was held, this time in Hobart, coinciding with the professional association's annual conference.

These events help explain the role and work of the Board to physiotherapists and other stakeholders, and are being rolled out across the country. Stakeholder engagement events also provide the Board with an opportunity to promote its short video aimed at students about their professional obligations as they set out in their careers as physiotherapists.

## Low level of notifications

The number of notifications made about physiotherapists is rising, along with complaints received about the other regulated health professions.

It is pleasing to note, however, that the notifications about physiotherapists remain very low, reflecting how well-trained physiotherapists are in Australia and how thoroughly they understand their professional obligations.

## International liaison

Board members helped organise and presented at the International Network of Physical Therapy Regulatory Authorities conference in Geneva, taking the Board's message and the Australian way of regulating to a broader, often fledgling audience. There is always positive interest in our national registration and accreditation system, particularly in a country with a federated system of government. The Board was also represented at the World Confederation of Physical Therapists, also in Geneva, this year.

## Cross-professional work

The Board has contributed to cross-professional work on the review of the shared code of conduct and also the revision of the supervision framework. Wide-ranging consultation on these important documents is scheduled to start in the coming year. The Board will also participate in the review of its limited registration standards in the coming year.

## Cultural safety

The Board looks forward to taking part in the scheme-wide Aboriginal and Torres Strait Islander health strategy and, in particular, the cultural safety training being rolled out. One of its strategic objectives is to increase the number of Aboriginal and Torres Strait Islanders in the physiotherapy profession and we will collaborate with stakeholders to work towards this goal.

**Ms Kim Gibson, Chair**

## Regulating the profession

### 106 notifications lodged with AHPRA

Australia-wide, including HPCA and OHO data, 161 registered physiotherapists – or 0.5% – had notifications made about them

### 102 notifications closed

- 15.7% had conditions imposed on registration or an undertaking accepted
- 15.7% received a caution or reprimand
- 9.8% referred to another body or retained by a health complaints entity
- 58.8% no further action taken

### Immediate action taken 4 times

### 14 mandatory notifications received

- 6 about professional standards

### 40 physiotherapists monitored for health, performance and/or conduct during the year

### 63 cases were being monitored at 30 June

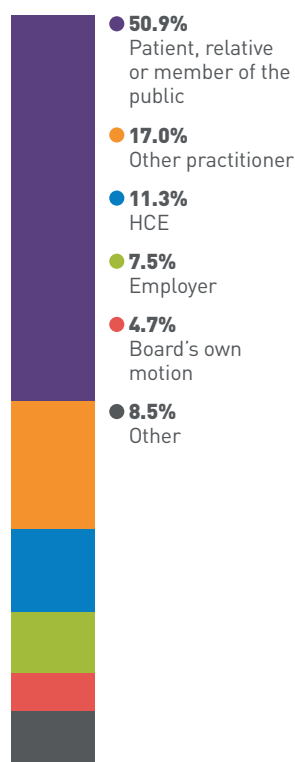
- 6 on the grounds of conduct
- 6 for health reasons
- 10 for performance
- 7 prohibited practitioner/student
- 34 for suitability/eligibility for registration

### 34 criminal offence complaints were made and 31 closed

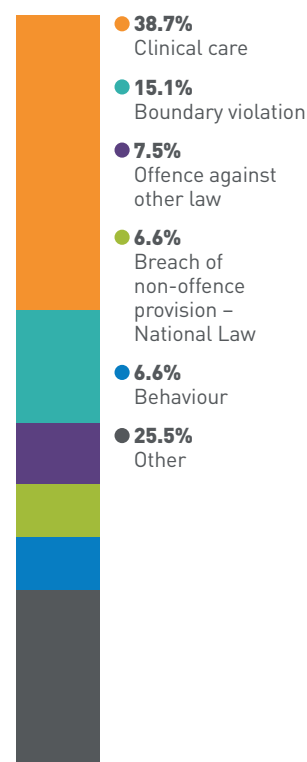
- 25 new matters related to title protection
- 8 to advertising breaches
- 1 to other offence

- Matters decided by a tribunal: 0
- Matters decided by a panel: 1
- Decisions appealed: 1

**Figure 63: Sources of notifications**



**Figure 64: Most common types of complaint**



# Podiatrists<sup>1</sup>

## Snapshot of the profession

**5,361 podiatrists**

→ Up 4% from 2017/18

→ 0.7% of all registered health practitioners

0.6% identified as Aboriginal and/or Torres Strait Islander

**59.5% female; 40.5% male**

Figure 65: Age

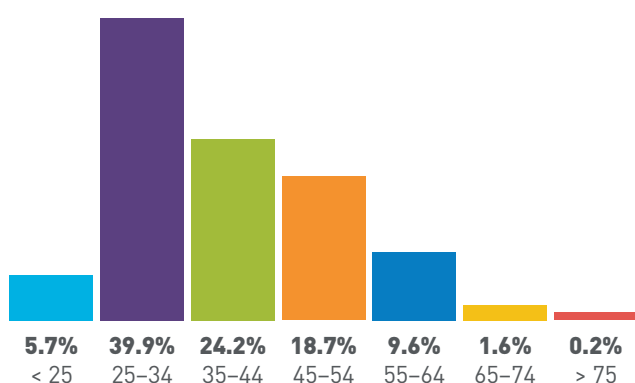
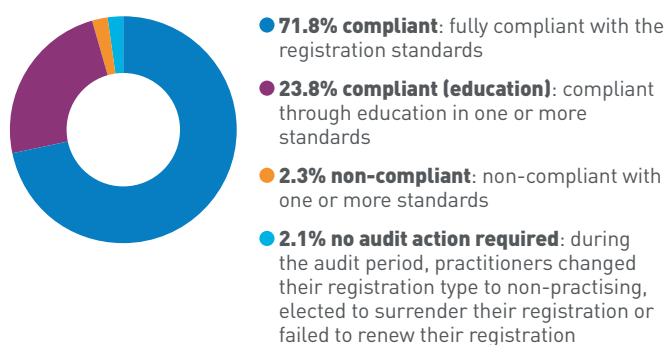


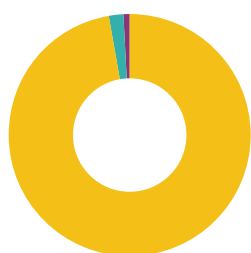
Figure 66: Audit outcomes



**107 podiatrists and podiatric surgeons hold an endorsement for scheduled medicines**

Figure 67: Registration type

● **5,209** general  
● **119** non-practising  
● **33** general and specialist (podiatric surgeons)



See Appendices 5 and 6 for Board consultations and approved registration standards, codes and guidelines.

## Podiatry Board

### Board members

**Dr Cylie Williams PhD (Chair from 2 Oct)**

**Ms Catherine Loughry (Chair to 2 Oct)**

Mr Ebenezer Banful  
(to 2 Oct)

Dr Kristy Robson PhD  
(from 2 Oct)

Mr Peter Gaughwin  
(from 2 Oct to 21 Jun)

Ms Shellee Smith  
(from 11 Apr)

Dr Paul Bennett PhD

Mrs Kathryn Storer

Dr Janice Davies PhD

Dr Paul Tinley PhD  
(to 2 Oct)

Ms Ann Herriot (to 2 Oct)

Mr Andrew van Essen  
(from 2 Oct)

Miss Julia Kurowski

Ms Jenny Collis is the Executive Officer for Podiatry.  
See Appendices 1 and 3 for committees and members.

## From the Chair

### Revised standard took effect

The Podiatry Board of Australia's revised registration standard for endorsement for scheduled medicines and associated guidelines took effect on 1 August 2018.

Supplementary materials to support podiatrists and podiatric surgeons using Pathway B of the new registration standard, such as FAQ and templates, were developed and published by the Board. This included a Prescribing Self-Assessment Tool, designed to support practitioners' learning by providing an opportunity to reflect on their current skills and knowledge, compared to those recognised as essential for safe and effective prescribing of medicines. The aim of the tool is that practitioners will use it to identify areas in which they feel they have the required prescribing competencies, as well as to identify specific knowledge and skills that require improvement before finishing their period of supervised practice under Pathway B and submitting their application for endorsement. Although optional, completion of the self-assessment is encouraged by the Board as an important component of learning as practitioners progress through Pathway B to endorsement.

Two animated videos to present information about Pathway B in a different format were also developed and published by the Board. One video explains the steps for Pathway B, and the other highlights the role a mentor plays in supporting a practitioner's learning during the supervised practice period under Pathway B.

The Board informed the profession about the requirements of the revised registration standard through its regular newsletters and communiqués, and presentations at association events in Perth and Adelaide. It also hosted a booth at the Australian Podiatry Conference 2019, where Board members answered questions about the requirements for endorsement and explained where practitioners could find information about the process on the Board's website.

<sup>1</sup> 'Podiatrists' includes podiatric surgeons in this report, unless otherwise stated.

## Accreditation functions

Following a scheduled review of accreditation arrangements that was undertaken across all National Boards, the Board decided in July 2018 that the accreditation functions for the podiatry profession will be exercised by an independent accreditation committee established by the Board for a five-year period from 1 July 2019.

The Australian and New Zealand Podiatry Accreditation Council (ANZPAC) continued to accredit and monitor podiatry and podiatric surgery education programs and assess overseas qualified podiatrists up to 30 June 2019. The Board, AHPRA and ANZPAC worked together to ensure a smooth transition of the accreditation work to the Podiatry Accreditation Committee (the committee) on 1 July 2019. After a competitive expression of interest and selection process, the Board appointed seven members to the committee. Committee members attended an induction day in June 2019 and the committee will start undertaking the accreditation functions from 1 July 2019.

## Infection prevention and control

The Board continued to include messages in its newsletter reminding practitioners about the importance of effective infection prevention and control in providing quality healthcare for patients and a safe working environment for those who work in healthcare settings. Practitioners were encouraged to use the Board's self-audit tool as a checklist to ensure their workplace is clean and hygienic and they are taking the necessary feasible steps to prevent or minimise the spread of infection.

## Engaging with stakeholders

The Board continued to engage with its key stakeholders, including the Australian Podiatry Association; the Podiatry Council of New South Wales; ANZPAC; the Podiatrists Board of New Zealand; and local stakeholders in Adelaide and Brisbane. The Board also hosted a booth at the Australian Podiatry Conference 2019 in Adelaide and welcomed the opportunity to meet with registrants.

**Dr Cylie Williams PhD, Chair**

## Regulating the profession

### 53 notifications lodged with AHPRA

Australia-wide, including HPCA and OHO data, 96 registered podiatrists – or 1.8% – had notifications made about them

### 64 notifications closed

- 25.0% had conditions imposed on registration or an undertaking accepted
- 12.5% received a caution or reprimand
- 9.4% referred to another body or retained by a health complaints entity
- 53.1% no further action taken

### Immediate action taken 9 times

### 10 mandatory notifications received

- 8 about professional standards

### 24 podiatrists monitored for health, performance and/or conduct during the year

### 29 cases were being monitored at 30 June

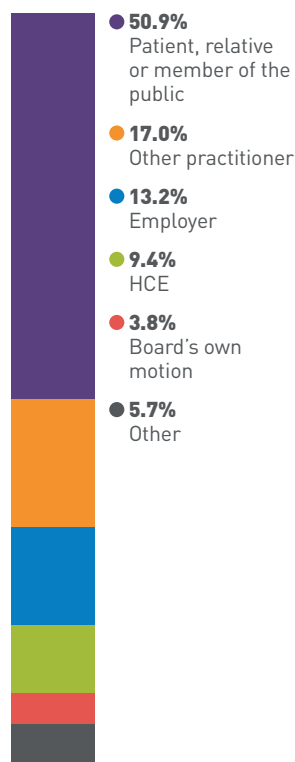
- 3 on the grounds of conduct
- 3 for health reasons
- 9 for performance
- 3 prohibited practitioner/student
- 11 for suitability/eligibility for registration

### 4 criminal offence complaints were made and 3 closed

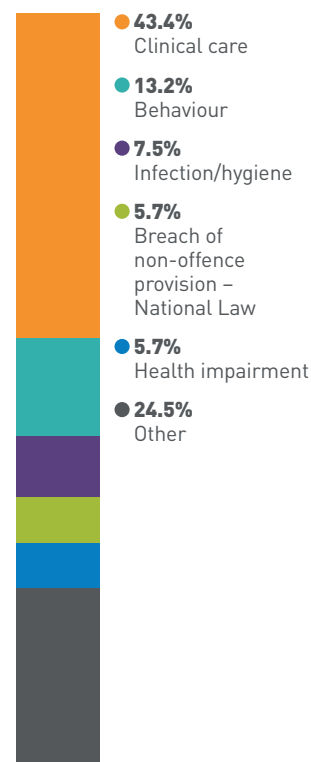
- 2 new matters related to title protection
- 2 to advertising breaches

- Matters decided by a tribunal: 0
- Matters decided by a panel: 0
- Decisions appealed: 0

**Figure 68: Sources of notifications**



**Figure 69: Most common types of complaint**



Visit the Board's website at [www.podiatryboard.gov.au](http://www.podiatryboard.gov.au) for more information and to download data tables.

# Psychologists

## Snapshot of the profession

### 37,783 psychologists

→ Up 3.9% from 2017/18

→ 5.1% of all registered health practitioners

0.6% identified as Aboriginal and/or Torres Strait Islander

80.0% female; 20.0% male

Figure 70: Age

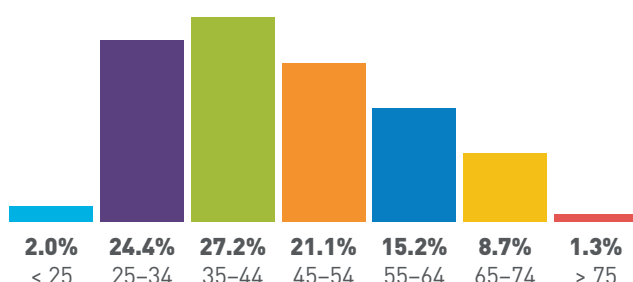
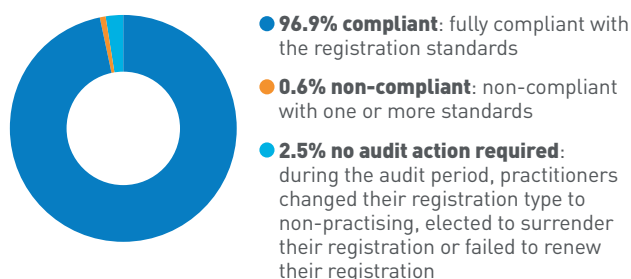


Figure 71: Audit outcomes



See Appendices 5 and 6 for any Board consultations and approved registration standards, codes and guidelines.

Visit the Board's website at [www.psychologyboard.gov.au](http://www.psychologyboard.gov.au) for more information and to download data tables.

## Psychology Board

### Board members

**Ms Rachel Phillips (Chair from 2 Oct)**

**Professor Brin Grenyer (Chair to 31 Aug)**

Professor Alfred Allan (to 2 Oct)	Ms Joanne Muller (to 2 Oct)
Ms Mary Brennan	Mr Christopher O'Brien (to 2 Oct)
Ms Rebecca Campbell	Mr Timothy Ridgway (from 2 Oct)
Ms Marion Hale	Professor Jennifer Scott
Ms Vanessa Hamilton	Mr Radomir Stratil (to 2 Oct)
Mr Peter Hooker (from 2 Oct)	Associate Professor Jennifer Thornton (from 2 Oct)
Dr Melissa Hughes (psychologist) (from 2 Oct)	Professor Kathryn von Treuer
Mr Christopher Joseph (from 2 Oct)	

Ms Angela Smith is the Executive Officer for Psychology.  
See Appendices 1 and 3 for committees and members.

## From the Chair

This year, the Psychology Board of Australia farewellled its inaugural Chair, Professor Brin Grenyer, and I started as the new Chair in October.

We acknowledge the significant contributions of Professor Grenyer and the four other retiring members – Professor Alfred Allan, Mr Radek Stratil, Mr Chris O'Brien and Ms Joanne Muller – who have led the consolidation of psychology regulation from eight states and territories into one national scheme.

## Strategic projects

In early 2019, the Board finalised the first stage of its Education and Training Reform Project and announced the retirement of the 4+2 Internship pathway to registration.

The announcement represents the culmination of three years of collaborative efforts from the Board and key stakeholders including the Australian Psychology Accreditation Council, the Heads of Departments and Schools of Psychology Australia and the Australian Psychological Society. The Board consulted extensively with the profession, students, industry and government during the project.

Now that the pathways to general registration as a psychologist have been simplified through the retirement of the 4+2 pathway, the Board turns its attention to Part 2 of the Education and Training Reform Agenda. We anticipate this will be another multi-year initiative that will focus on ensuring that the registration categories of general and area of practice endorsement are being used effectively to promote safe practice and community access.

The Board also completed a quality assurance project to improve the national psychology exam's reliability and use.



The Board is committed to ensuring the exam gives the best possible assessment of the competencies required for general registration as a psychologist in Australia and has agreed to regularly review and evaluate the exam content, effectiveness, processes and policies. The quality assurance project was a major step in this commitment.

## Standards, codes and guidelines

The Board undertook a number of scheduled reviews of its standards, codes and guidelines. The Board completed its review of the *Professional indemnity insurance registration standard*, which was approved by Ministerial Council.

The Board also completed public consultations on:

- *Area of practice endorsement registration standard and Guidelines on area of practice endorsements*, and
- *Guidelines for the national psychology exam and candidate manual*.

The Board continues to participate in a review of the *Australian Psychological Society code of ethics*, which the Board has adopted for the profession.

## Focus on cultural safety

The Board has started a journey to better understand how health regulation standards and guidelines can best support access to psychological services. The Board has completed an introduction to cultural capability training by the Australian Indigenous Psychology Association (AIPA). Board members are also participating in the National Scheme's health equity strategy and have started developing a psychology-specific health equity strategy.

The Board has met with the senior leaders of AIPA and with a group of Indigenous psychologists and other psychologists working in Darwin and surrounding communities. We heard about their commitment to influencing change in local communities and listened to the opportunities to change health and education policy. Consequently, the Board understands the need for more culture-informed psychology education and training across Australia, to improve the supply of psychologists working with Aboriginal communities. Actions speak louder than words, and the Board looks forward to working in partnership to create positive and enduring change for First Nations Peoples.

**Ms Rachel Phillips, Chair**

## Regulating the profession

### 535 notifications lodged with AHPRA

Australia-wide, including HPCA and OHO data, 741 registered psychologists – or 2.0% – had notifications made about them

### 518 notifications closed

- 10.0% had conditions imposed on registration or an undertaking accepted
- 10.8% received a caution or reprimand
- 1.2% registration suspended or cancelled
- 8.5% referred to another body or retained by a health complaints entity
- 0.2% surrendered registration
- 69.3% no further action taken

### Immediate action taken 20 times

### 69 mandatory notifications received

- 50 about professional standards

### 142 psychologists monitored for health, performance and/or conduct during the year

### 144 cases were being monitored at 30 June

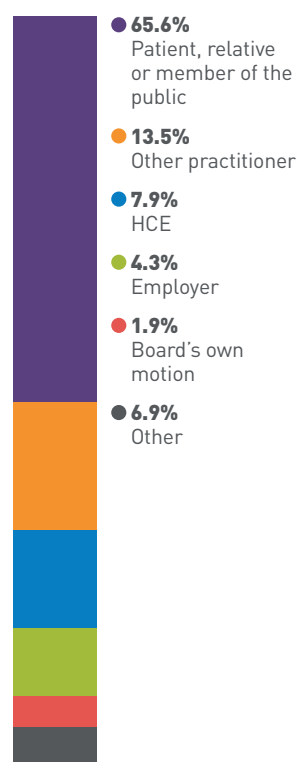
- 28 on the grounds of conduct
- 16 for health reasons
- 31 for performance
- 18 prohibited practitioner/student
- 51 for suitability/eligibility for registration

### 123 criminal offence complaints were made and 109 closed

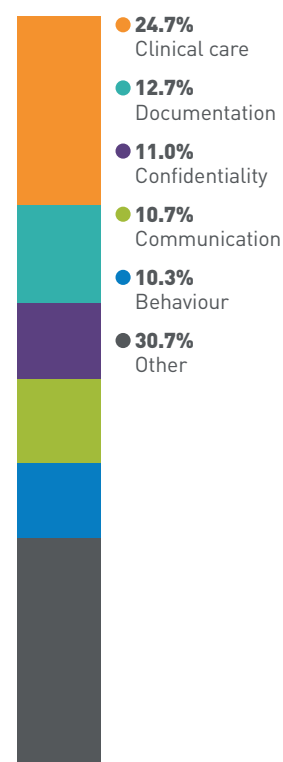
- 105 new matters related to title protection
- 3 to practice protection
- 13 to advertising breaches
- 2 to other offences

- Matters decided by a tribunal: 13
- Matters decided by a panel: 3
- Decisions appealed: 5

**Figure 72: Sources of notifications**



**Figure 73: Most common types of complaint**



# Supporting the Boards

## Appointments

National Board members are appointed by the Ministerial Council and state, territory and regional board members by the relevant Minister for Health. The work of the National Scheme is not possible without the right people serving on its boards and committees. AHPRA provided administrative support to fill 501 statutory vacancies (see Table 1), which included National Boards; National Board committees and panels (including advisory assessor panels and list of approved persons for panels); state, territory and regional boards, and state, territory and regional committees.

**Table 1: Statutory vacancies in 2018/19**

Category	Number
National Boards	103
National Board committees and panels	242
State, territory and regional boards	55
State, territory and regional committees	101
<b>Total</b>	<b>501</b>

The statutory vacancies data cover those recruitment rounds that were completed and appointments made in this year.

We are working to increase the participation of Aboriginal and Torres Strait Islander people through advertising and engagement – nine appointments were made.

## Payment to Board Chairs

Board members are entitled to remuneration, including travelling and subsistence allowances, as the Ministerial Council determines. In addition to sitting fees for scheduled Board and committee meetings, Chairs may also be remunerated for the additional work required to carry out their role. To increase transparency and accountability, the Agency Management Committee, with the support of all Chairs, has agreed to voluntarily disclose payment arrangements to Chairs.

**Table 2: Payments to Board Chairs**

Range	Number of Chairs	2018/19 payments \$
\$0–\$20,000	7	108,986
\$20,001–\$40,000	5	159,551
\$40,001–\$60,000	5	270,203
\$60,001–\$80,000	4	273,412
\$80,000 plus	1	98,250
<b>Total</b>	<b>22</b>	<b>910,402</b>

Payments to Chairs, including the Agency Management Committee, under the ministerially approved remuneration framework.

## Supporting effectiveness

AHPRA provides policy advice and executive and secretariat support to all 15 National Boards, their state, territory and regional boards and committees, national committees, and the Agency Management Committee and its committees. The conduct of Board meetings and the processes that inform them are cornerstones of good governance.

Tools and activities to support effective and efficient board processes and robust, defensible decision-making include:

- the Board members' manual, a guide to assist all Board members in understanding their duties and discharging

their regulatory responsibilities, and which outlines key policy, procedural and administrative arrangements for the calling, conduct and management of meetings

- ensuring Board and committee members have access to the right information at the right time, enabled by:

- standard formats for key Board and committee documentation and meeting papers
- consistent procedural arrangements for secretariat and meeting management processes, and
- using a secure, reliable, electronic meeting document delivery platform, supporting over 750 Board member and staff users.

All new National Board members are given an orientation to the National Scheme and to the Board(s) to which they have been appointed, usually before they attend their first meeting. This full-day session gives members an overview of the National Scheme, its legislative and governance frameworks, the interplay between its entities and the role of regulatory boards. This is complemented by further Board-specific orientation activities and briefings.

Orientation sessions were held for over 40 new National Board members who took up their appointments during that period following the 2018 triennial appointment/reappointments round.

With the assistance of external provider Effective Governance, a customised two-day professional development program, *Governance and decision-making in the National Scheme*, has been developed and is now offered to members, usually within six to 12 months of their appointment. AHPRA staff who work with Boards also attended, to further strengthen our collaboration and partnership.

In 2018/19, 29 National Board members and senior AHPRA staff attended the three sessions offered.

A one-day version of this program specifically tailored to the needs of our regulatory decision-makers on state and territory boards was piloted in 2017/18, in collaboration with the Medical Board of Australia. This program was delivered to 31 members of boards across four jurisdictions in 2018/19.

## Secretariat support

The provision of secretariat and governance support to the National Boards, their committees and other delegates enables robust, harmonised decision-making aligned with agreed approaches to risk-based regulation and the regulatory principles. Timely, complete and accurate meeting support and record-taking services are provided for all meetings.

To provide this service, Board Services works closely with all Executive Officers and Board and committee Chairs and liaises extensively with staff across all directorates to ensure that members are supported in their decision-making roles under the National Scheme.

## Looking to the future

Increasingly, Boards are adopting a range of decision-making structures and models to support their regulatory responsiveness and effectiveness, including assessment committees and delegated decision-making models.

Refer to the appendices for more information.

## **Accreditation**

**Assuring quality of education  
and qualifications**

# Accreditation

The accreditation function provides a framework for assuring that individuals seeking registration are suitably trained, qualified and competent to practise as health practitioners in Australia. This is a crucial quality assurance and risk management mechanism for the National Scheme.

## Performance snapshot

180,889 students studying to be health practitioners through an approved program of study

More than 130 education providers offering over 1,000 accredited programs of study

Over \$10 million of National Board funding contributions to accreditation authorities

## Accreditation and the National Scheme

Effective delivery of the accreditation function ensures that:

- graduates of approved programs of study have the knowledge, skills and professional attributes necessary to practise their profession, and
- overseas-trained practitioners are subject to rigorous assessment to determine whether they have the knowledge, skills and professional attributes necessary to practise their profession in Australia.

Accreditation authorities develop, review and submit accreditation standards to National Boards for approval, which are published on the relevant Board's website. Accreditation authorities also assess and accredit education providers and programs of study against those approved standards, and they are often responsible for assessing overseas-trained practitioners.

Accreditation authorities may be external entities, or they may be committees established by the relevant National Board. They must provide six-monthly reports to their relevant National Board. AHPRA continued to monitor the six-monthly reports and worked with National Boards and with input from accreditation authorities to develop new key performance indicators for accreditation.

## Systems review

Acting on recommendations from the *Independent review of the National Registration and Accreditation Scheme for health professionals*, the Ministerial Council asked the Australian Health Ministers' Advisory Council (AHMAC) to commission an independent review of accreditation systems (Accreditation systems review). See [www.coaghealthcouncil.gov.au/Projects/Accreditation-Systems-Review](http://www.coaghealthcouncil.gov.au/Projects/Accreditation-Systems-Review). AHMAC appointed Professor Michael Woods as the independent reviewer in late 2016.

AHPRA continued to work with the National Boards to support their participation in further consultation on the *Accreditation systems review final report*, including a joint response to the consultation in early 2019.

## Advisory committee

In 2017/18, the Agency Management Committee established an Accreditation Advisory Committee (AAC) as a standing committee. The committee provides oversight and leadership on accreditation governance, accountability and transparency issues and a scheme-wide perspective on AHPRA's management of contracts for the performance of the accreditation functions.

Establishing the AAC responds to issues and themes identified by the Accreditation systems review draft report and aligns with the Agency Management Committee's current functions and powers.

The AAC met four times and focused on establishing new accreditation agreements with external accreditation councils and terms of reference for accreditation committees, developing interim funding and fee principles, performance indicators, and enhancing engagement with stakeholders. The committee issues a communiqué after each meeting to keep stakeholders informed about its work. See [www.ahpra.gov.au/About-AHPRA/Agency-Management-Committee/Accreditation-Advisory-Committee](http://www.ahpra.gov.au/About-AHPRA/Agency-Management-Committee/Accreditation-Advisory-Committee).

## Developing standards

AHPRA's procedures for developing accreditation standards are an important governance mechanism. They set out issues that:

- an accreditation authority should consider in developing or changing accreditation standards
- an accreditation authority should explicitly address when submitting accreditation standards to a National Board for approval
- a National Board should consider when deciding whether to approve accreditation standards developed by the accreditation authority, and
- a National Board should raise with the Ministerial Council – and when they should be raised – as they may trigger a Ministerial Council policy direction.

The procedures are published at [www.ahpra.gov.au/Publications/Procedures](http://www.ahpra.gov.au/Publications/Procedures). AHPRA started a project to review and update these procedures, which is expected to be completed in 2019/20.

## Approved programs

Accreditation authorities and the National Boards have separate and complementary roles. An accreditation authority's role is to decide whether to accredit a program of study based on the findings of its accreditation assessment. It reports its decision to the relevant National Board.

A National Board decides whether to approve an accredited program of study as providing a qualification suitable for registration in their profession.

AHPRA publishes a list of approved programs of study that provide qualifications for general registration, specialist registration or endorsement of registration. See [www.ahpra.gov.au/Education/Approved-Programs-of-Study](http://www.ahpra.gov.au/Education/Approved-Programs-of-Study).

## Accreditation funding

Each year, the National Boards contribute funding to accreditation authorities (see Table 3). For more information see [www.ahpra.gov.au/Education/Accreditation-Authorities](http://www.ahpra.gov.au/Education/Accreditation-Authorities).

**Table 3: National Board funding contributions to accreditation**

National Board	2018/19 \$'000 <sup>1</sup>	2017/18 \$'000 <sup>1</sup>
Aboriginal and Torres Strait Islander Health Practice Board of Australia <sup>2</sup>	165	188
Chinese Medicine Board of Australia <sup>2</sup>	140	132
Chiropractic Board of Australia	184	176
Dental Board of Australia	497	438
Medical Board of Australia	3,643	3,695
Medical Radiation Practice Board of Australia <sup>2</sup>	269	392
Nursing and Midwifery Board of Australia	2,799	2,685
Occupational Therapy Board of Australia <sup>3</sup>	140	15
Optometry Board of Australia	314	306
Osteopathy Board of Australia	181	182
Paramedicine Board of Australia <sup>4</sup>	18	
Pharmacy Board of Australia	777 <sup>5</sup>	567
Physiotherapy Board of Australia	270	345 <sup>6</sup>
Podiatry Board of Australia	237 <sup>7</sup>	146
Psychology Board of Australia	988	938
<b>Total</b>	<b>10,622</b>	<b>10,205</b>

<sup>1</sup> These are actual amounts. Requirements of the accounting standards may result in differences between these and the amounts stated in our financial statements.

<sup>2</sup> These amounts include funding for the joint review of accreditation standards.

<sup>3</sup> These amounts are solely to fund the Accreditation standards review.

<sup>4</sup> The Paramedicine Accreditation Committee started exercising the accreditation functions in April 2019.

<sup>5</sup> This amount includes funding for Accreditation standards review (Degree programs and intern training programs).

<sup>6</sup> This amount includes funding for trialling the implementation of a revised assessment process for overseas qualified physiotherapists.

<sup>7</sup> This amount includes funding for development of a national competency framework for podiatric surgeons and review of accreditation standards for endorsement of scheduled medicines.

## New agreements and terms of reference

By 30 June 2019, AHPRA had signed new accreditation agreements with the 10 external accreditation councils to apply until 30 June 2024. In July 2019, National Boards will consider new terms of reference for accreditation committees which mirror the key aspects of the agreements.

## Future activities

In 2019/20, we will be implementing new agreements and terms of reference. The new agreements/terms of reference address continued progress on the main issues for the exercise of accreditation functions such as:

- establishing funding and fee principles for accreditation
- enhancing safety and quality
- embedding interprofessional learning and practice
- improving Aboriginal and Torres Strait Islander health
- addressing cultural safety
- being responsive to health and workforce priorities
- reducing duplication and regulatory burden
- achieving greater consistency
- sharing good practice, and
- strengthening governance, transparency and accountability.

In 2019/20 we will work on building the detailed reporting arrangements, and publishing the new agreements and other information.

There will also be work arising from any relevant decisions by Ministers about the outcomes of the Accreditation systems review.

## Committees

Three of the National Boards exercise accreditation functions through a committee established by the Board:

- Aboriginal and Torres Strait Islander Health Practice Accreditation Committee (ATSIHPAC)
- Chinese Medicine Accreditation Committee (CMAC), and
- Medical Radiation Practice Accreditation Committee (MRPAC).

This year, AHPRA continued to support the accreditation committees to assess and accredit programs of study and to monitor approved programs.

As at 30 June 2019, these accreditation committees have accredited 49 programs of study across their professions, see Table 4.

**Table 4: Accreditation programs in 2018/19**

Accreditation committee	Programs currently accredited as at 30/06/2019	Programs monitored in 2018/19	New accreditation applications received in 2018/19	New programs accredited in 2018/19
ATSIHPAC	15	15		
CMAC	9	9		
MRPAC	25	26	1	2
<b>Total</b>	<b>49</b>	<b>50</b>	<b>1</b>	<b>2</b>

During the year, two other National Boards decided to exercise the accreditation functions for their professions through an accreditation committee. The Paramedicine Accreditation Committee was established in March 2019 and started exercising the accreditation functions in April 2019. The Podiatry Accreditation Committee was established in May 2018 and will undertake the accreditation functions for a five-year period from 1 July 2019.



## Policy, standards and process

AHPRA's role in supporting the accreditation committees provides an opportunity for multi-profession approaches to the accreditation function.

AHPRA continued to support the accreditation committees to implement and further refine a risk-based approach to their monitoring activities. The National Law supports a flexible, risk-based model. AHPRA works with the committees to tailor the methods and frequency of activities to monitor education providers' compliance with the accreditation standards based on specific issues and risk profiles.

AHPRA supported the committees to begin a review of their accreditation processes. Work is progressing on draft updated accreditation processes that reflect the committees' risk-based approach. Consultation on draft updated accreditation processes will start in the second half of 2019.

AHPRA continued to support collaboration between the accreditation committees to implement a consistent cross-profession process and tools for annual data collection for more than 30 education providers and 50 programs.

## Joint review of standards

AHPRA continued a project to review and revise the accreditation standards for Aboriginal and Torres Strait Islander Health Practice, Chinese medicine and medical radiation practice. The project team worked in collaboration with the three accreditation committees to develop revised accreditation standards that are consistent across the three professions, reflect current and emerging trends in education and practice, and address the relevant objectives and requirements of the National Law. Multi-profession consultation on the draft revised standards was completed in the second half of 2018 and the three committees submitted proposed revised standards to the relevant National Boards in the first half of 2019.

The project also covers the professional capabilities for the three professions as these form an important part of the accreditation standards. Wide-ranging consultation on the draft revised professional capabilities began in the first half of 2019 and the project is due to be completed in late 2019.

## Collaborative forum

The accreditation committees, with AHPRA, continued to participate in the Health Professions Accreditation Collaborative Forum (HPACF). This participation reflects the HPACF's multi-profession and multi-entity nature and its consideration of issues affecting all accreditation entities.

## How accreditation works



### A staff member's perspective

*Being a member of the Accreditation team means a varied workload based around our many projects, and days filled with conversations with a wide range of people, within AHPRA and from external organisations.*

*The Accreditation team has three main functions: accreditation policy, qualifications assessment policy and program accreditation.*

*Accreditation policy sees us providing expert advice to AHPRA, Boards and accreditation committees on many projects, often strategic or policy-based. Our qualifications assessment function involves giving policy advice to Boards on assessing domestic and international qualifications that are not accredited or approved under the National Law. Our program accreditation stream, in partnership with accreditation committees established by National Boards, manages accreditation functions for the Aboriginal and Torres Strait Islander Health Practice, Chinese medicine, medical radiation practice, paramedicine and podiatry professions.*

*On a regular day in the office you might find us answering external queries, liaising with senior staff working on accreditation projects, developing accreditation standards and professional capabilities, or analysing feedback from a public consultation.*

*All these tasks, while varied, revolve around communication and consultation. Involving the public is at the heart of our work and is hugely important for a regulatory body. Through open communication and robust discussions, we are transparent, we test ideas and proposals in a public forum and understand the real-life effects our policies have on practitioners and the public.*

*The Accreditation team works to tight timeframes and we are constantly juggling expectations of lots of interested parties. It is challenging and busy work, but we thrive on knowing we're supporting our goal of protecting the public.*

# Registration

How registration works

# Registration

## Performance snapshot

744,437 practitioners across all 16 professions were registered (up 5.9% from 2017/18)

26.2% increase in new applications – 93,079 received

36,468 new applications were from new graduates, including nearly 20,000 applying for registration as a nurse

17,323 paramedics registered in a newly regulated profession

5,414 new audits of compliance with registration standards initiated

Time to decide the outcome of an application:

→ median time of 8 days (up from 7 in 2017/18)

→ average of 24 days (up from 23 days in 2017/18)

While the overall performance of registration was strong, there were times when we had significant delays in assessing applications. To address this, we have invested additional resources and changed our internal reporting so we can respond to delays earlier.

99.2% of all eligible practitioners renewed their registration online

## Register of practitioners

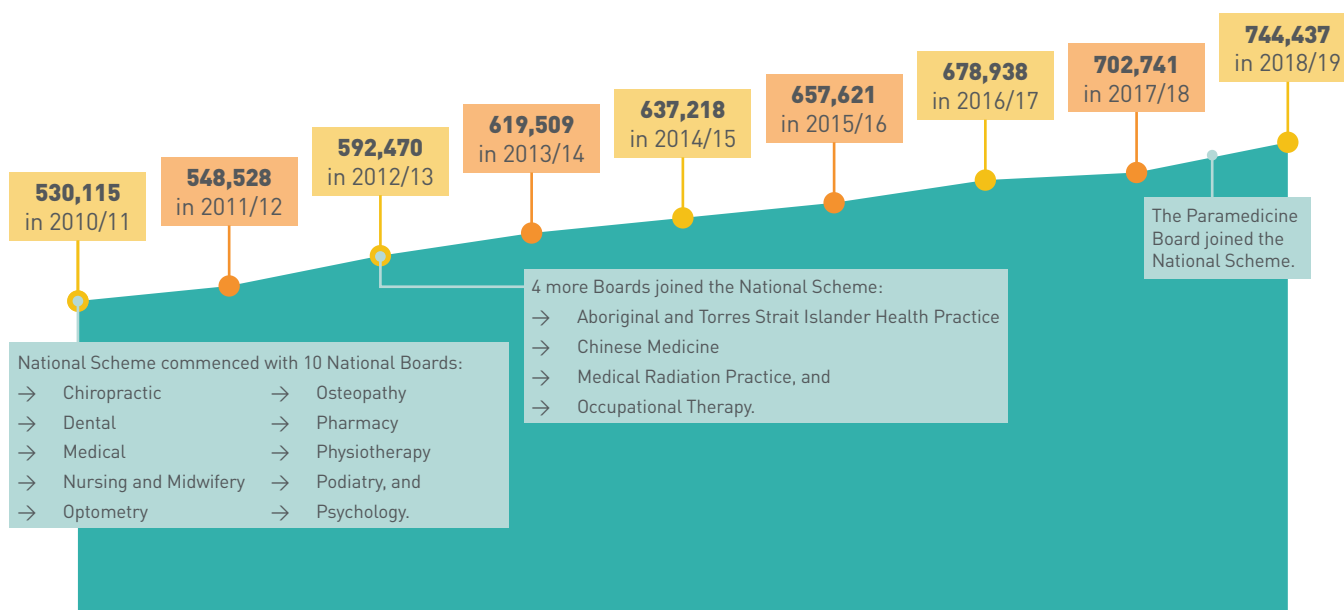
Our online *Register of practitioners* (see [www.ahpra.gov.au/Registration/Registers-of-Practitioners](http://www.ahpra.gov.au/Registration/Registers-of-Practitioners)) has accurate, up-to-date information about the registration status of all registered health practitioners in Australia. As decisions are made about a practitioner's registration/renewal or disciplinary proceedings, the register is updated to inform the public of the current status of individual practitioners and any restrictions placed upon their registration.

Tribunal decisions (see [www.ahpra.gov.au/Publications/Tribunal-Decisions](http://www.ahpra.gov.au/Publications/Tribunal-Decisions)) that result in the cancellation of a practitioner's registration due to impairment, performance or conduct issues result in the individual appearing on a *Register of cancelled practitioners* (see [www.ahpra.gov.au/Registration/Registers-of-Practitioners/Cancelled-Health-Practitioners](http://www.ahpra.gov.au/Registration/Registers-of-Practitioners/Cancelled-Health-Practitioners)).

Last year, the Medical Board of Australia started to publish links to disciplinary decisions by courts and tribunals on the public *Register of practitioners* when there has been an adverse finding about a medical practitioner. These links to public decisions are published in the interests of transparency and on the recommendation of the *Independent review of the use of chaperones to protect patients in Australia*. During the year, this approach was adopted by all other National Boards and links to disciplinary decisions have been published on the register about all registered health practitioners who have had an adverse finding made about them, unless a tribunal or court has issued a suppression order.

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

**Figure 74: Registration numbers, year by year, since the National Scheme began**



**Table 5: Registered practitioners by profession and principal place of practice, as at 30 June 2019**

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP <sup>1</sup>	Total 2018/19	Total 2017/18	% change 2017/18-2018/19
Aboriginal and Torres Strait Islander Health Practitioner	3	133	223	123	54	3	21	130		690	641	7.6%
Chinese medicine practitioner	69	2,003	9	888	186	39	1,311	253	134	4,892	4,882	0.2%
Chiropractor	74	1,840	27	882	368	54	1,457	663	185	5,550	5,420	2.4%
Dental practitioner	428	7,100	166	4,797	1,959	399	5,536	2,738	607	23,730	23,093	2.8%
Medical practitioner	2,199	36,194	1,400	23,902	8,525	2,526	29,322	11,829	3,099	118,996	115,113	3.4%
Medical radiation practitioner	300	5,489	126	3,433	1,288	332	4,061	1,388	266	16,683	16,257	2.6%
Midwife	182	1,336	93	1,224	678	43	1,495	457	219	5,727	5,209	9.9%
Nurse	6,138	103,985	4,238	77,669	32,361	9,192	101,498	37,186	11,242	383,509	370,319	3.6%
Nurse and midwife <sup>2</sup>	514	7,746	486	5,724	1,854	628	7,591	2,839	325	27,707	28,277	-2.0%
Occupational therapist	386	6,245	189	4,423	1,739	314	5,715	3,059	342	22,412	20,975	6.9%
Optometrist	91	1,933	35	1,143	346	103	1,521	444	165	5,781	5,532	4.5%
Osteopath	42	586	4	225	37	48	1,489	64	51	2,546	2,389	6.6%
Paramedic	258	4,417	172	4,582	1,236	460	5,108	984	106	17,323		
Pharmacist	624	9,637	267	6,349	2,235	784	8,117	3,346	596	31,955	31,108	2.7%
Physiotherapist	664	9,739	194	6,428	2,623	512	8,317	3,893	1,422	33,792	31,995	5.6%
Podiatrist <sup>3</sup>	71	1,506	25	920	478	112	1,719	471	59	5,361	5,155	4.0%
Psychologist	1,002	12,318	245	6,804	1,817	653	10,415	3,903	626	37,783	36,376	3.9%
<b>Total 2018/19</b>	<b>13,045</b>	<b>212,207</b>	<b>7,899</b>	<b>149,516</b>	<b>57,784</b>	<b>16,202</b>	<b>194,693</b>	<b>73,647</b>	<b>19,444</b>	<b>744,437</b>		
<b>Total 2017/18</b>	<b>12,297</b>	<b>202,033</b>	<b>7,419</b>	<b>139,056</b>	<b>55,060</b>	<b>15,188</b>	<b>182,674</b>	<b>70,859</b>	<b>18,155</b>		<b>702,741</b>	<b>5.9%</b>

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

<sup>2</sup> Registrants who hold dual registration as both a nurse and a midwife.

<sup>3</sup> Throughout this report, the term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise specified.

## Paramedics, nurses and midwives

Changes to the National Law introduced national registration for paramedics. The Paramedicine Board of Australia was established in 2017 with all the same powers and functions as the 14 other Boards. Applicants started applying for registration as a paramedic on 3 September 2018 and starting on 1 December 2018 the Paramedicine Board of Australia registered paramedics for the first time under the National Scheme. At 30 June 2019, 17,323 paramedics are registered in Australia.

Starting on 1 December 2018, the National Law formally recognised nursing and midwifery as two separate professions rather than a single profession. The professions continue to be regulated by the Nursing and Midwifery Board of Australia. At 30 June 2019, 383,509 nurses and 5,727 midwives are registered in Australia, with an additional 27,707 people holding dual registration as both a nurse and a midwife.

## Registered practitioners

The number of registered health practitioners grew by 5.9% this year, to 744,437 (see Table 5) and this is an increase in comparison to the 3.5% growth experienced in 2017/18. The growth this year is due to the registration of 17,323 paramedics in the newly regulated health profession of paramedicine, in addition to an annual increase of 3.5% (excluding paramedics) consistent with trends since the scheme began in July 2010 (see Figure 74).

Of the registrant base, 97.9% hold some form of practising registration. There are 73,375 dental practitioners, medical practitioners and podiatrists in Australia who hold specialist registration in an approved specialty (9.9% of total registrants). In addition, 20,853 practitioners hold endorsement for particular practices (2.8% of total registrants). Each profession has different categories of registration. For more information, visit our website, choose the relevant National Board, then click the 'Registration' tab.

# Aboriginal and Torres Strait Islander workforce

AHPRA and the National Boards are committed to closing the gap in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians. To help support workforce policy and planning, AHPRA and the National Boards facilitate the collection of data on the number of registered health practitioners who identify as Aboriginal and/or Torres Strait Islander.

This year, Aboriginal and/or Torres Strait Islander participation across the regulated health professions was 1% (see Table 6), which is consistent with data collected in previous years but well short of the 3.3% Aboriginal and Torres Strait Islander representation in the general

population. Increasing participation in the registered health workforce is one of the goals of the Aboriginal and Torres Strait Islander Health Strategy ([www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy](http://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy)).

All registrants in the Aboriginal and Torres Strait Islander Health Practice profession identified as being Aboriginal and/or Torres Strait Islander (it is a requirement for registration in that profession). The professions with the second highest percentage representation were nursing and midwifery, which had 1.2% of their workforce identifying as Aboriginal and/or Torres Strait Islander.

To find out more about the work AHPRA and the National Boards are doing to support health equity for all Australians, see page 9.

**Table 6: Health practitioners who identified as being Aboriginal and/or Torres Strait Islander in 2018/19**

Profession <sup>1</sup>	2014 registrants	%	2015 registrants	%	2016 registrants	%	2017 registrants <sup>2</sup>	%	2018 registrants <sup>3</sup>	%
<b>Aboriginal and Torres Strait Islander Health Practitioners<sup>4</sup></b>	322	100.0%	514	100.0%	549	100.0%	584	100.0%	647	100.0%
Chinese medicine practitioners	17	0.4%	17	0.3%	17	0.3%	25	0.5%	23	0.4%
Chiropractors	17	0.4%	19	0.4%	19	0.4%	15	0.3%	21	0.4%
Dental practitioners	68	0.3%	73	0.3%	79	0.4%	98	0.4%	108	0.5%
Medical practitioners	283	0.3%	302	0.3%	348	0.3%	399	0.4%	468	0.4%
Medical radiation practitioners	49	0.3%	64	0.4%	60	0.4%	80	0.5%	95	0.6%
Nurses and midwives	3,196	0.9%	3,428	1.0%	3,740	1.0%	4,136	1.1%	4,707	1.2%
Occupational therapists	67	0.4%	76	0.4%	77	0.4%	89	0.4%	111	0.5%
Optometrists	5	0.1%	16	0.3%	13	0.3%	11	0.2%	7	0.1%
Osteopaths	11	0.6%	16	0.8%	15	0.7%	17	0.7%	16	0.7%
Pharmacists	59	0.2%	68	0.2%	73	0.2%	79	0.3%	80	0.3%
Physiotherapists	123	0.5%	142	0.5%	157	0.5%	191	0.6%	213	0.7%
Podiatrists	66	1.5%	30	0.7%	35	0.7%	30	0.6%	30	0.6%
Psychologists	142	0.5%	167	0.5%	192	0.6%	199	0.6%	218	0.6%
<b>Total, and percentage of overall health workforce<sup>5</sup></b>	<b>4,425</b>	<b>0.7%</b>	<b>4,932</b>	<b>0.8%</b>	<b>5,374</b>	<b>0.8%</b>	<b>5,953</b>	<b>0.9%</b>	<b>6,744</b>	<b>1.0%</b>

Source: NHWDS medical practitioners data 2014–18, NHWDS nursing and midwifery data 2014–18, NHWDS allied health data 2014–18

<sup>1</sup> Data shown in this table represent those practitioners who identified themselves as being born in Australia and Aboriginal and/or Torres Strait Islander in a workforce survey conducted at the time of renewal of registration.

<sup>2</sup> The 2017 allied health data total and proportion was subject to change.

<sup>3</sup> The data for 2018 are provisional. Inaugural data for paramedicine is expected to be available for 2019.

<sup>4</sup> The Aboriginal and Torres Strait Islander Health Practitioners figure in Table 6 is different from Table 5 due to the point in time at which the data were extracted.

<sup>5</sup> The workforce survey has very high response rates, making it a good source of information on the participation of Aboriginal and Torres Strait Islanders in the health workforce. However, accuracy is not guaranteed due to the survey's voluntary nature. A small number of these practitioners will hold dual registration and may be counted twice.

## Student registration

Under the National Law, a National Board must decide whether students who are enrolled in an approved program of study or doing clinical training should be registered. A student does not need to apply for registration, as education providers are responsible for arranging the registration of all their students with AHPRA. The student register is not made public. All National Boards have decided to register students, except for the Psychology Board of Australia, which requires provisional registration. See Table 7.

The accuracy of the student registration information AHPRA receives depends on the quality of data supplied to us by education providers. We continue to work with more than 130 education institutions to improve the exchange of information and identify the status of students to ensure that information is accurate, particularly about students who may have completed, or ceased, their study.



**Table 7: Student registration numbers in 2018/19**

Profession <sup>1</sup>	Approved program of study <sup>2</sup> students by expected completion date	Clinical training <sup>3</sup> students by expected completion date	Total 2018/19 <sup>5</sup>
Aboriginal and Torres Strait Islander Health Practice	357	39	396
Chinese medicine	1,434		1,434
Chiropractic	2,346		2,346
Dental	4,204		4,204
Medical	22,173	367	22,540
Medical radiation practice	4,445	461	4,906
Midwifery <sup>4</sup>	4,064	1	4,065
Nursing <sup>4</sup>	103,607	530	104,137
Occupational therapy	9,346	15	9,361
Optometry	2,038	104	2,142
Osteopathy	1,843		1,843
Paramedicine <sup>4</sup>	7,920		7,920
Pharmacy	6,793	27	6,820
Physiotherapy	8,976	212	9,188
Podiatry	1,343	12	1,355
<b>Total 2018/19</b>	<b>180,889</b>	<b>1,768</b>	<b>182,657</b>
<b>Total 2017/18</b>	<b>159,408</b>	<b>1,705</b>	

<sup>1</sup> Student figures are based on the number of students reported as undertaking an approved program of study/clinical training program within the relevant financial year (accurate as at 1 July 2019 and does not account for fluctuations throughout the financial year). This may include ongoing students or students with a completion date falling within the period. These data reflect the information received from education providers, and as such have limitations if being used as a comprehensive, comparative or planning tool.

<sup>2</sup> Approved programs of study refer to those students enrolled in a course that has been approved by a National Board and leads to a qualification required for registration. These courses can be found on the AHPRA website: [www.ahpra.gov.au/Education/Approved-Programs-of-Study](http://www.ahpra.gov.au/Education/Approved-Programs-of-Study).

<sup>3</sup> Clinical training has been defined as any form of clinical experience that does not form part of an approved program of study.

<sup>4</sup> To avoid double-counting, there were 3,310 students undertaking an approved double degree involving more than one profession (nursing/midwifery and nursing/paramedicine) that have only been assigned to a single profession [nursing (1,757)/midwifery (248) and nursing (1,228)/paramedicine (77)].

<sup>5</sup> Due to improvements in validation and reporting processes, the 2018/19 data cannot be objectively compared to those of previous years.

## New applications

AHPRA receives applications for registration on behalf of the National Boards. 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.

This year, AHPRA received 93,079 applications, up 26.2% from 2017/18. The significant increase in applications received this year is due to the receipt of 18,457 applications for registration as a paramedic. Of all practitioners applying for registration, 89,543 applicants (96.2%) sought practising registration. There was a 1.5% decrease in practitioners applying for non-practising registration when compared with last year (see 'Registration type' in the Glossary).

To improve the registration experience of applicants, where possible, the primary source of documents submitted by an applicant to prove their identity is verified using the Document Verification Service. This service confirms that the details on the document match records held by the government authority that issued the document. Previously, manual intervention was required by a staff member once assessment began on the application. The Document Verification Service also contributed to streamlining the criminal history checks for over 50% of the applications received.

## Examinations

AHPRA holds examinations to support the registration requirements of the Pharmacy Board of Australia, the Psychology Board of Australia and the Medical Radiation Practice Board of Australia.

The following examinations were held:

- **Pharmacy Board of Australia**  
AHPRA administered the oral examination (practice) in October 2018, February 2019 and June 2019. Examiners assessed 1,696 candidates.
- **Psychology Board of Australia**  
726 candidates sat the national psychology examination. This exam is delivered at test centres in each capital city on a quarterly basis.
- **Medical Radiation Practice Board of Australia**  
47 candidates sat the national exam.

## Criminal history checks

AHPRA received the results of 96,124 domestic and international criminal record checks of practitioners and/or applicants for registration this year, an increase of 22.6% since 2017/18 (see Table 8).

Overall, 5.4% of the results indicated that the applicant had a disclosable court outcome. All disclosable court outcomes are assessed in accordance with the *Criminal history registration standard*, which is common across all 15 National Boards. See [www.ahpra.gov.au/Registration/Registration-Standards/Criminal-history](http://www.ahpra.gov.au/Registration/Registration-Standards/Criminal-history).

Usually an applicant is granted registration if the nature of an individual's disclosable court outcome has little relevance to their ability to practise safely and competently.

**Table 8: Domestic and international criminal history checks, and disclosable court outcomes, by state or territory**

State/territory <sup>1</sup>	2018/19		2017/18	
	Number of criminal history checks <sup>2</sup>	Number of disclosable court outcomes	Number of criminal history checks <sup>2</sup>	Number of disclosable court outcomes
ACT	1,616	72	1,241	40
NSW	24,936	1,389	19,691	829
NT	1,060	79	953	73
QLD	18,762	1,088	13,435	625
SA	6,517	425	5,268	322
TAS <sup>3</sup>	1,769	619	1,220	374
VIC	24,346	792	19,053	557
WA	8,340	638	7,693	485
No PPP <sup>4</sup>	8,778	42	9,853	31
<b>Total 2018/19</b>	<b>96,124</b>	<b>5,144</b>		
<b>Total 2017/18</b>			<b>78,407</b>	<b>3,336</b>

<sup>1</sup> Data are by principal place of practice.

<sup>2</sup> Refers to both domestic and international criminal history checks submitted.

<sup>3</sup> The National Law requires that all criminal history be released. In Tasmania, police include traffic offences such as speeding and seatbelt use in their definition of 'criminal history', while other states do not.

<sup>4</sup> No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

## How we check criminal history

Under the National Law, applicants for initial registration must undergo criminal history checks. Applicants seeking registration must disclose any criminal history information when they apply for registration, and practitioners renewing their registration are required to disclose if there has been a change to their criminal history status in the preceding 12 months.

International applicants seeking registration in Australia and certain registered health practitioners, including those registered under Trans Tasman Mutual Recognition arrangements, need to obtain an independent international criminal history check from an AHPRA-approved supplier, who will provide the report to the applicant as well as directly to us. A check is required when an applicant or practitioner declares an international criminal history and/or has lived, or been primarily based, in any country other than Australia for six consecutive months or more, when aged 18 years or over. AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. Criminal history reports are one part of our assessment of an applicant's suitability to hold registration.

While a failure to disclose criminal history by a registered practitioner does not constitute an offence under the National Law, it may constitute behaviour for which a National Board may take action on the grounds of health, conduct or performance.

## Outcomes for applications finalised

In partnership with the National Boards, we consider every application for registration carefully and assess it against requirements for registration set by each Board. Only those practitioners 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, National Boards may decide to impose conditions on a practitioner's registration or refuse the application entirely.

There were 92,142 decisions made about applications for registration. Of these, 5.8% resulted in conditions being imposed on a practitioner's registration, or a refusal of registration, in the public interest. See Table 9.

## Renewing registration

Once on the register, health practitioners must apply to renew their registration each year and be reassessed against registration requirements. There are three annual renewal periods:

- nurses and midwives must apply by 31 May
- most medical practitioners by 30 September, and
- other health practitioners by 30 November.

AHPRA renewed registration for 665,310 practitioners across Australia. As with new applications for registration, National Boards may impose conditions on a practitioner's registration or refuse renewal entirely.

Online renewal was once again widely accepted across professions, with 99.2% of all eligible practitioners renewing their registration online (19,958 more practitioners than last year, an increase of 0.2%). This is attributed to both renewal campaign improvements and the take-up by new graduates who engage with online registration processes when they are first registered. The high rate of online renewals enhances the practitioner experience and reduces costs associated with mailing out hard-copy reminders. Work is ongoing for both online applications and online renewals. We are working both to improve our digital 'front door' and make it easier for practitioners to use our online services.

**Table 9: Applications finalised in 2018/19, by profession and outcome**

Profession	Register	Register with conditions	Refuse application <sup>1</sup>	Withdrawn <sup>2</sup>	Total 2018/19	Total 2017/18
Aboriginal and Torres Strait Islander Health Practitioner	117	2		25	144	139
Chinese medicine practitioner	535	39	8	58	640	697
Chiropractor	366	7	2	19	394	401
Dental practitioner	1,548	21	7	59	1,635	1,662
Medical practitioner	16,004	379	29	587	16,999	17,249
Medical radiation practitioner	1,405	19	7	98	1,529	1,686
Midwife	1,642	39	12	185	1,878	1,968
Nurse	28,871	465	4,137	2,115	35,588	34,354
Occupational therapist	2,357	35	2	67	2,461	2,484
Optometrist	378	3		11	392	349
Osteopath	265	1	1	7	274	276
Paramedic	17,345	21	2	62	17,430	
Pharmacist	3,247	54		95	3,396	3,333
Physiotherapist	3,404	31	2	165	3,602	3,193
Podiatrist	415	5		16	436	452
Psychologist	5,149	36	5	154	5,344	5,371
<b>Total 2018/19</b>	<b>83,048</b>	<b>1,157</b>	<b>4,214</b>	<b>3,723</b>	<b>92,142</b>	
<b>Total 2017/18</b>	<b>64,359</b>	<b>1,477</b>	<b>3,401</b>	<b>4,377</b>		<b>73,614</b>

<sup>1</sup> If an applicant cannot demonstrate that they meet the eligibility, suitability and/or qualification requirements of the relevant National Board, their application will be refused.

<sup>2</sup> If an application for registration is withdrawn by the applicant before a final decision is made it is counted as withdrawn.

## Practitioner audits

### Auditing compliance

AHPRA conducts regular audits of compliance with registration standards by health practitioners, on behalf of the National Boards. Audits provide assurance that practitioners understand the registration standards for their profession and are meeting these obligations.

Since we began conducting audits in 2012, most practitioners audited have been found to comply with registration standards. About 1.6% of those audited elected to surrender their registration, failed to renew their registration or changed their registration type to non-practising. Analysis of the circumstances of those practitioners demonstrates two clear groups:

- practitioners residing overseas, and
- those no longer practising but maintaining registration.

On a random schedule, AHPRA initiated 5,414 new audits for practitioners across 12 professions, excluding paramedics due to their recent inclusion in the National Scheme. Nearly all National Boards audited compliance with one or more of the registration standards. We closed 5,275 audits, while 2,029 remain open and subject to ongoing management.

Of the completed audits, nearly 93% of practitioners were found to be in full compliance with the registration standards being audited. We analysed the audit outcomes to better understand why non-compliance occurs. In some professions, practitioners were not always fully aware of specific requirements for continuing professional development. This is being addressed through increased communication about what is required to comply with professional development standards.

### How our audit process works

Registered practitioners are required to comply with a range of national registration standards. Each time a practitioner applies to renew their registration they must make a declaration that they have met the standards for their profession. Our auditing provides additional assurance to the public, Boards and practitioners that the requirements of the National Law are understood and that practitioners are compliant with their Board's standards. During an audit, a practitioner is required to provide evidence to support the declarations made in the previous year's renewal of registration.

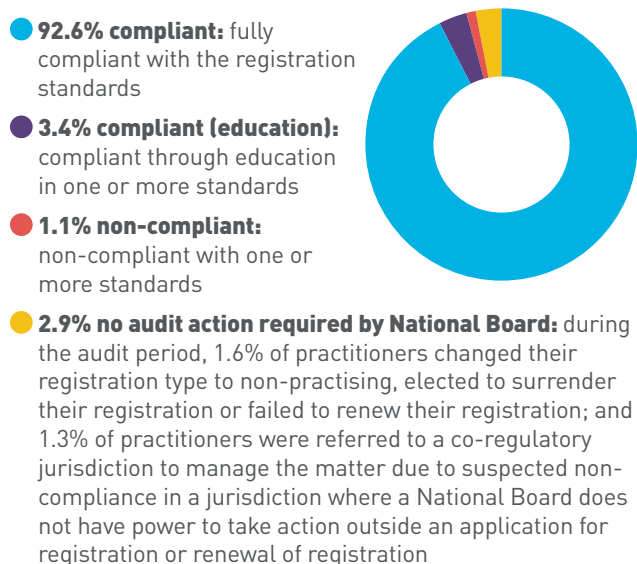
The standards that may be audited are:

- continuing professional development
- recency of practice
- professional indemnity insurance arrangements, and
- criminal history.

All Boards have adopted an educational approach to conducting audits, seeking to balance the protection of the public with the use of appropriate regulatory force to manage those practitioners found to be less than fully compliant with the audit standards.

Practitioners who are found to have not quite met the registration standard, but are able to provide evidence of achieving full compliance during the audit period, are managed through education to achieve full compliance. These practitioners are recorded as being 'compliant (education)'. This contingent represented 3.4% of completed audits. See Figure 75.

**Figure 75: Audit outcomes for 2018/19**



## Non-compliant with standards

When an audit finds that a practitioner has not met the requirements of the registration standards, all Boards follow an approach that aims to work with the practitioner to ensure compliance before the next renewal period. This may include formally cautioning the practitioner about the importance of complying with registration standards.

All matters that involve issuing a caution or placing conditions on a registration are subject to a 'show cause' process. This process alerts the practitioner of the intended action and gives them an opportunity to respond before a decision is made.

Of the practitioners found to be non-compliant, 75.0% of cases resulted in some form of regulatory action being taken (such as cautions and imposition of conditions). For 23.0%, the result was no further action. In these matters, further information was received from the practitioner that identified that there was no risk to the public that would warrant regulatory action being taken. With the remaining 2.0%, information was being sought from the practitioner and a decision is yet to be made.

## Working as a regulatory officer



### A staff member's perspective

*Being a regulatory officer at AHPRA is a constantly demanding role that requires focus and great attention to detail. Once we hit the floor each day, we start running. So, it's important to be organised.*

*Incoming applications from health practitioners for registration are sorted into three processing streams, each managed by specialised teams: Express, Case Management, and International.*

*Applications that fall into the Express stream are more straightforward than other applications and usually require less follow-up with the applicant. More complex applications are managed by the Case Management team and the International team handles applications from people who have trained overseas.*

*Assessing registration applications is not a 'tick and flick' exercise.*

*All three registration teams are focused on making sure that anyone returning to practice or being registered for the first time is competent and qualified to do so. We need to have detailed knowledge of the standards that apply both generally and specifically to health practitioners in each of the 16 professions.*

*We consider whether a practitioner has met the core registration standards of a National Board including: criminal history, English language, continuing professional development, recency of practice, and professional indemnity insurance arrangements. If an applicant has met all the core*

*and specific requirements and the National Board delegate approves the application, our job is to finalise their application as quickly as possible.*

*Sometimes new applicants or health practitioners applying for renewal of registration complete the online forms incorrectly and end up in the wrong stream, which delays our process and their registration.*

*As the primary conduit of information between the National Board and an applicant, regulatory officers are responsible for delivering good and bad news.*

*Being able to explain why a policy or process is necessary or the reasons for a National Board's decision to apply conditions to a practitioner's registration that will restrict or change the way the person can work is important. When done well, it can make 'bad news' more palatable.*

*While the law is very clear on how registration works, that does not mean that 'one size fits all'. As assessors we must always follow the rules, but we also work with a mindset to apply 'the minimum regulatory force appropriate to manage the risk' when making recommendations to a National Board delegate.*

*We know that our work enables real people to practise their health profession. We want people who are capable to be out there; able to work and contribute, so there's a human sense of urgency that exists beside the assessment process that makes sure we are consistent and fair.*

## **Notifications**

**When someone has  
a concern**



# Notifications

## Performance snapshot

### Compared to 2017/18, we:

- received 14.3% more notifications
- closed 26.4% more notifications
- reduced the number of open investigations, health assessments and performance assessments by 12.3%
- reduced the number of notifications that have been open for longer than 12 months by 31.0%
- reduced the proportion of notifications that have been open for longer than 12 months from 21.6% to 13.7%
- reduced the average time to close a matter in assessment by 14.6%
- reduced the average time taken to complete notifications overall by 5.1%
- reduced the average age of open notifications by 6.6%
- received 2,201 responses to our post-notifications surveys, 64% of which were from practitioners.

Any person or entity can notify us when they have a concern about a registered health practitioner.

When a notification is made about a practitioner, we assess the information in the notification together with practice information, practice-setting information and historical data known about that practitioner.

When this assessment indicates that there is a potential risk to the public, higher than the inherent risk associated with health practice, a National Board can act.

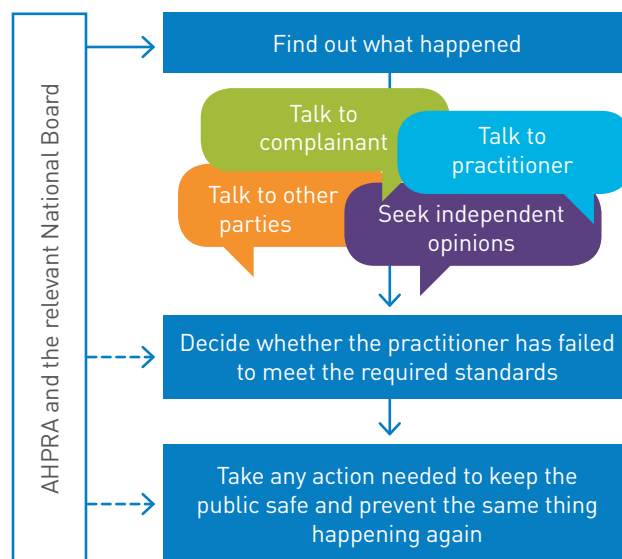
## What is a notification?

In the National Scheme, a concern raised about a registered health practitioner or student is called a notification. They are called notifications because an individual or entity can notify us about their concern.

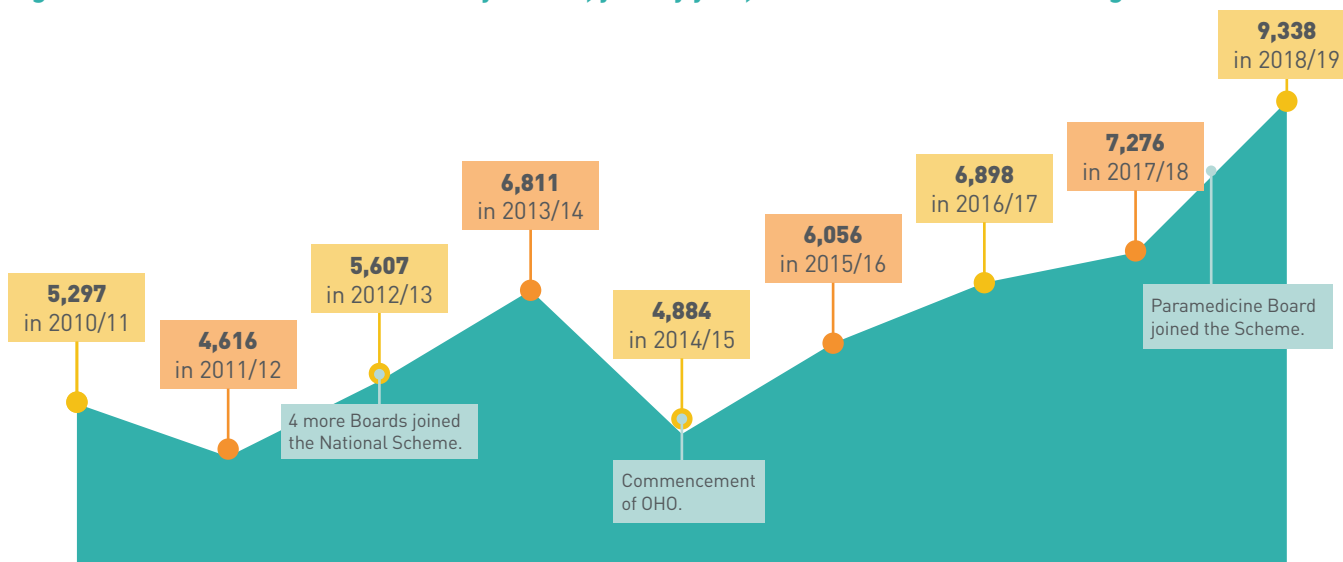
AHPRA manages notifications in partnership with the National Boards (see Figure 76). Most of the notifications we receive about individual practitioners are managed through Part 8 of the National Law. Decisions made in response to a notification can affect a practitioner's registration.

The National Law says some acts are *offences*. That is why concerns about some acts are treated differently under the National Law. AHPRA can prosecute individuals who commit these offences. For information about offences, see page 76.

**Figure 76: How AHPRA and the National Boards manage complaints about health practitioners**



**Figure 77: Total notifications received by AHPRA, year by year, since the National Scheme began**



## An important note about our data

AHPRA does not manage all notifications made about health practitioners in Australia. Our data reflect this. We report on only those notifications received and managed by AHPRA and the National Boards, unless otherwise stated.

The notification process is different in NSW and Queensland:

- In NSW, AHPRA does not manage notifications. They are managed by 15 professional councils [supported by the Health Professional Councils Authority (HPCA)] and the Health Care Complaints Commission (HCCC).
- In Queensland, the Office of the Health Ombudsman (OHO) receives all complaints about health practitioners. It refers some of these to a National Board and AHPRA to manage.

Wherever possible in the tables in this report, HPCA and OHO data are given in separate columns. These data are verified by the HPCA and OHO (correct as at time of publication). Please refer to their annual reports on their websites, as data may have been subsequently reconciled.

In Queensland, OHO receives all health complaints, including those about registered practitioners. OHO decides whether the complaint:

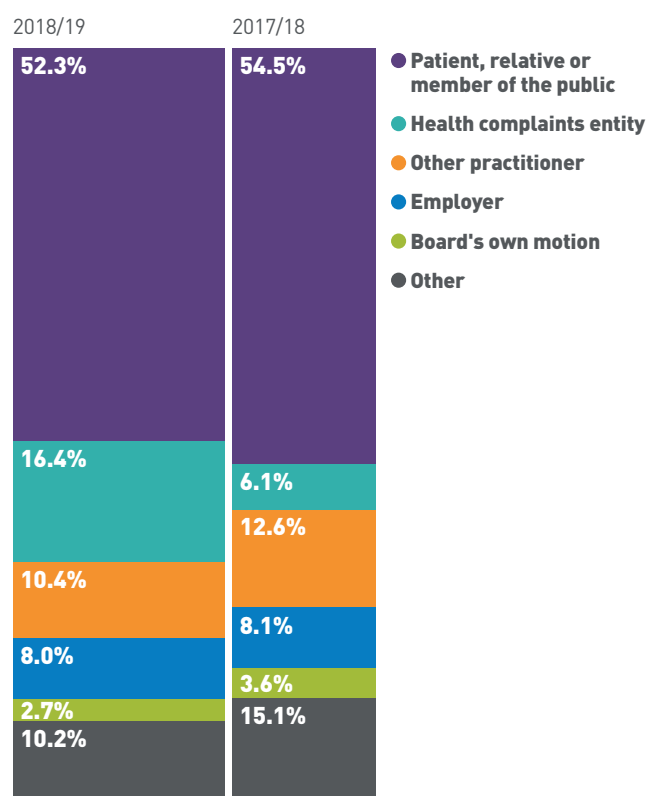
- is serious, in which case it must be retained by OHO for investigation
- should be referred to AHPRA and the relevant National Board for management, or
- can be closed or managed by way of conciliation or local resolution.

AHPRA and OHO are committed to improving data sharing for annual reporting. This collaboration has resulted in increased representation of Queensland-related work throughout our notifications dataset. We thank the team at OHO for their ongoing collaboration.

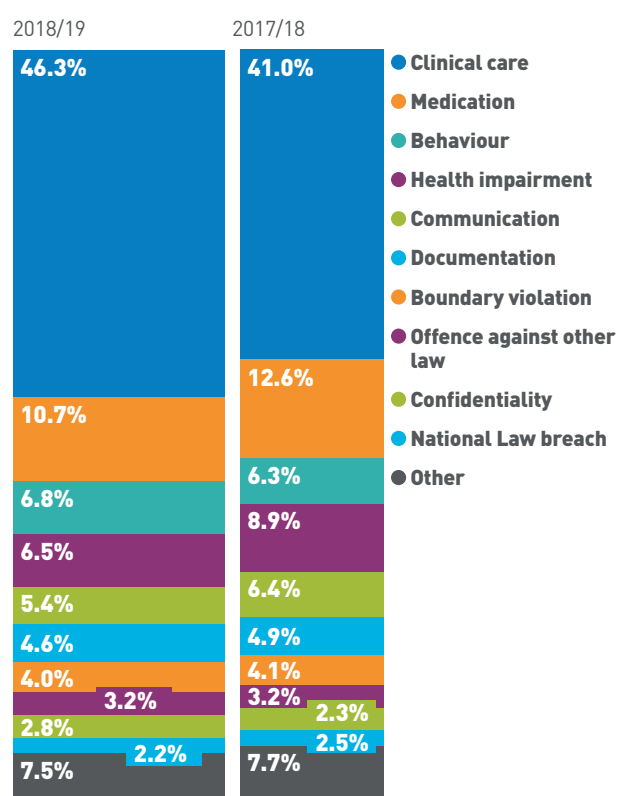
As part of our ongoing focus to improve processes, we continue to refine our data collection and reporting. This means that data may not directly correlate across annual reports. For instance, since 2015/16, notifications data are based on the practitioner's principal place of practice (PPP). This is different to previous years, when data were captured based on the jurisdiction where a notification was received and managed.

*For more information on how health complaints are managed in Australia, see page 10.*

**Figure 78: Who makes a complaint?**



**Figure 79: The most common types of complaint**



Anyone can notify us about a registered practitioner's health, performance or conduct.

We receive most notifications (52.3%) from patients, their families and friends, and other members of the public.

We also receive notifications (18.4%) from health practitioners and employers.

Registered health practitioners and employers have mandatory notifications obligations in addition to the capacity to make voluntary notifications about other registered health practitioners.

Standards of clinical care continue to be the primary issue notified. The proportion of notifications that were made about this issue increased by 5%. See Figure 79.

We also receive notifications about students who are enrolled in programs of study that lead to eligibility for registration as a practitioner. Usually, these notifications are made by education providers or places at which students do clinical training. The number of notifications we received about students increased. The proportion of the notifications that resulted in conditions or undertakings affecting the student's registration was similar to last year. See Table 14 on page 66.

## How we manage notifications

We are committed to improving the timeliness of the notification process.

Every notification we receive is important and assessed as quickly as possible. Our assessment starts with a review of the concerns raised in the notification. We usually clarify those concerns in a conversation with the notifier (the person who made the notification).

We consider practice information and the practice setting of the practitioner.

We look back at the practitioner's registration, and any notification and compliance history, to understand whether there have been previous issues, to help analyse and consider risks to patient and public safety.

Usually, we seek a response from the practitioner who has had a concern raised about them.

Often notifications can be closed after this initial assessment without the need for regulatory action. If we need more information, we can investigate.

At any time, when we identify that a practitioner poses a serious risk or there is a strong public interest in limiting a practitioner's right to practise, there are interim actions that a National Board may take quickly to protect the public. See Figure 80 for an outline of the notification process.

## When does a National Board act?

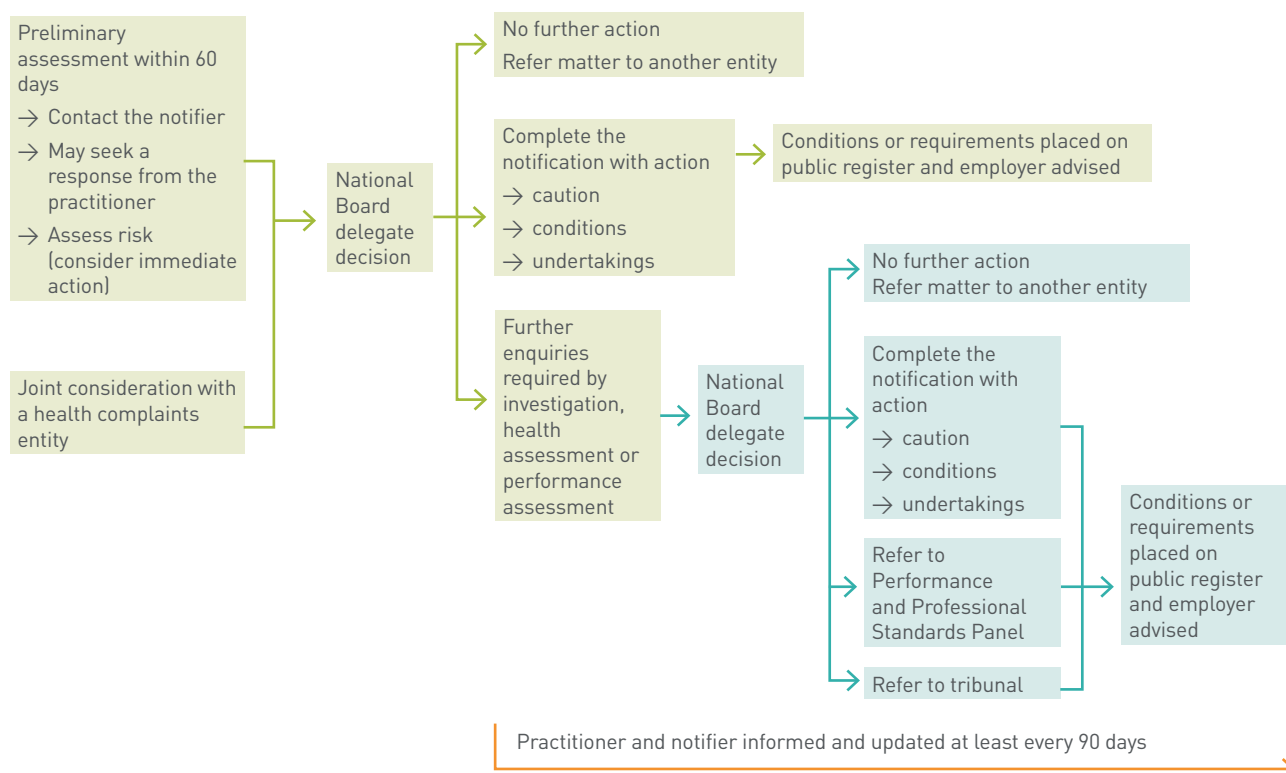
We recognise the practice of healthcare is not risk-free. Practice in each of the regulated professions potentially poses risks to the public. That is why the professions are regulated.

A National Board's registration standards, codes and guidelines set out what is expected of practitioners when practising their profession.

When concerns are raised about the professional standards of practice of an individual practitioner, or possible impairment, a National Board decides, based on assessment of risk, whether regulatory action is needed to assure patient safety in the future.

Most notifiers are raising a genuine concern. Most practitioners try to do the right thing and are accountable and rectify problems when they arise. When a practitioner's own response to problems is not enough, others also play a part in assessing and responding to risks. Employers and system regulators play a part in thinking about how to minimise the likelihood of similar risks arising with the practitioner, or a different practitioner. A National Board takes these attitudes, behaviours and actions of practitioners and any employer organisations into account when determining whether it needs to act as the regulator.

**Figure 80: The notifications process**



When another entity such as a state or federal police service or a coroner is investigating a practitioner or has charged a practitioner with a criminal offence, a National Board may wait for the conclusion of those proceedings before it makes a final decision about a practitioner. This would not prevent a National Board taking interim action to protect the public in the meantime, for instance suspending a practitioner's registration, until the criminal proceedings have finished.

## Improving the notifier and practitioner experience

Since 2016, we have been asking notifiers and practitioners to tell us about their experience of the notifications process through surveys and interviews. We received 2,201 responses to our post-notifications surveys, 64% of which were from practitioners.

One of the key concerns for both notifiers and practitioners is the length of time taken to complete notifications. We have made the following improvements this year to address the concerns of practitioners and notifiers.

### Timeliness

This year we:

- reduced the number of notifications open for longer than 12 months by 31.0%
- reduced the proportion of notifications that are open for longer than 12 months from 21.6% to 13.7%
- reduced the average time to close a matter in assessment by 14.6%
- reduced the average time taken to complete notifications overall by 5.1%, and
- reduced the average age of open notifications by 6.6%.

### Personal contact

We centralised the intake and assessment of notifications, from seven to two locations. A single, national team based in Adelaide and Melbourne is now responsible for the assessment of all new notifications about health practitioners.

With the introduction of our national intake and assessment team, we have changed the way practitioners first hear that they are the subject of a notification. One strong message we receive from notifiers and practitioners is that they would like a more personal approach and appreciate it when we call. So, we're acting to do that.

Our first step in most notifications is to pick up the phone and call. We also often speak with notifiers early on to better understand their concern and what they are hoping to achieve.

We prioritise direct contact with notifiers and practitioners whenever possible.

## Improved written correspondence

We have continued to update our letters in response to practitioner and notifier feedback.

Both groups told us that simple, brief information in our first correspondence would help them understand what to expect, what are the common outcomes, and how long it would take. We produced a series of 'postcards' to accompany our first letters, reducing complex information to a brief page of facts. See [www.ahpra.gov.au/Notifications/A-notification-has-been-made/Understanding-your-experience](http://www.ahpra.gov.au/Notifications/A-notification-has-been-made/Understanding-your-experience).

## Improved communication with a notifier about a Board's decision

We implemented changes made to the National Law during 2018. These enable us to provide more information to a notifier when we close a notification. We published a *Common protocol – Informing notifiers about the reasons for National Board decisions*.

We work hard to improve the content and presentation of reasons for the decision. Feedback about our work shows improvement in understanding the reasons for decisions by notifiers. Calling practitioners and notifiers before sending the final outcomes letter can also help explain the reasons for the decision.

## New website initiatives

We have made improvements to our website:

- We've posted a series of short, accessible information videos featuring AHPRA staff talking about the notification process (see [www.ahpra.gov.au/Notifications/Further-information](http://www.ahpra.gov.au/Notifications/Further-information)).
- We've improved website layout to make it easier for practitioners and notifiers to find the information they need.
- We began sharing stories of practitioners who have been through a notification process. These first-hand, unfiltered accounts of what the notification experience is like are posted in video format to our website ([www.ahpra.gov.au/Notifications/A-notification-has-been-made/Understanding-your-experience](http://www.ahpra.gov.au/Notifications/A-notification-has-been-made/Understanding-your-experience)). They tell a first-person story about getting through the notification experience in the best way possible.

## Support services

On our website and in our written and oral communication, we are paying more attention to the welfare of both practitioners and notifiers by informing them of support services available.

We are working with Lifeline and other services, including through a new wellbeing and support program for all our staff, to ensure they are better supported and equipped to respond to distressed notifiers and practitioners.

## More clinical input to the notification process

We have significantly increased our team of medical clinical advisers.

We recruited to these roles through open expressions of interest and were heartened by the number of practitioners keen to help us do the work that we do.

Our national network of medical clinical advisers now reviews every notification within their profession within a few days of receipt. We are rolling out a model of clinical advisers to the five professions with the largest volume of notifications. Clinical advisers help us to understand clinical issues associated with a notification before it is considered by a National Board.

Expressions of interest for clinical advisers have now been sought from other professions. In 2019/20 we will continue to embed clinical input as a cornerstone of our work.

## Informing employer entities of regulatory action

Changes to the National Law in 2018 require a practitioner to tell us about their practice information when requested to do so. This change broadens the nature of information we can require. It now includes requirements to inform us of being self-employed; or working as an employee, contractor, or in a voluntary or honorary capacity. To help practitioners meet their obligations, AHPRA published the *Guideline: Informing a National Board about where you practise* (as an example, see [www.medicalboard.gov.au/Codes-Guidelines-Policies](http://www.medicalboard.gov.au/Codes-Guidelines-Policies)).

These changes also mean that we are required to inform a broader range of practice entities of regulatory action taken.

## Notifications received

This year, AHPRA received more notifications than we have ever received in a single year (see Table 10). A total of 9,338 notifications were received, 28.3% more than the number we received in 2017/18 (7,276 notifications) and 35.4% more than in 2016/17 (6,898 notifications).

Some of the increase arose from standardising the way we record complaints raised with a health complaints entity (HCE), assessed by AHPRA as required under the National Law and retained by an HCE. When we adjust the data to account for this standardisation, the adjusted increase was 14.3% (not 28.3%) more notifications than we received in 2017/18.

The percentage of all registered health practitioners with notifications made about them was 1.7%. This percentage was 1.6% in 2017/18 and 2016/17.

You will find data about practitioners with notifications made about them in Tables 11 and 12. These data are segmented by:

- the number of practitioners in each profession who have had notifications made about them, and
- the percentage of the registrant base with notifications made about them.

These two tables include data supplied to us by the HPCA for NSW and OHO for Queensland.

During the year we received 57 notifications about students, see Tables 13 and 14.

**Table 10: Notifications received in 2018/19, by profession and state or territory (includes HPCA and OHO)**

Profession	AHPRA <sup>1</sup>									AHPRA subtotal 2018/19	HPCA <sup>5</sup>	AHPRA and HPCA subtotal		OHO <sup>7</sup>	Total 2018/19 <sup>8</sup>
	ACT	NSW <sup>2</sup>	NT	QLD <sup>3</sup>	SA	TAS	VIC	WA	No PPP <sup>4</sup>			2018/19	2017/18 <sup>6</sup>		
Aboriginal and Torres Strait Islander Health Practitioner			8		1					9	2	11	4	1	12
Chinese medicine practitioner	1	1		12	3	1	16	1	2	37	57	94	74	8	102
Chiropractor		2	1	19	5	1	45	10	2	85	58	143	136	11	154
Dental practitioner	10	6	4	218	61	15	328	92	15	749	462	1,211	964	118	1,329
Medical practitioner	148	73	66	1,399	521	191	2,210	624	127	5,359	2,518	7,877	6,348	1,136	9,013
Medical radiation practitioner	1			7	6		11	3	3	31	21	52	36	2	54
Midwife	2	2	4	32	6	2	9	8	10	75	54	129	106	15	144
Nurse	48	18	40	424	290	88	531	217	95	1,751	784	2,535	2,319	189	2,724
Occupational therapist	3	2	2	8	5	2	31	3	3	59	47	106	59	5	111
Optometrist	1			12	6		14	7	1	41	31	72	63	4	76
Osteopath				1	3		14		1	19	11	30	32	1	31
Paramedic	1	1	1	6	5		13		4	31	90	121		7	128
Pharmacist	5	4	5	88	26	10	168	52	40	398	320	718	763	28	746
Physiotherapist	2	2	1	27	19	5	39	8	3	106	64	170	152	17	187
Podiatrist	2	1	1	12	3	2	21	10	1	53	47	100	88	9	109
Psychologist	27	11	8	82	44	14	275	58	16	535	295	830	733	108	938
Not identified <sup>9</sup>												0	9		0
<b>Total 2018/19</b>	<b>251</b>	<b>123</b>	<b>141</b>	<b>2,347</b>	<b>1,004</b>	<b>331</b>	<b>3,725</b>	<b>1,093</b>	<b>323</b>	<b>9,338</b>	<b>4,861</b>	<b>14,199</b>		<b>1,659</b>	<b>15,858</b>
<b>Total 2017/18</b>	<b>209</b>	<b>111</b>	<b>147</b>	<b>2,079</b>	<b>992</b>	<b>251</b>	<b>2,414</b>	<b>972</b>	<b>101</b>	<b>7,276</b>	<b>4,610</b>		<b>11,886</b>		

<sup>1</sup> Based on state or territory of the practitioners' principal place of practice.

<sup>2</sup> Matters managed by AHPRA where the conduct occurred outside NSW.

<sup>3</sup> Based on the number of matters referred by the Office of the Health Ombudsman (OHO) to AHPRA and the National Boards where the practitioner's PPP is in Qld.

<sup>4</sup> No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

<sup>5</sup> Matters received and managed by the Health Professional Councils Authority (HPCA) in NSW.

<sup>6</sup> The total for 2017/18 includes matters managed by the HPCA.

<sup>7</sup> Matters received and managed by OHO in Qld.

<sup>8</sup> The total for 2018/19 includes matters managed by the HPCA and OHO.

<sup>9</sup> Profession of registrant is not always identifiable in the early stages of a notification.



**Table 11: Number of practitioners with notifications made about them in 2018/19, by profession and state or territory (includes HPCA and OHO)**

Profession <sup>1</sup>	ACT	NSW <sup>2</sup>	NT	QLD <sup>3</sup>	SA	TAS	VIC	WA	No PPP <sup>4</sup>	Total 2018/19 <sup>5</sup>	Total 2017/18 <sup>6</sup>
Aboriginal and Torres Strait Islander Health Practitioner		2	8	1	1					12	4
Chinese medicine practitioner	1	47		16	3	1	16	1		85	71
Chiropractor		50	1	30	4	1	37	10	1	134	128
Dental practitioner	12	311	5	287	52	12	231	79	3	992	851
Medical practitioner	136	2,027	58	1,953	448	159	1,647	525	17	6,970	5,927
Medical radiation practitioner	1	17		9	6		8	3		44	32
Midwife <sup>7</sup>	2	24	4	41	6	2	11	9		99	99
Nurse <sup>8</sup>	47	631	34	533	271	83	444	215	13	2,271	2,143
Occupational therapist	3	33	2	12	5	2	23	3		83	61
Optometrist	1	25		17	5		12	6		66	65
Osteopath		10		5	3		12			30	34
Paramedic	1	73	1	13	4		9			101	
Pharmacist	5	247	6	106	28	11	110	47		560	593
Physiotherapist	2	56	1	38	19	3	32	9	1	161	157
Podiatrist	2	41	1	19	3	3	18	9		96	82
Psychologist	22	227	6	164	39	13	218	51	1	741	687
<b>Total 2018/19</b>	<b>235</b>	<b>3,821</b>	<b>127</b>	<b>3,244</b>	<b>897</b>	<b>290</b>	<b>2,828</b>	<b>967</b>	<b>36</b>	<b>12,445</b>	
<b>Total 2017/18</b>	<b>197</b>	<b>3,568</b>	<b>130</b>	<b>2,946</b>	<b>883</b>	<b>222</b>	<b>2,081</b>	<b>858</b>	<b>49</b>		<b>10,934</b>

<sup>1</sup> Numbers for each state and profession are based on registrants whose profession has been identified and whose principal place of practice (PPP) is an Australian state or territory. Registrants whose PPP is not in Australia are represented in the 'No PPP' section.

<sup>2</sup> NSW data include matters managed by the HPCA, as well as notifications managed by AHPRA about a practitioner with a PPP in NSW.

<sup>3</sup> Queensland data include matters managed by OHO, as well as those referred to AHPRA by OHO about a practitioner with a PPP in Qld.

<sup>4</sup> No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

<sup>5</sup> The total for 2017/18 includes practitioners with notifications managed by the HPCA.

<sup>6</sup> The total for 2018/19 includes practitioners with notifications managed by the HPCA and OHO.

<sup>7</sup> The registrant base used for midwives includes registrants with midwifery or with nursing and midwifery registration.

<sup>8</sup> The registrant base for nurses includes registrants with nursing registration or with nursing and midwifery registration.

**Table 12: Percentage of all registered health practitioners with notifications made about them in 2018/19, by profession and state or territory (includes HPCA and OHO)**

Profession <sup>1</sup>	ACT	NSW <sup>2</sup>	NT	QLD <sup>3</sup>	SA	TAS	VIC	WA	No PPP <sup>4</sup>	Total 2018/19	Total 2017/18
Aboriginal and Torres Strait Islander Health Practitioner		1.5%	3.6%	0.8%	1.9%					1.7%	0.6%
Chinese medicine practitioner	1.4%	2.3%		1.8%	1.6%	2.6%	1.2%	0.4%		1.7%	1.5%
Chiropractor		2.7%	3.7%	3.4%	1.1%	1.9%	2.5%	1.5%	0.5%	2.4%	2.4%
Dental practitioner	2.8%	4.4%	3.0%	6.0%	2.7%	3.0%	4.2%	2.9%	0.5%	4.2%	3.7%
Medical practitioner	6.2%	5.6%	4.1%	8.2%	5.3%	6.3%	5.6%	4.4%	0.5%	5.9%	5.1%
Medical radiation practitioner	0.3%	0.3%		0.3%	0.5%		0.2%	0.2%		0.3%	0.2%
Midwife <sup>5</sup>	0.3%	0.3%	0.7%	0.6%	0.2%	0.3%	0.1%	0.3%		0.3%	0.3%
Nurse <sup>6</sup>	0.7%	0.6%	0.7%	0.6%	0.8%	0.8%	0.4%	0.5%	0.1%	0.6%	0.5%
Occupational therapist	0.8%	0.5%	1.1%	0.3%	0.3%	0.6%	0.4%	0.1%		0.4%	0.3%
Optometrist	1.1%	1.3%		1.5%	1.4%		0.8%	1.4%		1.1%	1.2%
Osteopath		1.7%		2.2%	8.1%		0.8%			1.2%	1.4%
Paramedic	0.4%	1.7%	0.6%	0.3%	0.3%		0.2%			0.6%	
Pharmacist	0.8%	2.6%	2.2%	1.7%	1.3%	1.4%	1.4%	1.4%		1.8%	1.9%
Physiotherapist	0.3%	0.6%	0.5%	0.6%	0.7%	0.6%	0.4%	0.2%	0.1%	0.5%	0.5%
Podiatrist	2.8%	2.7%	4.0%	2.1%	0.6%	2.7%	1.0%	1.9%		1.8%	1.6%
Psychologist	2.2%	1.8%	2.4%	2.4%	2.1%	2.0%	2.1%	1.3%	0.2%	2.0%	1.9%
<b>Total 2018/19</b>	<b>1.8%</b>	<b>1.8%</b>	<b>1.6%</b>	<b>2.2%</b>	<b>1.6%</b>	<b>1.8%</b>	<b>1.5%</b>	<b>1.3%</b>	<b>0.2%</b>	<b>1.7%</b>	
<b>Total 2017/18</b>	<b>1.6%</b>	<b>1.8%</b>	<b>1.8%</b>	<b>2.1%</b>	<b>1.6%</b>	<b>1.5%</b>	<b>1.1%</b>	<b>1.2%</b>	<b>0.3%</b>		<b>1.6%</b>

<sup>1</sup> Percentages for each state and profession are based on registrants whose profession has been identified and whose principal place of practice (PPP) is an Australian state or territory. Registrants whose PPP is not in Australia are represented in the 'No PPP' section.

<sup>2</sup> NSW data include matters managed by the HPCA, as well as notifications managed by AHPRA about a practitioner with a PPP in NSW.

<sup>3</sup> Queensland data include matters managed by OHO, as well as those referred to AHPRA by OHO about a practitioner with a PPP in Qld.

<sup>4</sup> No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

<sup>5</sup> The registrant base used for midwives includes registrants with midwifery or with nursing and midwifery registration.

<sup>6</sup> The registrant base for nurses includes registrants with nursing registration or with nursing and midwifery registration.

**Table 13: Student notifications (mandatory and voluntary) received in 2018/19 (includes HPCA)**

Profession	AHPRA <sup>1</sup>									AHPRA Subtotal 2018/19	HPCA <sup>3</sup>	Total 2018/19	Total 2017/18
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP <sup>2</sup>				
Aboriginal and Torres Strait Islander Health Practitioner										0	1	1	0
Chinese medicine practitioner										0	2	2	0
Chiropractor										0		0	1
Dental practitioner				1					3	4		4	3
Medical practitioner								1	9	10	6	16	19
Medical radiation practitioner										0	2	2	1
Midwife					1				2	3	1	4	7
Nurse		2					4		28	34	22	56	35
Occupational therapist									1	1	2	3	1
Optometrist										0		0	0
Osteopath										0		0	3
Paramedic									2	2	1	3	
Pharmacist									3	3	1	4	5
Physiotherapist										0		0	0
Podiatrist										0		0	3
Psychologist										0		0	0
<b>Total 2018/19</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>48</b>	<b>57</b>	<b>38</b>	<b>95</b>	
<b>Total 2017/18</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>34</b>	<b>42</b>	<b>36</b>		<b>78</b>

<sup>1</sup> Based on state and territory of the students' principal place of practice.

<sup>2</sup> No principal place of practice (No PPP) includes students with an overseas or unknown address.

<sup>3</sup> Matters received and managed by the HPCA in NSW.

**Table 14: Outcomes of notifications (mandatory/voluntary) about students by stage at closure (includes HPCA)**

		Assessment	Health or performance assessment	Investigation	Panel hearing	Tribunal hearing	Total 2018/19	Total 2017/18
No further action	AHPRA	32	4	12			48	28
	HPCA <sup>1</sup>		6		3		9	6
Impose conditions	AHPRA		3				3	3
	HPCA		2		3		5	2
Accept undertaking	AHPRA		2	1			3	2
	HPCA						0	0
Caution	AHPRA		1	1			2	0
	HPCA						0	0
Cancel registration	AHPRA						0	0
	HPCA						0	0
No jurisdiction	AHPRA						0	0
	HPCA	2			1		3	5
Refer to other entity	AHPRA	1					1	0
	HPCA						0	2
Discontinue	AHPRA						0	0
	HPCA	14					14	7
Counselling	AHPRA						0	0
	HPCA	1					1	0
Surrender	AHPRA						0	0
	HPCA						0	0
Withdrawn	AHPRA						0	0
	HPCA						0	0
<b>Total 2018/19</b>		<b>50</b>	<b>18</b>	<b>14</b>	<b>7</b>	<b>0</b>	<b>89</b>	
<b>Total 2017/18</b>		<b>34</b>	<b>9</b>	<b>8</b>	<b>4</b>	<b>0</b>		<b>55</b>

<sup>1</sup> Matters managed by the HPCA in NSW.

# Mandatory notifications

All registered health practitioners, their employers and education providers have mandatory reporting responsibilities under the National Law.

**Table 15: Mandatory notifications received, by profession and state or territory (includes HPCA and OHO)**

Profession	AHPRA <sup>1</sup>									AHPRA subtotal 2018/19	HPCA <sup>5</sup>	AHPRA and HPCA subtotal		OH0 <sup>7</sup>	Total 2018/19 <sup>8</sup>
	ACT	NSW <sup>2</sup>	NT	QLD <sup>3</sup>	SA	TAS	VIC	WA	No PPP <sup>4</sup>			2018/19	2017/18 <sup>6</sup>		
Aboriginal and Torres Strait Islander Health Practitioner			2		1					3	1	4	2		4
Chinese medicine practitioner	1				1		2			4	2	6	3		6
Chiropractor		2					4	1		7	5	12	8		12
Dental practitioner	2			3	8		32	9	2	56	37	93	31		93
Medical practitioner	16	7	7	33	44	19	155	52	6	339	110	449	343	21	470
Medical radiation practitioner				1	1			2		4	6	10	8		10
Midwife	1			4	2		3	1	1	12	7	19	22	2	21
Nurse	13	6	16	69	138	29	177	97	21	566	275	841	701	28	869
Occupational therapist				1	1		4	1		7	18	25	10		25
Optometrist							1			1	1	2	4		2
Osteopath					1		4			5		5	2		5
Paramedic			1	2	5		4			12	81	93			93
Pharmacist	1			3	6	1	20	7	6	44	15	59	48		59
Physiotherapist	1			1	5		7			14	7	21	21	2	23
Podiatrist	1	1		1	2		2	2	1	10		10	7		10
Psychologist	6			3	12	3	39	5	1	69	31	100	60	5	105
<b>Total 2018/19</b>	<b>42</b>	<b>16</b>	<b>26</b>	<b>121</b>	<b>227</b>	<b>52</b>	<b>454</b>	<b>177</b>	<b>38</b>	<b>1,153</b>	<b>596</b>	<b>1,749</b>		<b>58</b>	<b>1,807</b>
<b>Total 2017/18</b>	<b>28</b>	<b>17</b>	<b>27</b>	<b>8</b>	<b>260</b>	<b>42</b>	<b>372</b>	<b>132</b>	<b>22</b>	<b>908</b>	<b>362</b>		<b>1,270</b>		

<sup>1</sup> Based on state and territory of the practitioners' principal place of practice (PPP).

<sup>2</sup> Matters managed by AHPRA where the conduct occurred outside NSW.

<sup>3</sup> Based on the number of matters referred by OH0 to AHPRA and the National Boards where the practitioner's PPP is in Qld.

<sup>4</sup> No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

<sup>5</sup> Mandatory notifications received and managed by the HPCA in NSW.

<sup>6</sup> The total for 2017/18 includes matters managed by the HPCA.

<sup>7</sup> Matters received and managed by OH0 in Qld.

<sup>8</sup> The total for 2018/19 includes matters managed by the HPCA and OH0.

**Table 16: Grounds for mandatory notification by profession (includes HPCA)**

Profession	Standards		Impairment		Alcohol or drugs		Sexual misconduct		Total 2018/19		Total 2017/18	
	AHPRA	HPCA <sup>1</sup>	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA
Aboriginal and Torres Strait Islander Health Practitioner	2		1					1	3	1	2	0
Chinese medicine practitioner	4	1		1					4	2	3	0
Chiropractor	4	4	1				2	1	7	5	6	2
Dental practitioner	50	31	4	5			2	1	56	37	31	0
Medical practitioner	234	77	66	17	17		22	16	339	110	255	88
Medical radiation practitioner		4	2	1	1		1	1	4	6	8	0
Midwife	8	6	3	1	1				12	7	8	14
Nurse	379	182	136	81	37	2	14	10	566	275	467	234
Occupational therapist	3	15	4	3					7	18	7	3
Optometrist	1	1							1	1	2	2
Osteopath	1						4		5	0	1	1
Paramedic	8	15	2	64	1	1	1	1	12	81		
Pharmacist	34	11	4	4	6				44	15	44	4
Physiotherapist	6	5	1	1			7	1	14	7	17	4
Podiatrist	8				2				10	0	5	2
Psychologist	50	23	12	5	3		4	3	69	31	52	8
<b>Total 2018/19</b>	<b>792</b>	<b>375</b>	<b>236</b>	<b>183</b>	<b>68</b>	<b>3</b>	<b>57</b>	<b>35</b>	<b>1,153</b>	<b>596</b>		
<b>Total 2017/18</b>	<b>656</b>	<b>233</b>	<b>167</b>	<b>105</b>	<b>42</b>	<b>5</b>	<b>43</b>	<b>19</b>			<b>908</b>	<b>362</b>

<sup>1</sup> Matters managed by the HPCA in NSW.

Registered health practitioners, their employers and education providers must tell AHPRA if they have formed a reasonable belief that a registered practitioner has:

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

AHPRA received 1,153 mandatory notifications. This is 27.0% more [245 notifications] than 2017/18. This year we changed the way mandatory notifications received by OHO and referred to AHPRA are recorded. There were 121 mandatory notifications recorded this year in contrast to 8 mandatory notifications in 2017/18.

- 29.4% of the mandatory notifications received were about medical practitioners, up from 28.1% in 2017/18.
- 49.1% of the mandatory notifications received were about nurses, down from 51.4% in 2017/18.

In all, 38.2% of mandatory notifications completed resulted in a form of regulatory action being taken in relation to a practitioner's registration. This is down from 43.4% in 2017/18. See Tables 15, 16 and 17.

**Table 17: Outcomes of mandatory notifications closed, by profession (includes HPCA)**

	Profession	Aboriginal and Torres Strait Islander Health Practitioner	Chinese medicine practitioner	Chiropractor	Dental practitioner	Medical practitioner	Medical radiation practitioner	Midwife	Nurse	Occupational therapist	Optometrist	Osteopath	Paramedic	Pharmacist	Physiotherapist	Podiatrist	Psychologist	Total 2018/19	Total 2017/18
Discontinued/proceedings withdrawn	AHPRA																	0	0
	HPCA		1	3	25	35		2	40	15	1		57	2	1	1	8	191	40
Changed to non-practising	AHPRA																	0	0
	HPCA					2		2	4									8	0
Other/no jurisdiction	AHPRA																	0	0
	HPCA <sup>1</sup>					3		2	20	1			2				1	29	31
Counselling	AHPRA																	0	0
	HPCA							2	44								1	47	33
No further action	AHPRA	2	4	5	28	166	2	9	333	5			5	17	11	2	34	623	477
	HPCA				1	33	3	5	73				2	4			6	127	88
Refer all or part of the notification to another body	AHPRA					3			2					1		1	1	8	10
	HPCA			1	1	12			4									18	5
HCE to retain	AHPRA				2	7			1									10	0
	HPCA																	0	0
Fine registrant	AHPRA					2		1	1									4	3
	HPCA																	0	0
Orders – no conditions	AHPRA																	0	0
	HPCA																	0	1
Caution or reprimand	AHPRA			3	4	33	1	1	65	1		1		16	3		4	132	120
	HPCA					2			2					2				6	10
Accept undertaking	AHPRA				2	9		2	22		1			4			4	44	58
	HPCA																	0	0
Impose conditions	AHPRA	1	1	3	2	43	1	1	113	2		1		8	2	2	12	192	176
	HPCA <sup>2</sup>				1	11		1	61					5	1		1	81	62
Accept surrender of registration	AHPRA								1								1	2	0
	HPCA					4		1	5		1							11	2
Suspend registration	AHPRA					2			7									9	11
	HPCA					1												1	4
Cancel registration/ disqualify	AHPRA								9					2			3	14	6
	HPCA				1	3			7								3	14	11
Total 2018/19	AHPRA	3	5	11	38	265	4	14	554	8	1	2	5	48	16	5	59	1,038	
	HPCA	0	1	4	29	106	3	15	260	16	2	0	61	13	2	1	20	533	
Total 2017/18	AHPRA	2	0	7	31	236	4	15	448	7	2	0		54	10	3	42		861
	HPCA	0	0	2	2	68	0	5	188	0	0	1		4	4	2	11		287

<sup>1</sup> Includes practitioners who failed to renew.

<sup>2</sup> Includes conditions by consent.

# Immediate action

Interim action can be taken as a precaution when serious concerns are raised about a practitioner. These actions, called immediate actions under the National Law, protect the public while more information is obtained, or other processes conclude.

It is an interim measure that a Board takes only in cases where the Board believes there is a serious risk to the public or it is otherwise in the public interest to limit a practitioner's registration while it seeks further information.

National Boards took immediate action on 384 occasions, which is 7.2% (30) fewer than in 2017/18. The proportion of notifications where immediate action was taken was 4.1% of the notifications received.

This is down slightly on previous years (5.7% in 2017/18 and 4.6% in 2016/17). See Table 18 for the breakdown of immediate action taken over the last three years and Table 19 for the breakdown by profession.

**Table 18: Immediate action taken to protect the public**

Type of immediate action taken	2018/19	2017/18	2016/17	2015/16
Registration surrendered	2.9%	0.2%	0.3%	1.6%
Accept undertaking	29.9%	27.3%	21.6%	17.8%
Impose conditions	33.9%	42.0%	45.9%	60.9%
Suspended	33.3%	30.4%	32.2%	19.7%

**Table 19: Immediate action cases (includes HPCA)**

Profession	No action taken		Action taken <sup>1</sup>								Decision pending <sup>2</sup>		Total 2018/19		Total 2017/18	
			Suspend registration		Accept surrender of registration		Impose conditions		Accept undertaking							
	AHPRA	HPCA <sup>3,4</sup>	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA
Aboriginal and Torres Strait Islander Health Practitioner			1	1									1	1	2	0
Chinese medicine practitioner	1	3		2			2	5					3	10	6	1
Chiropractor	1	2	2	1				1	2				5	4	10	5
Dental practitioner	2	17	2	4			4	17	2				10	38	17	18
Medical practitioner	61	27	48	28	6	25	64	119	58		10		247	199	232	118
Medical radiation practitioner	1		1	1			2	1					4	2	3	0
Midwife			1				2	3					3	3	10	5
Nurse	52	39	49	7	5	3	43	109	34		3		186	158	269	148
Occupational therapist			2										2	0	4	2
Optometrist						1							0	1	0	2
Osteopath								1					0	1	3	0
Paramedic								1	2				2	1		
Pharmacist	3	18	9	13			1	37	9		6		28	68	17	39
Physiotherapist		5	2	2				2	2				4	9	13	5
Podiatrist			2	1			7						9	1	1	1
Psychologist	2	5	9	1		1	5	13	6				22	20	22	12
Total 2018/19	123	116	128	61	11	30	130	309	115	0	19	0	526	516		
Total 2017/18	173	80	126	50	1	5	174	217	113	0	22	4			609	356

<sup>1</sup> Cases where immediate action has been initiated under Part 8, Division 7 of the National Law.

<sup>2</sup> In those cases where immediate action was initiated towards the close of the reporting year, an outcome decision has not been finalised.

<sup>3</sup> Matters managed by the HPCA in NSW.

<sup>4</sup> HPCA data exclude matters that were considered for immediate action but did not proceed to a hearing, other than matters where the case did not proceed because the practitioner surrendered registration.

## Investigations

**Of the notifications finalised by a National Board this year, 68.1% were closed on assessment and did not require investigation (up from 62.6% in 2017/18).**

The proportion of notifications that progressed from assessment to investigation was 29.6%, less than in previous years (33.1% in 2017/18 and 33.0% in 2016/17). The decrease is, in part, due to changes to the National Law that provide National Boards with new decision options at the assessment stage.

In all, 2,859 notifications about 2,357 practitioners were referred for investigation. Deciding to investigate does not indicate that an allegation made in a notification is true. We investigate a practitioner when more information is necessary to make an informed risk assessment. A decision to investigate gives us power to require individuals to provide us with information.

During an investigation, information can be gathered from sources such as:

- the person who raised their concern with the Board (the notifier)
- the practitioner being investigated
- clinical records
- other practitioners who may have been involved in the care of a patient
- witnesses (for example, family members, other patients or staff members)
- experts (who provide independent opinions) or information from professional bodies
- police reports, and/or
- information from other sources such as pharmacy records, health insurance records or Medicare Australia data.

## Outcomes and timeliness of notifications closed

We completed almost 26.4% more notifications than in 2017/18. This represents the highest number of closures (8,979) since the start of the National Scheme.

Of the notifications that were closed, 17.5% resulted in regulatory action against a practitioner (see Table 20).

The average time taken to complete an assessment and to close matters in assessment is shown in Table 21.

Table 22 shows notifications closed by profession and stage at closure and Table 23 by profession and outcome, while Table 24 contains data provided to us by the HPCA about notifications closed in NSW.

Tables 25 and 26 contain data about 4,546 notifications that are currently being managed by AHPRA and remained open as at 30 June 2019.

The average time taken to close a notification is shown in Figure 81. Nearly half of all notifications are closed in less than three months. The majority (68.2%) were completed in less than six months. This is an improvement on previous years (64.5% in 2017/18 and 64.9% in 2016/17).

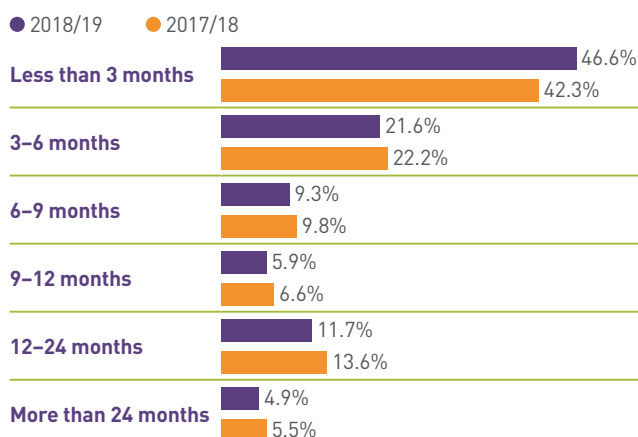
**Table 20: Closed notification outcomes**

Closed notification outcomes	2015/16	2016/17	2017/18	2018/19
No further action	66.5%	68.6%	72.0%	69.5%
Caution or reprimand	13.8%	14.2%	11.5%	7.4%
Impose conditions	11.1%	10.6%	9.7%	8.0%
Accept undertaking	3.5%	2.2%	2.2%	1.2%
Refer to HCE or other entity	3.3%	3.2%	3.4%	12.9%
Registration surrendered, suspended or cancelled	1.9%	1.2%	1.0%	0.9%
Registrant fined			0.2%	0.1%

**Table 21: Timeframes for matters in assessment**

Average time (in days) to:	2015/16	2016/17	2017/18	2018/19	% change 2017/18 to 2018/19
Close matters in assessment	82	84	82	70	-14.0%
Complete assessments and move to another stage	48	51	42	39	-6.6%

**Figure 81: Closed notifications by average time taken to complete the matter**





**Table 22: Notifications closed in 2018/19 by profession, by stage at closure (includes HPCA)**

Profession	Assessment		Investigation		Health or performance assessment		Panel hearing		Tribunal hearing		Subtotal 2018/19		Total 2018/19	Total 2017/18
	AHPRA	HPCA <sup>1</sup>	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA <sup>2</sup>	AHPRA	HPCA		
Aboriginal and Torres Strait Islander Health Practitioner	1	1	3		1						5	1	6	4
Chinese medicine practitioner	35	28	7	1	1			2			43	31	75	71
Chiropractor	41	45	50		2	1			2	1	95	47	142	184
Dental practitioner	522	395	183	28	17	6		29	11	6	733	464	1,195	997
Medical practitioner	3,125	2,193	1,504	36	95	193	22	34	55	55	4,801	2,511	7,282	6,016
Medical radiation practitioner	26	17	5		1	4			1		33	21	54	44
Midwife	43	46	41		5	5		6	3		92	57	149	102
Nurse	1,067	617	599	5	172	93	13	104	61	17	1,912	836	2,746	2,207
Occupational therapist	43	41	7			1			2		52	42	94	54
Optometrist	36	26	5			1					41	27	68	61
Osteopath	13	10	4			1					17	11	28	37
Paramedic	18	64									18	64	81	
Pharmacist	307	257	109		11	10		27	26	6	453	300	753	714
Physiotherapist	60	47	33	2	8	1	1	1			102	51	154	140
Podiatrist	44	45	13		7						64	45	108	61
Psychologist	358	275	125	1	19	9	3	15	13	7	518	307	824	641
Not identified <sup>3</sup>											0	0	0	12
<b>Total 2018/19</b>	<b>5,739</b>	<b>4,107</b>	<b>2,688</b>	<b>73</b>	<b>339</b>	<b>325</b>	<b>39</b>	<b>218</b>	<b>174</b>	<b>92</b>	<b>8,979</b>	<b>4,815</b>	<b>13,759</b>	
<b>Total 2017/18</b>	<b>4,431</b>	<b>3,282</b>	<b>2,039</b>	<b>112</b>	<b>419</b>	<b>480</b>	<b>47</b>	<b>297</b>	<b>169</b>	<b>69</b>	<b>7,105</b>	<b>4,240</b>		<b>11,345</b>

<sup>1</sup> Matters managed by the HPCA in NSW.

<sup>2</sup> Excludes appeals.

<sup>3</sup> Practitioner profession may not have been identified in notifications closed at an early stage.

**Table 23: Notifications closed in 2018/19, by outcome (AHPRA)**

Profession	No further action	Refer all or part of the notification to another body	HCE to retain <sup>1</sup>	Accept undertaking	Caution or reprimand	Fine registrant	Impose conditions	Accept surrender of registration	Suspend registration	Cancel registration	Total 2018/19 <sup>2</sup>	Total 2017/18
Aboriginal and Torres Strait Islander Health Practitioner	4						1				5	4
Chinese medicine practitioner	32	1			5		5				43	30
Chiropractor	52	2	6	3	13		17		2		95	120
Dental practitioner	459	7	128	9	62	1	66			1	733	554
Medical practitioner	3,545	39	736	45	175	5	232	1	19	4	4,801	3,703
Medical radiation practitioner	26		2		3		2				33	24
Midwife	57	1	7	5	13	1	7			1	92	80
Nurse	1,295	12	104	32	173	1	254	4	16	21	1,912	1,580
Occupational therapist	36	2	9		3		2				52	34
Optometrist	23	1	9	2	1		5				41	32
Osteopath	9				3		5				17	17
Paramedic	15		3								18	
Pharmacist	235	8	19	7	132		45		5	2	453	411
Physiotherapist	60	1	9	1	16		15				102	82
Podiatrist	34	2	4	1	8		15				64	41
Psychologist	359	6	38	7	56		45	1	3	3	518	381
Not identified											0	12
<b>Total 2018/19</b>	<b>6,241</b>	<b>82</b>	<b>1,074</b>	<b>112</b>	<b>663</b>	<b>8</b>	<b>716</b>	<b>6</b>	<b>45</b>	<b>32</b>	<b>8,979</b>	
<b>Total 2017/18</b>	<b>5,116</b>	<b>71</b>	<b>174</b>	<b>158</b>	<b>816</b>	<b>12</b>	<b>686</b>	<b>5</b>	<b>37</b>	<b>30</b>		<b>7,105</b>

<sup>1</sup> Health complaints entity.

<sup>2</sup> A matter may result in more than one outcome. Only the most serious outcome from each closed notification has been noted.

**Table 24: Notifications closed in 2018/19, by outcome (HPCA)**

	Aboriginal and Torres Strait Islander Health Practitioner	Chinese medicine practitioner	Chiropractor	Dental practitioner	Medical practitioner	Medical radiation practitioner	Midwife	Nurse	Occupational therapist	Optometrist	Osteopath	Paramedic	Pharmacist	Physiotherapist	Podiatrist	Psychologist	Total 2018/19	Total 2017/18
No further action <sup>1</sup>		13	6	148	428	7	12	187	5	13	5	2	116	6	9	86	1,043	953
No jurisdiction <sup>2</sup>		2		6	15	1	2	57	1			2	5	1		6	98	129
Discontinued	1	5	25	234	1,755	11	31	337	34	11	4	59	94	27	18	168	2,816	2,358
Withdrawn		2		9	50			8					4	2	3	10	88	66
Make a new complaint																	0	0
Refer all or part of the notification to another body		2	7	23	100	1		11			1		8	5	12	12	182	181
Caution		1		10	1								4				16	37
Reprimand				3	20			3					1				27	27
Orders – no conditions				5													5	8
Finding – no orders																	0	5
Counselling/interview		5	8	10	3		4	86	2	1	1		34	9	2	2	167	197
Resolution/conciliation by HCCC							1	1									2	32
Fine																	0	0
Refund/payment/withhold fee/retreat				1													1	0
Conditions by consent					27		1	73					7				108	71
Order – impose conditions; would be conditions if registered		2		16	54	1	1	35		1			26	1		15	152	141
Accept surrender				5	36		1	8		1		1					53	19
Accept registration type change to non-practising				1	7		4	16									28	2
Suspend					6			1							1		8	6
Cancelled registration/disqualified from registering			1	5	25			15					5			7	58	60
Total 2018/19	1	32	47	476	2,529	21	57	838	42	27	11	64	304	51	45	307	4,852	
Total 2017/18	0	41	65	469	2,322	20	22	633	20	29	20		309	58	20	264		4,292

Source: The data in this table were supplied by the HPCA. NSW legislation provides for a range of different outcomes for complaints in NSW. Some of these map to outcomes available under the National Law; others are specific to the NSW jurisdiction. Note that each notification may have more than one outcome; all outcomes have been included.

<sup>1</sup> Includes: Resolved before assessment, Apology, Advice, Council Letter, Comments by Health Care Complaints Commission (HCCC), Deceased, Interview.

<sup>2</sup> Includes practitioners who failed to renew.

**Table 25: Open notifications managed by AHPRA as at 30 June 2019, by length of time at each stage**

Current stage of open notification	Less than 3 months	3–6 months	6–9 months	9–12 months	12–24 months	More than 24 months	Total 2018/19	Total 2017/18
Assessment	1,301	444	54	15	14	7	1,835	1,110
Health or performance assessment	84	71	22	29	16	9	231	272
Investigation	752	459	347	153	322	127	2,160	2,455
Panel hearing	6	6		3			15	29
Subtotal 2018/19	2,143	980	423	200	352	143	4,241	
Subtotal 2017/18	1,532	737	439	372	596	190		3,866
Tribunal hearing <sup>1</sup>	42	39	60	34	76	54	305	321
Total 2018/19	2,185	1,019	483	234	428	197	4,546	
Total 2017/18	1,591	792	508	390	688	218		4,187

<sup>1</sup> Tribunal proceedings are conducted in accordance with timetables set by the responsible tribunal in each jurisdiction.

**Table 26: Open notifications at 30 June 2019, by profession and state and territory (includes HPCA)**

Profession	AHPRA <sup>1</sup>									AHPRA subtotal 2018/19	HPCA <sup>3</sup>	Total 2018/19	Total 2017/18
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP <sup>2</sup>				
Aboriginal and Torres Strait Islander Health Practitioner			6							6	1	7	2
Chinese medicine practitioner		1		7	3	1	9	1	1	23	31	54	33
Chiropractor				15	4	1	30	15	2	67	23	90	89
Dental practitioner	5	4	3	149	28	2	114	56	6	367	279	646	633
Medical practitioner	64	32	43	759	248	71	870	382	44	2,513	1,277	3,790	3,303
Medical radiation practitioner					4	1	5	4	1	15	6	21	23
Midwife	2	1		14	3	1	7	7	1	36	21	57	76
Nurse	22	5	17	206	165	38	273	109	27	862	401	1,263	1,476
Occupational therapist	1	2		5	2	1	11	2		24	15	39	26
Optometrist				11	2		6	1		20	11	31	27
Osteopath							10			10	4	14	12
Paramedic	1	1	1	1	3		5		1	13	26	39	
Pharmacist	5	3	3	42	14	5	72	24	19	187	225	412	453
Physiotherapist	1	1	1	19	9	3	24	6	1	65	32	97	82
Podiatrist		1		7	2		11	5		26	9	35	46
Psychologist	13	4		48	28	5	154	55	5	312	134	446	446
Not identified <sup>4</sup>										0		0	1
<b>Total 2018/19</b>	<b>114</b>	<b>55</b>	<b>74</b>	<b>1,283</b>	<b>515</b>	<b>129</b>	<b>1,601</b>	<b>667</b>	<b>108</b>	<b>4,546</b>	<b>2,495</b>	<b>7,041</b>	
<b>Total 2017/18</b>	<b>102</b>	<b>77</b>	<b>67</b>	<b>1,448</b>	<b>435</b>	<b>121</b>	<b>1,345</b>	<b>554</b>	<b>38</b>	<b>4,187</b>	<b>2,541</b>		<b>6,728</b>

<sup>1</sup> Based on state and territory of the practitioners' principal place of practice.

<sup>2</sup> No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

<sup>3</sup> Matters managed by the HPCA in NSW.

<sup>4</sup> Profession of registrant is not always identifiable in the early stages of a notification.

## Why our work is important



### A staff member's perspective

A typical day for a notifications officer involves juggling many competing priorities, including: setting and/or reviewing a strategy for managing a notification to ensure quality and timely completion of our investigations, sourcing information to progress investigations, analysing received information, re-evaluating a notification's risk if new information comes to hand and in between all of that, speaking with practitioners, notifiers and other third parties.

We take all notifications seriously and work every day to ensure that the standards of the relevant professions are upheld to protect the public. No part of what we do is automated and there is no cookie-cutter approach to how we manage notifications about registered health practitioners. Each notification is handled uniquely.

Many of our notifications could not be progressed without relevant information from external agencies. These agencies include: the Department of Health and Department of Human Services for data about Medicare billing and Pharmaceutical Benefits Scheme prescriptions; the drugs and poisons regulator in each jurisdiction; courts; the police and health complaints entities. By requesting information from these external agencies, a National Board then has relevant information it can rely on to make decisions.

Notifications are divided up between staff depending on several factors including: risk, complexity and subject matter.

Due to the sensitive nature of some of the allegations and matters we see, certain notifications may be allocated to

staff who have specific expertise or experience; for example, sexual boundaries notifications are dealt with by notifications officers who have attended the appropriate training.

It can be an emotional experience for some notifiers who contact us and sometimes their vulnerability and the inherently personal information they disclose to us means we may be called upon to request a welfare check from an appropriate agency. Therefore, it is vital we recognise our role and the importance of putting ourselves in the shoes of a notifier to think about what they need and expect from a notifications officer.

It often takes a lot of courage for people to notify us of their concerns about a health practitioner. It is an honour to be able to listen to people's concerns and for them to trust that they are taken seriously. The wellbeing of a practitioner during the notifications process is important to us too so we will also help them to understand the process as much as we can and suggest they can obtain direct support from their insurer, professional association or a supporting health service when appropriate.

Establishing a good rapport with all parties often results in a more thorough investigation and a timely outcome.

Dealing with often difficult, and sometimes confronting, subject matters can be quite challenging for our staff too and this means it is important that we engage in some self-care also.

# Taking or defending legal action

AHPRA manages a range of regulatory litigation and associated legal services, including:

- referrals to panels or tribunals arising from serious notifications
- appeals from regulatory decisions
- the investigation and prosecution of criminal offences under the National Law
- the release of information, and
- the provision of strategic legal advice.

## Referring matters to an independent tribunal

A National Board can refer a matter to a tribunal. This happens with the most serious allegations, usually when the National Board believes a practitioner has behaved in a way that constitutes professional misconduct. Only a tribunal can cancel a practitioner's registration, disqualify a person from applying for registration for a period, prohibit a person from using a specified title or providing a specified health service.

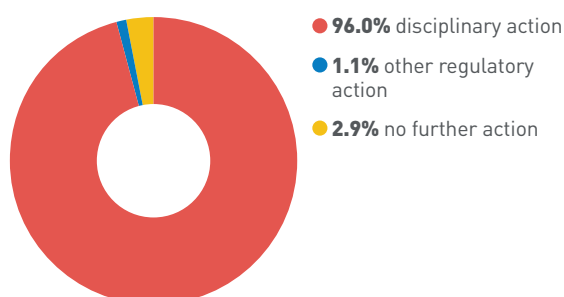
Tribunal proceedings are conducted in accordance with processes set by the responsible tribunal in each jurisdiction.

The tribunals in each state and territory are:

- **New South Wales** Civil and Administrative Tribunal
- **Australian Capital Territory** Civil and Administrative Tribunal
- **Northern Territory** Civil and Administrative Tribunal
- **Queensland** Civil and Administrative Tribunal
- **South Australian** Health Practitioners Tribunal (which became the South Australian Civil and Administrative Tribunal in August 2019)
- **Tasmania** Health Practitioners Tribunal
- **Victorian** Civil and Administrative Tribunal, and
- **Western Australia** State Administrative Tribunal.

There were 305 notifications open in the tribunal stage as at 30 June 2019, compared with 321 at the same time last year. Of the 174 notifications closed by tribunals in the year, 96% of matters resulted in some form of disciplinary action taken and in one matter the practitioner surrendered their registration. The tribunal decided to take no further action in just five individual matters, which is consistent with the previous year. A further two matters were referred to other regulatory entities. See Figure 82. This demonstrates that the National Boards continue to appropriately identify the thresholds for referring a matter to a tribunal to protect the public.

**Figure 82: National Board matters decided by tribunals in 2018/19**



Since 2010, all practitioners who have had their registration cancelled by a court or tribunal, been disqualified from applying for registration, or prohibited from using a specified title or providing a specified health service appear on the cancelled health practitioners register. See [www.ahpra.gov.au/registration/registers-of-practitioners](http://www.ahpra.gov.au/registration/registers-of-practitioners).

We also publish summaries of tribunal outcomes at [www.ahpra.gov.au/publications/tribunal-decisions](http://www.ahpra.gov.au/publications/tribunal-decisions).

All National Boards now publish links to disciplinary decisions by courts and tribunals on the public *Register of practitioners* where there has been an adverse finding about a registered health practitioner, unless a tribunal or court has issued a suppression order.

## Referring matters to a panel to decide

A National Board has the power to establish two types of panels depending on the type of notification:

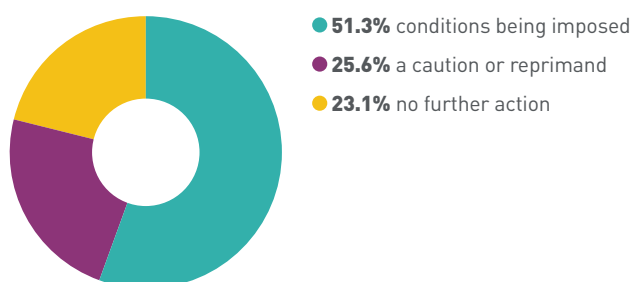
- health panels, for issues about a practitioner's health and performance, or
- professional standards panels, for conduct and performance issues.

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

Recruitment to the list of approved panel (LAP) members was carried out by National Boards during the year, and successful applicants were appointed for a three-year term starting 1 July 2019.

Of the 39 National Board matters decided by panels during the year, more than 75% resulted in some form of regulatory action being taken. See Figure 83.

**Figure 83: National Board matters decided by panels in 2018/19**



# Appeals made about regulatory decisions

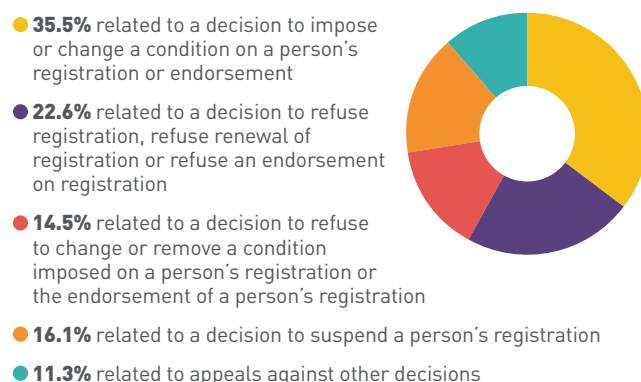
The National Law provides a mechanism of appeal to a tribunal against a decision by a National Board in certain circumstances, including decisions to:

- 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.

Decisions may also be judicially reviewed if there is a perceived flaw in the administrative decision-making process, as opposed to a concern about the merits of the individual decision itself.

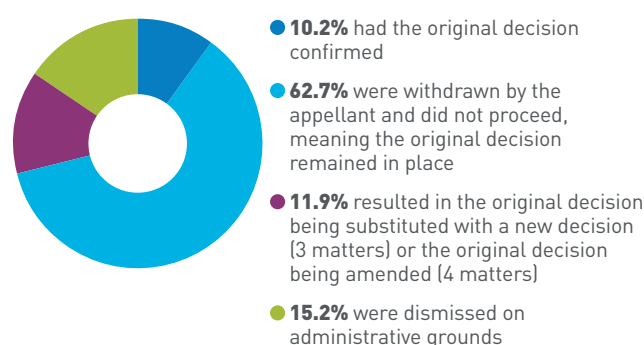
There were 62 appeals lodged nationally about decisions made by National Boards (see Table 27 and Figure 84). The number of appeals lodged annually has varied over recent years as follows: 62 appeals in 2018/19, 28 appeals in 2017/18 and 82 appeals in 2016/17.

**Figure 84: Appeals managed by AHPRA in 2018/19**



The majority of these appeals related to the professions with higher regulatory decision volumes, such as medical practitioners (30), and nurses (15). There were 59 appeals finalised. See Table 28 and Figure 85.

**Figure 85: Appeals finalised by AHPRA in 2018/19**



There were 45 appeals not yet decided as at 30 June 2019.

More information about appeals is available in the supplementary tables published online at [www.ahpra.gov.au/annualreport/2019](http://www.ahpra.gov.au/annualreport/2019).

**Table 27: Appeals lodged in 2018/19 by profession and jurisdiction (includes HPCA)**

Profession	AHPRA <sup>1</sup>									AHPRA subtotal 2018/19	HPCA <sup>3</sup>	Total 2018/19	Total 2017/18
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP <sup>2</sup>				
Aboriginal and Torres Strait Islander Health Practitioner										0		0	0
Chinese medicine practitioner										0	2	2	1
Chiropractor					1		1			2		2	1
Dental practitioner				1						1	2	3	6
Medical practitioner	2	1	1	8	5		7	6		30	10	40	29
Medical radiation practitioner		1		1	1					3		3	1
Midwife										0		0	0
Nurse		6		2	2	1	4			15	6	21	16
Nurse and midwife	1			1						2		2	0
Occupational therapist		1								1		1	0
Optometrist										0		0	0
Osteopath										0		0	0
Paramedic										0		0	
Pharmacist				2						2	3	5	0
Physiotherapist					1					1		1	0
Podiatrist										0		0	0
Psychologist		1		1		1	1	1		5	1	6	2
<b>Total 2018/19</b>	<b>3</b>	<b>10</b>	<b>1</b>	<b>16</b>	<b>10</b>	<b>2</b>	<b>13</b>	<b>7</b>	<b>0</b>	<b>62</b>	<b>24</b>	<b>86</b>	
<b>Total 2017/18</b>	<b>1</b>	<b>7</b>	<b>2</b>	<b>4</b>	<b>6</b>	<b>1</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>28</b>	<b>28</b>		<b>56</b>

<sup>1</sup> Based on state and territory of the practitioner's principal place of practice.

<sup>2</sup> No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

<sup>3</sup> Matters managed by the HPCA in NSW.

**Table 28: Nature of decision appealed where the appeal was finalised through consent order or a contested hearing or where the appeal was withdrawn (includes HPCA)**

Nature of decision appealed	Original decision confirmed		Original decision amended		Original decision substituted for a new decision		Withdrawn		Dismissed – Administrative		Total 2018/19		Total 2017/18	
	AHPRA <sup>1</sup>	HPCA <sup>2</sup>	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA
Appeal against a tribunal decision	1						1		1		3	0	2	4
Decision to impose conditions on a person's registration under section 178	3		3		2		12		3		23	0	28	0
Decision to impose or change a condition on a person's registration or the endorsement of the person's registration	2	2						8	3	4	5	14	12	9
Decision to refuse to change or remove a condition imposed on the person's registration or the endorsement of the person's registration							5				5	0	3	0
Decision to refuse to endorse a person's registration											0	0	0	0
Decision to refuse to register a person							7		1		8	0	15	1
Decision to refuse to renew a person's registration							4				4	0	0	0
Decision to reprimand a person						1					0	1	0	0
Decision to suspend a person's registration		1	1		1	3	7	2			9	6	5	5
Other									1		1	0	0	0
Not an appellable decision											0	0	2	0
Judicial review							1				1	0	4	0
<b>Total 2018/19</b>	<b>6</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>3</b>	<b>4</b>	<b>37</b>	<b>10</b>	<b>9</b>	<b>4</b>	<b>59</b>	<b>21</b>		
<b>Total 2017/18</b>	<b>13</b>	<b>7</b>	<b>6</b>	<b>1</b>	<b>7</b>	<b>3</b>	<b>36</b>	<b>5</b>	<b>9</b>	<b>3</b>			<b>71</b>	<b>19</b>

<sup>1</sup> AHPRA manages appeals of decisions about NSW registrations.

<sup>2</sup> Matters managed by the HPCA in NSW.

## Criminal offences

### Performance snapshot

551 criminal offence complaints were received; 481 were considered and closed

238 open criminal offence complaints were still under review as at 30 June 2019, a 25.9% increase compared with last year

67% of all new criminal offence complaints related to alleged unlawful use of title and unlawful claims to registration

153 new advertising complaints about corporate entities, unregistered individuals or serious risk advertising by registered health practitioners were received; 107 were closed

15 prosecutions were completed in local courts for criminal offences under the National Law

All 15 completed prosecutions resulted in a conviction being recorded against the individual and/or corporate entity for a criminal offence/s

### What are criminal offences under the National Law?

The National Law includes criminal offences which relate to conduct that can put individuals and the community at risk. Criminal offences may be committed by a person (including registered health practitioners and unregistered individuals) and/or corporate entities.

Criminal offences predominantly relate to title protection, unlawful claims as to registration, restricted acts, and advertising of regulated health services. For further information about offences go to [www.ahpra.gov.au/Notifications/Raise-a-concern/Reporting-a-criminal-offence](http://www.ahpra.gov.au/Notifications/Raise-a-concern/Reporting-a-criminal-offence).

Up until 30 June 2019, offences under the National Law were summary offences and could be tried by a judge alone and penalties were limited to fines. From 1 July 2019, several offences have now become indictable offences and can be tried by a judge and jury. Indictable offences under the National Law have increased penalties including increased maximum fines and up to three years' imprisonment. Indictable offences can be heard summarily, which means that the offence can be dealt with by a judge alone in the Magistrates' or Local Court.



## Moving to indictable offences

On 26 February 2019, the Queensland Parliament passed the *Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2018* (Tranche 1A Amendments). In addition to amendments about the mandatory notification framework, the Tranche 1A Amendments have the effect that:

- offence provisions have changed from being summary offences to being indictable offences, and
- most offence provisions have increased fines from \$30,000 to \$60,000 and jail terms of up to three years per offence for an individual and for corporate entities increased fines from \$60,000 to \$120,000 per offence.

These Tranche 1A Amendments regarding the offence provisions and penalties began on 1 July 2019. The new offence provisions will apply in all states and territories, except Western Australia. The amendments to offence provisions do not apply to advertising offences. From 1 July 2019, the Statutory Offences Unit (SOU) was renamed the Criminal Offences Unit.

## Criminal offences received and closed

AHPRA recorded 551 new offence complaints.

Most jurisdictions experienced a decrease in offence complaints received when compared with the previous year. Victoria and NSW continue to receive the largest number of offence complaints and this year accounted for 34% of all new offence complaints. These jurisdictions accounted for 38% of new offence complaints in 2017/18. (This percentage was incorrectly reported as 68% in last year's annual report.)

Of the offence complaints received nationally, 67% related to concerns about alleged unlawful use of title and unlawful claims to registration. See Figure 86.

This year 481 offence complaints have been closed. See Table 29.

As at 30 June 2019, there were 238 criminal offence complaints under review, up from 189 at 30 June 2018, which is a 25.9% increase in open offence complaints. See Figure 87.

See page 82 for low-to-moderate risk advertising complaints managed under the *Advertising compliance and enforcement strategy*.

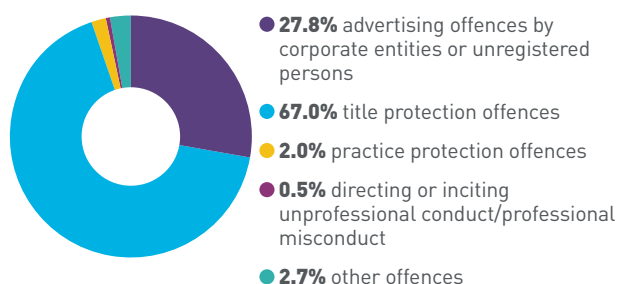
**Table 29: Criminal offence complaints received and closed, by type of offence and profession<sup>1</sup>**

	Title protections (ss. 113–120)		Practice protections (ss. 121–123)		Advertising breach (ss. 133)		Directing or inciting unprofessional conduct/ professional misconduct (ss.136)		Other offence		Total 2018/19		Total 2017/18	
	Received	Closed	Received	Closed	Received	Closed	Received	Closed	Received	Closed	Received	Closed	Received	Closed
Aboriginal and Torres Strait Islander Health Practitioner	1										1	0	0	1
Chinese medicine practitioner	17	18			9	12			1	1	27	31	31	32
Chiropractor	12	10		1	14	12			1	1	27	24	33	31
Dental practitioner	24	24	6	9	12	7					42	40	55	56
Medical practitioner	83	95			68	41	3	3	6	4	160	143	176	191
Medical radiation practitioner	2	2			1						3	2	7	8
Midwife	2	2									2	2	1	5
Nurse	51	41	1		10	6			2	2	64	49	74	90
Occupational therapist	15	13			1						16	13	14	16
Optometrist	1	2			2	2					3	4	6	7
Osteopath	6	1			5	1					11	2	5	7
Paramedic	11	6	1						1	1	13	7		
Pharmacist	11	13			4	6			1	2	16	21	19	22
Physiotherapist	25	25			8	5			1	1	34	31	37	47
Podiatrist	2	1			2	2					4	3	5	9
Psychologist	105	92	3	2	13	13			2	2	123	109	117	145
Unknown <sup>2</sup>	1				4						5	0	1	0
<b>Total 2018/19</b>	<b>369</b>	<b>345</b>	<b>11</b>	<b>12</b>	<b>153</b>	<b>107</b>	<b>3</b>	<b>3</b>	<b>15</b>	<b>14</b>	<b>551</b>	<b>481</b>		
<b>Total 2017/18</b>	<b>416</b>	<b>485</b>	<b>14</b>	<b>18</b>	<b>132</b>	<b>143</b>	<b>5</b>	<b>5</b>	<b>14</b>	<b>16</b>			<b>581</b>	<b>667</b>

<sup>1</sup> All offences from sections 113–136 of the National Law, not only offences about advertising, title and practice protection.

<sup>2</sup> AHPRA also received offence complaints about unregistered persons.

**Figure 86: Offence complaints received in 2018/19**



**Figure 87: Offence complaints open at 30 June 2019**



## Managing criminal offence complaints

Criminal offences are managed with a risk-based approach, focusing on protecting the public and ensuring the timely resolution of all complaints. All new offence complaints are risk assessed, and this dictates the course of action required to ensure public safety.

As required, serious-risk offence complaints are investigated by an inspector. This may include applying to the court for a warrant to search premises and seizing evidence.

AHPRA, in consultation with the relevant National Board, will prosecute offences against individuals and/or corporate entities where there is a legitimate public interest in doing so. See *Prosecution guidelines* at [www.ahpra.gov.au/Notifications/Raise-a-concern/Reporting-a-criminal-offence](http://www.ahpra.gov.au/Notifications/Raise-a-concern/Reporting-a-criminal-offence).

## Advertising requirements

We have published *Guidelines for advertising regulated health services* to help anyone advertising regulated health services to do so appropriately. In turn, AHPRA and the National Boards have published and implemented an *Advertising compliance and enforcement strategy* that outlines the risk-based management of offence complaints, particularly advertising complaints. Both documents are available on the AHPRA website, see [www.ahpra.gov.au/Publications/Advertising-resources/Legislation-guidelines/Advertising-guidelines](http://www.ahpra.gov.au/Publications/Advertising-resources/Legislation-guidelines/Advertising-guidelines) and [www.ahpra.gov.au/Publications/Advertising-resources/Legislation-guidelines](http://www.ahpra.gov.au/Publications/Advertising-resources/Legislation-guidelines).

For more information about the management of low-to-moderate risk advertising complaints, see page 82.

## Prosecutions under the National Law

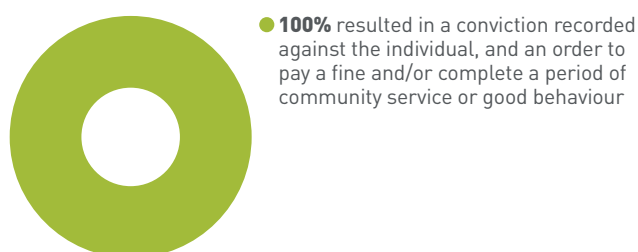
There have been several significant prosecutions this year that demonstrate the importance of the criminal offence function for the protection of the public.

AHPRA completed 15 proceedings in the courts for offences under the National Law across five jurisdictions. All prosecutions resulted in findings of guilt; and in all cases the individual or entity was convicted. These outcomes demonstrate that AHPRA continues to identify appropriate thresholds for referring offence complaints for prosecution to protect the public.

Further information about these matters is outlined in Table 30 and Figure 88. Not all prosecutions started in 2018/19 have been finalised before the courts and for that reason have not been listed in Table 30. Information about AHPRA's prosecutions is available at [www.ahpra.gov.au/News](http://www.ahpra.gov.au/News).

A further seven prosecutions are ongoing before the courts as at 30 June 2019.

**Figure 88: Prosecution outcomes in 2018/19**



**Table 30: Completed prosecutions as at 30 June 2019**

Defendant	Date of decision	Jurisdiction	Relevant Board	Relevant section of the National Law	Type of offence	Outcome	Sentence
Di Paolo, Raffaele	6 July 2018	Vic [Proceeding uplifted to the County Court and heard with Director of Public Prosecutions (DPP) indictable charges]	MBA	s. 116(1)(b)(i) s. 116(1)(d) s. 118(1)(b)(i) s. 118(1)(d)	Holding out as a registered health practitioner. Holding out as a specialist health practitioner.	Convicted	Fined \$5,000 and ordered to pay costs, to be agreed between the parties. Mr Di Paolo was also prosecuted by the Victorian DPP for serious offences which saw him sentenced to jail for 9.5 years.
Jantos, Marek	8 August 2018	SA	PsyBA	s. 116(1)(b)(i) s. 118(1)(b)(iii)	Holding out as a registered health practitioner. Holding out as a specialist health practitioner.	Convicted	Fined \$13,000.

Continued on next page

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Defendant	Date of decision	Jurisdiction	Relevant Board <sup>1</sup>	Relevant section of the National Law <sup>2</sup>	Type of offence	Outcome	Sentence
<b>Behavioural Medicine Institute of Australia Pty Ltd</b>	8 August 2018	SA	PsyBA	s. 133(1)(a)	False, misleading or deceptive advertising.	Convicted	Fined \$3,000.
<b>Artemedica Pty Ltd</b>	13 August 2018	Vic	MBA	s. 116(2)(b)(i)	Holding out another person as a registered health practitioner.	Convicted	Fined \$8,000.
<b>Di Paolo, Raffaele</b>	3 September 2018	Qld	MBA	s. 115(1) s. 116(1)(b)(i)	Unlawful use of specialist title. Holding out as a registered health practitioner.	Convicted	Fined \$20,000.
<b>Rahebi, Majid</b>	26 October 2018	NSW	DBA	s. 116(1)(b)(ii) s. 121	Holding out as a registered health practitioner. Restricted dental acts.	Convicted	Fined \$30,000 and ordered to pay AHPRA's costs of \$6,000 and victims of crime levy in the amount of \$13,950.
<b>MJ Dental Care Pty Ltd</b>	26 October 2018	NSW	DBA	s. 116(2)(b)(iii)	Holding out another person as a registered health practitioner.	Convicted	Fined \$11,250.
<b>Bernard, Roger</b>	19 November 2018	Vic	MBA	s. 116(2)(c) s. 116(2)(b)	Holding out as a registered health practitioner. Holding out another person as a registered health practitioner.	Convicted	Fined \$16,500 and ordered to pay AHPRA's costs of \$27,617.
<b>Chen, Qu Xin</b>	27 March 2019	NSW	CMBA	s. 133(1)(a) s. 133(1)(c) s. 133(1)(d)	Advertising – false, misleading or deceptive; creating unreasonable expectation of beneficial treatment; and testimonials.	Convicted	Fined \$45,000 and ordered to pay AHPRA's costs of \$5,000. Fine reduced on appeal to \$7,200.
<b>Le, David</b>	27 March 2019	NSW	PharmBA	s. 133(1)(c)	Holding out as a registered health practitioner.	Convicted	Fined \$24,500 and ordered to pay AHPRA's costs of \$15,000.
<b>Citer, David Adam</b>	5 April 2019	NSW	PsyBA	s. 113(1) s. 116(1)(b)(iii)	Unlawful use of title. Holding out as a registered health practitioner.	Convicted	Fined \$25,000 and ordered to pay AHPRA's costs of \$15,200.
<b>Matthews, Sara</b>	10 April 2019	NSW	DBA	s. 116(1)(b)(ii) s. 121(1)	Unlawfully claiming to be authorised or qualified to practise in a health profession. Restricted dental acts.	Convicted	Fined \$4,000 and ordered to pay AHPRA's costs of \$3,025.
<b>Simon, Michael George</b>	18 April 2019	NSW	PharmBA	s. 116(1)(c)	Holding out as a registered health practitioner.	Convicted	Fined \$10,000 and ordered to pay AHPRA's costs of \$4,000.
<b>Dempsey, Michael</b>	30 March 2019	Tas	PhysioBA and OTBA	s. 116(2)(b)	Holding another person/s out as registered health practitioners.	Convicted	Fined \$120,000 and ordered to pay AHPRA's costs of \$25,000.
<b>The Running Clinic (Australia) Pty Ltd (formerly trading as the Heel Clinic)</b>	28 May 2019	NSW	PodBA	s. 133(1)(a) s. 133(1)(d)	Advertising – false, misleading or deceptive; and creating unreasonable expectation of beneficial treatment.	Convicted	Fined \$30,600 and ordered to pay AHPRA's costs of \$8,000.

<sup>1</sup> For a list of Board acronyms, see page 133.

<sup>2</sup> The Health Practitioner Regulation National Law, as in force in each state and territory. Find it online at [www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation](http://www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation).

## Prosecuting criminal cases

The National Law creates certain offences which include (but are not limited to) restrictions on use of protected titles, unlawful claims to registration, restricted acts and unlawful advertising. AHPRA's published *Prosecution guidelines* outline that we will start a prosecution only where there is a reasonable prospect of a conviction, and the prosecution is in the public interest. Offences may be committed by a person (including registered health practitioners and people who are not registered) and/or corporate entities. The Criminal Offences Unit has a very important role in investigating and prosecuting offences under the National Law, as this type of conduct can put individuals and the community at risk. Some examples of cases successfully prosecuted before the courts in 2018/19 are set out below.

- AHPRA successfully prosecuted Mr Raffaele Di Paolo and his company, Artemedica Pty Ltd, for offences including holding himself out as a registered medical practitioner and as a specialist health practitioner (gynaecologist and obstetrician). Mr Di Paolo had never been registered as a medical practitioner or in any other regulated profession and had never completed a medical degree or equivalent qualification. In August 2018, his company pleaded guilty to three charges of knowingly or recklessly holding out another person as a registered health practitioner by using the initials 'MD'. The Magistrates' Court of Victoria convicted and fined his company, and ordered he pay AHPRA's costs. In September 2018, Mr Di Paolo was prosecuted in Southport Magistrates' Court in Queensland for separate conduct. He was charged with three additional offences relating to using a specialist title and using words to indicate he was a registered medical practitioner when he was not. He was convicted, fined and ordered to pay AHPRA's costs.
- AHPRA prosecuted a counsellor, Mr David Citer, in the Local Court of New South Wales. The court convicted and fined the counsellor after finding him guilty of claiming to be a registered psychologist when he was not. This was the second time Mr Citer had been prosecuted for offences under the National Law. In sentencing, the court noted that there was a need to protect the community and denounce Mr Citer's conduct in recognition of his breach of trust and the hardship he caused to his victim.
- In Tasmania, AHPRA prosecuted a suspended physiotherapist, Mr Michael Dempsey, for holding out several persons as registered health practitioners, when they were not. In a landmark decision, the suspended practitioner was found guilty and convicted, and the court imposed the largest fine against an individual for offences under the National Law in Australia. To claim another person is registered when they are not is serious as it puts vulnerable people at risk and threatens patient safety.
- AHPRA prosecuted Mr Majid Rahebi from New South Wales for falsely representing that he was a dentist and performing restricted dental acts. He was convicted and fined for offences under the National Law. Mr Rahebi's company, MJ Dental Care Pty Ltd, was also convicted and fined for representing that Mr Rahebi was authorised or qualified to practise as a dentist. In this case, AHPRA worked closely with its regulatory partners in NSW to coordinate the best response so that the public was protected.
- A New South Wales Local Court convicted Mr David Le for holding himself out as a registered pharmacist following charges laid by AHPRA. It was alleged that he had dispensed scheduled medications on numerous occasions, while his registration had been suspended by the Pharmacy Council of New South Wales. He was fined and ordered to pay AHPRA's legal costs. When a pharmacist is suspended by a regulatory body, it is to protect the public. In this case, AHPRA took the step of prosecuting Mr Le, as his continued practice while suspended posed a serious risk to the health and safety of the public.
- In a New South Wales Local Court, The Running Clinic (Australia) Pty Ltd (formerly trading as the Heel Clinic) pleaded guilty to 10 advertising offence charges. The company was convicted and fined for advertising which contained false, misleading and deceptive claims and statements about podiatry services on several of its websites and Facebook account. It was also found that some of the company's advertising contained statements and claims that were likely to create an unreasonable expectation of beneficial treatment.

# Monitoring restrictions on practitioners

## Performance snapshot

3,869 cases were being actively monitored at 30 June 2019 – these cases related to 3,826 registered practitioners

32.9% were about conduct, health or performance

58.9% were about suitability/eligibility for registration

8.2% related to prohibited practitioners/students

As at 30 June 2019, there were 89 restrictions (conditions or undertakings) in the National Restrictions Library

515 new low-risk to moderate-risk advertising complaints about registrants were received under the *Advertising compliance and enforcement strategy*

## How AHPRA monitors compliance

On behalf of the National Boards, AHPRA monitors health practitioners and students with restrictions (conditions or undertakings) placed on their registration, as well as those with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports Boards to manage risk to public safety.

To find out about active monitoring cases in 2018/19, refer to Tables 32 and 33 on page 83. Table 32 reports on active monitoring cases by state and territory. Table 33 reports on these cases by each profession. Restrictions are placed on a practitioner's registration through several mechanisms, including as an outcome of a notification, or when a practitioner applies for registration or renewal of registration.

**Each monitoring case is assigned to one of five streams.**

### Health

A practitioner or student is being monitored because they have a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence).

### Performance

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

### Conduct

A 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

A 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, or
- 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

A practitioner or student is being monitored because they:

- are subject to a cancellation order, suspension or restriction not to practise, or
- may have surrendered their registration or changed to non-practising registration, as an outcome of a notification.

This year, the number of active monitoring cases nationally decreased by 23.6%. The cases monitored by AHPRA relate to 3,826 (5,005 in 2017/18) individual practitioners and the majority were in relation to monitoring of eligibility/suitability requirements.

All monitoring cases in the suitability/eligibility stream were reviewed this year when monitoring responsibility moved from the registration division to the compliance division.

The primary reason for the significant reduction in cases monitored is because the majority of the 925 practitioners in the suitability/eligibility stream had limited and provisional registration with conditions imposed that duplicated the requirements in the relevant published registration standard *Limited registration for area of need registration standard* and *Limited registration for postgraduate training or Supervised practice registration standard*. These registration standards are available at [www.medicalboard.gov.au/Registration-Standards](http://www.medicalboard.gov.au/Registration-Standards).

The requirements imposed by the registration standards continue to be monitored by a team within the registration division.

## Improving our reporting capability

Since the introduction of compliance performance reporting in 2015/16, we have continued our focus on managing risks associated with monitoring cases and identifying opportunities to improve the quality, timeliness and accuracy of our compliance work, including in reporting. Improvements have been made to our ability to report at the level of restriction categories for each compliance case.

For the first time, we can report the top 10 restriction categories (5,534 restrictions) by volume monitored by AHPRA (see Table 31). Although 3,869 cases were being actively monitored by AHPRA, each case may have more than one restriction category requiring compliance by the practitioner.



- 66.7% of restrictions imposed (3,689) in the top 10 restriction categories by volume were as a result of the routine process of a health practitioner obtaining or renewing registration with a National Board.
- 33.3% (1,845) of the restrictions in the top 10 restriction categories by volume were imposed as a result of a finding made by a National Board, panel or tribunal about a practitioner's health, performance or conduct.

## Top 10 restriction categories

The top 10 restriction categories are:

### Restriction on practice and employment

A requirement, imposed at registration or renewal, requiring the registrant to do or refrain from doing something in connection with their profession. This category would include practitioners who may only practise in certain locations, such as international medical graduates with limited registration working in a regulated area of need.

### Requirement for supervision

A requirement, imposed at registration or renewal, requiring the registrant to do a certain amount of supervised practice. This restriction is often imposed where a practitioner is re-registering in the profession after an absence.

### Undertake assessment

A requirement, imposed at registration or renewal, requiring that a registrant, at some point in the next registration period, undergoes an assessment of their performance in the profession.

### Undertake education

A requirement that a registrant attends and completes a defined education course, training or up-skilling activity.

### Attend treating practitioner

A requirement that a registrant attends treating health practitioners(s) for management of identified health issues.

### Restriction on scope of practice

A requirement, imposed at registration or renewal, requiring a registrant to restrict the type of practice they undertake.

### Prohibition on practice

A restriction category used to manage cases for registrants who are prohibited from practising, including a practitioner whose registration is suspended.

### Restriction on workplace location

A restriction on the location or the position in which a registrant may practise their profession.

### Undertake CPD

A requirement that a registrant complete a prescribed amount of continuing professional development activities.

### Restriction on work type

A restriction on the type or manner of work a registrant may undertake.

**Table 31: Top 10 restriction categories by volume at 30 June 2019**

Restriction category	Total
Restriction on practice and employment	1,816
Requirement for supervision	847
Undertake assessment	573
Undertake education	498
Attend treating practitioner	460
Restriction on scope of practice	453
Prohibition on practice	259
Restriction on workplace location	235
Undertake CPD	198
Restriction on work type	195

## Expanding the National Restrictions Library

In 2015, the National Restrictions Library (NRL) was launched at [www.ahpra.gov.au/Registration/Monitoring-and-compliance/National-Restrictions-Library](http://www.ahpra.gov.au/Registration/Monitoring-and-compliance/National-Restrictions-Library). This is an important national resource and documents common restrictions (e.g. conditions on registration) used across the regulatory functions of the National Boards to support:

- consistency in recommendations from AHPRA to the National Boards and delegates
- consistency in the restrictions appearing on the national public register of health practitioners, and
- a best practice approach to monitoring compliance with restrictions.

A quality review of the NRL conducted last year was favourable in terms of improved efficiencies, and further work was done to improve consistency in the wording of restrictions. In addition, the NRL was expanded this year to include a new category of 'suitability' stream restrictions.

Next year, a major review of all restrictions used in the NRL is scheduled, including a plain English review of the restriction text.

## Advertising compliance and enforcement

AHPRA's compliance and legal divisions manage the enforcement aspects of the *Advertising compliance and enforcement strategy*. The advertising compliance team is responsible for the triaging of all offence complaints, the assessment of all advertising offence complaints and the ongoing management of low-risk and moderate-risk advertising complaints under this strategy.

Responsible advertising is a professional and legal obligation. We recognise that most health practitioners want to comply with the law and their professional obligations, and we aim to make compliance as easy as possible.

In 2018/19, 515 low-risk to moderate-risk advertising complaints about registrants were received under the strategy. In 2017/18, 820 low-risk to moderate-risk advertising complaints were received (incorrectly reported as 911 in last year's report). The reduction of 37.2% in these types of advertising complaints received this year is likely the result of work we have done with one stakeholder, who previously made bulk complaints, and who has now stopped that practice.



The data in 2018/19 confirm that nearly 50% of registrants become compliant in response to the initial letter about the advertising breach. The remainder become compliant when the imposition of advertising restrictions is being considered and the practitioner is issued with the show cause notice where each breach and its location is specified. This demonstrates the effectiveness of the strategy in educating practitioners about their professional obligations

and ensuring timely remediation of inappropriate advertising for the benefit of the public. There were no instances of continued non-compliant advertising that required regulatory action through the imposition of advertising restrictions.

You can read the *Advertising compliance and enforcement strategy* at [www.ahpra.gov.au/Publications/Advertising-resources/Legislation-guidelines](http://www.ahpra.gov.au/Publications/Advertising-resources/Legislation-guidelines).

**Table 32: Active monitoring cases at 30 June 2019, by state or territory (includes HPCA and OHO)**

Stream	AHPRA									AHPRA subtotal 2018/19 <sup>3</sup>	HPCA <sup>4</sup>	AHPRA and HPCA subtotal		OH0 <sup>5</sup>	Total 2018/19
	ACT	NSW <sup>1</sup>	NT	QLD	SA	TAS	VIC	WA	No PPP <sup>2</sup>			2018/19	2017/18		
Conduct	7	5	5	37	39	7	114	39	1	254	433	687	640	44	732
Health	15	4	11	202	67	15	112	77	11	514	352	866	884		863
Performance	11	4	9	132	73	24	178	74	1	506	192	698	727	6	704
Prohibited practitioner/student	3	4	5	75	50	9	128	37	5	316		316	315		316
Suitability/eligibility <sup>6</sup>	51	943	17	361	141	25	372	221	148	2,279		2,279	3,350		2,279
Total 2018/19	87	960	47	807	370	80	904	448	166	3,869	977	4,846		50	4,894
Total 2017/18	90	1,315	81	1,045	460	103	1,178	657	136	5,065	851		5,916		

<sup>1</sup> Includes cases to be transitioned from AHPRA to the HPCA for conduct, health and performance streams.

<sup>2</sup> No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

<sup>3</sup> The AHPRA data structure provides reports by monitoring cases established rather than by registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. For 2018/19, the 3,869 AHPRA monitoring cases relate to 3,826 registrants. The data provided by the HPCA report the number of registrants being monitored.

<sup>4</sup> The HPCA monitors practitioners in relation to health, performance and conduct in NSW.

<sup>5</sup> OH0 data count by immediate registration action, and not by practitioner under monitoring. In a small number of circumstances, one practitioner may be monitored in relation to more than one immediate registration action. A single immediate registration action may relate to more than one stream. These cases have been categorised according to the stream that comprises the bulk of the immediate registration action. These data exclude interim prohibition orders against registered practitioners that are currently being monitored.

<sup>6</sup> AHPRA performs monitoring of compliance cases in 'suitability/eligibility' matters for NSW and Qld registrations.

**Table 33: Active monitoring cases at 30 June 2019, by profession and stream (includes HPCA and OH0)**

Profession	Conduct			Health			Performance			Prohibited practitioner/student	Suitability/eligibility <sup>1</sup>	Total 2018/19			Total 2017/18	
	AHPRA	HPCA	OH0	AHPRA	HPCA	OH0	AHPRA	HPCA	OH0	AHPRA	AHPRA	AHPRA <sup>2</sup>	HPCA	OH0 <sup>3</sup>	AHPRA <sup>2</sup>	HPCA
Aboriginal and Torres Strait Islander Health Practitioner		1		2			1			1	2	6	1	0	62	0
Chinese medicine practitioner	6	7	2	1	1		5	1	1	3	845	860	9	3	887	2
Chiropractor	11	5		5	4		9			6	10	41	9	0	40	7
Dental practitioner	8	18	3	13	13		72	44		5	34	132	75	3	123	86
Medical practitioner	104	226	22	182	131		207	46	2	77	473	1,043	403	24	1,692	346
Medical radiation practitioner	2			6	5		3			2	29	42	5	0	108	2
Midwife	1	1		4	2		9	2	1	1	54	69	5	1	155	2
Nurse	75	75	17	249	163		116	78	2	164	599	1,203	316	19	1,523	275
Occupational therapist				3						2	45	50	0	0	57	2
Optometrist	2				1		2			2	8	14	1	0	22	2
Osteopath	1	2		1	1		2			2	3	9	3	0	9	2
Paramedic										2	19	21	0	0		
Pharmacist	7	78		23	12		30	10		21	62	143	100	0	172	87
Physiotherapist	6	5		6	2		10	1		7	34	63	8	0	58	8
Podiatrist	3			3	1		9	1		3	11	29	2	0	17	1
Psychologist	28	15		16	16		31	9		18	51	144	40	0	140	29
<b>Total 2018/19</b>	<b>254</b>	<b>433</b>	<b>44</b>	<b>514</b>	<b>352</b>	<b>0</b>	<b>506</b>	<b>192</b>	<b>6</b>	<b>316</b>	<b>2,279</b>	<b>3,869</b>	<b>977</b>	<b>50</b>		
<b>Total 2017/18</b>	<b>275</b>	<b>365</b>		<b>564</b>	<b>320</b>		<b>561</b>	<b>166</b>		<b>315</b>	<b>3,350</b>				<b>5,065</b>	<b>851</b>

<sup>1</sup> AHPRA performs monitoring of compliance cases in 'suitability/eligibility' matters for NSW and Qld registrations.

<sup>2</sup> The AHPRA data structure provides reports by monitoring case established rather than by registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. For 2018/19, the 3,869 AHPRA monitoring cases relate to 3,826 registrants. The data provided by the HPCA report the number of registrants being monitored.

<sup>3</sup> OH0 data count by immediate registration action, and not by practitioner under monitoring. In a small number of circumstances, one practitioner may be monitored in relation to more than one immediate registration action. A single immediate registration action may relate to more than one stream. These cases have been categorised according to the stream that comprises the bulk of the immediate registration action. These data exclude interim prohibition orders against registered practitioners that are currently being monitored.

# What the data tell us

1 in 17 people employed in Australia is on the *Register of health practitioners*, meaning that 5.8% of the Australian workforce are registered health practitioners.

91.4% of applications received were approved for registration, enabling these applicants to join their health profession.

The Paramedicine Board of Australia registered 17,323 paramedics for the first time.

We approved 84,205 new applications for registration, contributing to the public having access to the services provided by 5.9% more registered health practitioners than in 2017/18.

94.7% (665,310) of health practitioners registered at 30 June 2018 renewed their registration.

Most health practitioners practise safely and well: 98.3% of all registered health practitioners did not have any concerns reported about their conduct, health or performance.

The number of notifications increases each year, but so does the number of registered practitioners. The percentage of practitioners with notifications made about them is about the same, 1.7% this year, 1.6% in 2017/18 and 2016/17.

The single biggest type of complaint made about health practitioners is about clinical care.

With 5,359 notifications, the medical profession received the highest number of complaints, accounting for 57.4% of complaints received. Nursing received 1,751 complaints, dental 749, psychology 535 and pharmacy 398.

Improving communication skills, obtaining written consent, maintaining boundaries, and safe prescribing are recommended ways a practitioner can mitigate the risk of having a notification made about them.

77 practitioners (less than 1%) who had a notification made about them to a National Board had their registration cancelled or suspended by a tribunal.

The Aboriginal and Torres Strait Islander Health Practice profession is the only ethnically based profession in the world that is regulated, complete with training curriculum and registration requirements.

Australia is the first country outside China to nationally regulate Chinese medicine, including acupuncture, Chinese herbal medicine practice and Chinese herbal dispensing.

With 411,216 registrants, nursing is by far the largest registered health profession. In contrast, with 690 registrants, Aboriginal and Torres Strait Islander Health Practice is the smallest.

Mostly as a result of a notification received, regulatory action was taken in relation to registered health practitioners 1,582 times to reduce the risk of harm to the public.

For consistency across professions and jurisdictions, 99% of registration restrictions imposed by National Boards come from the National Restrictions Library.

69.5% of notifications ended with a decision to take no further regulatory action.

100% of registrants reviewed under the *Advertising compliance and enforcement strategy* became compliant with their advertising when the matter was raised with them, either immediately or in response to proposed regulatory action.

AHPRA completed 15 proceedings in the courts for offences under the National Law across five jurisdictions. The individual or entity was convicted in every case.

# Shared policy issues

## Overview

National Boards regularly collaborate on shared policy issues, when the issue involves the same or similar impact across professions. Maximising consistency in the regulatory framework across professions facilitates effective collaborative care and supports good practice. It has benefits for consumers and employers by simplifying the regulatory landscape and helping clarify expectations of all registered health practitioners.

Shared policy issues include:

- developing or reviewing common or shared registration standards, codes and guidelines across National Boards
- coordinating reviews of registration standards and guidelines which involve a mix of multi-profession and profession-specific issues
- developing coordinated policy responses to key issues such as advertising
- developing policy resources and tools, and
- coordinating joint submissions to relevant external consultations.

Common registration standards and guidelines have the same content for all National Boards and include the *Criminal history registration standard*, *Guidelines for advertising regulated health services* and *Guidelines for mandatory notifications*.

Shared standards and guidelines have very similar content across National Boards and include the *English language skills registration standards* for 12 National Boards<sup>1</sup> and the *Code of conduct* shared by seven National Boards and used by an additional five with minor profession-specific variations.

## Policy support and coordination

AHPRA develops policy resources and tools to provide policy advice to National Boards. It also develops and coordinates responses for external policy consultations. Examples include:

- Review of assisted reproductive treatment in Victoria
- Consultation about regulations to implement the new classification in the *NSW Poisons and Therapeutic Goods Act 1966* for medicines used in cosmetic procedures
- Therapeutic Goods Advertising Code guidance, and
- Australasian Integrative Medicine Association Guiding Principles for Interprofessional Communication

We also contributed to the UK's Professional Standards Authority's publication: *Right-touch regulation in practice: international perspectives*.

## Joint policy initiatives

We continued our work on advertising policy issues, including further implementing the *Advertising compliance and enforcement strategy* for the National Boards and AHPRA. We developed and published new tools, including a titles tool, to support the strategy and help practitioners understand their obligations and facilitate compliance. We did initial testing of revised *Guidelines for advertising regulated health services* through preliminary consultation with major stakeholders, and we continued evaluating the strategy.

Following a joint review, we received Ministerial Council approval for revised continuing professional development (CPD), recency of practice (ROP) and professional indemnity insurance (PII) registration standards for three National Boards (Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine and Occupational Therapy), and for Chiropractic and Optometry (CPD only) and Psychology (PII only).

We also:

- continued our work on the joint review of the *Code of conduct* shared by seven National Boards and used by an additional five with minor profession-specific variations (Aboriginal and Torres Strait Islander Health Practice, Chinese medicine, chiropractic, dental, medical radiation practice, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy and podiatry). We prepared a revised draft code for initial testing with selected stakeholders, for when the definition of cultural safety being developed by the Aboriginal and Torres Strait Islander Health Strategy Group is available
- continued work to review the supervised practice guidelines used by some National Boards and to establish a clearer, simpler regulatory framework for supervised practice (other than supervision in the context of internships). We did further work on the proposed framework with stakeholders in preparation for public consultation
- substantially progressed a review of the joint National Boards' social media policy and work to coordinate a review of limited registration standards for some National Boards
- started work to explore how National Boards can best support professional practice by the practitioners they regulate, including through a more integrated and prevention-focused approach to their registration standards, codes and guidelines
- commissioned research to inform the next review of National Boards' English language skills registration standards, and
- carried out the first pilot of a behavioural insights project to explore whether behavioural approaches could improve advertising compliance.

Following amendments to the National Law, we also embarked on a scheduled review of the *Guidelines for mandatory reporting*, with public consultation planned for the second half of 2019.

<sup>1</sup> The Nursing and Midwifery Board of Australia's *English language skills registration standard* has some profession-specific differences to reflect the characteristics of the nursing and midwifery professions; the Paramedicine Board of Australia's *English language skills registration standard* has some minor differences related to grandparenting arrangements; and the Aboriginal and Torres Strait Islander Health Practice Board of Australia has a different standard reflecting the unique characteristics of this profession.

# Developing strategy and doing research

## Strategy

### Enhancing capability

AHPRA and the National Boards identify and measure how well we are contributing towards achieving the National Registration and Accreditation Scheme Strategy 2015–20 objectives, see [www.ahpra.gov.au/About-AHPRA/What-We-Do/NRAS-Strategy-2015-2020](http://www.ahpra.gov.au/About-AHPRA/What-We-Do/NRAS-Strategy-2015-2020). We use the balanced scorecard methodology to help us communicate about our work and our strategic outcomes.

Our objectives are grouped into four themes: capability and culture, risk-based regulation, strategic partnerships and service excellence. Within these themes, our objectives are expressed as action statements describing how we will achieve our strategy. Each of these objectives has a set of measures and targets that are used to monitor our progress, and communicate our performance.

This helps AHPRA and the National Boards consistently align all major initiatives to these objectives, making our achievements easier to measure and the value and benefit they bring easier to identify. In 2018/19, AHPRA strengthened this approach through a project portfolio review of all initiatives to help us focus on the most important and highest value initiatives to deliver on our objectives.

Our maturing approach to regulatory planning for National Boards is also increasingly focusing on scheme-wide opportunities, including collaborating across Boards to achieve common goals. Recently, we began a cross-professional notifications analysis for eight National Boards, as well as their aligned NSW Health Professional Council and the Queensland Office of the Health Ombudsman. We will expand this kind of work in the future, focusing on consolidating initiatives into multi-professional projects when appropriate.

## Strategic performance

The past 18 months provide insights into our performance against our strategic themes and objectives, including:

- In risk-based regulation, we showed consistent and improved performance in reducing the risk of harm to the public through reducing the time it takes to make decisions in notifications and monitoring and compliance matters.
- We continue enhancing our strategic partnerships with key stakeholders, particularly accreditation entities, the Jurisdictional Advisory Committee and the Ministerial Council.
- Our performance in capability and culture will continue to develop and improve with recent initiatives being aligned to our People Plan.
- The progressive redesign of our processes to better consider the notifier and practitioner experience is leading to improved service excellence.

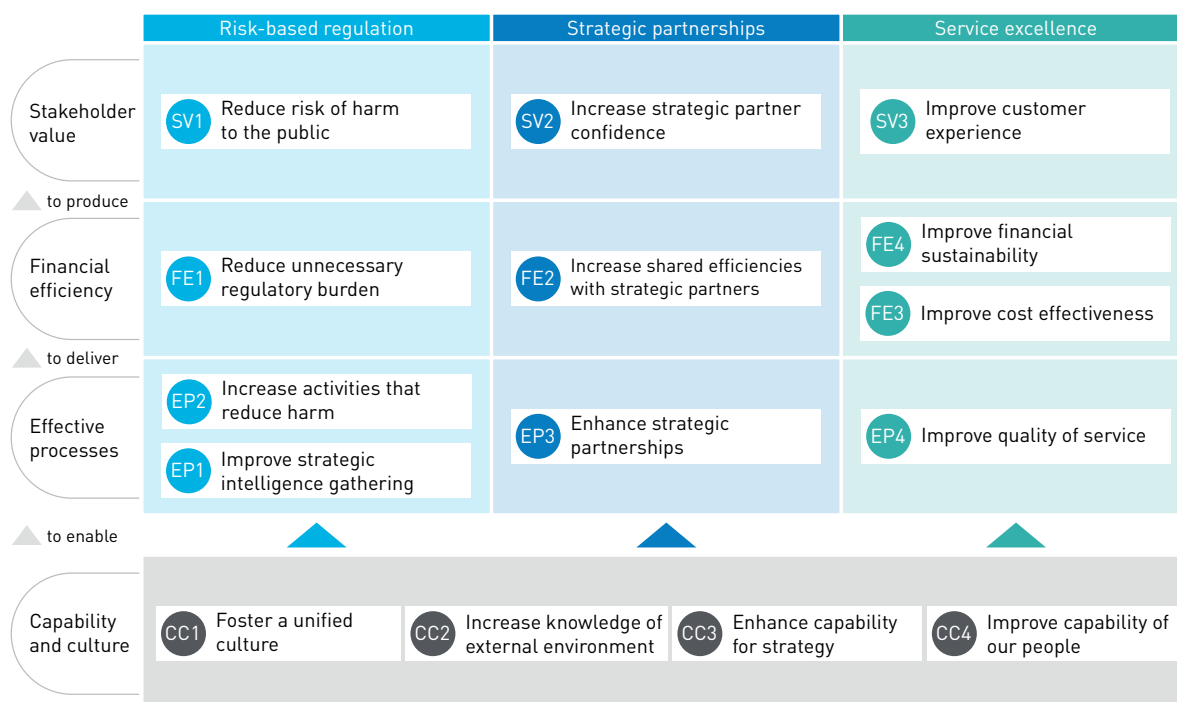
## Research

### Our regulatory research

All our research is intended to answer specific questions and help support evidence-based decision-making in the National Scheme. Projects supporting National Boards and other National Scheme entities through research and evaluation activities, including investigating relevant regulatory data about registered practitioners, were completed. This included:

- assessing and comparing notifications and outcomes about International Medical Graduates versus Australian and New Zealand Medical Graduates (commissioned by the Medical Board of Australia)
- analysing notifications data for recently graduated practitioners to support the work of the Accreditation policy team

Figure 89: Strategy implementation map



- analysing Optometry Board of Australia notifications data to identify drivers of notifications that may require a regulatory response
- completing a quality improvement study on AHPRA's work towards better understanding and improving our engagement with notifiers and health practitioners
- developing an evidence framework as part of updated resources to help advertisers assess the claims in their advertising
- conducting literature reviews, including on nurse practitioner standards and sexual boundary violations, and
- examining best practices in regulating aged care and personal care attendants.

## The guiding framework

Last year we published a research framework, which sets out the research priorities and principles that guide National Boards, AHPRA and external stakeholders in focusing their research efforts that use National Scheme data and information. See [www.ahpra.gov.au/About-AHPRA/What-We-Do/Data-access-and-research/Data-not-publicly-available](http://www.ahpra.gov.au/About-AHPRA/What-We-Do/Data-access-and-research/Data-not-publicly-available).

This year we continued aligning research projects to the framework and promoting this work to our stakeholders. The framework is designed as a living document and is due to be updated in 2019/20.

## A new international group

We established an international regulatory expert group to strengthen our research governance systems and provide advice on research, quality improvement and evaluation projects. The group brings together regulatory experts from Australia, New Zealand, the UK, the US and Canada. A highlight of the inaugural meeting was to hear Professor Anna van der Gaag, Visiting Professor, Ethics and Regulation at the University of Surrey, share her reflections on developing regulatory culture and associated opportunities for research.

## Research Summit 2019

In February 2019, AHPRA hosted a Research Summit in Melbourne with over 340 participants. The theme of the summit was 'Optimising research for regulatory effectiveness' and it brought together AHPRA staff, Board members from the 16 regulated health professions, regulatory colleagues from New Zealand and other partners including representatives from accreditation authorities and academia. Professor Zubin Austin from the University of Toronto, Canada, presented the keynote session followed by presentations by AHPRA researchers and research collaboration partners, including Professor Tim Shaw, University of Sydney, and Professor Euan Wallace, Safer Care Victoria.

## Research partnerships

AHPRA maintains and facilitates research partnerships, including a National Health and Medical Research Council (NHMRC) partnership grant with the University of Melbourne that has recently concluded. The University of Melbourne research has been investigating hotspots of risk using regulatory data collected by the National Scheme.

Publications include:

- Bismark, M, Tibble, H, Moore, J and others (2018) 'Eyes and ears on patient safety: Sources of notifications about the health, performance, and conduct of health practitioners' *Journal of Patient Safety*, 21 November 2018, doi: 10.1097/PTS.0000000000000544. [Epub ahead of print], and
- Spittal, MJ, Bismark, MM and Studdert, DM (2019) 'Identification of practitioners at high risk of complaints to health profession regulators' *BMC Health Services Research*, <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4214-y> [online first].

We also joined the new Digital Health Cooperative Research Centre (CRC) as a partner providing in-kind support. This program will invest over \$200 million aimed at developing and testing digital health solutions for patients, while equipping Australians to better manage their own health and wellbeing. We have primarily focused on facilitating access to de-identified regulatory data. However, we are also exploring the potential opportunities for contributing to specific projects, including projects related to improving quality and safety through enhanced performance feedback for practitioners.

## Access to data for research

AHPRA collects comprehensive national data on regulation. While these data have registration, workforce planning, demographic, commercial and research value, the National Law and the *Privacy Act 1988* (Cth) impose strict limits on their use. Our data access and research policy focuses on assisting researchers and other parties to better understand the process for considering requests for data and research.

AHPRA's website clearly details what data are already available, and how to access those data, as well as the processes for accessing data that are not publicly available and the policies and legislation that govern what can and cannot be released. For more information see [www.ahpra.gov.au/About-AHPRA/What-We-Do/Data-access-and-research](http://www.ahpra.gov.au/About-AHPRA/What-We-Do/Data-access-and-research).

AHPRA and the National Boards understand the need for transparency and availability of data in the National Law and the *Privacy Act 1988* (Cth), and have developed robust processes about data governance, access and release of all National Scheme data.

When our data and information are used for research, they are often published as research outcomes in academic journals. When information has been used by researchers and resulted in publication, we list them on our website. When publications can be accessed freely, links to external websites are provided at [www.ahpra.gov.au/About-AHPRA/What-We-Do/Data-access-and-research/What-data-are-available](http://www.ahpra.gov.au/About-AHPRA/What-We-Do/Data-access-and-research/What-data-are-available).

**Table 34: Data access requests by type in 2018/19**

Data request	Number of requests received 2018/19
Request to contact or survey practitioners	5
Copies or extracts of the Register of practitioners	22
Quantitative statistics (regulatory data)	73
Research data	4
Other (general information)	23
<b>Total</b>	<b>127</b>

Table 34 excludes requests to participate in our Practitioner Information Exchange (PIE) program. See page 93.



# Listening, talking, and informing

## Performance snapshot

404,255 calls received

481 media enquiries responded to

60 media releases issued

54 Board newsletters published

58 court and tribunal summaries published

## Responding to queries

404,255 calls made to our customer service team, an average of 1,555 each work day

94.6% of telephone enquiries resolved at first contact

69.8% relate to an application for registration

95% of callers responded with 'very satisfied' when asked to rate their interaction with our customer service team

59,978 web enquiries received, an average of 230 each day

## Publications

A total of 54 newsletters were emailed this year, including National Board newsletters that are sent to all registered practitioners by profession and the twice-yearly *AHPRA Report*, which is sent to AHPRA's 6,000 stakeholders. The newsletters include important information, such as changes to the standards health practitioners need to meet or how regulation is implemented.

We continue to see very high rates of engagement with the newsletters. The median open rate for our newsletters was 67%, with the highest rate being 76.5% (Chiropractic Board of Australia, June 2019).

AHPRA successfully met the statutory reporting requirement by submitting the 2017/18 annual report in the required timeframe. At 30 June 2019, the report had received over 20,000 page views.

## Social media

**Our social media channels continued to grow this year.**

24,389 Facebook likes, up 21.6% from last year

8,608 Twitter followers, up 13.7% from last year

32,805 LinkedIn followers, up 128.4% from last year

31,100 interactions (likes, shares and comments) made on our social posts

47,176 views of our videos on YouTube, with over 48,803 minutes watched

This year, we have continued sharing important updates for a practitioner's practice or in the public interest. Examples include:

- *A notification was made about me: A practitioner's experience*, the first of a series of videos on the notifications experience, which had 1,257 views on YouTube with over 4,380 minutes watched, and
- Participation in #CrazySock4Docs, to promote conversations about mental health and to reduce the stigma for doctors facing mental health issues, which had 1,035 engagements across our social platforms.

## Media communications

In addition to our ongoing work in building and maintaining respectful relationships with media outlets and journalists, we received and responded to 481 media enquiries from across Australia and internationally, and published 60 media releases as well as 365 unique news items for AHPRA and the National Boards.

This work helps health practitioner regulation become part of the wider conversation about the Australian health system, while supporting AHPRA and the National Boards to share messages that are important for the public and practitioners to hear. This year, our focus included an increased awareness of offence outcomes in courts to both inform consumers and act as a deterrent; supporting public health programs including vaccination; sharing supportive materials such as videos for the public and practitioners who engage with us as part of the notifications process; sharing news of changes to how we work in accreditation; our collaboration with the World Health Organization; announcing new information available on the national public register of practitioners and ways the community can contribute to regulatory change through public consultations.

The wider reach of this work includes increasing numbers of visitors to our websites, social media channels, publications, videos and online information.



## Published court and tribunal summaries

We published 58 court and tribunal summaries outlining each matter and its outcome. The summaries provide an important educational opportunity for registered practitioners about acceptable and unacceptable standards of practice and behaviour, and for patients about what they should expect from their practitioner. Issues covered include unlawful advertising, holding out, professional misconduct, repeat offending and improper prescribing.

## Seeking feedback

We regularly consult with two advisory groups to gather feedback, information and advice on our work. Both groups meet quarterly and publish communiqués after each meeting.

### Community Reference Group

Our Community Reference Group (CRG) provides feedback and advice on how to better understand and, most importantly, meet community needs. It is not representative of particular communities. Rather, members of the group provide a consumer perspective and expertise and share their opinions as individuals. We sought their advice on draft Board policies; how we can improve the way we engage and consult with the community; how we may better safeguard the confidentiality and safety of notifiers; and their thoughts on how to help patients and consumers navigate the complaints system. See [www.ahpra.gov.au/About-AHPRA/Advisory-groups/Community-Reference-Group](http://www.ahpra.gov.au/About-AHPRA/Advisory-groups/Community-Reference-Group).

### Professions Reference Group

The Professions Reference Group (PRG) provides a forum for AHPRA to engage constructively on National Scheme and cross-profession issues with associations representing the regulated professions. The PRG consists of one representative for each of the regulated health professions and the Health Professions Accreditation Collaborative Forum. We regularly consult the PRG for feedback, information and advice on our work, including changes to the National Law and improving our processes.

Topics discussed in the past year include legislative amendments, the mandatory reporting campaign, professional practice, the accreditation review, changes to the administrative complaints process, advertising compliance, tools and resources. See [www.ahpra.gov.au/About-AHPRA/Advisory-groups/Professions-Reference-Group](http://www.ahpra.gov.au/About-AHPRA/Advisory-groups/Professions-Reference-Group).

## On the media line

AHPRA runs a media line that is the first point of contact for all questions from the media.

Experienced staff take calls and respond to online enquiries from mainstream and health-industry media outlets, as well as from media officers in government departments and other stakeholders across Australia.

Being responsive, accurate and helpful is our primary focus; however, there are restrictions on the information that we can release under the National Law. Helping journalists understand how we can still help them tell their story within that legal context is an important part of our work.

Stories that captured the public's attention included proposed changes to the National Law and the successful prosecution of unregistered persons or fake practitioners, including:

- Mr Majid Rahebi, who performed restricted dental acts at his NSW business despite having no formal qualifications or registration as a dental practitioner
- Mr Marek Jantos, who held himself out as a registered psychologist (despite his registration being cancelled over 10 years ago) and unlawfully claimed to be a specialist in the field of 'pain medicine', and
- Mr Michael Dempsey, a suspended physiotherapist, who held out 11 people as registered physiotherapists or occupational therapists, when they were not.

The decision to publish links on the national register of practitioners to adverse disciplinary decisions by courts and tribunals, policy developments such as the Chiropractic Board of Australia's release of its interim policy on spinal manipulation, and the proposed changes to names published on the national register of practitioners are examples of issues that resulted in a lot of media interest.

Many stories go across boundaries and may be more appropriate for another regulator or health entity. For instance, calls about drugs or therapeutic products are referred to the Therapeutic Goods Administration (TGA), calls about a health service (rather than a registered health practitioner) might be referred to the relevant Health Complaints Commissioner. As co-regulation exists in Queensland and NSW, we frequently work with the Office of the Health Ombudsman (OHO) in Queensland and the Health Care Complaints Commission (HCCC) in conjunction with the Health Professional Councils Authority (HPCA) and Health Professional Councils in NSW.

Most enquiries we receive need a sensitive approach, especially when it's about an investigation or individual practitioner. We always try to provide as much information as possible without breaching our privacy obligations, knowing that most of the time we can generally not comment on individual practitioners or matters. Whenever we can, we explain the National Scheme and how people can engage with us.

# Managing and directing

## Key initiatives

Created a new online portal, enabling paramedics to register online

Implemented a new national model for registration and legal services and finalised a national compliance model

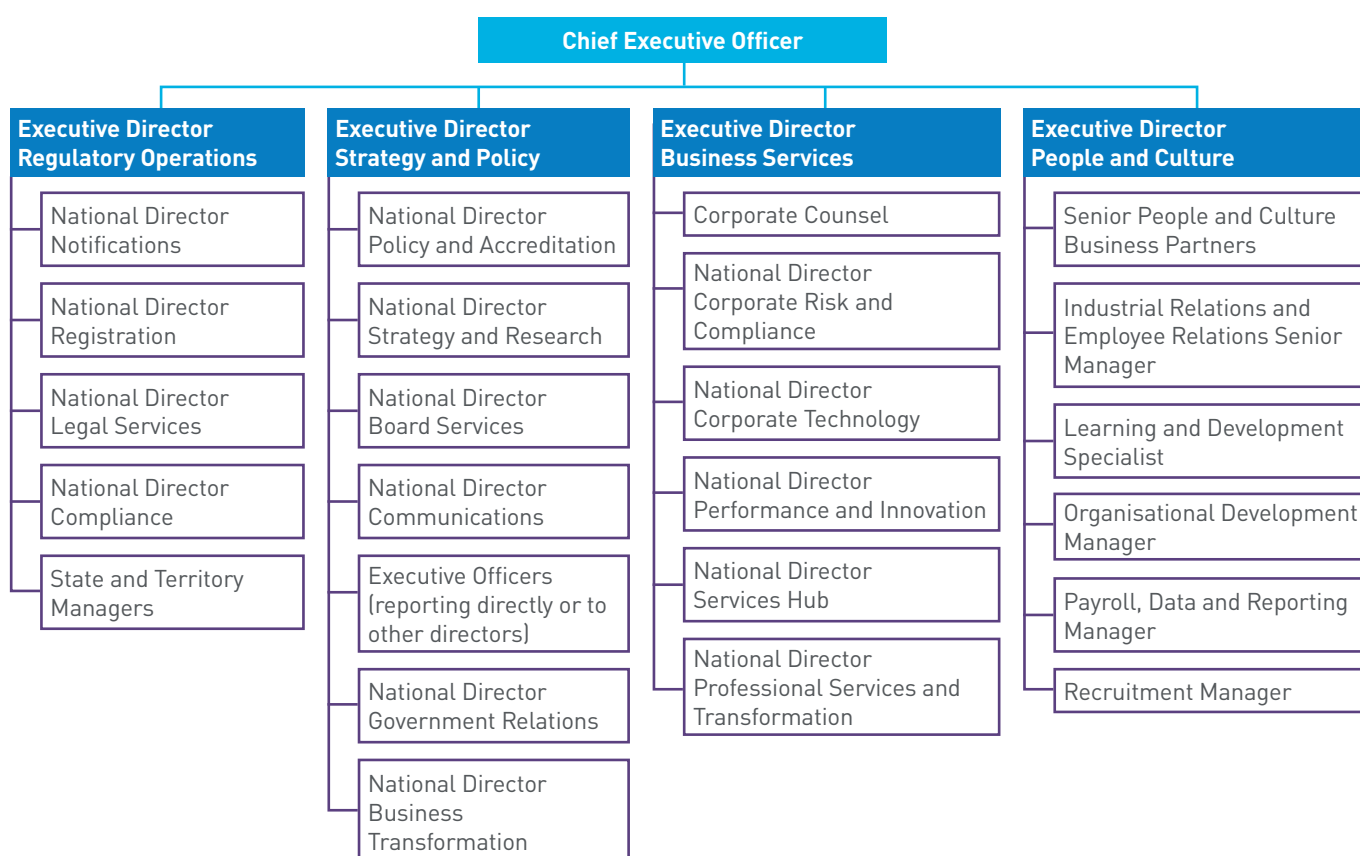
Developed a new scheme-wide approach for managing National Boards' equity

Delivered a cross-organisation program to ensure compliance with new requirements for the Information Publication Scheme under the *Freedom of Information Act 1982*.

## Organisational structure and resources

Four directorates govern AHPRA's corporate activities. See Figure 90 for the organisational structure and Table 35 for staffing.

**Figure 90: Organisational structure**



**Table 35: Full-time equivalent staff at 30 June 2019**

Directorate	Full-time equivalent staff
Regulatory Operations	668
Strategy and Policy	105
Business Services (including CEO office)	196
People and Culture	23
<b>Total</b>	<b>992</b>

**Regulatory Operations** is responsible for the efficient and effective delivery of core regulatory functions – registration, notifications, compliance and legal services – under the National Law. It provides leadership and strategic direction in developing and providing operational policy and procedures that support decision-making across these functions. Offices in each state and territory deal directly with local stakeholders and support the decision-making of local boards and committees.

This directorate is accountable for operational performance across the regulatory functions. It is committed to continuous improvement and quality assurance of our regulatory processes, through the continued refinement of our service model.

In 2018/19 we continued moving towards a national function-based operating model to carry out all our regulatory functions. The national models for legal, registration and parts of our notification functions have been confirmed and implemented, and we finalised a national model for compliance to be implemented next year.

Arranging our regulatory teams along national reporting lines will enable national consistency in how we work, and how we make our work visible, and will allow us to mobilise the skills and expertise of all our staff. The national model includes having clear points of contact for our stakeholders at each of our state and territory offices, including the state and territory managers.

**Strategy and Policy** undertakes whole of National Scheme strategy, policy, engagement and regulatory governance functions that are effective and responsive. It provides high-quality services that are national and run across the professions we regulate. It works in partnership with National Boards and collaboratively with accreditation authorities and key partners.

**Business Services** delivers corporate support, providing effective and efficient business systems and processes to reach our strategic objectives. Its main functions include providing information technology, cyber security and architecture, facilities management, finance and procurement, scheme-wide insurance portfolio, and organisation-wide risk management to ensure that we manage risk well.

**People and Culture** provides services to meet the needs of our people from employee engagement through the whole of their AHPRA career. This includes services such as learning and organisational development, health and wellbeing, recruitment, payroll and remuneration, leave and benefits, staff movements, and starting with and leaving AHPRA.

## National Executive

The National Executive is AHPRA's national leadership group. In 2018/19 its members were:

- Mr Martin Fletcher, Chief Executive Officer
- Ms Kym Ayscough, Executive Director Regulatory Operations
- Ms Judith Pettitt, Executive Director People and Culture (interim to 3 August 2018)
- Mr Mark Edwards, Executive Director People and Culture (from 3 September 2018)
- Ms Sarndrah Horsfall, Executive Director Business Services
- Mr Chris Robertson, Executive Director Strategy and Policy

## State and territory managers

Our state and territory managers are our senior leaders in each jurisdiction, and are based at each of our offices:

### Australian Capital Territory

Mr Anthony McEachran

### New South Wales

Ms Jane Eldridge

### Northern Territory

Ms Eliza Collier

Ms Inta Tumuls (acting, 24 Dec to 15 March)

### Queensland

Mr Howard Spry (acting, from 4 March)

Ms Rose Kent (to 1 March)

### South Australia

Ms Sheryle Pike

### Tasmania

Mr David Clements (from 3 June)

Ms Lisa McIntosh (to 31 May)

### Victoria

Dr Clarissa Martin PhD (from 3 June)

Mr Murray Smith (to 12 June)

### Western Australia

Mrs Karen Banks (from 24 June)

Ms Eliza Collier (acting, to 21 June)

Ms Robyn Collins (to 21 Dec)

## Taking care of our staff

Listening and investing in our people is a key strategic focus. Staff survey results in both 2017 and 2018 resulted in the formation of a dedicated People and Culture directorate in May 2018 with executive representation supported by the publication of the organisation's first strategic People Plan in February 2019. Through four target goals and 11 delivery initiatives, the People Plan has been designed to create the foundations necessary to meet AHPRA's promise of:

- a unified culture with values-based behaviours and performance
- improved service, collaboration and achievement through engaged employees
- an embedded suite of contemporary policies, processes and procedures, and
- an open and fair workplace that is flexible, respectful and safe.

With a focus on leadership behaviour and manager capability, the first action in the People Plan was to develop and embed a set of measurable leadership behaviours that are clearly linked to individual performance. These behaviours ensure our leaders foster an inclusive, supportive, and positive workplace culture linked to our organisation's values. In addition, a national induction and a manager capability program have been rolled out to further support middle managers in leading their teams. A series of short specific modules are being run by area experts from across the organisation.

The new induction program now covers cultural scene-setting, our strategic outcomes and mission, values, our people, leading with care, how we communicate, respectful workplace behaviours, the National Scheme, the National Boards, regulatory principles and our performance.

The People Plan also supports the implementation of our Reconciliation Action Plan (RAP), through developing and implementing of the Aboriginal and Torres Strait Islander employment strategy. This draft employment strategy

is now in a consultation phase. The new Enterprise Agreement has also introduced additional paid leave for Aboriginal and Torres Strait Islander employees to attend days of cultural significance.

A wellbeing and support program was developed in response to feedback from employees who, while highly motivated by the important role we play in keeping the public safe, identified that the nature of our work also means being confronted with information and situations that are mentally and emotionally challenging – beyond the normal stresses we may face in our day-to-day lives. The wellbeing and support program has been designed to help employees in managing complex situations and also shape a culture that is defined through leading with care and a focus on wellbeing.

We are also in the final stages of an employee assistance program tender process to ensure we have a contemporary, responsive service for employees who may need short-term assistance to maintain their psychological wellbeing. AHPRA is placing greater emphasis on ensuring high-risk teams receive proactive support during critical incidents by building in mandatory check-ins and processes.

Over recent years, we have been evolving our operating models to ensure our work is coordinated and carried out in the most consistent and effective way possible. In a regulatory environment as interconnected as ours, the need to work well in teams with members located across the country is crucial to our success. A series of virtual learning principles and toolkits were developed to support our virtual teams, and a range of technology improvements have also been rolled out to further enhance this work. We are focusing on digital improvement and providing our people with the tools, systems and processes to respond effectively and productively with a variety of initiatives to be rolled out during the next reporting year.

## Financial management

We work to ensure the long-term sustainability of the scheme. We do this through strategic financial management with a long-term view considering the strategic goals and objectives of the scheme. We plan, organise, direct and control the financial resources, ensure compliance with legislation and provide guidance to the National Boards.

The Finance, Audit and Risk Management Committee (FARMC) is the principal committee of the Agency Management Committee that oversees finance, audit and risk. This committee reviewed the annual financial reports and projections with management, focusing on the integrity and clarity of disclosure, compliance with relevant legal and financial reporting standards, and the application of accounting policies and judgements.

AHPRA's income for the full financial year to 30 June 2019 was \$203.22 million. Our income for the full year includes the components shown in Table 36.

**Table 36: Income type 2018/19**

Income type	Full year \$'000
Registration income	177,022
Application income	15,723
Interest income	5,084
Legal fee recoveries	1,749
Exam fees	1,086
Late fees and fast-track fees	754
Certificate of registration status	337
Accreditation income	242
Application for registrar program	221
Other income	1,000
<b>Total</b>	<b>203,218</b>

AHPRA and the National Boards work in partnership to ensure long-term financial sustainability. We recorded a net deficit of \$6.132 million in 2018/19.

The financial statements section of the annual report describes the performance in more detail, including the net result and equity position for each National Board.

Fees set for each National Board aim to meet the full costs of regulation for each profession. Table 37 provides an overview of registration fees by profession since the start of the National Scheme.

**Table 37: Registration fees for each profession**

Profession	Fee (\$)								
	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Aboriginal and Torres Strait Islander Health Practice			100	100	100	100	120	150	150
Chinese medicine			550	563	579	579	579	579	579
Chiropractic	495	510	518	530	545	552	566	566	566
Dentists and specialists	545	563	572	586	603	610	628	647	663
Dental prosthetists	485	501	509	521	536	542	558	575	589
Dental hygienists and therapists	270	279	283	290	298	301	310	319	327
Medical	650	670	680	695	715	724	724	742	764
Medical radiation practice			325	295	250	180	180	180	185
Nursing and midwifery	115	160	160	160	150	150	150	155	170
Occupational therapy			280	230	160	130	110	110	110
Optometry	395	408	415	395	365	325	300	300	300
Osteopathy	480	496	504	516	416	386	376	376	376
Paramedicine <sup>1</sup>									275
Pharmacy	295	305	310	317	317	320	328	336	396
Physiotherapy	190	196	199	179	159	120	110	110	140
Podiatry	350	362	368	377	388	378	378	378	378
Psychology	390	403	409	419	431	436	449	462	474

<sup>1</sup> Applicable from December 2018

## Corporate legal compliance

AHPRA is subject to a wide range of Commonwealth, state and territory legislation and subordinate rules made under that legislation, such as regulations and obligations under the general law. We are committed to constantly reviewing and improving both AHPRA and National Board procedures and activities to comply with these laws and to promote a culture of compliance. We have carried out a range of activities, described below, to instil the principles set out in Australian Standard 3806–2006: Compliance programs into our everyday activities.

When compliance concerns have been identified through monitoring, or applicable legislation is amended, relevant staff have been allocated responsibility to take practical steps to ensure compliance. Responsible officers regularly report to AHPRA's senior executives and the FARMC on the compliance steps they propose to take or have taken. This occurred in 2018 when amendments were made to the Health Practitioner Regulation National Law, which changed the way the *Privacy Act 1988* (Cth) and *Freedom of Information Act 1982* apply to AHPRA and the National Boards.

AHPRA engages third party providers such as contractors and consultants to help administer the National Law. To ensure compliance with the National Law and the wider regulatory framework, AHPRA's standard contract terms require contractors to comply with applicable legislation and policies, including confidentiality, privacy, freedom of information (FOI), information security, record management, employment, and workplace health and safety. Where appropriate, AHPRA requires contractors to permit audits to demonstrate compliance.

Within the past 12 months, AHPRA introduced a new procurement policy and intranet site to enhance organisational compliance with financial management duties under Part 9 of the National Law. AHPRA also maintains a central repository for contracts and tenders, designed to monitor contractor performance and achieve expense resource planning.

## Practitioner Information Exchange program

Practitioner Information Exchange (PIE) is a secure web-based system providing information to employers about the registration of the health practitioners they employ, including any restrictions that a Board might have placed on their registration. It helps employers connect human resources, clinical management, risk management, IT security and customer management systems into an effective health practitioner registration data source.

This year, there were 94 subscribers to the PIE service from government departments, public and private hospitals, and the educational and research sectors.

For more on PIE, see [www.ahpra.gov.au/Registration/Employer-Services/Practitioner-information-exchange](http://www.ahpra.gov.au/Registration/Employer-Services/Practitioner-information-exchange).

## Administrative complaints

This year has seen a significant change in the way that AHPRA manages and responds to administrative complaints. AHPRA has revised its administrative complaints handling policy and procedure and created a new National Administrative Complaints team led by a National Complaints Manager, to ensure national consistency and oversight of our complaints management framework.

The purpose of the new policy is to listen to the concerns that people have raised, and respond to complaints promptly, empathetically and fairly. We are committed to excellent customer service and continuous improvement. Feedback is always welcome and helps us improve our services and this is why it was important to us to improve our management of administrative complaints.

The new policy makes it easier for people to make a complaint, to understand how we will manage their complaint once we receive it and what people can do if they remain concerned after they receive our response.

We have also significantly reduced the expected timeframes to respond to a complaint.

The new policy was published on AHPRA's website – see [www.ahpra.gov.au/About-AHPRA/Complaints](http://www.ahpra.gov.au/About-AHPRA/Complaints) – along with revised information about how we manage complaints, on 12 April 2019.

Straightforward complaints (stage 1) are handled by the area that receives them, and complex complaints (stage 2) by the Complaints team. Stage 3 complaints are investigated or reviewed externally by the National Health Practitioner Ombudsman and Privacy Commissioner (NHPOPC). We report annually on all stage 2 and 3 complaints.

This year there was an increase in the number of complaint matters dealt with directly. We received 297 stage 2 complaints directly, up from 234 last year. A total of 214 complaints were transferred to us from NHPOPC. We also assisted the NHPOPC with 128 investigations which were initiated during the reporting period. Table 38 outlines the number of complaints we received directly by profession. We are continuing to refine our data to ensure complete reporting on administrative complaints.

**Table 38: Stage 2 complaints by profession**

Profession	Number of direct complaints	Number of complaints transferred from NHPOPC <sup>1,2</sup>	Number of Investigations opened by the NHPOPC
Aboriginal and Torres Strait Islander Health Practice			
Chinese medicine	3	3	1
Chiropractic	3	1	
Dental	15	9	5
Medical	121	57	69
Medical radiation	6	4	
Nursing and midwifery	73	75	29
Occupational therapy	9	6	1
Optometry	2		1
Osteopathy	2	1	
Paramedicine	2	4	
Pharmacy	5	2	
Physiotherapy	8	6	1
Podiatry	2	7	
Psychology	46	39	21
<b>Total</b>	<b>297</b>	<b>214</b>	<b>128</b>

<sup>1</sup> There is a difference between the way that AHPRA and the NHPOPC record the number of complaints received as well as the nature of the concerns. AHPRA and the NHPOPC are working together to address this difference for the next reporting period.

<sup>2</sup> Sometimes a person may complain directly to AHPRA and then to the NHPOPC, the NHPOPC may subsequently transfer a complaint to AHPRA and/or commence an investigation. In these cases the complaint will be reported more than once.

## Notification complaints

This year we received 129 stage 2 complaints about notification-related matters. The majority of these complaints were about dissatisfaction with the decision made. Other categories of complaint were about communication during the management of a notification and concerns about delay. The NHPOPC referred 67 complaints to AHPRA that related to notifications. Of these complaints 57 were received from notifiers and 10 from practitioners. Table 39 provides information about the number of notification-related complaints received directly.

**Table 39: Stage 2 notification complaints by issue**

Issue	Number (direct)
Dissatisfaction with decision	95
Communication	10
Delay	15
Other	9
<b>Total</b>	<b>129</b>

## Registration complaints

This year we received 161 stage 2 complaints about registration-related matters. Complaints about delay in registration applications accounted for 65.8% of all registration-related complaints. Other categories of complaint were concerns about registration policy and communication. The NHPOPC referred 140 registration complaints to AHPRA for direct management. Of these complaints 110 related to delay, 26 to process and/or policy and four to fees. Table 40 provides information about the number of registration-related complaints received directly.

**Table 40: Stage 2 registration complaints by issue**

Reason	Number (direct)
Delay	106
Communication	7
Policy	12
Other	36
<b>Total</b>	<b>161</b>



## Other complaints

Of the remaining seven complaints received directly, three were about Boards, three about campaigns, and one about privacy. Of the seven remaining complaints that were forwarded to us from the NHP0PC two were complaints relating to Freedom of Information and five related to privacy.

## Freedom of information

Section 215 of the National Law provides that the Commonwealth's *Freedom of Information Act 1982* (FOI Act) applies to the National Law, as modified by regulations made under that law.

AHPRA received 273 Freedom of Information (FOI) applications, including 29 applications for internal review and one tribunal/court-related matter.

During the year, 265 applications were finalised including 28 internal reviews and one tribunal/court-related matter. Outcomes are detailed in Table 41.

As at 30 June 2019, 24 matters remain on hand.

**Table 41: Finalised FOI applications in 2018/19**

Outcome	Number
Granted in full	39
Granted in part	136
Access refused	60
Transferred in whole	
Transferred in part	
Withdrawn	29
Total <sup>1</sup>	264

<sup>1</sup> Not including one tribunal outcome

## Legislative changes about freedom of information

Some significant changes to the law that regulates access to the information we hold occurred in 2018/19. These changes include:

- From 1 December 2018 the law was changed to require AHPRA and National Boards to comply with the *Freedom of Information Act 1982* (Cth) that is currently in force. An older version previously applied. This change makes it easier for members of the community to understand the rules that apply about administering applications for information made under the Act. From this date, AHPRA was also required to publish an information disclosure log that makes certain information disclosed under the FOI Act publicly available. The disclosure log can be accessed through the AHPRA website.
- From 1 June 2019, National Boards and AHPRA are required to participate in the Information Publication Scheme under the FOI Act. The Information Publication Scheme requires that certain information be published on the AHPRA website.

## Digital initiatives

### Digital House

The Digital House program is an initiative linked to our strategic objectives, delivering the technologies that enable us to regulate effectively and provide improved service and experience for customers and staff. Achievements of the program over the past 12 months have been:

- the platform enabling paramedics to register online – a completely digital and paper-free process
- a workflow and queue management tool supporting the new registration operating model
- an increasing number of application forms being made available online.

### Pulse

Throughout the reporting period we focused on the implementation and enhancement of an Enterprise Resource Planning system through our Pulse program. The Pulse program saw the successful launch of a new payroll system with further enhancements proposed in 2019/20 to better support our corporate processes and integrated people and financial systems.

## Information governance and cyber security

AHPRA maintains an active information governance program. The information governance activities include:

- a continued risk-based approach to managing information-governance outcomes, such as an ability to apply the appropriate level of security to our information assets
- further enhancements to our ongoing staff awareness campaigns including information about security, privacy, records management and data access
- focused work around compulsory privacy compliance training for all staff, and
- continued focus on our information asset ownership work that identifies, classifies and determines appropriate control requirements for information assets.

AHPRA has a well-established information security assurance program, including reviews of our cyber-preparedness and cyber security. These reviews have confirmed continual improvement of our information security and cyber threat programs. We recognise the continuing volatility of the digital environment and maintain a high level of vigilance on cyber threats. Informed by the outcomes of our cyber assurance program, we continue an active and responsive program of work through our annual workplan.

# How AHPRA manages its activities and risks

## Corporate Assurance Framework

AHPRA has an agreed plan that assigns responsibility to each of the four Executive Directors for managing risks on a day-to-day operational level for their directorates. Each directorate has an assurance plan that records the risks relevant to that directorate.

Risks are identified, assessed, monitored and managed at a directorate level, but escalated in accordance with the requirements of the Corporate Assurance Framework and recorded in the Corporate Assurance Plan for review and monitoring by the CEO and the National Executive.

The Corporate Assurance Plan reports the escalated risks and risk ratings, along with the controls and assurances put in place to mitigate the risks. The plan is reviewed by the Finance, Audit and Risk Management Committee (FARMC) to monitor the effective management of risks reported to the Agency Management Committee and the National Boards.

FARMC assures that systems are in place so AHPRA effectively and appropriately manages risk and oversees the operation of those systems. AHPRA's internal audit function forms part of the review process, provides assurance on the risk management process, and advises the committee accordingly. The internal audit done during the year gave an independent assessment of this to the committee.

## Data handling

AHPRA handles significant volumes of sensitive and personal information about registered health practitioners, students and notifiers. We recognise our obligations to protect this information and have established an ongoing program of work to strengthen our current practices in minimising the risk of data loss, to ensure data are collected, held and used in accordance with privacy law and best practice. We held an annual information awareness program that aligns with external activities such as Privacy Week and Cyber Security Awareness Week.

## The system of internal control

The CEO is responsible for reviewing the effectiveness of the system of internal control, which has been in place this year and, up to the date of approval of the annual report and accounts, in accordance with guidance from the Victorian Auditor-General's Office (VAGO). The review is informed by the work of internal auditors and senior AHPRA managers who are responsible for developing and maintaining the internal control framework, and comments made by external auditors in their management letter and other reports. The FARMC has been advised on the outcome of the review. Plans are in place to address identified weaknesses and ensure continuous improvements.

The managers responsible for the system of internal control provided the CEO, through the Executive Director Business Services, with assurance that AHPRA's system of internal control is subject to consistent monitoring, review and improvement, and that AHPRA's key risks are being identified, assessed and managed appropriately to ensure the goals and objectives of the National Scheme are achieved.

The latest version of the Corporate Assurance Framework was presented to FARMC in March 2019.

AHPRA's internal financial and risk management staff, in liaison with the internal auditors, plan and carry out a FARMC-approved work program to review the design and operation of the systems of internal control. When weaknesses have been identified, they are reported to FARMC and an action plan is agreed with management to implement the recommendations as part of this process.

Our risk mitigation strategy includes the appropriate and proportional placement of insurances. Throughout the financial year, our insurance portfolio was up to date and was reviewed and renewed for a further 12-month period on 30 June 2019. The insurance program is overseen by FARMC.

## Capacity to handle risk

The Executive Director Business Services has the designated operational responsibility for maintaining and developing the organisation-wide system of internal control. The CEO is the designated executive with operational responsibility for the system of risk management and risk reporting.

The Agency Management Committee takes an active role in risk management, receiving periodic reports and reviewing the Corporate Assurance Framework.

FARMC oversees AHPRA's governance processes and has reviewed the Corporate Assurance Plan at its meetings, together with movements in the risks identified through that framework and their management.

We are not aware of any significant risk management issues that would prevent AHPRA from delivering the National Scheme's goals and objectives that have not been identified, assessed and which do not have an appropriate plan. We are satisfied that work is underway that is designed to ensure AHPRA identifies, assesses, monitors and manages risks appropriately.

Australian Health Practitioner  
Regulation Agency

**Financial statements**

for the year ended 30 June 2019

# Agency Management Committee's report

## Results for 2018/19

### Overview

The Australian Health Practitioner Regulation Agency (AHPRA), working in partnership with the 15 National Boards, recorded a result which exceeded expectations for 2018/19 as part of our multi-year approach to ensuring sustainable financial arrangements.

### Income

Total income from transactions was \$203.218 million during the 2018/19 financial year, an increase of \$18.402 million from 2017/18. As well as new income of \$6.162 million from the inclusion of the Paramedicine Board of Australia, the growth was due to a couple of factors, including an increase in the number of registrants throughout the year, fee increases for seven of the National Boards, with a further seven National Boards freezing their registration fees at 2017/18 levels. Of the seven Boards that increased fees, four increased by 3% indexation or less, with the remaining three increasing fees above 3%.

### Expenditure

Total expenses from transactions were \$209.031 million, an increase of \$12.456 million from the 2017/18 financial year. This was in part due to increases in notification volumes leading to increased staffing levels; a 114% growth in Queensland matters referred to Queensland Civil and Administrative Tribunal (QCAT); the Enterprise Agreement increases effective from July 2018; and our continued investment in new and modern technology platforms.

### Balance sheet

The balance sheet remains healthy at 30 June 2019, with the largest contributor to this being both cash and cash equivalents, and investments held by AHPRA, which largely recognise registration fees paid in advance by registrants, and accumulated equity brought forward. Overall net assets decreased by \$6.131 million during 2018/19.

Our financial year 2018/19 ended with \$62.865 million of equity recorded at 30 June 2019, a reduction of \$6.131 million over the 2017/18 financial year.

As part of our multi-year financial plan, it is crucial we continue to assess equity levels for all Boards. In some cases, to bring these equity levels down to appropriate levels, Boards have used these funds to cover operational expenditure during 2018/19.

### The year ahead

We expect the overall financial performance in 2019/20 to be similar to 2018/19, with planned reductions in equity in 2019/20 before equity then stabilises over the coming years, consistent with our five-year financial plan.

It is expected that AHPRA, in partnership with the National Boards, will continue to be solvent throughout 2019/20, including the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA). From the financial year 2017/18, AHPRA no longer receives a government grant for ATSIHPBA. Due to low registrant numbers and consistent with the prior year, the continued use of scheme interest income was approved to ensure the financial sustainability of ATSIHPBA.

## Declaration by Chair of the Agency Management Committee, Chief Executive Officer, Executive Director, Business Services and Finance Professional Lead

We certify that the attached financial statements for the Australian Health Practitioner Regulation Agency have been prepared in accordance with Schedule 3, Part 3 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), Australian Accounting Standards and Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the Statement of comprehensive income, Balance sheet, Statement of changes in equity, Statement of cash flows and notes to, and forming part of, the financial statements, presents fairly the financial transactions for the year ended 30 June 2019 and the financial position of the Australian Health Practitioner Regulation Agency as at 30 June 2019.

At the time of signing, we are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We were authorised by the Agency Management Committee to issue the attached financial statements on this day.



**Gill Callister PSM**

Chair, Agency Management  
Committee

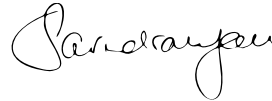
29 August 2019



**Martin Fletcher**

Chief Executive Officer

29 August 2019



**Sarndrah Horsfall**

Executive Director, Business  
Services

29 August 2019



**Damian Byass**

Finance Professional Lead

29 August 2019

## Independent Auditor's Report

### To the Agency Management Committee of the Australian Health Practitioner Regulation Agency

<b>Opinion</b>	<p>I have audited the financial report of the Australian Health Practitioner Regulation Agency (the agency) which comprises the:</p> <ul style="list-style-type: none"> <li>• balance sheet as at 30 June 2019</li> <li>• statement of comprehensive income for the year then ended</li> <li>• statement of changes in equity for the year then ended</li> <li>• statement of cash flows for the year then ended</li> <li>• notes to the financial statements, including significant accounting policies</li> <li>• declaration by chair of the agency management committee, chief executive officer, executive director, business services and finance professional lead.</li> </ul> <p>In my opinion the financial report presents fairly, in all material respects, the financial position of the agency as at 30 June 2019 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 3 of the <i>Health Practitioner Regulation National Law Act</i> and applicable Australian Accounting Standards.</p>
<b>Basis for Opinion</b>	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the agency in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's <i>APES 110 Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
<b>Agency Management Committee's responsibilities for the financial report</b>	<p>The Agency Management Committee of the agency is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the <i>Health Practitioner Regulation National Law Act</i>, and for such internal control as the Agency Management Committee determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Agency Management Committee is responsible for assessing the agency's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.</p>



**Auditor's responsibilities for the audit of the financial report**

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the agency's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Agency Management Committee
- conclude on the appropriateness of the Agency Management Committee's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the agency's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the agency to cease to continue as a going concern.
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Agency Management Committee regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



MELBOURNE  
6 September 2019

Travis Derricott  
*as delegate for the Auditor-General of Victoria*

# Statement of comprehensive income for the year ended 30 June 2019

Continuing operations	Note	2019 \$'000	2018 \$'000
<b>Income from transactions</b>			
Registration fee income	A1	193,499	174,290
Interest income	A2	5,085	4,939
Other income	A3	4,634	5,587
<b>Total income from transactions</b>		<b>203,218</b>	<b>184,816</b>
<b>Expenses from transactions</b>			
Board and committee sitting fees	A4	6,236	6,009
Legal and notification costs	A4	11,090	11,900
Office of the Health Ombudsman (OHO, in Queensland)	E5	7,188	4,222
Accreditation expenses (external)	A4	9,676	9,484
Staffing costs	A4	125,045	115,716
Travel and accommodation	A4	7,334	6,985
Systems and communications		10,897	9,650
Property expenses		9,097	9,350
Strategic and project consultant costs		1,682	2,159
Depreciation and amortisation	B5(1)	3,465	4,207
Administration expenses	A4(1)	17,321	16,893
<b>Total expenses from transactions</b>		<b>209,031</b>	<b>196,575</b>
<b>Net result for the year</b>		<b>(5,813)</b>	<b>(11,759)</b>
<b>Comprehensive result</b>		<b>(5,813)</b>	<b>(11,759)</b>

*This statement should be read in conjunction with the accompanying notes.*

## Balance sheet as at 30 June 2019

	Note	2019 \$'000	2018 \$'000
<b>Current assets</b>			
Cash and cash equivalents	C1	10,170	5,292
Investments	C2	64,000	54,000
Prepayments		1,789	3,290
Receivables	B2	1,551	4,083
Accrued income	A2	861	1,151
Leased assets	C4	534	532
<b>Total current assets</b>		<b>78,905</b>	<b>68,348</b>
<b>Non-current assets</b>			
Long-term investments	C2	110,000	112,000
Leased assets	C4	3,953	4,475
Plant and equipment	B4	11,117	11,161
Intangible assets	B5	4,155	438
<b>Total non-current assets</b>		<b>129,225</b>	<b>128,074</b>
<b>Total assets</b>		<b>208,130</b>	<b>196,422</b>
<b>Current liabilities</b>			
Payables and accruals	B3	15,865	12,307
Income in advance	A1	96,222	85,049
Employee benefits	D1	18,616	14,753
Lease liability	C4	1,284	1,284
<b>Total current liabilities</b>		<b>131,987</b>	<b>113,393</b>
<b>Non-current liabilities</b>			
Employee benefits	D1	3,990	3,537
Lease liability	C4	8,471	9,755
Make good provision	C4(1)	817	741
<b>Total non-current liabilities</b>		<b>13,278</b>	<b>14,033</b>
<b>Total liabilities</b>		<b>145,265</b>	<b>127,426</b>
<b>Net assets</b>		<b>62,865</b>	<b>68,996</b>
<b>Equity</b>			
Contributed capital	C3	43,895	43,895
Accumulated surplus	C3	18,970	25,101
<b>Total equity</b>		<b>62,865</b>	<b>68,996</b>
Commitments	C5		
Contingent assets and liabilities	B6		

This statement should be read in conjunction with the accompanying notes.

## Australian Health Practitioner Regulation Agency

### Statement of changes in equity for the year ended 30 June 2019

	Note	Contributed capital \$'000	Accumulated surplus \$'000	Total equity \$'000
Balance at 1 July 2017		43,895	36,860	80,755
Net result for the year			(11,759)	(11,759)
Balance at 30 June 2018		43,895	25,101	68,996
Change in accounting policy	E1(9)		(318)	(318)
Restated balance at 1 July 2018		43,895	24,783	68,678
Net result for the year			(5,813)	(5,813)
Balance at 30 June 2019	C3	43,895	18,970	62,865

This statement should be read in conjunction with the accompanying notes.

## Australian Health Practitioner Regulation Agency

### Statement of cash flows for the year ended 30 June 2019

	Note	2019 \$'000	2018 \$'000
<b>Cash flows from operating activities</b>			
Payments to suppliers, employees and others		(204,598)	(193,096)
Receipts relating to registrant fees		204,580	179,096
Net Goods and Services Tax (GST) received from the Australian Taxation Office (ATO)		7,401	7,558
Other receipts		7,166	2,751
Interest received		5,467	6,366
Net cash flows from operating activities	B1	20,016	2,675
<b>Cash flows from investing activities</b>			
Payments for plant and equipment, intangibles and work-in-progress		(7,138)	(5,519)
Purchase of investments		(81,000)	(124,000)
Proceeds of investments		73,000	125,000
Net cash flows used in investing activities		(15,138)	(4,519)
Net increase/(decrease) in cash and cash equivalents		4,878	(1,844)
Cash and cash equivalents at the beginning of the year		5,292	7,136
Cash and cash equivalents at end of the year	C1	10,170	5,292

All amounts are inclusive of GST.

This statement should be read in conjunction with the accompanying notes.

# Note A: Funding and cost of delivering of our services

## Introduction

This section provides a breakdown of income and an account of the expenses incurred by AHPRA in delivering services in partnership with the National Boards.

## Structure

- A1. Registration fee income
- A2. Interest income
- A3. Other income
- A4. Expenses from transactions
- A5. Events occurring after the balance sheet date

Income is recognised to the extent that it is probable that the economic benefits will flow to AHPRA and it can be reliably measured. Income over which AHPRA does not have control is disclosed as administered income (see *Note E5*).

## Note A1: Registration fee income

Registrations are payable periodically in advance. Only those registration fees that are attributable to the current financial year are recognised as income. Registration fees that relate to future periods are recorded as income in advance within the balance sheet.

When a person pays an application fee, the fee is recognised in the financial year in which it is received.

	2019 \$'000	2018 \$'000
Registration fees	177,022	162,842
Application fees	16,477	11,448
<b>Total registration fee income</b>	<b>193,499</b>	<b>174,290</b>

Income in advance	2019 \$'000	2018 \$'000
Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSHPBA)	44	41
Chinese Medicine Board of Australia (CMBA)	843	867
Chiropractic Board of Australia (ChiroBA)	1,051	1,026
Dental Board of Australia (DBA)	4,618	4,381
Medical Board of Australia (MBA)	18,160	16,959
Medical Radiation Practice Board of Australia (MRPBA)	1,065	1,001
Nursing and Midwifery Board of Australia (NMBA)	53,682	47,663
Occupational Therapy Board of Australia (OTBA)	916	853
Optometry Board of Australia (OptomBA)	632	599
Osteopathy Board of Australia (OsteoBA)	341	317
Paramedicine Board of Australia (ParaBA)	1,897	0
Pharmacy Board of Australia (PharmBA)	4,180	3,474
Physiotherapy Board of Australia (PhysioBA)	1,591	1,189
Podiatry Board of Australia (PodBA)	734	707
Psychology Board of Australia (PsyBA)	6,376	5,968
Other	92	4
<b>Total income in advance</b>	<b>96,222</b>	<b>85,049</b>

Registration of paramedics commenced 1 December 2018.

## Note A2: Interest income

Interest income is accrued by reference to the principal of a financial asset at the effective interest rate when earned.

	2019 \$'000	2018 \$'000
Interest on term deposits	5,085	4,939
<b>Total interest income</b>	<b>5,085</b>	<b>4,939</b>

Interest earned but not received is recorded as accrued income in the balance sheet.

Accrued income	2019 \$'000	2018 \$'000
Accrued interest on term deposits	861	1,115
Other accrued income	0	36
<b>Total accrued income<sup>1</sup></b>	<b>861</b>	<b>1,151</b>

<sup>1</sup> For more information see *Note E2(b)*.

## Note A3: Other income

Other income includes income that is not registration fees or interest. Key items of other income include certificates of registration status requested by registrants, legal fee recoveries and fees related to the Pharmacy Board of Australia's examinations.

	2019 \$'000	2018 \$'000
Accreditation	242	256
Certificate of registration status	337	334
Government grants	0	1,612
Legal fee recovery	1,748	961
Pharmacy Board of Australia examinations	729	741
Other	1,578	1,683
<b>Total other income</b>	<b>4,634</b>	<b>5,587</b>

## Note A4: Expenses from transactions

Expenses from transactions are recognised in the statement of comprehensive income when they are incurred.

## Board and committee sitting fees

Board and committee sitting fee costs include national, state and regional board expenditure relating to meetings held by the National Boards and their committees.

## Legal and notification costs (external)

Legal costs include external costs relating to managing the regulatory processes by AHPRA. These costs include legal fees paid to external firms and costs of civil tribunals. They do not include the costs associated with AHPRA staff in the assessment and investigation of notifications, the cost of legal staff employed by AHPRA, nor the cost of notification matters retained by the Office of the Health Ombudsman (OHO) (refer to *Note E5*).

## Accreditation expenses (external)

Accreditation expenses (external) relate to payments to external accreditation bodies to exercise accreditation functions, as defined in section 42 of the National Law. Staff costs and committee sitting fees when these functions are carried out by board committees are not included.

ATSIHPBA, CMBA, MRPBA, ParaBA and PodBA have assigned accreditation functions under section 42 of the National Law to accreditation committees administered by AHPRA.

Accrediting activities relating to registration of health practitioners under section 52 of the National Law are disclosed separately. During 2018/19, funding for MBA accrediting activities of \$888k (2018: \$872k) was incurred for intern training accreditation authorities (refer to *Note A4(1)*).

## Pooled costs

AHPRA incurs all the following expenses and then proportionally allocates the expenditure to National Boards, based on an agreed formula. The formula is based on an analysis of historical and financial data to estimate the proportion of AHPRA costs required to regulate each profession. Costs include salaries, systems and communication, property and administration costs. AHPRA supports the work of the National Boards by employing all staff and providing systems and infrastructure to manage registration, compliance and notification functions, as well as the support services necessary to run a national organisation with eight state and territory offices.

## Staffing costs

Staffing costs relate to all AHPRA employment costs, including wages and salaries, fringe benefit tax, leave entitlements and on-costs, termination payments, WorkCover premiums, superannuation and contractors.

## Travel and accommodation

Travel and accommodation relate to flights, taxis and hotel costs incurred by AHPRA, National Boards and their committees for travel attending scheduled board and committee meetings.

## Systems and communication

Systems and communication costs relate to the technology systems of AHPRA.

## Property expenses

Property expenses include rental, outgoings and maintenance of all properties.

## Strategic and project consultant costs

Strategic and project consultant costs relate to project costs incurred in the year for both National Boards and AHPRA projects.

## A4(1): Administration expenses

Administration expenses include corporate legal, bank charges and merchant fees, postage, freight and couriers, printing and stationery, insurance and recruitment.

	2019 \$'000	2018 \$'000
<b>Bank charges and merchant fees</b>	1,083	1,027
<b>Criminal history checks</b>	1,681	1,330
<b>External contract services</b>	2,702	2,840
<b>Funding for intern training accreditation authorities for registration of health practitioners (section 52)</b>	888	872
<b>Health programs</b>	3,328	3,234
<b>Insurance</b>	1,264	1,187
<b>Internal audit fees</b>	406	414
<b>Legal – corporate</b>	496	534
<b>Meals and catering</b>	462	453
<b>National Health Practitioner Ombudsman and Privacy Commissioner Office</b>	1,500	750
<b>Pharmacy Board of Australia examinations<sup>1</sup></b>	432	480
<b>Printing, postage, freight and courier</b>	1,500	2,375
<b>Publications</b>	370	372
<b>Recruitment</b>	373	556
<b>Other</b>	836	469
<b>Total administration expenses</b>	<b>17,321</b>	<b>16,893</b>

<sup>1</sup> This cost only relates to contracts with third parties in providing the Pharmacy Board of Australia examinations which make up only part of the overall cost of providing this service.

## A4 (2): Summary of income and expenses by board

The AHPRA annual financial statements are a report of the Agency Fund under the National Law and include transactions of all 15 National Boards administered by AHPRA.

Under the National Law, the National Boards are unable to enter into transactions themselves, with AHPRA administering all income and expenditure transactions on behalf of each National Board, as set out in each Health Profession Agreement.

The total amount transacted is reflected in the comprehensive statement of income and accompanying financial statements. The aggregated total income and total expenditure transacted and attributed to each National Board is shown in the table below.

Board	2019 Income \$'000	2019 Expenses \$'000	2019 Total \$'000	2018 Income \$'000	2018 Expenses \$'000	2018 Total \$'000
<b>ATSIHPBA<sup>1</sup></b>	521	521	<b>0</b>	503	503	<b>0</b>
<b>CMBA</b>	2,371	1,755	<b>616</b>	2,427	1,615	<b>812</b>
<b>ChiroBA</b>	2,727	1,752	<b>975</b>	2,646	1,648	<b>998</b>
<b>DBA</b>	11,673	11,282	<b>391</b>	10,963	10,999	<b>(36)</b>
<b>MBA</b>	74,583	78,661	<b>(4,078)</b>	69,640	73,160	<b>(3,520)</b>
<b>MRPBA</b>	3,055	3,793	<b>(738)</b>	2,967	3,749	<b>(782)</b>
<b>NMBA</b>	63,052	67,857	<b>(4,805)</b>	58,036	65,091	<b>(7,055)</b>
<b>OTBA</b>	2,606	3,241	<b>(635)</b>	2,449	3,167	<b>(718)</b>
<b>OptomBA</b>	1,633	1,698	<b>(65)</b>	1,572	1,676	<b>(104)</b>
<b>OsteoBA</b>	931	883	<b>48</b>	863	851	<b>12</b>
<b>ParaBA</b>	6,162	3,721	<b>2,441</b>	1,612	910	<b>702</b>
<b>PharmBA</b>	10,841	11,539	<b>(698)</b>	9,634	11,423	<b>(1,789)</b>
<b>PhysioBA</b>	3,981	4,643	<b>(662)</b>	3,365	4,716	<b>(1,351)</b>
<b>PodBA</b>	1,926	1,684	<b>242</b>	1,867	1,457	<b>410</b>
<b>PsyBA</b>	16,276	15,121	<b>1,155</b>	15,417	14,755	<b>662</b>
<b>Other</b>	880	880	<b>0</b>	855	855	<b>0</b>
<b>Total</b>	<b>203,218</b>	<b>209,031</b>	<b>(5,813)</b>	<b>184,816</b>	<b>196,575</b>	<b>(11,759)</b>

<sup>1</sup> From the financial year 2017/18, AHPRA no longer receives a government grant for ATSIHPBA. Due to low registrant numbers and consistent with the prior year, the continued use of scheme interest income was approved to ensure the financial sustainability of ATSIHPBA.



## Note A5: Events occurring after the balance sheet date

Assets, liabilities, income or expenses arise from past transactions or other past events.

Where the transactions result from an agreement between AHPRA and other parties, the transactions are only recognised when the agreement is irrevocable at or before the end of the reporting period.

For events that occur between the end of the reporting period and the date when the financial statements are authorised for issue, where those events provide information about conditions that existed at the reporting date, adjustments are made to amounts recognised in the financial statements.

Note that disclosure is made about events between the end of the reporting period and the date the financial statements are authorised for issue where the events relate to conditions that arose after the end of the reporting period, which are considered to be of material interest.

On 30 July 2019 AHPRA staff voted in favour of a new enterprise agreement (EA), commencing 1 July 2019. The EA requires approval by the Fair Work Commission (FWC) before it can be implemented. Once approved, an improved benefit is access to long service leave for all employees at seven years completed service, affecting staff in New South Wales, Northern Territory and Tasmania who previously accessed it at ten years. This benefit would result in an increased employee benefits liability through an increased long service leave expense of \$167,000, once approved by the FWC.

No other subsequent events are identified for disclosure in this report.

## Note B: Operating assets and liabilities

### Introduction

AHPRA controls plant and equipment that is used in fulfilling our objectives and conducting our activities. Along with other financial assets, they represent a key resource we used in the delivery of services.

This section also includes information on AHPRA's financial liability towards external suppliers.

### Structure

- B1. Reconciliation of net result for the year to operating cash flows
- B2. Receivables
- B3. Payables and accruals
- B4. Plant and equipment (PE)
- B5. Intangible assets and amortisation
- B6. Contingent assets and liabilities

### Judgement required

The assets included in this section are carried at cost, less accumulated depreciation and impairment.

Judgement has also been applied in assessing the useful lives of plant and equipment.

## Note B1: Reconciliation of net result for the year to operating cash flows

	2019 \$'000	2018 \$'000
<b>Net result for the year</b>	<b>(5,813)</b>	<b>(11,759)</b>
<b>Adjustments for:</b>		
Depreciation	3,465	4,207
Write off work in progress/assets	0	72
Recognition of lease assets	520	(5,007)
Make good provision	76	2
Provision for doubtful debts	353	71
<b>Changes in assets and liabilities</b>		
Decrease/(increase) in receivables	1,861	(2,907)
Decrease in prepayments	1,501	512
Decrease in accrued income	290	1,427
Increase in income in advance	11,173	4,806
Increase in payables and accruals	3,558	803
Increase in employee benefits	4,316	2,493
(Decrease)/increase in lease liability	(1,284)	7,955
<b>Net cash flows from operating activities</b>	<b>20,016</b>	<b>2,675</b>

## Note B2: Receivables

Receivables consist of:

- contractual receivables, such as debtors in relation to goods and services, and
- statutory receivables, such as Goods and Services Tax (GST) input tax credits recoverable.

**Contractual receivables** are classified as financial instruments and categorised as 'financial assets at amortised costs'. They are initially recognised at fair value plus any directly attributable transaction costs. AHPRA holds the contractual receivables with the objective to collect the contractual cash flows and therefore subsequently measured at amortised cost using the effective interest method, less any impairment.

**Statutory receivables** do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment) but are not classified as financial instruments for disclosure purposes. AHPRA applies AASB 9 for initial measurement of the statutory receivables and as a result statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

Details about AHPRA's impairment policies, its exposure to credit risk, and the calculation of the loss allowance are set out in *Note E2*.

	Note	2019 \$'000	2018 \$'000
<b>Contractual</b>			
Trade receivables	E2	2,174	4,064
Allowances for doubtful debts		(1,401)	(775)
<b>Statutory</b>			
GST receivable		778	794
<b>Total receivables</b>		<b>1,551</b>	<b>4,083</b>
<b>Movement in the loss allowance for contractual receivables</b>			
Balance at beginning of year		775	783
Opening accumulated surplus adjustment on adoption of AASB 9	E1(9)	318	
<b>Opening loss allowance</b>		<b>1,093</b>	<b>783</b>
Increase in allowance recognised in net result for the year		366	74
Reversal of provision of receivables written off during the year as uncollectable		(45)	(79)
Decrease in amounts written off as uncollectable		(13)	(3)
<b>Balance at end of year</b>		<b>1,401</b>	<b>775</b>

## Note B3: Payables and accruals

Payables are recognised at fair value. Payables represent liabilities for goods and services provided to AHPRA prior to the end of the financial year that are unpaid and arise when AHPRA is obliged to make future payments in respect of the purchase of goods and services. Terms of settlement are generally 30 days from the date of invoice.

	Note	2019 \$'000	2018 \$'000
Trade creditors	E2	3,930	4,428
Accrued expenses	E2	11,935	7,879
<b>Total payables and accruals</b>		<b>15,865</b>	<b>12,307</b>

## Note B4: Plant and equipment

Plant and equipment are measured at cost less accumulated depreciation and impairment. These assets are depreciated at rates based on their expected useful lives, using the straight-line method, which is reviewed annually.

The annual depreciation rates used for major assets in each class are as follows:

	2019	2018
<b>Furniture and fittings</b>	13%	13%
<b>Computer equipment</b>	20–40%	20–40%
<b>Office equipment</b>	15%	15%

Leasehold improvements are amortised over the term of the lease, or the life of the assets, whichever is shorter.

	Leasehold improvements \$'000	Furniture and fittings \$'000	Computer equipment \$'000	Office equipment \$'000	Total plant and equipment \$'000
<b>At cost</b>					
<b>Balance at 30 June 2017</b>	11,003	762	2,924	280	14,969
<b>Additions</b>	3,448	850	2,057	101	6,456
<b>Disposals/write-offs</b>	(55)	(238)	(93)	(30)	(416)
<b>Balance at 30 June 2018</b>	<b>14,396</b>	<b>1,374</b>	<b>4,888</b>	<b>351</b>	<b>21,009</b>
<b>Additions</b>	571	98	2,058	88	2,815
<b>Disposals/write-offs</b>	0	0	0	0	0
<b>Balance at 30 June 2019</b>	<b>14,967</b>	<b>1,472</b>	<b>6,946</b>	<b>439</b>	<b>23,824</b>
<b>Accumulated depreciation</b>					
<b>Balance at 30 June 2017</b>	(4,933)	(368)	(2,308)	(173)	(7,782)
<b>Depreciation charge during the year</b>	(1,419)	(133)	(825)	(33)	(2,410)
<b>Disposals/write-offs</b>	39	206	80	19	344
<b>Balance at 30 June 2018</b>	<b>(6,313)</b>	<b>(295)</b>	<b>(3,053)</b>	<b>(187)</b>	<b>(9,848)</b>
<b>Depreciation charge during the year</b>	(1,291)	(171)	(1,353)	(44)	(2,859)
<b>Disposals/write-offs</b>	0	0	0	0	0
<b>Balance at 30 June 2019</b>	<b>(7,604)</b>	<b>(466)</b>	<b>(4,406)</b>	<b>(231)</b>	<b>(12,707)</b>
<b>Net book value</b>					
<b>At 30 June 2018</b>	<b>8,083</b>	<b>1,079</b>	<b>1,835</b>	<b>164</b>	<b>11,161</b>
<b>At 30 June 2019</b>	<b>7,363</b>	<b>1,006</b>	<b>2,540</b>	<b>208</b>	<b>11,117</b>

## B4(1): Written-down value of non-financial assets written off

All non-financial assets are assessed annually for indications of impairment. If there is an indication of impairment, the asset concerned is tested as to whether its carrying amount exceeds its possible recoverable amount. The difference is written off as an expense (Administration expenses – other) except to the extent that the write-down can be debited to an asset revaluation surplus account applicable to that same class of asset.

	2019 \$'000	2018 \$'000
Computer equipment	0	13
Office equipment	0	11
Furniture and fittings	0	32
Leasehold improvement	0	16
Intangible assets	0	0
<b>Total written down value of non-current assets written off</b>	<b>0</b>	<b>72</b>

## B4(2): Net gains/(loss) on disposal of non-financial assets

The net gain or loss arising from the sale of non-current assets is included as revenue (Other income) or expenses (Administration expenses – other) at the date control passes to the buyer, usually when an unconditional contract of sale is signed.

The net gain or loss on disposal is calculated as the difference between the carrying amount of the asset at the time of the disposal and the net proceeds on disposal. No asset was disposed in sales during 2018/19.

## Note B5: Intangible assets and amortisation

When the recognition criteria in AASB 138 *Intangible Assets* is met, internally generated intangible assets are recognised and measured at cost less accumulated amortisation and accumulated impairment.

An internally generated intangible asset arising from development (or from the development phase of an internal project) is recognised if, and only if, all of the following are demonstrated:

1. the technical feasibility of completing the intangible asset so that it will be available for use or sale
2. an intention to complete the intangible asset and use it
3. the ability to use the intangible asset
4. the intangible asset will generate probable future economic benefits
5. the availability of adequate technical, financial and other resources to complete the development and to use the intangible asset, and
6. the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Intangible assets are amortised annually at a rate of between 10% and 40% depending on their useful life. Work in progress is not depreciated until it reaches service delivery capacity.

Expenditure on research activities is recognised as an expense in the period in which it is incurred.

Intangible assets not yet available for use are tested annually

for impairment and whenever there is an indication that the asset may be impaired.

	Computer software \$'000	Work in progress \$'000	Total \$'000
<b>At cost</b>			
<b>Balance at 30 June 2017</b>	12,338	1,200	13,538
<b>Additions</b>	145	337	482
<b>Disposals/write-offs</b>	0	(989)	(989)
<b>Transfer to additions</b>	0	(430)	(430)
<b>Balance at 30 June 2018</b>	<b>12,483</b>	<b>118</b>	<b>12,601</b>
<b>Additions</b>	132	4,205	4,337
<b>Disposals/write-offs</b>	0	(14)	(14)
<b>Completed projects</b>	2,835	(2,835)	0
<b>Balance at 30 June 2019</b>	<b>15,450</b>	<b>1,474</b>	<b>16,924</b>
<b>Accumulated amortisation</b>			
<b>Balance at 30 June 2017</b>	(10,366)	0	(10,366)
<b>Amortisation during the year</b>	(1,797)	0	(1,797)
<b>Balance at 30 June 2018</b>	<b>(12,163)</b>	<b>0</b>	<b>(12,163)</b>
<b>Amortisation charge during the year</b>	(606)	0	(606)
<b>Balance at 30 June 2019</b>	<b>(12,769)</b>	<b>0</b>	<b>(12,769)</b>
<b>Net book value</b>			
<b>At 30 June 2018</b>	<b>320</b>	<b>118</b>	<b>438</b>
<b>At 30 June 2019</b>	<b>2,681</b>	<b>1,474</b>	<b>4,155</b>

## B5(1): Depreciation and amortisation

	2019 \$'000	2018 \$'000
<b>Depreciation</b>		
<b>Leasehold improvements</b>	1,291	1,419
<b>Furniture and fittings</b>	171	133
<b>Computer equipment</b>	1,353	825
<b>Office equipment</b>	44	33
<b>Amortisation</b>		
<b>Computer software</b>	606	1,797
<b>Total depreciation and amortisation</b>	<b>3,465</b>	<b>4,207</b>

## Note B6: Contingent assets and liabilities

Contingent assets and contingent liabilities are not recognised in the balance sheet, but are disclosed by way of note and, if quantifiable, are measured at nominal value. Contingent assets and contingent liabilities are presented inclusive of GST receivable or payable respectively.

	2019 \$'000	2018 \$'000
<b>Contingent assets</b>		
<b>Legal proceeding and disputes</b>	0	0

No claim for damages was lodged during the year.

	2019 \$'000	2018 \$'000
<b>Contingent liabilities</b>		
<b>Legal proceeding and disputes</b>	0	0

Claims for damages against AHPRA were lodged during the year. Liabilities have been disclaimed and the actions have been defended. Insurers are involved in defending these matters. The extent to which an outflow of funds is required in excess of insurance is dependent on the case outcomes being more or less favourable than currently expected.

# Note C: Equity, investment and commitments

## Introduction

This section provides information on AHPRA's cash and investment position along with a detailed breakdown of equity by National Boards.

### Structure

- C1. Cash and cash equivalents
- C2. Investments
- C3. Equity by board
- C4. Leased assets and liabilities
- C5. Commitments

### Judgement required

Judgements have been made in determining the make good provision for each office lease. It is based on current market condition and AHPRA's property leasing strategy.

## Note C1: Cash and cash equivalents

Cash and cash equivalents include cash on hand and cash at bank, deposits held at call, and other short-term liquid deposits with an original maturity of three months or less, which are readily convertible to known amounts of cash with an insignificant risk of changes in value.

	Note	2019 \$'000	2018 \$'000
Cash and cash equivalents, at bank		10,170	5,292
<b>Total cash and cash equivalents</b>	<b>E2</b>	<b>10,170</b>	<b>5,292</b>

## Note C2: Investments

Investments include term deposits that AHPRA has the positive intent and ability to hold to maturity at fixed or repricing interest rates.

	Note	2019 \$'000	2018 \$'000
<b>Current</b>			
Term deposits less than 90 days		20,000	18,000
Bank term deposits more than 90 days but less than 1 year		44,000	36,000
<b>Total current investments</b>		<b>64,000</b>	<b>54,000</b>
<b>Non-current</b>			
Bank term deposits greater than 1 year		110,000	112,000
<b>Total investments</b>	<b>E2</b>	<b>174,000</b>	<b>166,000</b>

## Note C3: Equity by board

Consistent with the requirements of AASB 1004 *Contributions*, contributions by owners (that is, contributed capital) are treated as equity transactions and, therefore, do not form part of the income and expenses of AHPRA.

Additions to net assets designated as contributions by government or statutory bodies are recognised as contributed capital.

### Summary of contributed capital, equity and net result by board

Board	Contributed capital \$'000	Accumulated surplus/ (deficit) to 30 June 2018 \$'000	Equity at 30 June 2018 \$'000	Opening accumulated surplus/(deficit) adjustment on adoption of AASB 9 \$'000	Equity at 1 July 2018 \$'000	2018/19 net result \$'000	2018/19 net result funded from equity \$'000	Total \$'000	Accumulated surplus/ (deficit) to 30 June 2019 \$'000	Equity at 30 June 2019 \$'000
ATSIHPBA	276	(275)	1	0	1	0	0	0	(275)	1
CMBA	1,293	4,066	5,359	(10)	5,349	616	0	616	4,672	5,965
ChiroBA	1,164	2,020	3,184	(38)	3,146	975	0	975	2,957	4,121
DBA	3,120	879	3,999	(17)	3,982	391	0	391	1,253	4,373
MBA	12,257	7,635	19,892	(88)	19,804	0	(4,078)	(4,078)	3,469	15,726
MRPBA	2,218	2,383	4,601	0	4,601	0	(738)	(738)	1,645	3,863
NMBA	12,816	(4,018)	8,798	(64)	8,734	0	(4,805)	(4,805)	(8,887)	3,929
OTBA	3,574	2,807	6,381	(4)	6,377	0	(635)	(635)	2,168	5,742
OptomBA	1,061	774	1,835	10	1,845	0	(65)	(65)	719	1,780
OsteoBA	996	213	1,209	0	1,209	48	0	48	261	1,257
ParaBA	0	702	702	0	702	2,441	0	2,441	3,143	3,143
PharmBA	2,716	109	2,825	(26)	2,799	0	(698)	(698)	(615)	2,101
PhysioBA	2,728	1,387	4,115	(27)	4,088	0	(662)	(662)	698	3,426
PodBA	420	2,453	2,873	0	2,873	242	0	242	2,695	3,115
PsyBA	2,194	1,028	3,222	(54)	3,168	1,155	0	1,155	2,129	4,323
Other	(2,938)	2,938	0	0	0	0	0	0	2,938	0
<b>Total</b>	<b>43,895</b>	<b>25,101</b>	<b>68,996</b>	<b>(318)</b>	<b>68,678</b>	<b>5,868</b>	<b>(11,681)</b>	<b>(5,813)</b>	<b>18,970</b>	<b>62,865</b>

(a) Contributed capital	2019 \$'000	2018 \$'000
Balance at the beginning of the financial year	43,895	43,895
Capital contributions from former boards	0	0
Balance at end of the financial year	43,895	43,895

(b) Accumulated surplus	2019 \$'000	2018 \$'000
Balance at the beginning of the financial year	25,101	36,860
Opening accumulated surplus adjustment on adoption of AASB 9	(318)	0
Net result for the year	(5,813)	(11,759)
Balance at end of the financial year	18,970	25,101

## Note C4: Leased assets and liabilities

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. AHPRA is not party to a finance lease.

In the event that lease incentives are received to enter into operating leases, the aggregate cost of incentives is recognised as a reduction of rental expense over the lease term on a straight-line basis.

During 2018/19, AHPRA entered into two lease agreements to extend our stay in the Melbourne location. When lease contracts include lease incentive clauses, comprised reimbursement for the fit-out of the new premises and rental abatement, AHPRA has recognised the reimbursement as a leasehold improvement asset and the rental abatement as a lease asset. The correspondent lease liabilities are amortised over the term of the lease.

Both leased assets and lease liabilities balances are subject to re-calculation after application of AASB 16 from 1 July 2019. Please refer to *Note E1(10)* for more detail.

	2019 \$'000	2018 \$'000
Leased assets	4,487	5,007
Lease liabilities	9,755	11,039

## C4(1): Make good provision

Provisions are recognised when AHPRA has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably. The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, considering the risks and uncertainties surrounding the obligation.

During the calculation of make good provision assumptions and estimations have been applied to work out the average make good cost per square metre when an on-going maintenance and updating plan is committed to, and the local market conditions when re-negotiating an incentive at lease expiration for each office.

The make good provision is recognised in accordance with the lease agreement over the offices' leases.

Reconciliation of movements in make good provisions	2019 \$'000	2018 \$'000
Opening balance	741	739
Additional provisions required	76	252
Reductions arising from payments	0	(250)
Closing balance	817	741
Current	0	0
Non-current	817	741
Total	817	741

## Note C5: Commitments

Commitments include operating and capital commitments arising from non-cancellable contractual or statutory obligations. It primarily relates to office leases with terms between three and ten years.

These contracts do not allow AHPRA to purchase the office after the lease ends, but AHPRA can renew the lease for a further period.

These future expenditures cease to be disclosed as commitments once the related liabilities are recognised in the balance sheet after application of AASB 16 *Leases* from 1 July 2019. The transitional impact assessment can be found in *Note E1(10)*.

All amounts shown in the commitments note are inclusive of GST.

## Operating lease commitments

Commitments (including GST) in relation to operating leases are payable as:

	2019 \$'000	2018 \$'000
Non-cancellable		
Not later than 1 year	12,104	9,633
Later than 1 year but not later than 5 years	39,697	35,232
Later than 5 years	17,499	23,231
Total operating leases	69,300	68,096

# Note D: Employee benefits

## Introduction

This section provides information on liabilities AHPRA set aside to meet employment terms and conditions.

### Structure

- D1. Employee benefits and on-costs
- D2. Accountable officer and executive director remuneration
- D3. Superannuation

### Judgement required

Judgements have been applied in the calculations of employee benefits provisions based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates.

## Note D1: Employee benefits and on-costs

Provision is made for benefit accruing to employees in respect of wages and salaries, annual leave and long service leave for services rendered to the reporting date and recorded as an expense during the period the services are delivered. Expected future payments are discounted using interest rates on national government guaranteed securities with terms to maturity that match, as closely as possible, the estimated future cash outflows.

### (a) Annual leave

Employee benefits including non-monetary benefits and annual leave are recognised in the provision for employee benefits as current liabilities.

When the annual leave is expected to wholly settle within 12 months of the reporting date, it is measured at its nominal value. Those liabilities not expected to be wholly settled within 12 months of the reporting date are measured at the present value of the amounts expected to be paid when the liabilities are settled using remuneration rates expected to apply at the time of settlement.

### (b) Long service leave

The long service leave entitlement under existing arrangements is recognised from an employee's start date and becomes payable according to the employment arrangements in place. The valuation of long service leave for employees who have met the conditions of service to take long service leave is recognised as a current liability, while the valuation for those employees still to meet the conditions of service is recognised as a non-current liability.

Part of the current liability is measured at nominal value when it is expected to wholly settle within 12 months of the reporting date. When liabilities are not expected to wholly settle within 12 months of the reporting date, it is measured at the present value of the expected future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given to expected future wage and salary levels, experience of employee departures, and periods of service.

## (c) Restructure

A provision for restructure arises when there is a change in management structure. There must exist a detailed formal plan for the restructuring and there must be a valid expectation for those affected that the entity will carry out the restructuring by starting to implement that plan or announcing its main features to those affected by it.

AHPRA has announced an internal restructure with the creation of two new directorates and closure of one and is currently underway with the change and consultation process.

## (d) Termination benefits

Termination benefits are payable when employment is terminated before the normal retirement date or when an employee accepts voluntary redundancy in exchange for these benefits. AHPRA recognises termination benefits when it is demonstrably committed to either terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal or providing termination benefits as a result of an offer made to encourage voluntary redundancy.

## (e) Employee benefits on-costs

Employee benefits on-costs include payroll tax, workers' compensation insurance premium and superannuation entitlements. The benefits on-costs are recognised as liabilities when the employee benefits to which they relate are recognised.

	2019 \$'000	2018 \$'000
<b>Current employee benefits and on-costs</b>		
Unconditional annual leave expected to be settled within 12 months	6,797	6,436
Unconditional annual leave expected to be settled after 12 months	2,036	1,831
Provision for restructure expected to be settled within 12 months	1,301	0
Unconditional long service leave expected to be settled within 12 months	1,413	1,124
Unconditional long service leave expected to be settled after 12 months	7,069	5,362
<b>Total current employee benefits and on-costs</b>	<b>18,616</b>	<b>14,753</b>
<b>Non-current employee benefits and on-costs</b>		
Conditional long service leave entitlements expected to be settled after 12 months	3,990	3,537
<b>Total non-current employee benefits and on-costs</b>	<b>3,990</b>	<b>3,537</b>
<b>Total employee benefits and on-costs</b>	<b>22,606</b>	<b>18,290</b>

	2019 \$'000	2018 \$'000
<b>Current employee benefits</b>		
Annual leave	7,717	7,214
Provision for restructure	1,171	0
Long service leave	7,355	5,669
<b>Non-current employee benefits</b>		
Long service leave	3,472	3,074
<b>Total employee benefits</b>	<b>19,715</b>	<b>15,957</b>
<b>On-costs</b>		
Current on-costs	2,373	1,870
Non-current on-costs	518	463
<b>Total on-costs</b>	<b>2,891</b>	<b>2,333</b>
<b>Total employee benefits and on-costs</b>	<b>22,606</b>	<b>18,290</b>



## (f) Reconciliation of movement in employee benefit provision

	Annual leave \$'000	Provision for restructure \$'000	Long service leave \$'000	Total \$'000
Opening balance	8,267	0	10,023	18,290
Additional provisions required	7,953	1,301	3,573	12,827
Reductions arising from payments	(7,387)	0	(1,124)	(8,511)
Closing balance	8,833	1,301	12,472	22,606
Current	8,833	1,301	8,482	18,616
Non-current	0	0	3,990	3,990
Total	8,833	1,301	12,472	22,606

## Note D2: Accountable officer and executive director remuneration

### Remuneration of Chief Executive Officer and Executive Directors

The Chief Executive Officer (CEO) is Mr Martin Fletcher who held the position throughout the period 1 July 2018 to 30 June 2019.

The aggregate compensation made to the CEO and Executive Directors is set out below:

	2019 \$	2018 \$
Short-term employee benefits	1,495,020	1,357,849
Long-term employee benefits	38,312	36,794
Post-employment benefits	109,664	94,789
Total	1,642,996	1,489,432
Total number of executives	5	5
Total annualised employee equivalents	4.92	4.25

## Note D3: Superannuation

The amount expensed in respect of superannuation represents AHPRA contributions for members of both defined benefit and defined contribution superannuation plans that are paid or payable during the reporting period.

Employees of AHPRA are entitled to receive superannuation benefits and AHPRA contributes to both defined benefit and defined contribution plans. The defined benefit plans provide benefits based on years of service and final average salary.

AHPRA does not recognise any defined benefit liability in respect of the plans because it has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due.

Superannuation contributions paid or payable for the reporting period are included as part of staffing costs in AHPRA's statement of comprehensive income.

The reported contributions reflect gross superannuation payments to each of the funds, inclusive of superannuation guarantee contributions and salary sacrifice arrangements.

The name, details and amounts expensed in relation to the major employee superannuation funds and contributions made by AHPRA are:

Fund	Paid contribution for the year		Contribution at year end	
	2019 \$'000	2018 \$'000	2019 \$'000	2018 \$'000
<b>Defined benefit plans</b>				
Gold State Super	229	164	0	22
QSuper	201	179	1	8
Other	37	31	5	4
<b>Defined contribution plans</b>				
Australian Super	3,753	3,495	0	1
First State accumulation	537	527	0	0
HESTA	464	408	0	0
VicSuper	452	506	0	0
QSuper accumulation	444	464	0	0
UniSuper	438	448	0	0
Sunsuper	385	367	0	0
Other	4,809	4,714	18	38
Total	11,749	11,303	24	73

# Note E: Other

## Introduction

This section sets out financial instrument specific information (including exposures to financial risks) as well as additional material

### Structure

- E1. Summary of significant accounting policies
- E2. Financial instruments
- E3. Related party disclosures
- E4. Remuneration of external auditor
- E5. Co-regulatory jurisdictions

## Note E1: Summary of significant accounting policies

### Statement of compliance

These financial statements are referred to as a general purpose financial report which has been prepared in accordance with Australian Accounting Standards (AAS) and Interpretations and other mandatory requirements. AAS include Australian equivalents to the International Financial Reporting Standards.

The financial statements have also been prepared in accordance with the relevant requirements of the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory.

For the purpose of preparing the financial statements, AHPRA is a not-for-profit entity.

These financial statements were authorised to be issued by the Agency Management Committee on 29 August 2019.

### (1) Reporting entity

AHPRA is the organisation responsible for the administration of the National Scheme across Australia.

AHPRA's operations are governed by the National Law, which came into effect on 1 July 2010 and on 18 October 2010 in Western Australia. This law means that registered health professions are regulated by nationally consistent legislation.

AHPRA supports the National Health Practitioner Boards in the administration of the National Scheme. National Boards are responsible for regulating their respective health professions. The primary role of the National Boards is to protect the public and set standards and policies that all registered health practitioners must meet.

The Agency Management Committee oversees the work of AHPRA. The Chair of the Agency Management Committee until 4 July 2019 was Mr Michael Gorton, with Ms Gill Callister succeeding on 15 July 2019. The Chief Executive Officer is Mr Martin Fletcher.

The financial statements include the controlled activities of AHPRA.

AHPRA's corporate address is 111 Bourke Street, Melbourne, Victoria, 3000.

### (2) Basis of accounting preparation and measurement

Accounting policies are selected and applied in preparing the financial statements for the year ended 30 June 2019, and the comparative information, in a manner that ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is appropriately reported.

The financial statements, other than the Statement of cash flows, have been prepared using the accrual basis of accounting. Under the accrual basis, items are recognised as assets, liabilities, equity, income or expenses when they satisfy the definition and recognition criteria for those items, that is, they are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

The financial report is prepared in accordance with the historical cost convention.

Judgements, estimates and assumptions are required to be made about financial information being presented. The significant judgements made in the preparation of these financial statements are disclosed in the notes where amounts affected by those judgements are disclosed. Estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates. The estimates and underlying assumptions used in preparing these financial statements are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision. Judgements and assumptions made by management in the application of AAS that have significant effects on the financial statements and estimates relate to:

- assumptions for employee benefit provisions based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates
- assumptions for the restructuring provision
- the useful lives of plant and equipment and intangible assets.

### (3) Corporate structure

AHPRA is a statutory body governed by the National Law.

### (4) Prepayments

Prepaid expenditure is recognised when payments are made in advance of receipt of goods or services or expenditure made in one accounting period that covers a term extending beyond that period. It is then recognised as expenditure to the period in which the service relates.

### (5) Goods and services tax (GST)

All application, registration and late fees are exempt from GST legislation. Income, expenses and assets are recognised net of GST except where the amount of GST incurred is not recoverable, in which case it is recognised as part of the cost of acquisition of an asset or part of an item of expense or revenue. GST receivable from or payable to the Australian Taxation Office is included in the statement of financial position. The GST component of a receipt or payment is recognised on a gross basis in the Statement of cash flows in accordance with AASB 107 *Statement of Cash Flows*.

## (6) Income tax

Tax effect accounting has not been applied as AHPRA is exempt from income tax under section 50–25 of the *Income Tax Assessment Act 1997*.

## (7) Functional and presentation currency

All amounts specified in these statements are presented in Australian dollars.

## (8) Rounding of amounts

Amounts in the financial statements have been rounded to the nearest thousand dollars unless otherwise stated. Figures in the financial statements may not equate due to rounding.

## (9) Changes in accounting policy

AASB 9 *Financial instruments* is effective for reporting period beginning on or after 1 January 2018. AHPRA has elected to apply the limited exemption in AASB 9 paragraph 7.2.15 relating to transition for classification and measurement and impairment, and accordingly has not restated comparative periods in this reporting year's initial application. As a result:

- any adjustments to carrying amounts of financial assets or liabilities are recognised at beginning of the current reporting period with difference recognised in opening retained earnings; and
- financial assets and provision for impairment have not been reclassified and/or restated in the comparative period.

On initial application of AASB 9 on 1 July 2018, AHPRA has assessed all financial assets based on AHPRA's business models for managing the assets. The following are the changes in the classification of AHPRA's financial assets:

- (a) Term deposits previously classified as held to maturity under AASB 139 are now reclassified as financial assets at amortised cost under AASB 9. There was no difference between the previous carrying amount and the revised carrying amount at 1 July 2018 to be recognised in opening retained earnings.
- (b) Contractual receivables previously classified as receivables under AASB 139 are now reclassified as financial assets at amortised cost under AASB 9. An increase of \$318k in loss allowance for these assets was recognised in opening retained earnings for the period, due to the higher loss allowance calculations for receivables less than twelve months ageing than previously allowed.

AHPRA's accounting policies for financial assets and liabilities are set out in *Note E(2)*. The following table summarises the required and elected reclassification upon adoption of AASB 9. The main effects resulting from the reclassification are:

As at 30 June 2018	AASB 139 Measurement categories \$'000	AASB 9 Measurement categories		
		Amortised cost \$'000	Fair value through net result \$'000	Fair value through other comprehensive income \$'000
<b>AASB 139 Measurement categories</b>				
<b>Receivables</b>				
Accrued interest	1,115	1,115	0	0
Contractual receivables	4,064	4,064	0	0
<b>Held to maturity</b>				
Term deposits	166,000	166,000	0	0
<b>As at 1 July 2018</b>	<b>171,179</b>	<b>171,179</b>	<b>0</b>	<b>0</b>

The transition impact of first-time adoption of AASB 9 on Comprehensive Operating Statement has been summarised in the following tables.

<b>Statement of comprehensive income as at 1 July 2018</b>	<b>\$'000</b>
Impairment of financial assets	318

### Balance sheet

Impact on Balance Sheet is illustrated with the following reconciliation between the carrying amounts under AASB 139 at 30 June 2018 and the balances reported under AASB 9 at 1 July 2018 for each affected balance sheet line item:

	Amount at 30 June 2018 \$'000	Reclassification \$'000	Remeasurement (Expected credit loss) \$'000	Restated amount at 1 July 2018 \$'000
<b>Receivables</b>	4,858	(4,858)	0	0
<b>Investment</b>	166,000	(166,000)	0	0
<b>Financial assets at amortised cost</b>	0	170,858	0	170,858
<b>Impairment loss allowance</b>	(775)	0	(318)	(1,093)
<b>Total financial assets</b>	<b>170,083</b>	<b>0</b>	<b>(318)</b>	<b>169,765</b>
<b>Total liabilities</b>	<b>127,426</b>	<b>0</b>	<b>0</b>	<b>127,426</b>
<b>Accumulated surplus</b>	25,101	0	(318)	24,783
<b>Total equity</b>	<b>68,996</b>	<b>0</b>	<b>(318)</b>	<b>68,678</b>

## (10) Australian accounting standards issued that are not yet effective

This table outlines the accounting pronouncements that have been issued but are not effective for 2018/19, which may result in potential impacts for future reporting periods. AASB 108 requires disclosure of the impact on AHPRA's financial statements of these changes. These are set out below

Standard/interpretation <sup>1</sup>	Summary	Applicable for annual	Impact on AHPRA financial statements
<b>AASB 15 Revenue from contracts with customers</b>	The core principle of AASB 15 requires an entity to recognise revenue when the entity satisfies a performance obligation by transferring a promised good or service to a customer.	1 January 2018	The changes in revenue recognition requirements in AASB 15 require changes to the timing and amount of revenue recorded in the financial statements.
<b>AASB 2016-3 Amendments to Australian Accounting Standards – Clarifications to AASB 15</b>	This standard amends AASB 15 to clarify the requirements on identifying performance obligations, principal versus agent considerations and the timing of recognising revenue from granting a licence. The amendments require: <ul style="list-style-type: none"> <li>→ a promise to transfer to a customer a good or service that is 'distinct' to be recognised as a separate performance obligation,</li> <li>→ for items purchased online, the entity is a principal if it obtains control of the good or service prior to transferring to the customer, and</li> <li>→ for licences identified as being distinct from other goods or services in a contract, entities need to determine whether the licence transfers to the customer over time (right to use) or at a point in time (right to access).</li> </ul>	1 January 2018	AHPRA has assessed AASB 15 as the applicable standard and determined registration revenue as a non- IP licence providing the right to practise.  Applying the low-value licences (of US\$5000 or less) and short-term licences (has a term of 12 months or less) exemptions under AASB 15 to the recognition of registration and application income. AHPRA will continue to recognise registration fees over the term of the registration and recognise application income up-front.  Only registration fees that are attributable to the current financial year are recognised as revenue. Registration fees that relate to future periods are recorded as income in advance within the balance sheets.
<b>AASB 2018-4 Amendments to Australian Accounting Standards – Australian Implementation Guidance for Not-for-Profit Public-Sector Licensors</b>	AASB 2018-4 provides the following guidance: <ul style="list-style-type: none"> <li>→ matters to consider in distinguishing between a tax and a licence, with all taxes being accounted for under AASB 1058,</li> <li>→ IP licences are to be accounted for under AASB 15; and</li> <li>→ non-IP, such as casino licences, are to be accounted for in accordance with the principles of AASB 15, after first having determined whether any part of the arrangement should be accounted for as a lease under AASB 16.</li> </ul>	1 January 2019	
<b>AASB 2016-7 Amendments to Australian Accounting Standards - Deferral of AASB 15 for Not-for-Profit Entities</b>	This standard defers the mandatory effective date of AASB 15 for not-for-profit entities from 1 January 2018 to 1 January 2019.	1 January 2019	This amended standard will defer the application period of AASB 15 to the 2019/20 reporting period in accordance with the transition requirements.
<b>AASB 1058 Income of Not-for-Profit Entities</b>	This standard will replace AASB 1004 <i>Contributions</i> and establishes principles for transactions that are not within the scope of AASB 15, where the consideration to acquire an asset is significantly less than fair value to enable not-for-profit entities to further their objectives. The restructure of administrative arrangement will remain under AASB 1004.	1 January 2019	AHPRA undertook further review and assessment during 2018/19 on whether the registration fee collection is within the scope of AASB 15 or AASB 1058.  This involved reviewing the terms and conditions of these arrangements in more detail to identify the existence of any performance obligations.  AHPRA has assessed AASB 15 as the applicable standard.
<b>AASB 16 Leases</b>	The key changes introduced by AASB 16 include the recognition of most operating leases (which are currently not recognised) on the balance sheet.	1 January 2019	Our assessment indicates that all our property leases will be affected and some other minor leases. This will affect our balance sheet and other disclosures. The amount of expense recognised will be affected by net present value calculation. Full impact analysis can be found in narrative below this table on AASB 16 Leases for 2019/20.
<b>AASB 2018-7 Amendments to Australian Accounting Standards – Definition of Material</b>	This standard amends AASB 101 <i>Presentation of Financial Statements</i> and AASB 108 <i>Accounting Policies, Changes in Accounting Estimates and Errors</i> . The amendments refine the definition of material in AASB 10 <i>Events after the Reporting Period</i> , including some supporting requirements in AASB 101 in the definition to give it more prominence and to clarify the explanation accompanying the definition of material. The amendments also clarify the definition of material and its application by improving the wording and aligning the definition across AASB standards and other publications.	1 January 2020	The assessment has indicated that there will be no significant impact to AHPRA.

<sup>1</sup> AHPRA does not anticipate early adoption of any of the above Australian Accounting Standards or Interpretations however further analysis of these standards will occur during 2019/20.

The following AASs become effective for reporting periods commencing after 1 July 2019.

## AASB 16 Leases

AASB 16 sets out the principles for the recognition, measurement, presentation and disclosure of leases and requires lessees to account for all leases on the balance sheet by recording a Right-of-Use (RoU) asset and a lease liability except for leases that are shorter than 12 months and leases where the underlying asset is of low value (deemed to be below \$10,000).

AASB 16 also requires the lessees to separately recognise the interest expense on the lease liability and the depreciation expense on the right-of-use asset, and remeasure the lease liability upon the occurrence of certain events (e.g. a change in the lease term, a change in future lease payments resulting from a change in an index or rate used to determine those payments). The amount of the remeasurement of the lease liability will generally be recognised as an adjustment to the RoU asset.

The effective date is for annual reporting periods beginning on or after 1 January 2019. AHPRA intends to adopt AASB 16 in 2019/20 financial year when it becomes effective.

AHPRA will apply the standard using a modified retrospective approach with no restatement of comparative information. For office leases previously classified as operating leases, AHPRA chose to measure the RoU asset at an amount equal to the lease liability as permitted by the standard. AHPRA will elect to use the exemptions for all short-term leases (lease term less than 12 months) and low value leases (deemed to be below \$10,000).

AHPRA has performed a detailed impact assessment of AASB 16 and the potential impact in the initial year of application has been estimated in \$'000s as follows:

- decrease in lease assets: (4,487)
- increase in RoU: 56,744
- increase in related depreciation: 7,957
- increase in lease liabilities: (56,744)
- increase in related interest: 938
- decrease in rental expense: (7,173)

## AASB 15 Revenue from Contract with Customers and AASB 1058 Income for Not-for-Profit Entities

AASB 15, AASB 1058 and the related guidance will come into effect for not-for-profit entities for annual reporting periods beginning on or after 1 January 2019. AHPRA intends to adopt these standards in 2019/20 financial year when it becomes effective. AHPRA has assessed AASB 15 as the applicable standard and determined registration revenue as a non-IP licence providing the right to practise.

Applying the low-value licences (of US\$5000 equivalent or less per the standard) and short-term licences (has a term of 12 months or less) exemptions under AASB 15 to the recognition of registration and application income, AHPRA will continue to recognise registration fees over the term of the registration and recognise application income up-front. There will be no impact for each major class of revenue and income in the initial year of application.

Only registration fees that are attributable to the current financial year are recognised as revenue. Registration fees that relate to future periods are recorded as income in advance within the balance sheets.

## Note E2: Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of AHPRA's activities, limited amount of financial assets and financial liabilities arise under statute rather than contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*.

AHPRA applies AASB 9 and classifies all its financial assets based on the business model for managing the assets and the asset's contractual terms.

Categories of financial instruments under AASB 9 include:

### Financial assets at amortised cost

AHPRA recognises the following assets in this category:

- cash and cash equivalents
- term deposit investments, and
- receivables (excluding statutory receivables).

Financial assets in this category are held by AHPRA to collect the contractual cash flows, and the assets' contractual terms give rise to cash flows that are solely payments of principal and interest. These assets are initially recognised at fair value plus any directly attributable transaction costs and subsequently measured at amortised costs using the effective interest method less any impairment.

AHPRA doesn't hold financial assets within the two other categories, that is, **financial assets at fair value through other comprehensive income** and **financial assets at fair value through net result**.

### Impairment of financial assets

From 1 July 2018, AHPRA has been recording the allowance for expected credit loss for the relevant financial instruments, replacing previous incurred loss approach with AASB 9's Expected Credit Loss (ECL) approach. Subject to AASB 9 impairment assessment includes AHPRA's contractual receivables. Cash and cash equivalents are also subject to the impairment requirements of AASB 9, but the identified impairment loss was immaterial.

Application of the lifetime ECL allowance method results in an increase in the impairment loss allowance of \$318k on contractual receivables recorded at 30 June 2018, charged to equity on 1 July 2018. Refer to *Note B(2)* for details about the calculation of the allowance. The loss allowance increased further by \$366k for contractual receivables during the financial year.

### Financial liabilities at amortised cost

Financial instrument liabilities are initially recognised on the date they originate. They are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these liabilities are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in the comprehensive income statement over the period of the interest-bearing liability, using the effective interest rate method.

Financial instrument liabilities measured at amortised cost include all AHPRA's contractual payables.



## (a) Financial risk management

AHPRA's principal financial instruments consist of at call variable interest deposits, fixed and repricing term deposits and trade receivables and payables. AHPRA has no exposure to foreign exchange rate risk and equity price risk.

## (b) Credit risk exposure

Credit risk is the risk that a party will fail to fulfil its obligations to AHPRA, resulting in financial loss. The maximum exposure to credit risk, excluding the value of any collateral or other security at balance date, is the carrying amount, net of any provisions for impairment of those assets, as disclosed in the statement of financial position and notes to the financial statements. Credit risk associated with AHPRA's contractual financial assets is minimal because AHPRA mainly obtains contractual financial assets that are on fixed interest, except for cash and deposits, which are mainly cash at bank. As with the policy for investment, AHPRA's policy is to only deal with banks with high credit ratings. As a result, AHPRA does not have any material credit risk exposure to any single receivable or group of receivables under financial instruments entered into by the entity.

AHPRA monitors the credit risk by actively assessing the rating quality and liquidity of counterparties. Except as otherwise detailed in the following table, the carrying amount of contractual financial assets recorded in the financial statements, net of any allowances for losses, represents AHPRA's maximum exposure to credit risk.

There has been no material change to AHPRA's credit risk profile in 2018/19.

## Credit quality of financial assets <sup>(a)</sup>

2019 Financial assets	Financial institutions (AA- credit rating) <sup>1</sup> \$'000	Other \$'000	Total \$'000
<b>Financial assets with loss allowance measured at 12 month expected credit loss</b>			
Cash and cash equivalents (not assessed for impairment due to materiality)	10,170	0	10,170
Investments	174,000	0	174,000
Receivables	0	0	0
Accrued income	861	0	861
<b>Financial assets with loss allowance measured at lifetime expected credit loss</b>			
Contractual receivables applying the simplified approach for impairment		773	773
<b>Total financial assets</b>	<b>185,031</b>	<b>773</b>	<b>185,804</b>

## Credit quality of contractual financial assets that are neither past due nor impaired <sup>(a)</sup>

2018 Financial assets	Financial institutions (AA- credit rating) <sup>1</sup> \$'000	Other \$'000	Total \$'000
Cash and cash equivalents	5,292	0	5,292
Investments	166,000	0	166,000
Receivables	0	3,290	3,290
Accrued income	1,115	36	1,151
<b>Total</b>	<b>172,407</b>	<b>3,326</b>	<b>175,733</b>

(a) The total amount disclosed here excludes statutory amounts (e.g. GST input tax credit recoverable)

<sup>1</sup> Fitch Ratings and Standard & Poor's both rate AA-. Moody's Investors Service rate Aa3.

AHPRA applies AASB 9 simplified approach for contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates. The loss allowance is measured in the same period as an asset is recognised. AHPRA has grouped contractual receivables on shared credit risk characteristics and days past due and has selected the expected credit loss rate based on the agency's past history, existing market conditions, as well as forward-looking estimates at the end of the financial year.

On this basis, AHPRA determines the opening loss allowance on initial application date of AASB 9 and the closing loss allowance at end of the financial year as follows:

30 June 2019	Current \$'000	Less than 1 month \$'000	1-3 months \$'000	3-12 months \$'000	More than 1 year \$'000	Total \$'000
Expected loss rate	0%	23%	33%-43%	55%	95%	
Receivables	159	405	247	216	1,147	2,174
Less allowance	0	(91)	(98)	(118)	(1,094)	(1,401)

01 July 2018	Current \$'000	Less than 1 month \$'000	1-3 months \$'000	3-12 months \$'000	More than 1 year \$'000	Total \$'000
Expected loss rate	0%	31%	31%-42%	50%	99%	
Receivables	2,734	41	110	256	923	4,064
Less allowance	(8)	(13)	(23)	(129)	(920)	(1,093)

Reconciliation of the movement in the loss allowance for contractual receivables can be found in *Note B(2)*. Contractual receivables are written off when there is no reasonable expectation of recovery and impairment losses are classified as a transaction expense. Subsequent recoveries of amounts previously written off are credited against the same line item AHPRA's statutory receivable relates to GST input tax receivables. It is considered to have low credit risk. No loss allowance recognised at 30 June 2018 under AASB 139. No additional loss allowance required upon transition into AASB 9 on 1 July 2018.



## (c) Liquidity risk exposure

Liquidity risk is the risk that AHPRA will encounter difficulty in meeting obligations associated with financial liabilities. AHPRA manages liquidity risk by monitoring cash flows' forecast and ensuring that adequate liquid funds are available to meet current obligations.

AHPRA's exposure to liquidity risk is deemed insignificant based on prior period's data and current assessment of risk. Cash for unexpected events is generally sourced from liquidation of availability to recall term deposits.

These tables disclose the maturity analysis of AHPRA's financial liabilities.

2019 Payables	Maturity dates			
	Carrying amount \$'000	Less than 1 month \$'000	1-3 months \$'000	3 months - 1 year \$'000
Trade creditors	3,930	3,802	82	46
Accrued expenses	11,935	11,935	0	0
<b>Total</b>	<b>15,865</b>	<b>15,737</b>	<b>82</b>	<b>46</b>

2018 Payables	Maturity dates			
	Carrying amount \$'000	Less than 1 month \$'000	1-3 months \$'000	3 months - 1 year \$'000
Trade creditors	4,428	4,313	102	13
Accrued expenses	7,879	7,879	0	0
<b>Total</b>	<b>12,307</b>	<b>12,192</b>	<b>102</b>	<b>13</b>

The maximum exposure to liquidity risk is the total carrying amount of the financial liabilities as shown above.

## Interest rate exposure of financial instruments

2019	Weighted average interest rate	Non-interest bearing \$'000	Floating interest rate \$'000	Fixed interest rate \$'000	Total \$'000
<b>Financial assets</b>					
Cash and cash equivalents	1.25%	0	0	10,170	10,170
Investments	2.63%	0	103,000	71,000	174,000
Receivables	0.00%	1,551	0	0	1,551
Accrued income	0.00%	861	0	0	861
<b>Total</b>		<b>2,412</b>	<b>103,000</b>	<b>81,170</b>	<b>186,582</b>
<b>Financial liabilities</b>					
Payables	0.00%	3,930	0	0	3,930
Accrued expenses	0.00%	11,935	0	0	11,935
<b>Total</b>		<b>15,865</b>	<b>0</b>	<b>0</b>	<b>15,865</b>
2018	Weighted average interest rate	Non-interest bearing \$'000	Floating interest rate \$'000	Fixed interest rate \$'000	Total \$'000
<b>Financial assets</b>					
Cash and cash equivalents	1.50%	0	0	5,292	5,292
Investments	2.79%	0	89,000	77,000	166,000
Receivables	0.00%	3,290	0	0	3,290
<b>Total</b>		<b>3,290</b>	<b>89,000</b>	<b>82,292</b>	<b>174,582</b>
<b>Financial liabilities</b>					
Payables	0.00%	4,428	0	0	4,428
Accrued expenses	0.00%	7,879	0	0	7,879
<b>Total</b>		<b>12,307</b>	<b>0</b>	<b>0</b>	<b>12,307</b>

## Sensitivity analysis

Considering past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, AHPRA believes the following movements are 'reasonably possible' over the next 12 months:

- A parallel shift of +0.5% and -0.5% (2018: +0.5% and -0.5%) in market interest rates (AUD) from year-end rates of 1.25% and 2.63% due to a decreasing interest rate outlook countered by the risk of world trade tensions.

<sup>1</sup> Fitch Ratings and Standard & Poor's both rate AA-. Moody's Investors Service rate Aa3.

## (d) Market risk exposure

### Currency risk

AHPRA had no exposure to currency risk at 30 June 2019 or at 30 June 2018.

### Equity price risk

AHPRA had no exposure to equity price risk at 30 June 2019 or at 30 June 2018.

### Interest rate risk

Exposure to interest rate risk is limited to assets bearing variable interest rates. AHPRA has a combination of deposits with floating and fixed interest rates. Exposure to variable interest rate risk is with financial institutions with AA- credit rating<sup>1</sup>.

This table discloses the impact on net operating result and equity for each category of financial instrument held by AHPRA at year end as presented to key management personnel, if changes in the market interest rates occur.

2019	Carrying amount \$'000	At +0.5% \$'000 Surplus	At +0.5% \$'000 Equity	At -0.5% \$'000 Surplus	At -0.5% \$'000 Equity
<b>Financial assets</b>					
Cash and cash equivalents	10,170	51	51	(51)	(51)
Investments	174,000	738	738	(738)	(738)
<b>Total</b>		<b>789</b>	<b>789</b>	<b>(789)</b>	<b>(789)</b>
2018	Carrying amount \$'000	At +0.5% \$'000 Surplus	At +0.5% \$'000 Equity	At -0.5% \$'000 Surplus	At -0.5% \$'000 Equity
<b>Financial assets</b>					
Cash and cash equivalents	5,292	26	26	(26)	(26)
Investments	166,000	576	576	(576)	(576)
<b>Total</b>		<b>602</b>	<b>602</b>	<b>(602)</b>	<b>(602)</b>

## Other market risk

AHPRA had no exposure to other market risk at 30 June 2019 or at 30 June 2018.

## (e) Fair value

The fair values and net fair values of financial instrument assets and liabilities are determined as follows:

- Level 1 – the fair value of financial instrument with standard terms and conditions and traded in active liquid markets is determined with reference to quoted market prices.
- Level 2 – the fair value is determined using inputs other than quoted prices that are observable for the financial asset or liability, either directly or indirectly.
- Level 3 – the fair value is determined in accordance with generally accepted pricing models based on discounted cash flow analysis using unobservable market inputs.

AHPRA considers that the carrying amount of financial instrument assets and liabilities recorded in the financial statements to be a fair approximation of their fair values, because of the short-term nature of the financial instruments and the expectation that they will be settled in full.

This table shows that the fair values of the contractual financial assets and liabilities are the same as the carrying amounts.

Comparison between carrying amount and fair value	Note	Gross carrying amount 2019 \$'000	Fair value 2019 \$'000	Gross carrying amount 2018 \$'000	Fair value 2018 \$'000
<b>Contractual financial assets</b>					
Cash and cash equivalents		10,170	10,170	5,292	5,292
Investments		174,000	174,000	166,000	166,000
Receivables	B2	2,174	773	4,064	3,290
Accrued income		861	861	1,151	1,151
<b>Total contractual financial assets</b>		<b>187,205</b>	<b>185,804</b>	<b>176,507</b>	<b>175,733</b>
<b>Contractual financial liabilities</b>					
Payables		3,930	3,930	4,428	4,428
Accrued expenses		11,935	11,935	7,879	7,879
<b>Total contractual financial liabilities</b>		<b>15,865</b>	<b>15,865</b>	<b>12,307</b>	<b>12,307</b>

## Note E3: Related party disclosures

### (a) Ministerial Council

The Ministerial Council comprises Ministers of the governments of the participating jurisdictions and the Commonwealth with portfolio responsibility for health. The following Ministers were members of the Ministerial Council (formally known as the Australian Health Workforce Ministerial Council) during the year 1 July 2018 to 30 June 2019, unless otherwise noted.

Name	Portfolio	Jurisdiction
<b>Ms Meegan Fitzharris MLA</b>	Minister for Health and Wellbeing Minister for Higher Education Minister for Medical and Health Research Minister for Transport Minister for Vocational Education and Skills Chair, COAG Health Council to August 2018	Australian Capital Territory
<b>The Hon Greg Hunt MP</b>	Minister for Health	Commonwealth
<b>The Hon Bradley Hazzard MP</b>	Minister for Health Minister for Medical Research	New South Wales
<b>The Hon Natasha Fyles MLA</b>	Attorney-General and Minister for Justice Minister for Health Minister for Arafura Games Minister for Disabilities	Northern Territory
<b>The Hon Dr Steven Miles MP</b>	Minister for Health and Minister for Ambulance Services	Queensland
<b>The Hon Stephen Wade MLC</b>	Minister for Health and Wellbeing	South Australia
<b>The Hon Michael Ferguson MP</b>	Minister for Health Minister for Police, Fire and Emergency Management Minister for Science and Technology	Tasmania
<b>The Hon Jenny Mikakos MP</b>	Minister for Health Minister for Ambulance Services <i>From November 2018</i>	Victoria
<b>The Hon Jill Hennessy MP</b>	Minister for Health Minister for Ambulance Services <i>To November 2018</i>	
<b>The Hon Roger Cook MLA</b>	Deputy Premier; Minister for Health; Mental Health Chair, COAG Health Council from August 2018	Western Australia

Amounts relating to responsible Ministers' remuneration are reported in the financial statements of the relevant minister's jurisdiction.

### (b) Agency Management Committee members

Name	Portfolio
<b>Mr Michael Gorton AM, Chair</b>	1/07/2018–30/6/2019
<b>Adjunct Professor Karen Crawshaw PSM</b>	1/07/2018–30/6/2019
<b>Mr Ian Smith PSM</b>	1/07/2018–30/6/2019
<b>Ms Jenny Taing</b>	1/07/2018–30/6/2019
<b>Ms Barbara Yeoh AM</b>	1/07/2018–30/6/2019
<b>Dr Peggy Brown AO</b>	1/07/2018–30/6/2019
<b>Dr Susan Young</b>	1/07/2018–30/6/2019
<b>Ms Philippa Smith AM</b>	1/07/2018–30/6/2019

### (c) Related party transactions

Key management personnel (KMP) of AHPRA include the responsible minister in each jurisdiction that forms parts of the Ministerial Council under the National Law, members of the Agency Management Committee, Chief Executive Officer and members of the National Executive team, which includes:

- Executive Director, Business Services, Sarndrah Horsfall
- Executive Director, People and Culture, Judith Pettitt (interim to 3 August 2018)
- Executive Director, People and Culture, Mark Edwards (from 3 September 2018)
- Executive Director, Regulatory Operations, Kym Ayscough
- Executive Director, Strategy and Policy, Chris Robertson

Other than the responsible ministers, the remuneration for KMP is disclosed as follows.

	2019 \$	2018 \$
<b>Short-term employee benefits</b>	1,603,472	1,501,785
<b>Long-term employee benefits</b>	38,312	36,794
<b>Post-employment benefits</b>	119,966	108,463
<b>Total</b>	<b>1,761,750</b>	<b>1,647,042</b>

Outside of normal citizen-type transactions with AHPRA, there were no related party transactions that involved KMP, their close family members and their personal business interests other than those disclosed below. No provision has been required, nor any expense recognised, for impairment of receivables from related parties.

All other transactions that have occurred with KMP and their related parties have not been considered material for disclosure. In this context, transactions are only disclosed when they are considered necessary to draw attention to the possibility that AHPRA's financial position and profit or loss may have been affected by the existence of related parties, and by transactions and outstanding balances, including commitments, with such parties.

Mr Michael Gorton AM was Chair of the Agency Management Committee for 2018/19. He is a principal of Russell Kennedy Solicitors, which provides legal services on notification matters to AHPRA on normal commercial terms and conditions.

	2019 \$'000	2018 \$'000
<b>Russell Kennedy Solicitors</b>	327	102

There were no transactions involving the Ministerial Council during 2018/19.

## Note E4: Remuneration of external auditor

	2019 \$'000	2018 \$'000
<b>Victorian Auditor-General's Office</b>	165	164
	<b>165</b>	<b>164</b>

## Note E5: Co-regulatory jurisdictions

The *Health Practitioner Regulation National Law (NSW) No. 86a* and the *Queensland Health Ombudsman Act 2013* allow for co-regulation of registered health practitioners at the discretion of the respective member jurisdictions. Both New South Wales (NSW) and Queensland (Qld) have determined that co-regulation applies.

### NSW Health Professional Councils Authority (HPCA)

In NSW, the Health Minister informs AHPRA and the National Boards of the amount to be collected per registrant on behalf of the NSW Health Professional Councils Authority (HPCA), for the purpose of handling notifications related to NSW-based practitioners. AHPRA collects these amounts and passes them onto the various Health Professional Councils, via HPCA. As this amount is set per registrant and collected by AHPRA and remitted to the HPCA within seven days after the end of the month, it is treated as an administered item in these financial statements. These amounts are not recorded within the *Statement of comprehensive income* or *Statement of financial position*.

Transactions relating to this activity are reported as administered (non-controlled) items, as per this table.

#### Summary of HPCA fee collected and payable

National Board	2019 \$'000	2018 \$'000
<b>ATSIHPBA</b>	7	6
<b>CMBA</b>	447	457
<b>ChiroBA</b>	416	392
<b>DBA</b>	2,775	2,664
<b>MBA</b>	14,573	13,745
<b>MRPBA</b>	283	333
<b>NMBA</b>	9,492	8,476
<b>OTBA</b>	265	250
<b>OptomBA</b>	235	225
<b>OsteoBA</b>	199	200
<b>ParaBA</b>	589	0
<b>PharmBA</b>	2,308	1,932
<b>PhysioBA</b>	649	618
<b>PodBA</b>	297	319
<b>PsyBA</b>	1,804	1,696
<b>Total</b>	<b>34,339</b>	<b>31,313</b>

## Office of the Health Ombudsman (Queensland)

In Queensland, the Health Minister informs AHPRA and the National Boards of the amount to be paid to the Office of the Health Ombudsman (Queensland). This payment is included in the statement of comprehensive income as an expense. In 2018/19, AHPRA was required to pay \$3.94 million (2017/18: \$2.91 million) to the Office of the Health Ombudsman (Queensland) under these arrangements.

A further \$3.18 million (2017/18 \$1.39 million) provision has been made for additional Queensland Civil and Administrative Tribunal (QCAT) cases occurring during this financial year, which is over and above the costs included in the Minister's determined \$3.94 million. The breakdown of the payment and provision is shown in this table.

National Board	2019		2018		Total reported 2019
	Minister's determination \$'000	QCAT accrual \$'000	Reported \$'000	Adjusted and other \$'000	
<b>ATSIHPBA</b>	0	0	0	0	0
<b>CMBA</b>	21	55	13	10	86
<b>ChiroBA</b>	63	(55)	(110)	(2)	6
<b>DBA</b>	276	82	17	15	373
<b>MBA</b>	1,715	520	1,158	431	2,666
<b>MRPBA</b>	3	55	(16)	0	58
<b>NMBA</b>	1,397	2,191	2,189	(326)	3,262
<b>OTBA</b>	10	0	1	1	11
<b>OptomBA</b>	6	0	63	(11)	(5)
<b>OsteoBA</b>	11	0	15	1	11
<b>ParaBA</b>	12	0	0	20	32
<b>PharmBA</b>	197	274	505	(25)	446
<b>PhysioBA</b>	31	0	161	(32)	(1)
<b>PodBA</b>	13	0	36	(1)	12
<b>PsyBA</b>	188	55	190	(12)	231
<b>Total</b>	<b>3,943</b>	<b>3,177</b>	<b>4,222</b>	<b>68</b>	<b>7,188</b>

# Appendices

## Appendix 1: Structure of the National Boards

National Board	National committees	Regional boards	State and territory boards	State and territory/regional committees
<b>ATSIHPBA</b>	Immediate Action Committee <sup>1</sup> Registration and Notifications Committee	N/A	N/A	N/A
<b>CMBA</b>	Immediate Action Committee <sup>1</sup> Policy, Planning and Communications Committee Registration and Notifications Committee	N/A	N/A	N/A
<b>ChiroBA</b>	Immediate Action Committee <sup>1</sup> Registration, Notifications and Compliance Committee	N/A	N/A	N/A
<b>DBA</b>	Accreditation Committee Conscious Sedation Advisory Panel Equivalence Assessment Panel for overseas-trained dental specialists Expert Reference Group – Specialist Notifications Committee Assessment (from 31 Oct) Recency of Practice Advisory Panel	N/A	N/A	Immediate Action Committee (excluding NSW) Registration Committee (NSW only) Registration and Notifications Committee (excluding NSW)
<b>MBA</b>	Finance Committee Notifications Committee Assessment Sexual Boundaries Notifications Committee	N/A	All states and territories	Health Committee WA Immediate Action Committee (excluding NSW) Notifications Committees (excluding NSW) Registration Committee
<b>MRPBA</b>	Immediate Action Committee <sup>1</sup> National Examination Committee Registration and Notifications Committee Supervised Practice Committee Policy Committee	N/A	N/A	N/A
<b>NMBA</b>	Accreditation Committee (Assessment of Overseas Qualified Nurses and Midwives) Finance, Governance and Communications Committee Notifications Committee Midwifery Assessment Notifications Committee Nursing Assessment Program Approval Committee Registration and Notifications Committee State and Territory Chairs' Committee	N/A	All states and territories	Immediate Action Committee (excluding NSW) When required: → Notifications Committee (excluding NSW) → Registration Committee
<b>OTBA</b>	Immediate Action Committee <sup>1</sup> Registration and Notifications Committee	N/A	N/A	N/A
<b>OptomBA</b>	Finance and Risk Committee Immediate Action Committee <sup>1</sup> Policy and Education Committee Registration and Notifications Committee Scheduled Medicines Advisory Committee	N/A	N/A	N/A
<b>OsteoBA</b>	Immediate Action Committee <sup>1</sup> Registration and Notifications Committee	N/A	N/A	N/A
<b>ParaBA</b>	Immediate Action Committee <sup>1</sup> Registration, Notifications and Compliance Committee (from 27 Aug) Notifications Committee Assessment (from 26 Nov)	N/A	N/A	N/A
<b>PharmBA</b>	Finance, Risk and Governance Committee Immediate Action Committee Notifications Committee Policies, Codes and Guidelines Committee Registration and Examinations Committee	N/A	N/A	N/A
<b>PhysioBA</b>	Continuous Improvement Committee Immediate Action Committee <sup>1</sup> Registration and Notifications Committee	N/A	N/A	N/A
<b>PodBA</b>	Immediate Action Committee <sup>1</sup> Registration and Notifications Committee Strategic Planning and Policy Committee	N/A	N/A	N/A
<b>PsyBA</b>	Governance Working Group (including Finance) National Psychology Examination Committee Immediate Action Committee	ACT, Tas and Vic NT, SA and WA	NSW Qld	N/A

<sup>1</sup> As part of the Multi-profession Immediate Action Committee. See page 129.

## Appendix 2: Meetings of Boards and committees

This table details the number of National Board, national committee, state/territory board and committee meetings held during 2018/19. Each Board has different committee structures to support their day-to-day regulatory decision-making and policy work, largely determined by both the volume and risk profile of the tasks (see Appendix 1).

The purposes of committees vary, and include decision-making about individual practitioners (for example, registration, notifications, immediate action and compliance matters) and policy-oriented committees looking at standards, codes and guidelines for the profession.

All of the meetings listed as either state/territory board or state/territory committee, along with the majority of national committee meetings, were engaged in regulatory decision-making affecting individual practitioners. Numbers include out-of-session and immediate action committee meetings where they occurred.

National Board	National Board meetings	National committee meetings	Total national meetings	State/territory board meetings	State/territory committee meetings	Total state/territory meetings	Total
ATSIHPBA	6	13	19				19
CMBA	10	38	48				48
ChiroBA	14	41	55				55
DBA	12	26	38		125	125	163
MBA	14	345	359	129	498	627	986
MRPBA	10	31	41				41
NMBA	17	120	137	122	405	527	664
OTBA	15	27	42				42
OptomBA	12	24	36				36
OsteoBA	12	18	30				30
ParaBA	17	30	47				47
PharmBA	12	108	120				120
PhysioBA	11	19	30				30
PodBA	11	30	41				41
PsyBA	11	44	55	54		54	109
Total	184	914	1,098	305	1,028	1,333	2,431



## Appendix 3: State, territory and regional board, committee, panel and group members

The members of state, territory and regional boards, committees, panels, and working, reference and advisory groups make an enormous and valued contribution.

Members appointed for the entire or part of 2018/19 are listed, so some committees appear to have a larger membership than they actually do, at any given time. Term dates are only shown for Chairs.

All boards have practitioner and community members. A third of all National Board positions are filled by community members: 52 of 156 positions.

On state, territory and regional boards 33.8% of positions are filled by community members: 66 of 196 positions.

A member's profession is usually indicated after their name if they are a non-medical practitioner using the title of Dr.

### Aboriginal and Torres Strait Islander Health Practice Board of Australia: National committee members

#### Registration and Notifications Committee

**Ms Renee Owen (Chair)**

Whole Board

### Chinese Medicine Board of Australia: National committee and reference group members

#### Policy Planning and Communication Committee

##### **Dr David Graham PhD (Chair)**

Ms Christine Berle

Dr Di Wen Lai (practitioner)  
(Deputy Chair)

Dr Brian May (practitioner)

#### Registration and Notifications Committee

##### **Mr David Brereton (Chair)**

Dr Liang Zhong Chen  
(practitioner)

Mr Roderick Martin (Deputy  
Chair)

Ms Jacinta Ryan

Mrs Virginia Ryan

Ms Bing Tian

*The Board also benefits from the contribution of an **Accreditation Committee**, which is an independent entity assigned to fulfil the accreditation function, and its reference group which acts in an advisory capacity.*

### Chiropractic Board of Australia: National committee members

#### Registration, Notifications and Compliance Committee

##### **Mr Frank Ederle (Chair)**

Whole Board

### Dental Board of Australia: Committee and panel members

#### Accreditation Committee

**Dr Kate Raymond (dentist)**  
(Chair from Nov)

**Dr Murray Thomas (dentist)**  
(Chair to Sep)

Winthrop Professor Paul Abbott  
AO

Mrs Jennifer Bishop

Ms Alison Faigniez

Ms Jacqueline Gibson

Mr Paul House

Mr Tan Nguyen

Mrs Janice Okine

Ms Carolynne Smith

#### ACT Registration and Notifications Committee and Immediate Action Committee

##### **Dr Peter Wong (dentist) (Chair)**

Ms Sarah Byrne

Dr Kerrie O'Rourke (dentist)

#### NSW Registration Committee

##### **Professor Iven Klineberg (Chair)**

Dr Alexander Holden (dentist)

Mr Michael Miceli

Dr Philippa Sawyer (dentist)

#### NT Registration and Notifications Committee and Immediate Action Committee

##### **Dr Erna Melton (dentist)** (Chair)

Mrs Megan Lawton

Dr Quentin Rahaus (dentist)

Dr Michael Rees (dentist)

### Old Registration and Notifications Committee and Immediate Action Committee

##### **Dr Robert McCray (dentist)** (Chair)

Mrs Brydget Barker-Hudson

Professor Robert Love

Dr Bruce Newman (dentist)

Mrs Janice Okine

Mr Stuart Unwin

### SA Registration and Notifications Committee and Immediate Action Committee

##### **Dr Cosimo Maiolo (dentist)** (Chair from 30 Nov)

**Professor Richard Logan**  
(Chair to 16 Nov)

Ms Michelle Kuss

Dr Sophia Matias PhD

Dr Heidi Munchenberg (dentist)

Ms Joanna Richardson

Dr Michael Rees (dentist)

### Tas Registration and Notifications Committee and Immediate Action Committee

##### **Dr Ioan Jones (dentist) (Chair)**

Mr Leigh Gorringer

Dr Kylie McShane PhD

Mr Nikolas Peacock

### Vic Registration and Notifications Committee and Immediate Action Committee

##### **Dr Werner Bischof (dentist)** (Chair)

Dr Janice Davies PhD

Professor Lesleyanne  
Hawthorne

Dr Ioan Jones (dentist)

Dr Rachel Martin (dentist)

Mr Tan Nguyen

### WA Registration and Notifications Committee and Immediate Action Committee

##### **Dr Simon Shanahan (dentist)** (Chair)

Dr Susan Anderson (dentist)

Ms Yvonne Parnell

Dr Bernadette Pilkington  
(dentist)

Professor Craig Zimitat

### Medical Board of Australia: State and territory board and national committee members

#### Australian Capital Territory

##### **Dr Kerrie Bradbury (Chair)**

Dr Emma Adams

Ms Vicki Brown

Ms Catherine Gauthier

Dr Janelle Hamilton

Mr Robert Little

Associate Professor Rodney  
Petersen

Dr Jill Van Acker

Professor Peter Warfe

#### New South Wales

##### **Associate Professor Stephen Adelstein (Chair)**

Dr Costa Boyages

Dr Jennifer Davidson

Dr Sergio Diez Alvarez

Dr Amanda Mead PhD

Dr Robyn Napier OAM

Professor Abdullah Omari

Ms Jebby Phillips

Professor Allan Spigelman

Mr John Stubbs

Ms Amanda Wilson

#### Northern Territory

##### **Dr Charles Kilburn (Chair)**

Mrs Lea Aitken

Mrs Julia Christensen

Dr Tamsin Cockayne

Dr Henry Duncan

Ms Annette Flaherty

Dr Paul Helliwell  
Dr Verushka Krigovsky  
Dr Hemanshu Patel

## Queensland

### Dr Susan O'Dwyer (Chair)

Dr Cameron Bardsley  
Dr Patrick Clancy  
Ms Christine Gee  
Dr Genevieve Goulding  
Dr Robert Ivers  
Professor Eleanor Milligan  
Ms Megan O'Shannessy  
Dr Philip Richardson  
Mr George Seymour  
Dr Morgan Windsor  
Dr Susan Young

## South Australia

### Dr Mary White (Chair from 20 Nov)

### Dr Anne Tonkin (Chair to 19 Oct)

Dr Daniel Cehic  
Dr Catherine Gibb  
Mr Paul Laris  
Professor Guy Maddern  
Ms Louise Miller-Frost  
Dr Bruce Mugford  
Dr Lynne Rainey  
Dr Leslie Stephan  
Ms Katherine Sullivan  
Mr Thomas Symonds

## Tasmania

### Dr Andrew Mulcahy (Chair)

Dr Anelisa Dazzi Chequer De Souza  
Dr Kristen Fitzgerald  
Mr Fergus Leicester  
Ms Leigh Mackey  
Dr Gavin Mackie  
Ms Elizabeth MacLaine-Cross  
Dr Colin Merridew  
Dr Phillip Moore  
Dr Kim Rooney  
Dr David Saner  
Mrs Joan Wylie

## Victoria

### Dr Debra O'Brien (Chair)

Mrs Jennifer Barr  
Dr Christine Bessell  
Dr John Carnie PSM  
Dr Anthony Cross  
Dr Susan Gould PhD  
Ms Louise Johnson  
Dr Alison Lilley  
Associate Professor Solomon Menahem  
Dr Pamela Montgomery PhD  
Dr Ines Rio  
Dr Abhishek Verma  
Dr Ruth Vine  
Dr Miriam Weisz (doctorate)

## Western Australia

### Professor Constantine (Con) Michael AO (Chair)

Ms Mary Carroll  
Dr Richelle Douglas  
Dr Alan Duncan  
Dr Pathma Edge  
Professor Mark Edwards  
Dr George Eskander  
Dr Daniel Heredia  
Dr Michael Levitt  
Dr Clare Matthews  
Ms Sonia McKeiver  
Ms Meneesha Michalka  
Professor Stephan Millett  
Mr John Pintabona  
Ms Virginia Rivalland  
Adjunct Professor Peter Wallace  
OAM

## Non-Board members appointed to national committees

### NSW

Dr Maria (Tessa) Ho

### QLD

Dr Jeanette Best  
Ms Heather Eckersley  
Professor Harry McConnell  
Mr Geoff Rowe  
Dr Samuel Stevens

### SA

Dr Carolyn Edmonds  
Dr Rakesh Mohindra  
Dr Harshita Pant  
Dr Melanie Turner

### Vic

Dr Alison Lilley

### WA

Ms Mary Carroll  
Dr Steven Patchett

## Clinical Advice Committee

(from May 2019)

### Associate Professor David Hillis (Chair)

Dr Rebecca (Bec) Bennett  
Dr Jane Hecker  
Dr Margaret Kay  
Professor Susan Kurrle  
Professor Constantine (Con)  
Michael AO  
Professor Constance (Dimity)  
Pond  
Dr Mark Renehan  
Dr Prasanna (Chanaka)  
Wijeratne

## Medical Training Survey Steering Committee

### Associate Professor Stephen Adelstein (Chair)

Dr Joanne Katsoris  
Dr Bavahuna Manoharan  
Dr Linda MacPherson  
Dr Susan O'Dwyer  
Ms Theanne Walters  
Ms Kirsty White  
Ms Fearn (Michelle) Wright

## Good Practice Guidelines Working Group

### Professor Richard Doherty (Chair)

Dr Kaye Atkinson  
Dr Caroline Clarke  
Ms Gregoria Fanourakis  
Dr Daniel Heredia  
Dr Pamela Robinson  
Dr Andrew Singer  
Associate Clinical Professor  
Christine Tippet

## Finance Committee

### Ms Prudence Ford (Chair)

Mr Mark Bodycoat  
Associate Professor Stephen  
Bradshaw AM  
Dr Joanna Flynn AM  
Ms Fearn (Michelle) Wright

## Continuing Professional Development Advisory Group

### Professor Katherine (Kate) Leslie AO (Chair)

Mr John Biviano  
Dr Claire Blizzard  
Professor Richard Doherty  
Dr Joanne Katsoris  
Dr Alexandra Markwell  
Dr Bruce Mugford  
Dr Sukhpal Sandhu  
Dr Anne Tonkin

## Sexual Boundaries Notifications Committee

### Ms Christine Gee (Chair from 28 Nov) Dr Anne Tonkin (Chair to 24 Oct)

Mr Mark Bodycoat  
Mrs Julia Christensen  
Dr Anthony Cross  
Dr Sergio Diez Alvarez  
Dr Alan Duncan  
Dr Richelle Douglas  
Dr Kristen Fitzgerald  
Dr Janelle Hamilton  
Dr Maria (Tessa) Ho  
Dr Robert Ivers  
Dr Verushka Krigovsky  
Professor Eleanor Milligan  
Dr Debra O'Brien  
Dr Kim Rooney

Ms Katherine Sullivan  
Adjunct Professor Peter Wallace  
Professor Peter Warfe  
(Deputy Chair)  
Dr Miriam Weisz  
Mrs Joan Wylie  
Dr Susan Young

## Professional Performance Framework Implementation Working Group

### Dr Anne Tonkin (Chair from Oct)

### Dr Joanna Flynn (Chair to Aug)

Mr Mark Bodycoat  
Professor Constantine (Con)  
Michael AO  
Associate Professor David Hillis  
Dr Joanne Katsoris

## Medical Training Survey Advisory Group

(was National Training  
Survey Advisory Group)

### Associate Professor Stephen Adelstein (Chair)

Dr Mohamed Abdeen  
Dr Anthony Bartone  
Ms Helen Craig  
Dr James Edwards  
Ms Alexandra Farrell  
Dr Brendan Grabau  
Dr Kali Hayward  
Dr Daniel Heredia  
Mr Warwick Hough  
Dr Kym Jenkins  
Associate Professor Alison  
Jones  
Dr Joanne Katsoris  
Dr Greg Kesby  
Ms Alana Killen  
Professor Robyn Langham  
Mr John McGurk  
Dr David Mountain  
Dr Susan O'Dwyer  
Dr Annette Pantle  
Dr Andrew Singer  
Professor Richard Tarala  
Professor Susan Wearne  
Dr Christopher (Chris) Wilson  
Ms Fearn (Michelle) Wright  
Ms Jessica Yang  
Dr John Zorbas

*The Board also benefits from the contribution of a **Notifications Assessment Committee** (Notifications Committee Assessment of the Medical Board of Australia), which comprises national, state, territory and regional board members, as well as non-board members.*

## **Medical Radiation Board of Australia: National committee members**

### **National Examination Committee**

**Dr Susan Gould PhD (Chair from 26 Mar)**

**Mr Mark Marcenko (Chair to 26 Mar)**

Ms Marcia Fleet  
Mr James Green  
Ms Tracy Vitucci  
Mr Roger Weckert  
Dr Caroline Wright PhD

### **Policy Committee**

**Mr Christopher Hicks (Chair)**

Ms Joan Burns  
Ms Donisha Duff  
Dr Susan Gould PhD  
Mr James Green  
Ms Tracy Vitucci  
Dr Caroline Wright PhD

### **Registration and Notifications Committee**

**Mr Mark Marcenko (Chair)**

Mr Richard Bialkowski  
Ms Donisha Duff  
Mr Brendan McKernan (Deputy Chair)  
Ms Cara Miller  
Mr Roger Weckert

### **Supervised Practice Committee**

**Mr Brendan McKernan (Chair from 26 Mar)**

Mr Gerard Amirtham  
Mr Richard Bialkowski  
Mrs Nainaben Dhana  
Mrs Kelly Elsner  
Ms Fiona Franklin  
Mr Simon Lejcek  
Ms Cara Miller  
Miss Lauren Moon

## **Nursing and Midwifery Board of Australia: State and territory board and national committee members**

### **State and Territory Chairs' Committee**

**Associate Professor Lynette Cusack (Chair)**

Ms Carol Baines (Tas) (Presiding Member)  
Ms Angela Bull (NT)  
Ms Felicity Dalzell (ACT)  
Ms Naomi Dobroff (Vic)  
Mrs Eithne Irving (NSW) (Presiding Member)  
Mr John Kelly (Nursing and Midwifery Council of NSW)  
Ms Marie Louise MacDonald (WA)

Ms Cat(herine) Schofield (Tas)  
Associate Professor Linda Starr (SA)  
Professor Patsy Yates (Qld)

### **Australian Capital Territory**

**Ms Felicity Dalzell (Chair)**

Mrs Gulnara Abbasova  
Mrs Alison Archer  
Ms Marjorie Atchan  
Ms Janet Baldock  
Ms Tina Calisto  
Ms Alison Chandra  
Dr Katrina Cubit PhD  
Ms Eileen Jerga AM  
Dr Carmel McQuellin PhD  
Ms Kelley Stewart

### **New South Wales**

**Mrs Eithne Irving (Presiding Member)**

Ms Kathryn Adams  
Ms Katherine Becker  
Mr Bruce Brown  
Mr Roderick Cooke  
Ms Adrienne Farago  
Dr Joanne Gray PhD  
Mrs Susan Greig  
Ms Melissa Maimann

### **Northern Territory**

**Ms Angela Bull (Chair)**

Mr David Carpenter  
Mrs Leanne Chapman  
Mrs Emma Childs  
Ms Rosie Downing  
Dr Therese Kearns PhD  
Ms Heather King  
Ms Aislinn McIntyre  
Dr Brian Phillips PhD  
Ms Alison Phillis  
Dr Joanne Seiler (doctorate)  
Mr Jonathan Wright

### **Queensland**

**Professor Patsy Yates (Chair)**

Ms Suzanne Cardigan  
Mrs Karen Dolci  
Ms Tracey Duke  
Ms Michelle Garner  
Dr Amanda Henderson PhD  
Mr Stanley Macionis  
Ms Catherine Mickel  
Ms Helen Towler

### **South Australia**

**Associate Professor Linda Starr (Chair)**

Mr Mark Bodycoat  
Mrs Zinta Docherty  
Ms Elisa Gardiner  
Mrs Gillian Homan  
Ms Paula Medway  
Dr Philippa Rasmussen PhD  
Ms Katherine Sullivan  
Mrs Lisa Turner

### **Tasmania**

**Ms Carol Baines (Presiding Member from 20 Dec)**

**Ms Catherine Schofield (Chair to 1 Dec)**

Ms Sharon Bingham  
Ms Briony Brown  
Professor Rosalind Bull  
Mr Stephen Carey  
Dr Kylie McShane PhD  
Ms Christine Schokman  
Mrs Lynette Staff

### **Victoria**

**Ms Naomi Dobroff (Chair)**

Dr Leslie Cannold PhD  
Mr Matthew Grace  
Associate Professor David Hills  
Mrs Joanne Mapes  
Ms Amanda Singleton  
Ms Paula Stephenson  
Mrs Brenda Waites  
Dr Penelope Webster PhD

### **Western Australia**

**Ms Marie Louise MacDonald (Chair)**

Dr Sara Bayes PhD  
Associate Professor Karen Clark-Burg  
Dr Margaret Crowley PhD  
Adjunct Associate Professor Karen Gullick  
Mr Evan Hill  
Mr John Laurence  
Mrs Kristian Malic  
Ms Mary Miller  
Mrs Tamsin Mondy  
Mr Michael Piu

### **Accreditation Committee (Assessment of Overseas Qualified Nurses and Midwives)**

**Professor Denise Fassett (Chair)**

Mr Ian Frank AM  
Ms Marie Heartfield  
Dr Daniel Malone PhD  
Professor Catherine Nagle  
Ms Fiona Stoker  
Mr Brett Vaughan

### **Finance, Governance and Communications Committee**

**Ms Allyson Warrington (Chair)**

Ms Angela Brannelly  
Ms Maria Ciffolilli  
Ms Melodie Heland  
Ms Catherine Schofield

### **Notifications Committee Midwifery Assessment**

Mrs Gulnara Abbasova  
Dr Sara Bayes PhD  
Mr Stephen Carey  
Mr David Carpenter

Mr Stanley Macionis  
Ms Paula Medway  
Ms Amanda Singleton

### **Notifications Committee Nursing Assessment**

Dr Sara Bayes  
Mr David Carpenter  
Ms Felicity Dalzell  
Ms Michelle Garner  
Ms Paula Medway  
Ms Amanda Singleton  
Associate Professor Linda Starr  
Ms Paula Stephenson  
Mrs Brenda Waites

### **Program Approval Committee**

**Adjunct Associate Professor Veronica Casey (Chair from 1 Sep)**

**Professor Denise Fassett (Chair to 31 Aug)**

Mr Max Howard  
Dr Jessica (Jessa) Rogers PhD  
Mrs Allyson Warrington

### **Registration and Notifications Committee Adjunct Professor Veronica Casey (Chair)**

Mr David Carpenter  
Dr Christopher Helms  
Mr Max Howard  
Ms Annette Symes  
Ms Margaret Winn  
Mrs Jennifer Wood

### **Non-Board members appointed to committees**

Vic Registration Committee and Notifications Committee  
Mrs Jennifer Gilmartin  
Ms Karen Sawyer

### **Occupational Therapy Board of Australia: National committee members**

### **Registration and Notifications Committee**

**Ms Roxane Marcelle-Shaw (Chair)**

Ms Julie Brayshaw  
Mr James Carmichael  
Ms Sally Cunningham  
Mrs Rachael Kay  
Dr Catherine McBryde PhD  
Mr Areti Metuamate  
Dr Helen Osman PhD  
Ms Danielle Perkes  
Mrs Terina Saunders  
Dr Justin Scanlan PhD  
Ms Rebecca Singh

## **Optometry Board of Australia: National committee members**

### **Finance and Risk Committee**

**Mr Anthony Evans**  
(Chair from 22 Nov)

**Mr Garry Fitzpatrick**  
(Chair to 2 Oct)

Mr Stuart Aamodt

Mr Derek Fails

Associate Professor Ann Webber

### **Policy and Education Committee**

**Associate Professor Ann Webber** (Chair)

Dr Carla Abbott (optometrist)

Associate Professor Daryl Guest

Mr Derek Fails

Ms Adrienne Farago

Mr Garry Fitzpatrick

Associate Professor Rosemary Knight

### **Registration and Notifications Committee**

**Mr Ian Bluntish** (Chair)

Mrs Nancy Atkinson

Ms Adrienne Farago

Mrs Judith Hannan

Ms Surabhi Payne

Mr Neville Turner

### **Scheduled Medicines Advisory Committee**

**Associate Professor Daryl Guest** (Chair from 22 Nov)

**Ms Jane Duffy OAM**  
(Chair to 2 Oct)

Mr Hamlyn Benjamin

Professor Alex Gentle

Dr Graham Lakkis

Professor Danny Liew

Ms Angela Stathopoulos

Associate Professor Robert (Andrew) Symons

Associate Professor James Ziogas

## **Osteopathy Board of Australia: National committee members**

### **Registration and Notifications Committee**

**Dr Nikole Grbin** (osteopath)  
(Chair)

Whole Board

## **Paramedicine Board of Australia: National committee members**

### **Notifications Committee Assessment**

(from 26 Nov)

Mr Keith Driscoll ASM

Associate Professor Ian Patrick ASM

Ms Angela Wright

Mr Howard Wren ASM

### **Registration, Notifications and Compliance Committee** (from 27 Aug)

**Ms Linda Renouf** (Chair)

Ms Jeanette Barker (Deputy Chair)

Ms Clare Beech

Mr Keith Driscoll ASM

Associate Professor Stephen Gough ASM

Associate Professor Ian Patrick ASM

Mr Howard Wren ASM

Ms Angela Wright

## **Pharmacy Board of Australia: National committee members**

### **Finance, Risk and Governance Committee**

**Mr Laurence (Ben) Wilkins**  
(Chair from 1 Nov)

**Dr Katherine Sloper PhD**  
(Chair to 30 Aug)

Ms Joy Hewitt

Mr William (Bill) Kelly

Mr Mark Kirschbaum

Dr Suzanne Martin (veterinarian)

Mr Brett Simmonds

Dr Rodney (Rod) Wellard PhD

### **Policies, Codes and Guidelines Committee**

**Ms Joy Hewitt**  
(Chair from 1 Nov)

**Ms Bhavini Patel**  
(Chair to 2 Oct)

Dr Alice Gilbert PhD

Mr William (Bill) Kelly

Mr Mark Kirschbaum

Ms Karen O'Keefe

Mr Brett Simmonds

Dr Katherine Sloper PhD

Mr Rodney (Rod) Wellington

Mr Laurence (Ben) Wilkins

### **Registration and Examinations Committee**

**Dr Rodney (Rod) Wellard PhD**  
(Chair)

Mrs Elise Apolloni

Mrs Rachel Carr

Mr Trevor Draysey

Ms Joy Hewitt

Mr Mark Kirschbaum

Ms Bhavini Patel

Mr Cameron Phillips

Mr Brett Simmonds

### **Notifications Committee**

**Mr Mark Kirschbaum**  
(Chair from 1 Nov)

**Mr Brett Simmonds**  
(Chair to 30 Aug)

Ms Melissa Cadzow

Mr Trevor Draysey

Ms Hannah Mann

Ms Karen O'Keefe

Mr Michael Piu

Mr Laurence (Ben) Wilkins

## **Physiotherapy Board of Australia: National committee members**

### **Continuous Improvement Committee**

**Ms Cherie Hearn** (Chair)

Ms Janet (Jenny) Blake

Ms Lyn Green

Emeritus Professor Sheila Lennon

Ms Kate Waterford

### **Registration and Notifications Committee**

**Ms Fiona McKinnon** (Chair)

Ms Alison Bell

Ms Maureen Capp OAM

Mr David Cross

Mr Mark Hindson

Mr Peter Kerr AM

Mr Lachlan Mortimer

Ms Elizabeth Soderholm

## **Podiatry Board of Australia: National committee members**

### **Registration and Notifications Committee**

**Dr Janice Davies PhD**  
(Chair from 1 Nov)

**Dr Paul Tinley PhD**  
(Chair to 2 Oct)

Dr Paul Bennett PhD

Mr Peter Gaughwin

Ms Anne Herriot

Miss Julia Kurowski

Dr Kristy Robson PhD

Mr Anthony Short

Ms Shellee Smith

Dr Cylie Williams PhD

### **Strategic Planning and Policy Committee**

**Mrs Kathryn (Kate) Storer**  
(Chair from 1 Nov)

**Mr Ebenezer Banful**  
(Chair to 2 Oct)

Ms Catherine Loughry

Mr Andrew van Essen

Dr Cylie Williams PhD

## **Psychology Board of Australia: Regional board and national committee members**

### **ACT/Tas/Vic Regional Board**

**Dr Melissa Casey** (psychologist)  
(Chair from 20 Dec)

Mr Robin Brown

Mr Frank Ederle

Dr Sally Kalek (psychologist)

Dr Elke Kellis (psychologist)

Ms Sabina Lane

Dr Rosamond Lethbridge  
(psychologist)

Professor Anthony Love

Dr Miriam Weisz DBA

### **NSW Regional Board**

**Associate Professor Michael Kiernan** (Chair)

Mr Roderick Cooke

Mrs Margo Gill

Mr Timothy Hewitt

Ms Maralean McCalman

Ms Pauline O'Connor

Professor Nickolai Titov

Ms Lila Vrklevski

Dr Ann Wignall (psychologist)

### **NT/SA/WA Regional Board**

**Associate Professor Jennifer Thornton** (Chair)

Ms Cathy Beaton

Ms Jacqueline Fidler

Ms Deearne Gould

Mrs Megan Lawton

Mr Neil McLean

Mr Colby Pearce

Ms Claire Simmons

Mr Theodore Sharp

### **Queensland Regional Board**

**Dr Jane Scott** (psychologist)  
(Chair from 28 Feb)

**Professor Kevin Ronan**  
(Chair to 13 Jul)

Ms Kathryn Bekavac

Dr Fiona Black (psychologist)

Mr Robert Blin

Ms Julia Duffy

Ms Karen Dunshea

Associate Professor Gene Moyle

Ms Linda Renouf

Mr David Rodwell

### **Immediate Action Committee**

**Ms Mary Brennan**  
(Chair from 26 Oct)

**Ms Joanne Muller**  
(Chair to 2 Oct)

Professor Alfred Allan

Dr Fiona Black (psychologist)

Dr Melissa Casey (psychologist)



Ms Julia Duffy  
 Mr Frank Ederle  
 Mr Peter Hooker  
 Dr Sally Kalek (psychologist)  
 Dr Elke Kellis (psychologist)  
 Associate Professor Michael Kiernan  
 Professor Anthony Love  
 Mr Neil McLean  
 Professor Kevin Ronan  
 Dr Jane Scott PhD  
 Professor Jennifer Scott  
 Mr Theodore Sharp  
 Ms Claire Simmons  
 Associate Professor Jennifer Thornton

### **National Psychology Examination Committee (to 31 Dec)**

#### **Ms Rachel Phillips (Chair)**

Associate Professor Melissa Davis  
 Professor Gerard Fogarty  
 Professor Brin Grenyer  
 Ms Vanessa Hamilton  
 Professor Jennifer Scott  
 Ms Alison Soutter  
 Dr Hayden Till (psychologist)

### **Multi-Profession Immediate Action Committee**

#### **Mr Bruce Brown (ATSHPBA) (Chair)**

#### **Dr Janice Davies PhD (PodBA) (Alternate Chair)**

#### **Ms Anne Herriot (PodBA) (Alternate Chair)**

#### **Ms Linda Renouf (ATSHPBA) (Alternate Chair)**

Dr Michael Badham (chiropractor) (ChiroBA)  
 Dr Paul Bennett PhD (PodBA)  
 Ms Christine Berle (CMBA)  
 Mr Ian Bluntish (OptomBA)  
 Mr James Carmichael (OTBA)  
 Mr David Cross (PhysioBA)  
 Ms Sally Cunningham (OTBA)  
 Dr Pamela Dennis (osteopath) (OsteoBA)  
 Mr Keith Driscoll (ParaBA)  
 Dr Bevan Goodreid (chiropractor) (ChiroBA)  
 Dr Nikole Grbin (osteopath) (OsteoBA)  
 Ms Celia Harnas (ATSHPBA)  
 Mr Christopher Hicks (MRPBA)  
 Miss Julia Kurowski (PodBA)  
 Dr Di Wen Lai (practitioner) (CMBA)  
 Ms Catherine Loughry (PodBA)  
 Mr Mark Marcenko (MRPBA)  
 Mr Brendan McKernan (MRPBA)  
 Ms Cara Miller (MRPBA)  
 Dr Wayne Minter AM (chiropractor) (ChiroBA)  
 Mr Lachlan Mortimer (PhysioBA)  
 Ms Renee Owen (ATSHPBA)  
 Associate Professor Ian Patrick (ParaBA)  
 Dr Paul Tinley (PodBA)  
 Associate Professor Ann Webber (OptomBA)  
 Dr Cylie Williams PhD (PodBA)  
 Dr Ailsa Wood (chiropractor) (ChiroBA)  
 Ms Angela Wright (ParaBA)  
 Mr Andrew Yaksich (OsteoBA)

### **Accreditation Committees**

Four National Boards established accreditation committees to exercise accreditation functions in 2018/19

### **Aboriginal and Torres Strait Islander Health Practice Board of Australia**

#### **Accreditation Committee Professor Elaine Duffy (Chair)**

Ms Elizabeth Shuttle  
 Mrs Norma Solomon  
 Ms Sharon Wallace

### **Chinese Medicine Board of Australia**

#### **Accreditation Committee Dr Meeuwis Boelen PhD (Chair)**

Mrs Suzi Mansu  
 Mr David Schievenin  
 Dr Wei Hong (Angela) Yang (practitioner) (Deputy Chair)  
 Associate Professor Christopher Zaslawski  
 Dr Jian Sheng Zhang (practitioner)

### **Chinese Medicine Reference Group**

#### **Individual practitioner members**

Dr Carolyn Ee  
 Ms Patricia Greenway  
 Ms Geraldine Robinson  
 Dr Kevin Ryan (practitioner)  
 Ms Laura Sutton  
 Ms Dina Tsiopelas  
 Dr Honglin Yang (practitioner)  
 Dr Shengxi Zhang (practitioner)

#### **Community representatives**

Ms Sophy Athan from AHPRA's Community Reference Group  
 Ms Pip Brennan from the Health Consumers' Council (WA)  
 Dr Cheryl McRae PhD, Assistant Secretary, Complementary & Over the Counter Medicines Branch, Therapeutic Goods Administration

#### **Professional association representatives**

Dr Bingrong Ge PhD from the Federation of Chinese Medicine & Acupuncture Societies of Australia  
 Ms Jeanetta Gogol from the Australian Natural Therapists Association  
 Ms Waveny Holland from the Australian Acupuncture and Chinese Medicine Association  
 Dr Max Ma from the Chinese Medicine Industry Council of Australia

### **Education institution representatives**

Ms Nic Andronaco, Southern School of Natural Therapies  
 Associate Professor Tony Zhang, RMIT University

### **Medical Radiation Board of Australia**

#### **Accreditation Committee Professor Brian Jolly (Chair)**

Mrs Allison Dry  
 Dr Daphne James PhD  
 Dr Sarah Lewis PhD (Deputy Chair)  
 Dr Sharon Maresse PhD  
 Dr Louise McCall PhD  
 Ms Natalie Pollard  
 Mrs Jane Shepherdson

### **Paramedicine Board of Australia**

#### **Accreditation Committee (from 1 Apr)**

#### **Professor Eileen Willis (Chair)**

Mr Anthony Hucker  
 Mr Richard Larsen  
 Dr William Lord PhD (Deputy Chair)  
 Mr Alan Morrison (Deputy Chair)  
 Mr Martin Nichols  
 Dr Helen Webb PhD

## Appendix 4: Attendance at meetings of the Agency Management Committee and its subcommittees

This table shows how many meetings of the Agency Management Committee and its subcommittees each member attended, compared with the total number of meetings those members were eligible to attend. Members who left or joined during the financial year were eligible to attend a smaller number of meetings. Not all Agency Management Committee members are members of each subcommittee. Non-Agency Management Committee members, including National Board Chairs and members, have also been appointed to its subcommittees.

### Meeting attendance

Name	Number of meetings attended/eligible to attend
<b>Agency Management Committee</b>	
Mr Michael Gorton AM, Chair	11/11
Dr Peggy Brown AO	8/11
Adjunct Professor Karen Crawshaw PSM	10/11
Mr Ian Smith PSM	9/11
Ms Philippa Smith AM	11/11
Ms Jenny Taing	10/11
Ms Barbara Yeoh AM	11/11
Dr Susan Young	9/11
<b>Regulatory Performance Committee (formerly the Performance Committee)</b>	
Dr Peggy Brown AO, Chair	3/4
Adjunct Professor Karen Crawshaw PSM	4/4
Ms Philippa Smith AM	4/4
Dr Susan Young	3/4
Associate Professor Lynette Cusack	3/4
Mr Ian Bluntish	3/2
Mr Mark Bodycoat	3/2
Dr Joanna Flynn AM	1/4
Professor Brin Grenyer	1/2
Mr William Kelly	1/4
Dr John Lockwood AM	1/4
Ms Rachel Phillips	3/4
Mr Brett Simmonds	3/4
Dr Murray Thomas	3/4
Dr Anne Tonkin	3/4
<b>Finance, Audit and Risk Management Committee</b>	
Ms Barbara Yeoh AM, Chair	4/4
Mr Ian Smith PSM	2/4
Ms Jenny Taing	4/4
Mr David Balcombe	4/4
Mr Anthony Evans	2/4
Ms Kim Jones	4/4
Ms Allyson Warrington	4/4
<b>Remuneration Committee</b>	
Mr Michael Gorton AM, Chair	1/1
Adjunct Professor Karen Crawshaw PSM	1/1
Mr Ian Smith PSM	1/1
Ms Jenny Taing	1/1
Dr Wayne Minter	1/1

## Appendix 5: National Board consultations

National Board or AHPRA	Consultations completed
AHPRA	Aboriginal and Torres Strait Islander Health Strategy Group – <i>Definition of cultural safety</i> Released: 3 April 2018 Closed: 24 May 2018
All National Boards	Nil
ATSIHPBA	Nil
CMBA	Nil
ChiroBA	Nil
DBA	<i>Proposal to close the Public Sector Dental Workforce Scheme</i> Released: 4 September 2018 Closed: 2 November 2018
MBA	<i>Consultation on good medical practice – a code of conduct for doctors in Australia</i> Released: 13 June 2018 Closed: 17 August 2018  <i>Clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments</i> Released: 15 February 2019 Closed: 30 June 2019
MRPBA	<i>Revised professional capabilities for medical radiation practice</i> Released: 18 February 2019 Closed: 26 April 2019
NMBA	<i>Proposed Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership</i> Released: 26 July 2018 Closed: 18 September 2018  <i>Proposed change to definitions relating to advanced practice</i> Released: 8 March 2019 Closed: 23 April 2019  <i>Proposed Decision-making framework for nurses and midwives (DMF)</i> Released: 23 April 2019 Closed: 21 June 2019
OptomBA	Nil
OsteoBA	Nil
PharmBA	<i>Discussion paper on pharmacist prescribing</i> Released: 4 March 2019 Closed: 15 April 2019
ParaBA	Nil
PhysioBA	Nil
PodBA	Nil
PsyBA	<i>Revised area of practice endorsement registration standard</i> Released: 12 October 2018 Closed: 7 December 2019  <i>National psychology exam guidelines and candidate manual</i> Released: 9 April 2019 Closed: 31 May 2019



## Appendix 6: Approved registration standards, codes and guidelines

For the reporting period 1 July 2018 to 30 June 2019, several registration standards for the 16 health professions in the National Scheme were approved by the Ministerial Council after submission by the relevant National Board in accordance with the National Law.

Codes and guidelines were also developed and approved by the relevant National Boards. Before approval, there must be public consultation on the proposed registration standards, codes and guidelines.

Registration standards, codes and guidelines are developed by the relevant National Board in accordance with the National Law and AHPRA's *Procedures for the development of registration standards, codes and guidelines*. You can find out more about these procedures at [www.ahpra.gov.au/Publications/Procedures](http://www.ahpra.gov.au/Publications/Procedures).

### Aboriginal and Torres Strait Islander Health Practice Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Date of effect
<i>Guideline – Informing a National Board about where you practise</i>	ATSIHPBA	29 August 2018	1 September 2018
<i>Aboriginal and Torres Strait Islander registration standard</i>	Ministerial Council	30 June 2019	1 December 2019
<i>Registration standard for English language skills</i>	Ministerial Council	30 June 2019	1 December 2019
<i>Registration standard for continuing professional development</i>	Ministerial Council	30 June 2019	1 December 2019
<i>Registration standard for professional indemnity insurance arrangements</i>	Ministerial Council	30 June 2019	1 December 2019
<i>Registration standard for recency of practice</i>	Ministerial Council	30 June 2019	1 December 2019

For more information about registration standards for the Aboriginal and Torres Strait Islander Health Practice profession, go to [www.atsihealthpracticeboard.gov.au/registration-standards](http://www.atsihealthpracticeboard.gov.au/registration-standards). For more information about codes, guidelines and policies for the Aboriginal and Torres Strait Islander Health Practice profession, go to [www.atsihealthpracticeboard.gov.au/Codes-Guidelines](http://www.atsihealthpracticeboard.gov.au/Codes-Guidelines).

### Chinese Medicine Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Date of effect
<i>Guideline – Informing a National Board about where you practise</i>	CMBA	24 July 2018	1 August 2018
<i>Registration standard for continuing professional development</i>	Ministerial Council	30 June 2019	1 December 2019
<i>Registration standard for professional indemnity insurance arrangements</i>	Ministerial Council	30 June 2019	1 December 2019
<i>Registration standard for recency of practice</i>	Ministerial Council	30 June 2019	1 December 2019

For more information about codes, guidelines and policies for Chinese medicine, go to [www.chinesemedicineboard.gov.au/Codes-Guidelines](http://www.chinesemedicineboard.gov.au/Codes-Guidelines). For more information about registration standards for the Chinese medicine profession, go to [www.chinesemedicineboard.gov.au/Registration-Standards](http://www.chinesemedicineboard.gov.au/Registration-Standards).

### Chiropractic Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Date of effect
<i>Guideline – Informing a National Board about where you practise</i>	ChiroBA	27 July 2018	1 August 2018
<i>Registration standard for continuing professional development</i>	Ministerial Council	30 June 2019	1 December 2019

For more information about codes, guidelines and policies for the chiropractic profession, go to [www.chiropracticboard.gov.au/Codes-Guidelines](http://www.chiropracticboard.gov.au/Codes-Guidelines). For more information about registration standards for the chiropractic profession, go to [www.chiropracticboard.gov.au/Registration-Standards](http://www.chiropracticboard.gov.au/Registration-Standards).

### Dental Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Date of effect
<i>Guideline – Informing a National Board about where you practise</i>	DBA	27 July 2018	1 August 2018

For more information about policies, codes and guidelines for the dental profession, go to [www.dentalboard.gov.au/Codes-Guidelines](http://www.dentalboard.gov.au/Codes-Guidelines).

### Medical Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Date of effect
<i>Guideline – Informing a National Board about where you practise</i>	MBA	25 July 2018	1 August 2018
<i>Guidelines: Sexual boundaries in the doctor-patient relationship</i>	MBA	29 August 2018	12 December 2018

For more information about guidelines for the medical profession, go to [www.medicalboard.gov.au/Codes-Guidelines-Policies](http://www.medicalboard.gov.au/Codes-Guidelines-Policies).

### Medical Radiation Practice Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Date of effect
<i>Guideline – Informing a National Board about where you practise</i>	MRPBA	24 July 2018	1 August 2018

For more information about codes and guidelines for the medical radiation practice profession, go to [www.medicalradiationpracticeboard.gov.au/Codes-Guidelines/Codes-and-Guidelines](http://www.medicalradiationpracticeboard.gov.au/Codes-Guidelines/Codes-and-Guidelines).

### Nursing and Midwifery Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Date of effect
<i>Guideline – Informing a National Board about where you practise</i>	NMBA	26 July 2018	1 August 2018
<i>Midwife standards for practice</i>	NMBA	1 October 2018	1 October 2018
<i>English language skills registration standard</i>	Ministerial Council	26 September 2018	1 March 2019
<i>English language skills registration standard transition policy</i>	NMBA	1 March 2019	1 March 2019

For more information about codes and guidelines for nursing and midwifery, go to [www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements](http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements). For more information about registration standards for nursing and midwifery, go to [www.nursingmidwiferyboard.gov.au/Registration-Standards](http://www.nursingmidwiferyboard.gov.au/Registration-Standards).

## Occupational Therapy Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Date of effect
<i>Guideline – Informing a National Board about where you practise</i>	OTBA	24 July 2018	1 August 2018
<i>Registration standard for continuing professional development</i>	Ministerial Council	30 June 2019	1 December 2019
<i>Registration standard for professional indemnity insurance arrangements</i>	Ministerial Council	30 June 2019	1 December 2019
<i>Registration standard for recency of practice</i>	Ministerial Council	30 June 2019	1 December 2019

For more information about codes and guidelines for occupational therapy, go to [www.occupationaltherapyboard.gov.au/Codes-Guidelines](http://www.occupationaltherapyboard.gov.au/Codes-Guidelines).

## Optometry Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Date of effect
<i>Guideline – Informing a National Board about where you practise</i>	OptomBA	26 July 2018	1 August 2018
<i>Endorsement for scheduled medicines registration standard</i>	Ministerial Council	31 May 2018	10 September 2018
<i>Guidelines for use of scheduled medicines</i>	OptomBA	31 May 2018	10 September 2018
<i>Registration standard for continuing professional development</i>	Ministerial Council	30 June 2019	1 December 2020

For more information about codes, guidelines and policies for the optometry profession, go to [www.optometryboard.gov.au/Policies-Codes-Guidelines](http://www.optometryboard.gov.au/Policies-Codes-Guidelines). For more information about registration standards for the optometry profession, go to [www.optometryboard.gov.au/Registration-Standards](http://www.optometryboard.gov.au/Registration-Standards).

## Osteopathy Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Date of effect
<i>Guideline – Informing a National Board about where you practise</i>	OsteoBA	27 July 2018	1 August 2018

For more information about codes, guidelines and policies for the osteopathy profession, go to [www.osteopathyboard.gov.au/Codes-Guidelines](http://www.osteopathyboard.gov.au/Codes-Guidelines).

## Paramedicine Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Date of effect
<i>Guideline – Informing a National Board about where you practise</i>	ParaBA	23 July 2018	1 August 2018

For more information about registration standards for paramedicine, go to [www.paramedicineboard.gov.au/Professional-standards/Registration-standards](http://www.paramedicineboard.gov.au/Professional-standards/Registration-standards). For more information about codes, guidelines and policies for paramedicine, go to [www.paramedicineboard.gov.au/Professional-standards/Codes-guidelines-and-policies](http://www.paramedicineboard.gov.au/Professional-standards/Codes-guidelines-and-policies).

## Pharmacy Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Date of effect
<i>Guideline – Informing a National Board about where you practise</i>	PharmBA	20 July 2018	1 August 2018

For more information about codes, guidelines and policies for pharmacy, go to [www.pharmacyboard.gov.au/Codes-Guidelines](http://www.pharmacyboard.gov.au/Codes-Guidelines).

## Physiotherapy Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Date of effect
<i>Guideline – Informing a National Board about where you practise</i>	PhysioBA	27 July 2018	1 August 2018

For more information about codes, guidelines and policies for physiotherapy, go to [www.physiotherapyboard.gov.au/Codes-Guidelines](http://www.physiotherapyboard.gov.au/Codes-Guidelines).

## Podiatry Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Date of effect
<i>Guideline – Informing a National Board about where you practise</i>	PodBA	25 July 2018	1 August 2018
<i>Registration standard: Endorsement for scheduled medicines</i>	Ministerial Council	2 February 2018	1 August 2018
<i>Guidelines: Endorsement for scheduled medicines</i>	PodBA	28 July 2017	1 August 2018

For more information about policies, codes and guidelines for podiatry, go to [www.podiatryboard.gov.au/Policies-Codes-Guidelines](http://www.podiatryboard.gov.au/Policies-Codes-Guidelines).

## Psychology Board of Australia

Registration standard, code or guideline	Approved by	Date of approval	Date of effect
<i>Guideline – Informing a National Board about where you practise</i>	PsyBA	27 July 2018	1 August 2018
<i>Guidelines for supervisors</i>	PsyBA	25 May 2018	1 August 2018
<i>Guidelines for supervisor training providers</i>	PsyBA	25 May 2018	1 August 2018
<i>Professional indemnity insurance arrangements registration standard</i>	Ministerial Council	30 June 2019	1 December 2019
<i>General registration standard – removing 4+2 pathway</i>	Ministerial Council	3 April 2019	1 January 2029
<i>Provisional registration standard – removing 4+2 pathway</i>	Ministerial Council	3 April 2019	1 January 2029

For more information about codes, guidelines and policies for psychology, go to [www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies](http://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies). For more information about registration standards for psychology, go to [www.psychologyboard.gov.au/Standards-and-Guidelines/Registration-Standards](http://www.psychologyboard.gov.au/Standards-and-Guidelines/Registration-Standards).

# Common abbreviations and acronyms

## National Board abbreviations

### ATSIHPBA

Aboriginal and Torres Strait Islander Health Practice Board of Australia

### CMBA

Chinese Medicine Board of Australia

### ChiroBA

Chiropractic Board of Australia

### DBA

Dental Board of Australia

### MBA

Medical Board of Australia

### MRPBA

Medical Radiation Practice Board of Australia

### NMBA

Nursing and Midwifery Board of Australia

### OTBA

Occupational Therapy Board of Australia

### OptomBA

Optometry Board of Australia

### OsteoBA

Osteopathy Board of Australia

### ParaBA

Paramedicine Board of Australia

### PharmBA

Pharmacy Board of Australia

### PhysioBA

Physiotherapy Board of Australia

### PodBA

Podiatry Board of Australia

### PsyBA

Psychology Board of Australia

## AHPRA

The Australian Health Practitioner Regulation Agency, established by section 23(1) of the National Law. See [www.ahpra.gov.au](http://www.ahpra.gov.au).

## COAG

Council of Australian Governments. See [www.coag.gov.au](http://www.coag.gov.au).

## CRG

Community Reference Group. See [www.ahpra.gov.au/About-AHPRA/Advisory-groups](http://www.ahpra.gov.au/About-AHPRA/Advisory-groups).

## HCE

Health complaints entity. An entity that is established by or under an Act of a participating jurisdiction, and whose functions include conciliating, investigating and resolving complaints made against health service providers and investigating failures in the health system. See [www.ahpra.gov.au/Notifications/Further-information/Health-complaints-organisations](http://www.ahpra.gov.au/Notifications/Further-information/Health-complaints-organisations).

## HPCA

Health Professional Councils Authority. Manages complaints and concerns about practitioners in NSW. See page 10 or go to [www.hpca.nsw.gov.au](http://www.hpca.nsw.gov.au).

## NHPOPC

National Health Practitioner Ombudsman and Privacy Commissioner. See <https://nhpopc.gov.au>.

## NRAS

The National Registration and Accreditation Scheme (also referred to as the National Scheme). See [www.ahpra.gov.au/About-AHPRA/What-We-Do/FAQ](http://www.ahpra.gov.au/About-AHPRA/What-We-Do/FAQ).

## OHO

Office of the Health Ombudsman. Manages complaints and concerns about practitioners in Queensland. See page 10 or go to [www.oho.qld.gov.au](http://www.oho.qld.gov.au).

## PRG

Professions Reference Group. See [www.ahpra.gov.au/About-AHPRA/Advisory-groups](http://www.ahpra.gov.au/About-AHPRA/Advisory-groups).

# Glossary

A comprehensive list of definitions is available on the AHPRA website at [www.ahpra.gov.au/support/glossary](http://www.ahpra.gov.au/support/glossary).

## Accreditation

Accreditation ensures the education and training leading to registration as a health practitioner meets approved standards and prepares graduates to practise a health profession safely and competently. The accreditation authority may be a committee established by a National Board, or a separate organisation.

## Breach of non-offence provision under the National Law

AHPRA receives notifications alleging that a practitioner has breached a relevant registration standard or endorsement, breached a condition on registration or an undertaking accepted by a National Board, or provided care beyond scope of practice. These matters are dealt with under Part 8 (where the Board has the option to take regulatory action) because they are not offences under the National Law.

## Caution

A formal caution may be issued by a National Board or an adjudication body. A caution is intended to act as a deterrent so that the practitioner does not repeat the conduct. A caution is not usually recorded on the *Register of practitioners*. However, a National Board can require a caution to be recorded on the *Register of practitioners*.

## Condition

A National Board or an adjudication body can impose a condition on the registration of a practitioner or student, or on an endorsement of registration. A condition aims to restrict a practitioner's practice in some way, to protect the public.

Current conditions which restrict a practitioner's practice of the profession are published on the *Register of practitioners*. When a National Board or adjudication body decides the conditions are no longer required to ensure safe practice, they are removed and no longer published.

Examples of conditions include requiring a practitioner to:

- complete specified further education or training within a specified period
- undertake a specified period of supervised practice
- do, or refrain from doing, something in connection with the practitioner's practice
- manage their practice in a specified way
- report to a specified person at specified times about the practitioner's practice, or
- not employ, engage or recommend a specified person, or class of persons.

There may also be conditions related to a practitioner's health (such as psychiatric care or drug screening).

The details of health conditions are not usually published on the *Register of practitioners*. Also see the definition of Undertaking.

## Criminal offences under the National Law

Criminal offences under the National Law by a person (including registered health practitioners and unregistered individuals) and/or corporate entities predominantly relate to breaching prohibition orders, inappropriate use of protected titles, unlawful claims as to registration, performing restricted acts, and advertising of regulated health services.

## Division

Part of a health profession. A practitioner can be registered in more than one division within a profession. Not all professions have divisions.

For more information, please refer to the list published online at [www.ahpra.gov.au/registration/registers-of-practitioners/professions-and-divisions](http://www.ahpra.gov.au/registration/registers-of-practitioners/professions-and-divisions).

## Education provider

A university, tertiary education institution, specialist medical or other health-profession college that provides a program of study.

## Endorsement

An endorsement of registration recognises that a person has an extended scope of practice in a particular area because they have an additional qualification that is approved by the National Board.

There are a number of different types of endorsement available under the National Law, including:

- scheduled medicines
- nurse practitioner
- acupuncture, and
- approved area of practice.

In psychology, these are divided into 'subtypes' which describe additional qualifications and expertise. An endorsement can include more than one 'subtype'.

## Health impairment

Physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects, or is likely to detrimentally affect, a registered health practitioner's capacity to safely practise the profession or a student's capacity to undertake clinical training.

## Immediate action

Immediate action can be taken as an interim step to restrict a practitioner's registration while a complaint is investigated. Immediate actions include:

- the suspension of, or imposition of a condition on, a registered health practitioner's or student's registration
- accepting an undertaking from a registered health practitioner or student, and
- accepting the surrender of a registered health practitioner's or student's registration.

## Mandatory notifications

Notification that an entity is required to make to AHPRA under Division 2 of Part 8 of the National Law. It is mandatory that colleagues, employers or education providers of a registered practitioner or student submit a notification about them if they have behaved in a way that constitutes notifiable conduct. Refer to each Board's website for *Guidelines for mandatory notifications*.

## Ministerial Council

Ministerial Council, as defined in the National Law, is 'the Council of Australian Governments COAG Health Council or a successor of the Council by whatever name called, constituted by Ministers of the governments of the participating jurisdictions and the Commonwealth with portfolio responsibility for health'.

## National Board

Appointed by the Ministerial Council to regulate the profession in the public interest and meet the responsibilities set down in the National Law. National Board members and/or state board members and/or committee members are delegated the functions/powers of the National Board.

## National Law

The Act, adopted in each state and territory, setting out the provisions of the Health Practitioner Regulation National Law. The National Law has been adopted by the parliament of each state or territory through adopting legislation. The National Law is generally consistent in all states and territories. NSW did not adopt Part 8 of the National Law. See page 10 to find out about health regulation in Australia.

## National Scheme

The National Registration and Accreditation Scheme for registered health practitioners, established by the Council of Australian Governments (COAG). In 2010, under the National Law, 10 professions became nationally regulated by a corresponding National Board. In 2012, four additional professions joined the National Scheme. In 2017 the Paramedicine Board of Australia was established and the regulation of paramedics began in late 2018.

## No conviction recorded

No conviction recorded is an outcome that is available to a court after either a plea or finding of guilt. This is a common outcome for first offenders for 'low level' offences, which reflects the willingness of the legislature and the community to give first offenders, in certain circumstances, a second chance to maintain a reputation of good character.

## No further action

No further action is taken when, based on the available information, the Board determines there is no risk to the public that requires regulatory action.

## Notation

Records a limitation on the practice of a registrant. Used by National Boards to describe and explain the scope of a practitioner's practice by noting the limitations on that practice. The notation does not change the practitioner's scope of practice but may reflect the requirements of a registration standard.

## Notifiable conduct

When a registered health practitioner has:

- practised the practitioner's profession while intoxicated by alcohol or drugs
- engaged in sexual misconduct in connection with the practice of the practitioner's profession
- placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment, or
- placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.

## Notification

A notification is a concern about a practitioner or student. It is raised with AHPRA on behalf of a National Board.

National Boards gather information contained in notifications to help identify risks in the way an individual practitioner is practising a health profession.

Anyone can make a notification by raising a concern. Notifications can be made by contacting AHPRA on 1300 419 495 (within Australia), +61 3 9275 9009 (outside Australia) or visiting our complaints portal at [www.ahpra.gov.au/Notifications](http://www.ahpra.gov.au/Notifications).

Raising a notification prompts a National Board to undertake a risk assessment. It uses the information provided in a single notification, together with other known information about a practitioner's type of practice, practice setting and history.

In response to a notification, a Board may:

- store the information provided in a notification, and take no further action on that occasion, or
- undertake further enquiries in relation to a practitioner, by investigating the practitioner, or requiring the practitioner to attend a health or performance assessment.

After making necessary enquiries in response to a notification and considering the information, a National Board or independent adjudication body may decide to take action if:

- the practitioner's conduct was unsatisfactory, or below a reasonable standard
- the practitioner's professional performance was unsatisfactory, or
- the practitioner has a health impairment and the impairment detrimentally affects their ability to practise safely.

The National Board is 'notified' of an issue. The word 'notification' is deliberate and reflects that the Boards are not complaint resolution agencies.

The *Let's talk about it* video series explains what happens when concerns are raised with us. The videos provide easy-to-follow information about the notifications process and address common questions from the public and practitioners.

The role of National Boards is to set standards that ensure safe practice. Notifications let us know when someone has a concern about the way a practitioner is practising. We respond to notifications with action to protect the public when a National Board believes, based on a risk assessment of the practitioner, this is necessary.

## Offence against another law

AHPRA receives notifications about practitioners who have been charged or convicted of an offence contained in a law other than the National Law (that is, a criminal law). A Board may take action if committing that offence is conduct below the standard expected of a health practitioner or is otherwise in the public interest.

## Practice

This definition of practice is used in a number of National Board registration standards. It means any role, whether remunerated or not, in which an individual uses their skills and knowledge as a practitioner in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.

Some National Boards have also issued guidance about when practitioners need to be registered.



## Principal place of practice

The location declared by a practitioner as the address at which they mostly practise the profession. If the practitioner is not practising, or not practising mostly at one address, then the practitioner's principal place of residence is used.

If the location of the principal place of practice is in Australia, the following information is displayed on the *Register of practitioners*:

- suburb
- state
- postcode, and
- country.

If the location is outside Australia, the following information is displayed on the *Register of practitioners*:

- international state/province
- international postcode, and
- country.

In rare cases, when a practitioner has demonstrated that their health and safety may be at risk from the publication of this information about their principal place of practice, a National Board may choose to not publish this information.

## Qualifications

Professional qualifications for which a practitioner must have to meet the requirements for registration in a profession. Undergraduate and postgraduate Australian qualifications recognised by National Boards are published on the National Boards' websites. Individual practitioners' approved qualifications are published on the *Register of practitioners*.

## Prohibited practitioner/student

A prohibited practitioner or student is a person who is being monitored because they are subject to a cancellation order, suspension or a restriction not to practise. Alternatively, as an outcome of a notification they may have surrendered their registration or changed to non-practising registration.

## Register of practitioners

Also known as the public register, the online national *Register of practitioners* is a publicly accessible database of all currently registered health practitioners with a principal place of practice in Australia. AHPRA also maintains a list of cancelled practitioners and a list of practitioners who have an undertaking not to practise. You can search these databases at [www.ahpra.gov.au/registration/registers-of-practitioners](http://www.ahpra.gov.au/registration/registers-of-practitioners).

## Registered health practitioner

An individual who is registered under the National Law to practise a health profession, other than as a student, or who holds a non-practising registration in a health profession under the National Law.

## Registration expiry date

Date when a practitioner's current registration expires. Practitioners must apply to renew their registration annually. If the practitioner's name appears on the register, they are registered and can practise within the scope of their registration, consistent with any conditions or undertakings that apply.

Under the National Law, registrants who apply to renew on time can practise while their annual renewal application is being processed. Practitioners remain registered for one month after their registration expiry date. If they apply to renew their registration during this period, they are required to pay a late fee and can continue to practise while their application is being processed.

## Registration number

Since March 2012, practitioners have been allocated one unique registration number for each profession in which they are registered. This number stays with the practitioner for life, even if they have periods when they are not registered. Practitioners registered in more than one profession have one registration number for each profession.

## Registration status

The status of a registration can be:

**Registered:** The practitioner is registered to practise.

**Suspended:** The registration has been suspended and the practitioner is not permitted to practise while suspended. The practitioner's name is published on the *Register of practitioners*.

**Cancelled:** The registration has been cancelled and the practitioner is not permitted to practise. The practitioner's name is not published on the *Register of practitioners* but is published on the list of cancelled practitioners.

## Registration type

The National Law defines the type of registration that a National Board can grant to an eligible practitioner. More information is available on the AHPRA website at [www.ahpra.gov.au/Support/Glossary](http://www.ahpra.gov.au/Support/Glossary).

## Reprimand

A reprimand is a chastisement for conduct; a formal rebuke. Reprimands issued since the start of the National Scheme (1 July 2010, or 18 October 2010 in WA) are published on the *Register of practitioners*.

## Specialty

There are currently three professions with specialist registration under the National Law: podiatry, dental and medical. The Ministerial Council is responsible for approving a list of specialties for each profession and for approving one or more specialist titles for each specialty on the list. The National Boards each decide the requirements for specialist registration in their profession.

Requirements for specialist registration vary across the professions that have specialist recognition (medical, dental and podiatry).

## Standards

Standards refer to the registration standards for National Boards that define the requirements that applicants, registrants or students need to meet to be registered.



## **Student**

A person whose name is entered in a student register as being currently registered as a student practitioner under the National Law.

## **Suspension**

If a practitioner's registration is suspended, they are not eligible to practise. A tribunal has the power to suspend a practitioner's registration as a result of a hearing. A National Board also has the power to suspend a practitioner's registration pending other assessment or action, if it believes there is serious risk to the health and safety of the public from the practitioner's continued practice of the profession, and that suspension is necessary to protect the public from that risk.

A health panel can suspend a practitioner's registration if the panel finds that the practitioner (or student) has an impairment and it is necessary to suspend the practitioner's registration to protect the public.

## **Undertaking**

National Boards can seek and accept an undertaking from a practitioner to limit the practitioner's practice in some way if this is necessary to protect the public. The undertaking means the practitioner agrees to do, or to not do, something in relation to their practice of the profession. Current undertakings which restrict a practitioner's practice of the profession are published on the *Register of practitioners*. When a National Board or adjudication body decides the undertakings are no longer required to ensure safe practice, they are revoked and are no longer published. Current undertakings which relate to a practitioner's health are mentioned on the public register but details are not provided.

An undertaking is voluntary, whereas a condition is imposed on a practitioner's registration.

## **Unprofessional conduct**

Unprofessional conduct is conduct that is of a lesser standard than that which might reasonably be expected of a health practitioner by the public or the practitioner's professional peers. A more extensive definition is available under section 5 of the National Law.

Each profession has a set of standards and guidelines which clarify the acceptable standard of professional conduct.

## **Unsatisfactory professional performance**

This is when the knowledge, skill or judgement possessed, or care exercised by, a practitioner in the practice of the health profession in which the practitioner is registered is below the standard reasonably expected for a health practitioner with an equivalent level of training or experience.

## **Voluntary notification**

A notification made on a voluntary basis. The grounds for a voluntary notification are set out in section 144 of the National Law.

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