

# Ahpra Performance Report

## Tasmania

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October-December 2019



**Ahpra**  
& National  
Boards

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## Introduction

The Australian Health Practitioner Regulation Agency (Ahpra) works with the National Boards of 16 health professions to protect the public by regulating health practitioners efficiently and effectively in the public interest to facilitate access to safer healthcare. We believe in the importance of reporting regularly on our performance. This aims to provide clear information about what we do and how well we do it and to help us to continue to improve our services. Further information about our work is available at [www.ahpra.gov.au](http://www.ahpra.gov.au).

### What does this report cover?

This quarterly performance report summarises data for each state and territory over a three-month period. It covers our main areas of activity – managing registration, managing notifications and offences against the National Law, and monitoring health practitioners and students with restrictions on their registration. Wherever possible, data for each state or territory are shown as a percentage of national activity.

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

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

As this is a report of the performance of Ahpra and the National Boards, national activity data for notifications does not include matters managed in NSW. Notifications arising in NSW are managed by the relevant Health Professional Council and the Health Care Complaints Commission. All national notifications data in this report excludes matters managed in NSW.

From 1 July 2014, all complaints about Queensland health practitioners are made to Office of the Health Ombudsman. The Health Ombudsman takes responsibility for certain complaints, including serious complaints relating to the health, conduct and performance of health practitioners. The Health Ombudsman determines which complaints go to Ahpra and the National Boards after assessing their severity. This report only includes data about matters which have been referred by the Health Ombudsman. It does not include data about matters managed by the Office of the Health Ombudsman in Queensland.

### How to use this report

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

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

## Registration management

Practitioners in 16 health professions are registered by Ahpra across Australia. Information about the registration status of registered health practitioners is available through the online register at [www.ahpra.gov.au/Registration/Registers-of-Practitioners](http://www.ahpra.gov.au/Registration/Registers-of-Practitioners).

Registration is not conferred automatically – people must apply for registration and renew it each year. The requirements of registration vary between professions, but in general health practitioners must hold appropriate qualifications, be of good character, practise to certain standards, hold appropriate insurance and undertake continuing professional development.

Registration is conferred by the National Board of each health profession (see Table 1 for list of health professions). The National Boards are supported by Ahpra in their work to set professional standards and protect public safety.

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

### Registrants

The number of health professionals registered at the end of the latest quarter is shown in Table 1

**Table 1: Total number of registrants, by profession**

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	National
Aboriginal and Torres Strait Islander Health Practitioner	3	155	225	138	61	4	27	147		760
Chinese medicine practitioner	70	2,008	12	901	191	42	1,329	256	130	4,939
Chiropractor	72	1,870	28	893	373	61	1,523	690	190	5,700
Dental practitioner	447	7,299	168	5,002	2,032	401	5,740	2,811	619	24,519
Medical practitioner	2,208	35,959	1,413	23,829	8,413	2,500	29,395	11,786	3,132	118,635
Medical radiation practitioner	299	5,718	130	3,544	1,301	357	4,227	1,451	284	17,311
Midwife	186	1,419	95	1,303	686	46	1,517	466	204	5,922
Nurse	6,211	104,060	4,277	78,620	32,348	9,215	101,938	37,381	11,368	385,418
Nurse and midwife	496	7,401	473	5,601	1,746	619	7,379	2,787	295	26,797
Occupational therapist	390	6,559	193	4,701	1,786	343	6,103	3,205	375	23,655
Optometrist	93	1,947	38	1,200	362	108	1,620	452	161	5,981
Osteopath	43	605	6	243	42	48	1,611	72	53	2,723
Paramedic	288	4,746	188	4,872	1,284	485	5,443	1,131	221	18,658
Pharmacist	624	9,734	266	6,427	2,250	802	8,286	3,407	616	32,412
Physiotherapist	711	10,194	216	6,718	2,748	535	8,731	4,083	1,354	35,290
Podiatrist	74	1,520	27	969	494	118	1,752	482	73	5,509
Psychologist	1,017	12,394	253	6,892	1,840	662	10,522	3,931	656	38,167
<b>Total</b>	<b>13,232</b>	<b>213,588</b>	<b>8,008</b>	<b>151,853</b>	<b>57,957</b>	<b>16,346</b>	<b>197,143</b>	<b>74,538</b>	<b>19,731</b>	<b>752,396</b>

Note:

Registered health practitioners must nominate their principal place of practice in Australia, known as their PPP. This information appears in the online register. Practitioners who do not have a PPP have typically maintained their registration in Australia but are not currently in Australia.

## Applications for registration

People who are becoming registered for the first time in Australia, or those who are re-registering after a period of absence, must make an application for registration and demonstrate that they meet the requirements. Ahpra is able to approve registration on behalf of the National Boards if the applications are straightforward.

If the applications are complex, they go to the appropriate National Board delegate for consideration.

Table 2 shows the number of new applications for registration finalised in the latest quarter, by profession.

There are a number of possible outcomes for a health practitioner applying for registration. While the majority of applicants have their applications approved, some applications are refused because the required standards are not met. Applicants can be registered, but in a type of registration different to that which they applied for. They can also have their application approved with conditions – for example, some practitioners will be required to practise under supervision for an initial period. In some cases, applicants withdraw their application.

Table 3 shows the outcome of new applications finalised in the latest quarter.

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

Profession	TAS	National (incl NSW)	% of national
Aboriginal and Torres Strait Islander Health Practitioner	1	58	2%
Chinese medicine practitioner		210	0%
Chiropractor	1	220	<1%
Dental practitioner	6	990	<1%
Medical practitioner	209	6,783	3%
Medical radiation practitioner	19	778	2%
Midwife	17	596	3%
Nurse	201	11,230	2%
Occupational therapist	7	1,391	<1%
Optometrist	1	149	<1%
Osteopath		209	0%
Pharmacist	35	1,127	3%
Physiotherapist	17	1,686	1%
Podiatrist	1	195	<1%
Psychologist	21	1,010	2%
Not yet coded*		0	
<b>Total</b>	<b>536</b>	<b>26,632</b>	<b>2%</b>

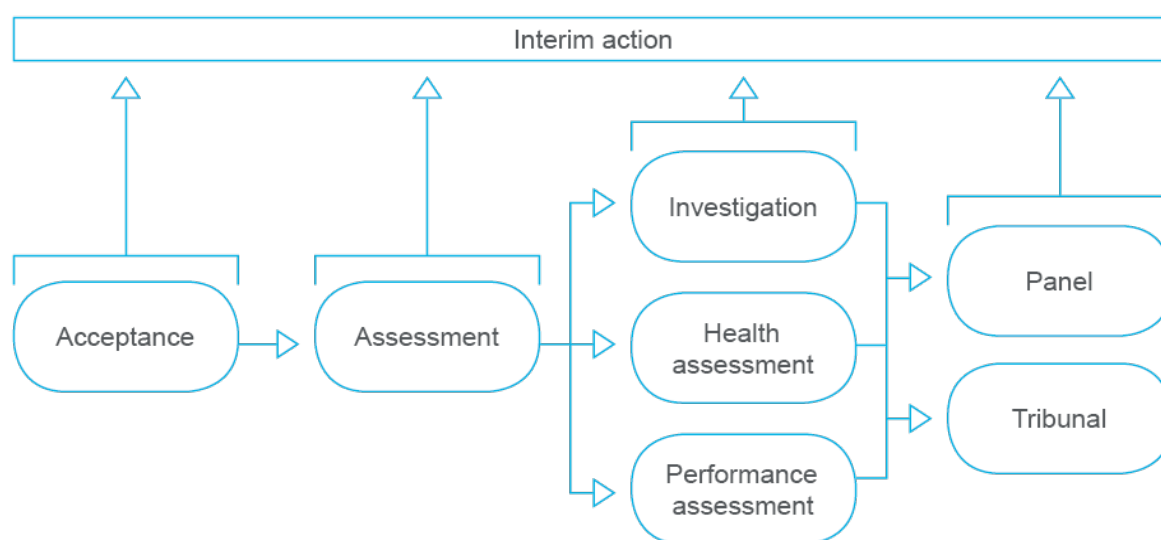
**Table 3: Applications for registration finalised, by outcome**

Outcome	TAS	National (incl NSW)	% of national
Register	508	24,569	2%
Register with conditions	5	324	2%
Register in type other than applied for	1	18	6%
Register in type other than applied for subject to conditions		28	0%
Refuse application	4	717	<1%
Withdrawn	18	913	2%
Other		62	0%
<b>Total</b>	<b>536</b>	<b>26,632</b>	<b>2%</b>

Note:

Paramedic applications data is currently being recorded and managed in a new system. Ahpra is currently working on improving the integration of paramedic application data with all other profession's data. As such, paramedic application numbers have been excluded from this report for the time being.

## Notifications management



Anyone can make a complaint about a registered health practitioner's [health, performance or conduct](#). This is called a 'notification' because Ahpra and the National Boards are 'notified' about concerns or complaints. Queensland is an exception – it uses the term 'complaint'. Notifications are made to Ahpra, which manages them to a certain point on behalf of the National Boards.

Once a notification has been received we need to decide whether we can accept it. In order for us to be able to accept the notification, it must relate to a health practitioner or student registered by the Board and relate to a matter that is a ground for a notification. In consultation with the health complaints entity, we will also consider whether it could also be made to a health complaints entity. A list of the health complaints entities in each state and territory is outlined later in the report in Table 10.

When accepting a notification and in every other step of our processes, we consider whether there is a serious risk to the public that requires us to take interim action to protect the public. (This is known as immediate action in the National Law).

If the notification is found to be a matter that Ahpra and National Boards could deal with, we assess it and decide what we should do with it. Assessment can lead to a range of actions, including:

- a decision to take no further action
- a decision to caution the practitioner
- a decision to accept an undertaking from the practitioner
- a decision to impose conditions on the practitioner's registration
- a decision to pass the notification to a health complaints entity.

The assessment can also result in a decision to take further actions, such as:

- further investigation of the matter
- a health assessment
- a performance assessment
- a referral to a panel
- a referral to a tribunal.

## Volume of notifications

Table 4 shows the number of notifications received in the latest quarter, by profession.

Table 5 shows the number of notifications closed in the latest quarter, by profession.

**Table 4: Notifications received, by profession**

Profession	TAS	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			
Chinese medicine practitioner		11	0%
Chiropractor	1	15	7%
Dental practitioner	3	141	2%
Medical practitioner	25	1,211	2%
Medical radiation practitioner		7	0%
Midwife		16	0%
Nurse	26	390	7%
Occupational therapist		12	0%
Optometrist		8	0%
Osteopath		7	0%
Paramedic		29	0%
Pharmacist	1	52	2%
Physiotherapist		21	0%
Podiatrist		7	0%
Psychologist	1	162	1%
Not yet coded*		49	0%
<b>Total</b>	<b>57</b>	<b>2,138</b>	<b>3%</b>

**Table 5: Notifications closed, by profession**

Profession	TAS	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner		3	0%
Chinese medicine practitioner		9	0%
Chiropractor		20	0%
Dental practitioner	4	186	2%
Medical practitioner	41	1,342	3%
Medical radiation practitioner		11	0%
Midwife	1	14	7%
Nurse	27	458	6%
Occupational therapist		11	0%
Optometrist		8	0%
Osteopath		2	0%
Paramedic		24	0%
Pharmacist	4	79	5%
Physiotherapist		20	0%
Podiatrist		10	0%
Psychologist	3	139	2%
Not yet coded*		35	0%
<b>Total</b>	<b>80</b>	<b>2,371</b>	<b>3%</b>

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

At any time, there are notifications at different stages. Table 6 shows the number of open notifications at each stage of the process, as at the end of the latest quarter.

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

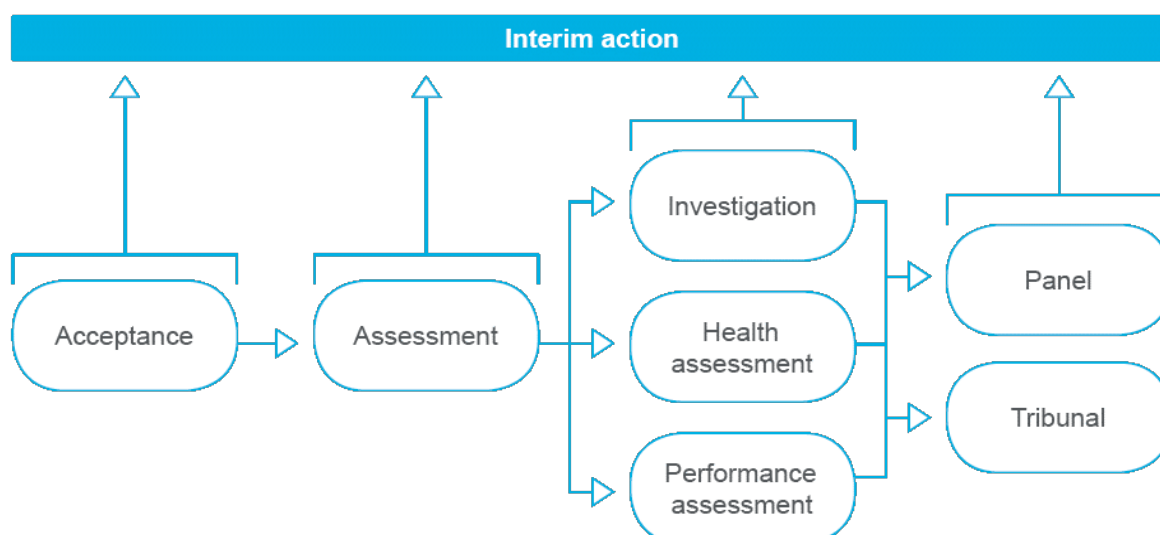
**Table 6: Stage of open notifications at the end of the latest quarter**

Stage	TAS	National	% of national
Assessment	49	1,752	3%
Investigation	48	2,292	2%
Health assessment	2	184	1%
Performance assessment	5	60	8%
Referred to a panel		9	0%
Referred to a tribunal	10	328	3%
<b>Total</b>	<b>114</b>	<b>4,625</b>	<b>2%</b>

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

Status	TAS	National
Open at start of quarter	137	4,858
Received	57	2,138
Closed	80	2,371
Open at end of quarter	114	4,625
<b>Change (no.)</b>	<b>↓ (23)</b>	<b>↓ (233)</b>
<b>Change (%)</b>	<b>↓ (17%)</b>	<b>↓ (5%)</b>

Note: Where a practitioner changes their PPP during the reporting period, this is not reported as a closure.



## Interim actions

Notifications identify concerns about a practitioner. From the time that we first receive a notification, we evaluate the types and magnitude of risks that a practitioner might pose to the public. This has a significant influence on how we manage the notification.

If a notification discloses a serious risk to the public, National Boards have the power to take interim action (this is known as immediate action in the National Law). They follow the principles of procedural fairness by informing the health practitioner, who has the opportunity to make submissions to the National Board.

Nevertheless, these interim actions can occur with or without the cooperation of the health practitioner. They can take place at any time once the notification has been received. They do not end the matter – they protect the public while the orderly process of managing the notification continues.

As a result of an interim action, National Boards can:

- accept an undertaking by the health practitioner
- impose conditions on the health practitioner's registration
- suspend the registration of the health practitioner pending further investigation
- accept the surrender of registration by the health practitioner.

Changes to registration as a result of interim action are published to the online register of practitioners. Table 8 shows the outcome of interim actions taken by National Boards in the latest quarter.

Table 9 shows the median time taken for such actions. Median time is the measure used to allow international comparisons.



**Table 8: Interim actions taken, by outcome**

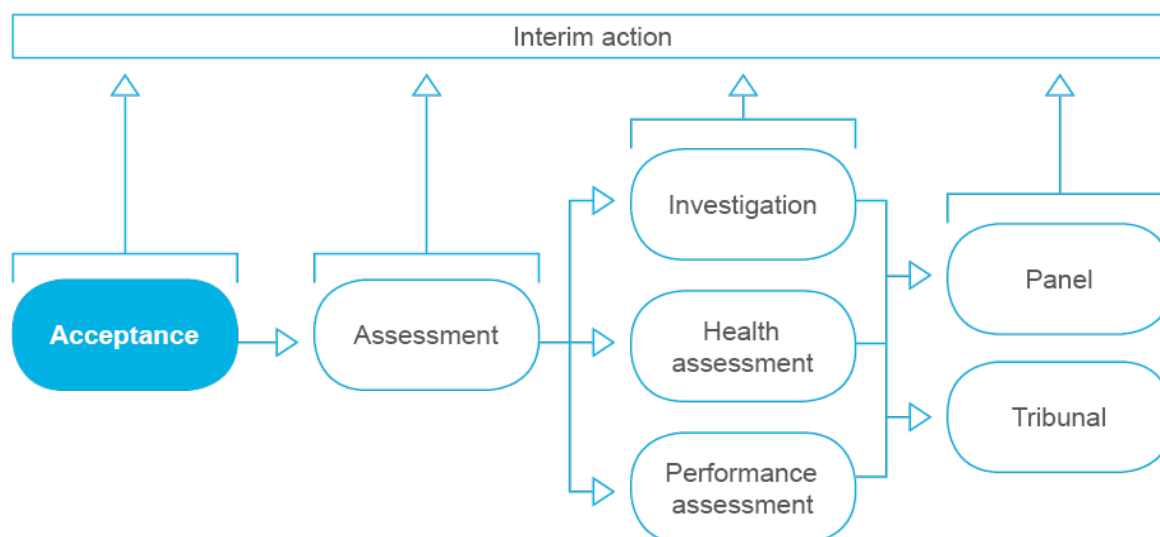
Outcome	TAS	National	% of national
Board accepts undertaking by the practitioner		30	0%
Board imposes conditions on practitioner's registration		45	0%
Board suspends practitioner		49	0%
Practitioner surrenders registration		3	0%
<b>Total</b>		<b>127</b>	<b>0%</b>

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

Time Frame	TAS	National
<b>Median days</b>		<b>12</b>

Note:

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



## Acceptance

When accepting a notification, Ahpra appraises:

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

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

Nationally, during the quarter, over 97% of these preliminary assessments were completed within the 60 days required by the National Law.

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

If the notification isn't about a registered health practitioner, or doesn't relate to a ground for notification, then it can't be accepted for management by Ahpra. Table 11 shows the number of notifications which were accepted, by profession, in the latest quarter.

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

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

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

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

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

Profession	TAS	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			
Chinese medicine practitioner		12	0%
Chiropractor	1	11	9%
Dental practitioner	1	157	<1%
Medical practitioner	18	1,216	1%
Medical radiation practitioner		5	0%
Midwife		12	0%
Nurse	26	388	7%
Occupational therapist		10	0%
Optometrist	2	10	20%
Osteopath		5	0%
Paramedic		26	0%
Pharmacist	1	58	2%
Physiotherapist		29	0%
Podiatrist		9	0%
Psychologist		139	0%
Not yet coded*	2	710	<1%
<b>Total</b>	<b>51</b>	<b>2,797</b>	<b>2%</b>

Note:

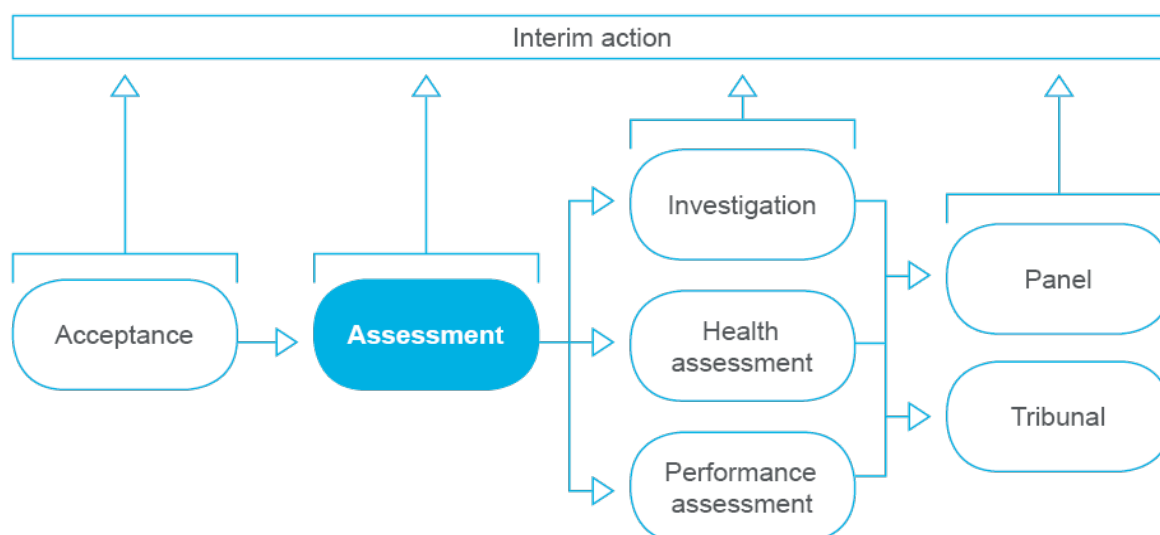
This report provides a snapshot of a point in time. Details of the notification may not have been entered into the system or were not available at that time.

**Table 12: Outcome of acceptance process**

Outcome	TAS	National	% of national
Accepted for management by ahpra	55	2,042	3%
Not accepted as a notification	3	446	<1%
<b>Total</b>	<b>58</b>	<b>2,488</b>	<b>2%</b>

Note:

Matters can include notifications as well as criminal offences.



## Assessment

Ahpra conducts an assessment to see if the concerns raised can be quickly and easily addressed. If not, it aims to make sure they are dealt with in the most effective way possible.

Ahpra may ask the person who made the notification for more information. It will usually send the health practitioner a copy of the notification and ask them to respond. This is not done if it would:

- prejudice an investigation
- place a person's safety at risk, or
- place a person at risk of intimidation.

Ahpra then passes on all relevant information to the National Board so it can make a decision about what to do. National Boards have the power to:

- take no further action
- caution the practitioner
- accept an undertaking from the practitioner
- impose conditions on the practitioner's registration
- refer the matter to another entity
- investigate the matter further
- require the practitioner to undergo a health or performance assessment
- refer the matter for hearing by a panel, or
- refer the matter for hearing by a tribunal.

Information about these potential outcomes is available at [www.ahpra.gov.au/Notifications/Find-out-about-the-complaints-process/Possible-outcomes](http://www.ahpra.gov.au/Notifications/Find-out-about-the-complaints-process/Possible-outcomes).

We aim to complete assessments within 60 days, but the process can take longer if a National Board proposes to caution the practitioner, impose conditions on a practitioner's registration or accept an undertaking from a practitioner. In those circumstances, a final decision cannot be made until a practitioner has an opportunity to *show cause* as to why the National Board should or should not proceed with its proposal.

Table 13 shows the number of assessments completed, by profession.

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

Table 15 shows the outcomes of the assessments completed.

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

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

Profession	TAS	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner		3	0%
Chinese medicine practitioner		11	0%
Chiropractor		14	0%
Dental practitioner	4	163	2%
Medical practitioner	39	1,344	3%
Medical radiation practitioner		8	0%
Midwife		18	0%
Nurse	28	453	6%
Occupational therapist		10	0%
Optometrist		7	0%
Osteopath		5	0%
Paramedic		37	0%
Pharmacist	4	78	5%
Physiotherapist		20	0%
Podiatrist		12	0%
Psychologist	3	175	2%
Not yet coded*		38	0%
<b>Total</b>	<b>78</b>	<b>2,396</b>	<b>3%</b>

Note:

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

**Table 14: Assessments completed, by time frame**

Time frame	TAS	National	% of national
Completed in <= 60 days	31	1,105	3%
Completed in > 60 days but <= 90 days	10	230	4%
Completed in > 90 days	37	1,061	3%
Completed following a show cause process*	6	115	5%
<b>Total</b>	<b>78</b>	<b>2,396</b>	<b>3%</b>

Note:

\*Completed following a show cause processed are excluded from the total.

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

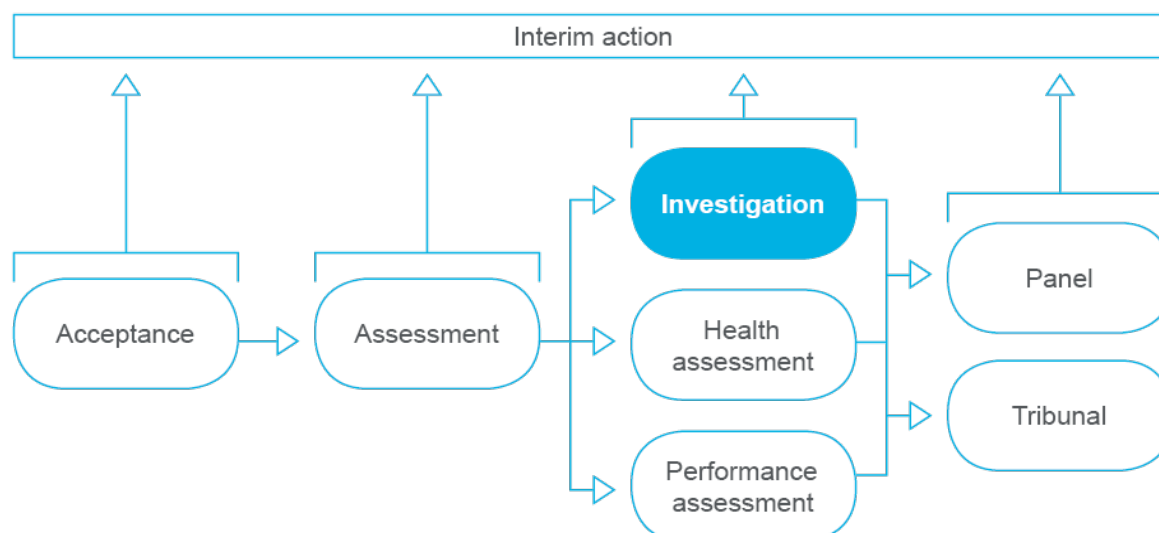
Outcome	TAS	National	% of national
Outcome of decision to close the notification			
No further action	49	1,209	4%
Board cautions practitioner		58	0%
Board accepts undertaking by the practitioner		6	0%
Board imposes conditions on practitioner's registration	3	33	9%
Assessment to be done by health complaints entity	2	300	<1%
Other	1	55	2%
Outcome of decision to take the notification further			
Investigation by Ahpra	22	646	3%
Health or performance assessment	1	48	2%
Referral to a panel			
Referral to a tribunal			
Other		41	0%
No further action			
<b>Total</b>	<b>78</b>	<b>2,396</b>	<b>3%</b>

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

Time frame	TAS	National	% of national
0-60 days	18	768	2%
61-90 days	11	295	4%
90 days & above	17	609	3%
Subject to a show cause process*	3	80	4%
<b>Total</b>	<b>46</b>	<b>1,672</b>	<b>3%</b>

Note:

\*Subject to a show cause process are excluded from the total.



## Investigation

A National Board may decide to investigate a health practitioner or student if it receives a notification or for any other reason believes that:

- the practitioner or student has, or may have, an impairment
- the way the practitioner practises is, or may be, unsatisfactory
- the practitioner's conduct is, or may be, unsatisfactory.

Not every notification lodged is investigated, and not every investigation arises from a notification. A National Board has the power to initiate an investigation without a notification. It might do this when it becomes concerned about a practitioner through information that is in the public domain, or when information about a practitioner is revealed in an investigation about another practitioner.

A National Board may also conduct an investigation to ensure that a practitioner or student is complying with conditions imposed on their registration or an undertaking given by the practitioner or student to the Board.

After an investigation, a National Board may decide to:

- take no further action
- caution the practitioner
- accept an undertaking from the practitioner
- impose conditions on the practitioner's registration
- refer the matter to another entity
- require the practitioner to undergo a health or performance assessment
- refer the matter for hearing by a panel, or
- refer the matter for hearing by a tribunal.

We aim to complete investigations in under six months. But sometimes gathering the information needed to complete the investigation is complex, and the investigation takes longer. All investigations are reviewed at six, nine and 12 months to make sure that the information we are gathering is necessary to resolve the investigation.

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

Table 18 shows the timeliness of those completed investigations.

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

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

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

Profession	TAS	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner		1	0%
Chinese medicine practitioner		1	0%
Chiropractor		11	0%
Dental practitioner		64	0%
Medical practitioner	12	316	4%
Medical radiation practitioner		6	0%
Midwife	1	3	33%
Nurse	9	189	5%
Occupational therapist		2	0%
Optometrist		1	0%
Osteopath		1	0%
Paramedic		8	0%
Pharmacist	1	29	3%
Physiotherapist		6	0%
Podiatrist		4	0%
Psychologist		27	0%
Not yet coded*		4	0%
<b>Total</b>	<b>23</b>	<b>673</b>	<b>3%</b>

Note:

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

**Table 18: Investigations completed, by time frame**

Time frame	TAS	National	% of national
Completed in <= 6 months	9	286	3%
Completed in 6 months but <= 12 months	8	217	4%
Completed in 12 months but <= 18 months	3	86	3%
Completed in > 18 months	3	84	4%
<b>Total</b>	<b>23</b>	<b>673</b>	<b>3%</b>

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

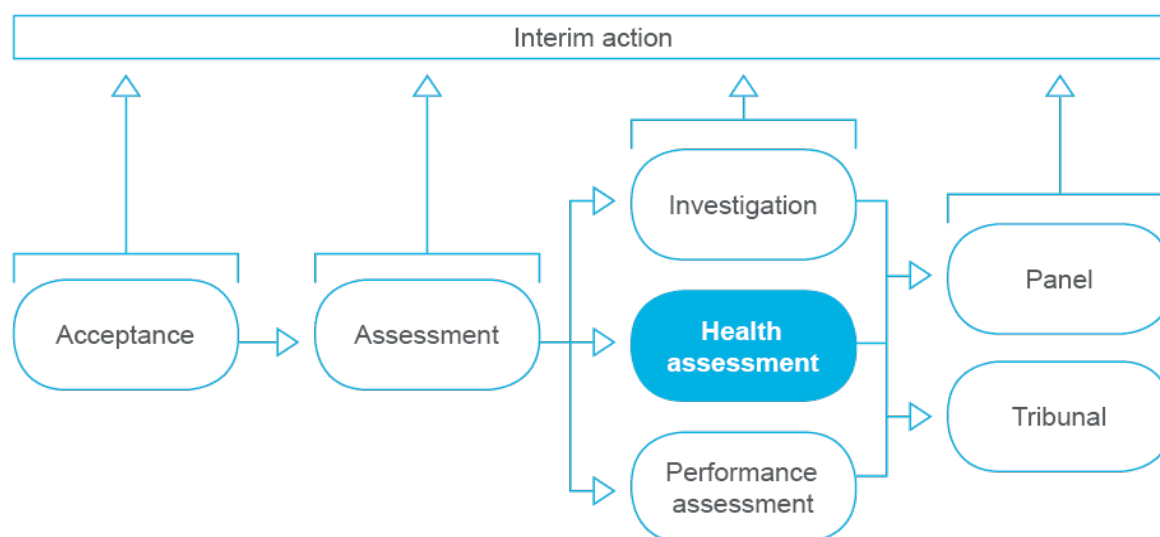
Outcome	TAS	National	% of national
Outcome of decision to close the notification			
No further action	10	378	3%
Board cautions practitioner	6	65	9%
Board accepts undertaking by the practitioner		14	0%
Board imposes conditions on practitioner's registration	5	93	5%
Other		4	0%
Outcome of decision to take the notification further			
Health or performance assessment		58	0%
Referral to a panel		5	0%
Referral to a tribunal	2	49	4%
Other		7	0%
No further action		0	
<b>Total</b>	<b>23</b>	<b>673</b>	<b>3%</b>

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

Time frame	TAS	National	% of national
Completed in <= 6 months	29	1,151	3%
Completed in 6 months but <= 12 months	15	645	2%
Completed in 12 months but <= 18 months	4	241	2%
Completed in > 18 months		255	0%
<b>Total</b>	<b>48</b>	<b>2,292</b>	<b>2%</b>

Note:

Interim action may be taken at any time during the notifications process, including the investigation stage, to protect the public from a practitioner who poses a serious risk to the public.



## Health assessment

A National Board may require a health practitioner or student to undergo a health assessment if it believes that the practitioner or student has or may have an impairment that affects their capacity to practise.

The results of the health assessment are discussed with the health practitioner. This allows an honest discussion of any adverse findings, and ways to deal with them. It also gives the health practitioner the chance to discuss any recommendations made by the assessor.

After a health assessment, a National Board may decide to:

- take no further action
- caution the practitioner
- accept an undertaking from the practitioner
- impose conditions on the practitioner's registration
- refer the matter to another entity
- investigate the matter further
- require the practitioner to undergo a performance assessment
- refer the matter for hearing by a panel, or
- refer the matter for hearing by a tribunal.

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

Table 22 shows the timeliness of those health assessments completed.

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

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



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

Profession	TAS	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			
Chinese medicine practitioner			
Chiropractor			
Dental practitioner		2	0%
Medical practitioner	1	25	4%
Medical radiation practitioner			
Midwife			
Nurse	1	29	3%
Occupational therapist		2	0%
Optometrist			
Osteopath			
Paramedic			
Pharmacist		2	0%
Physiotherapist		1	0%
Podiatrist			
Psychologist		5	0%
Not yet coded*		1	0%
<b>Total</b>	<b>2</b>	<b>67</b>	<b>3%</b>

Note:

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

**Table 22: Health assessments completed, by time frame**

Time frame	TAS	National	% of national
0-6 Months	1	35	3%
6 Months & Above	1	32	3%
<b>Total</b>	<b>2</b>	<b>67</b>	<b>3%</b>

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

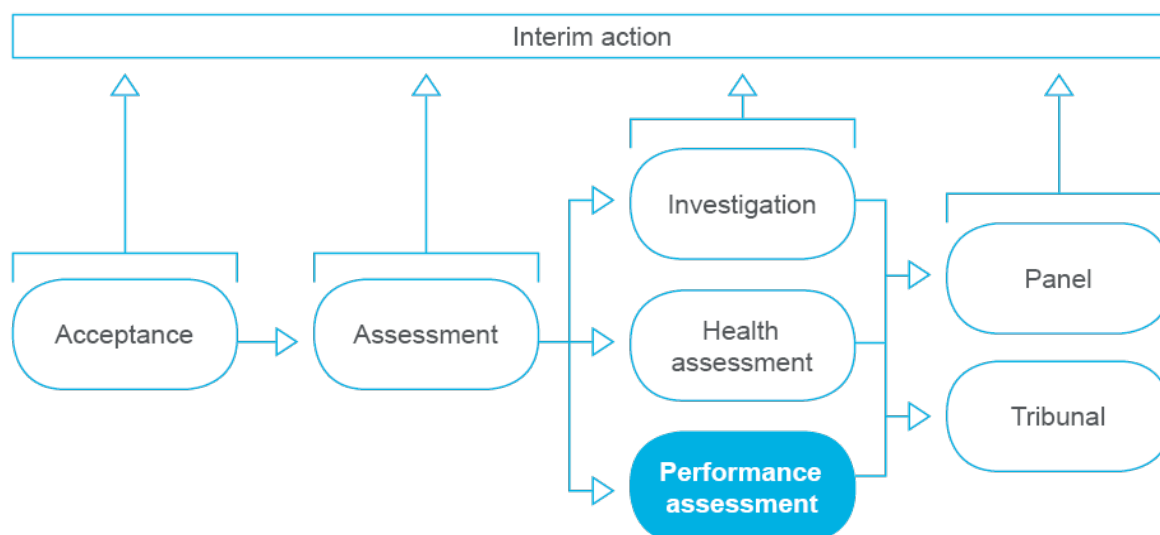
Outcome	TAS	National	% of national
Outcome of decision to close the notification			
No further action		9	0%
Board cautions practitioner		3	0%
Practitioner surrenders registration			
Board accepts undertaking by the practitioner		6	0%
Board imposes conditions on practitioner's registration		29	0%
Other		1	0%
Outcome of decision to take the notification further			
Investigation by Ahpra	1	14	7%
Referral to a panel			
Referral to a tribunal	1	5	20%
Other			
No further action			
<b>Total</b>	<b>2</b>	<b>67</b>	<b>3%</b>

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

Time frame	TAS	National	% of national
Open for <= 6 months	1	118	<1%
Open for > 6 months	1	66	2%
<b>Total</b>	<b>2</b>	<b>184</b>	<b>1%</b>

Note:

Interim action may be taken at any time during the notifications process, including the health assessment stage, to protect the public from a practitioner who poses a serious risk to the public.



## Performance assessment

A National Board may require a health practitioner to have a performance assessment if it believes that the way they practise is or may be unsatisfactory.

A performance assessment is an assessment of the knowledge, skill, judgement and care shown by a health practitioner in their work. It is carried out by one or more independent health practitioners who are not Board members.

The results of the performance assessment are discussed with the health practitioner. This allows an honest discussion of any adverse findings, and ways to deal with them. It also gives the health practitioner the chance to discuss any recommendations for upskilling, education, mentoring or supervision made by the assessor.

After a performance assessment, a National Board may decide to:

- take no further action
- caution the practitioner
- accept an undertaking from the practitioner
- impose conditions on the practitioner's registration
- refer the matter to another entity
- investigate the matter further
- require the practitioner to undergo a health assessment
- refer the matter for hearing by a panel, or
- refer the matter for hearing by a tribunal.

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

Table 26 shows the timeliness of those performance assessments completed.

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

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

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

Profession	TAS	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			
Chinese medicine practitioner			
Chiropractor			
Dental practitioner		5	0%
Medical practitioner	3	8	38%
Medical radiation practitioner			
Midwife			
Nurse		5	0%
Occupational therapist			
Optometrist			
Osteopath			
Paramedic			
Pharmacist			
Physiotherapist			
Podiatrist			
Psychologist			
Not yet coded*			
<b>Total</b>	<b>3</b>	<b>18</b>	<b>17%</b>

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

Time frame	TAS	National	% of national
0-6 Months		7	0%
6 Months & Above	3	11	27%
<b>Total</b>	<b>3</b>	<b>18</b>	<b>17%</b>

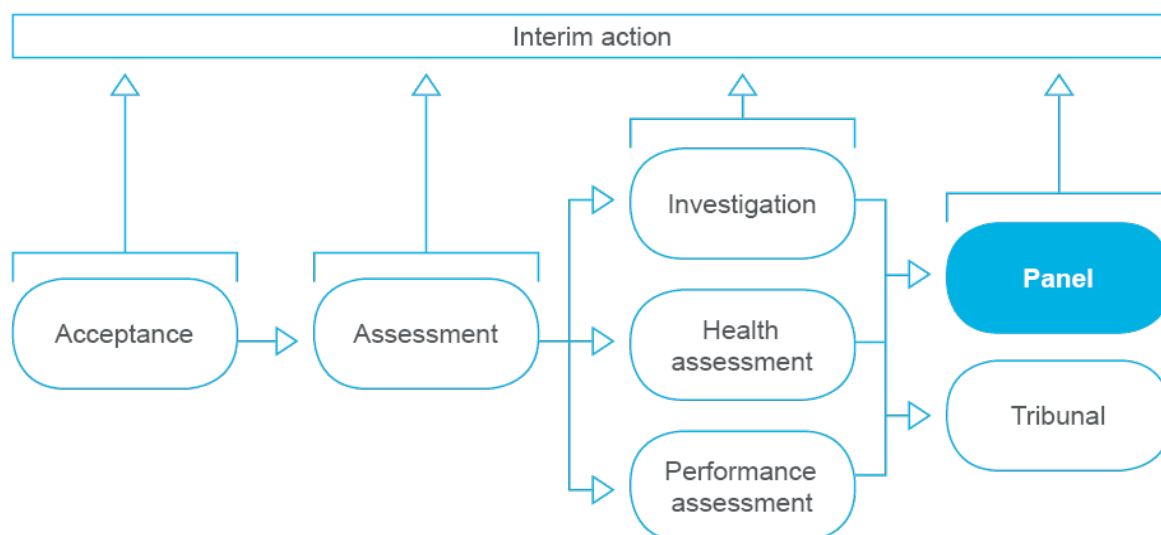
**Table 27: Performance assessments completed, by outcome**

Outcome	TAS	National	% of national
Outcome of decision to close the notification			
No further action	3	7	43%
Board cautions practitioner			
Board accepts undertaking by the practitioner			
Board imposes conditions on practitioner's registration		8	0%
Other			
Outcome of decision to take the notification further			
Investigation by Ahpra		3	0%
Referral to a panel			
Referral to a tribunal			
Other			
No further action			
<b>Total</b>	<b>3</b>	<b>18</b>	<b>17%</b>

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

Time frame	TAS	National	% of national
0-6 Months	2	38	5%
6 Months & Above	3	22	14%
<b>Total</b>	<b>5</b>	<b>60</b>	<b>8%</b>

Note:  
Interim action may be taken at any time during the notifications process, including the performance assessment stage, to protect the public from a practitioner who poses a serious risk to the public.



## Panel hearing

A National Board can refer a matter to a health panel or a performance and professional standards panel.

A health panel is formed if a National Board believes that a health practitioner or student has, or may have, an impairment that impairs their ability to practise.

A performance and professional standards panel is formed if a National Board believes that the way a health practitioner practises is, or may be, unsatisfactory, or that the health practitioner's professional conduct is, or may be, unsatisfactory.

The data presented below encompasses data about both health panels and performance and professional standards panels.

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

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

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

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

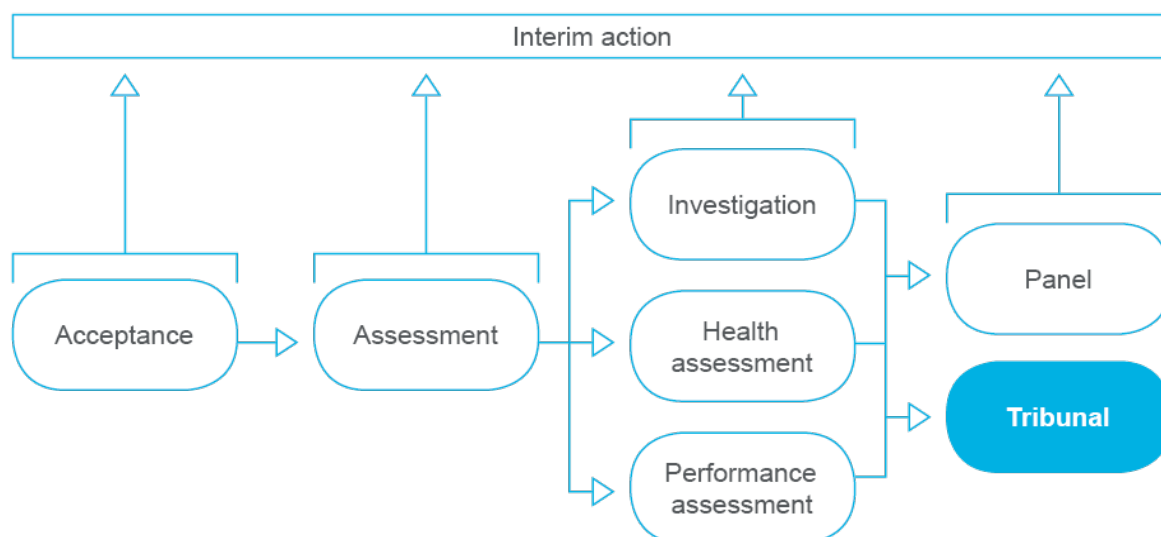
Profession	TAS	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			
Chinese medicine practitioner			
Chiropractor			
Dental practitioner		1	0%
Medical practitioner	2	4	50%
Medical radiation practitioner			
Midwife			
Nurse		2	0%
Occupational therapist			
Optometrist		2	0%
Osteopath			
Paramedic			
Pharmacist		1	0%
Physiotherapist			
Podiatrist			
Psychologist		3	0%
Not yet coded*			
<b>Total</b>	<b>2</b>	<b>13</b>	<b>15%</b>

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

Time frame	TAS	National	% of national
Completed in <= 6 months	2	10	20%
Completed in > 6 months		3	0%
<b>Total</b>	<b>2</b>	<b>13</b>	<b>15%</b>

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

Outcome	TAS	National	% of national
Outcome of decision to close the notification			
No further action			
Board cautions practitioner		3	0%
Reprimand		1	0%
Practitioner surrenders registration			
Board suspends practitioner			
Board accepts undertaking by the practitioner			
Board imposes conditions on practitioner's registration		6	0%
Other			
Outcome of decision to take the notification further			
Investigation by Ahpra			
Health or performance assessment			
Referral to a tribunal	2	3	67%
Other			
No further action			
<b>Total</b>	<b>2</b>	<b>13</b>	<b>15%</b>



## Tribunal hearing

A National Board can refer a matter to a tribunal for hearing. This happens only when the allegations involve the most serious unprofessional conduct, known as professional misconduct, and when a National Board believes suspension or cancellation of the practitioner's registration may be warranted.

Each state and territory has its own independent tribunal as listed in Table 32.

**Table 32 Tribunals in each state and territory**

State/territory	Health complaints entity
New South Wales	Civil and Administrative Tribunal
Australian Capital Territory	Civil and Administrative Tribunal
Northern Territory	NT Civil and Administrative Tribunal
Queensland	Civil and Administrative Tribunal
South Australia	South Australian Civil and Administrative Tribunal
Tasmania	Health Practitioners Tribunal
Victoria	Civil and Administrative Tribunal
Western Australia	State Administrative Tribunal

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

## Criminal offence management

It is illegal for anybody who is not a registered health practitioner to pretend to be, or to carry out clinical actions as if they were, a registered health practitioner.

It is illegal for health practitioners to advertise in certain ways, and it is illegal for anyone to incite or induce a health practitioner to act in an unprofessional way.

These sorts of offences are called 'criminal offences'. Ahpra and the National Boards take complaints about criminal offences seriously, as they are responsible for making sure that only practitioners who have the skills and qualifications to provide care are registered to practise.

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

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

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

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

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

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

Profession	TAS	National	% of National
Aboriginal and Torres Strait Islander Health Practitioner		1	0%
Chinese medicine practitioner		1	0%
Chiropractor		1	0%
Dental practitioner		14	0%
Medical practitioner		32	0%
Medical radiation practitioner			
Midwife			
Nurse		9	0%
Occupational therapist	1	2	50%
Optometrist		2	0%
Osteopath		5	0%
Paramedic		3	0%
Pharmacist		1	0%
Physiotherapist		6	0%
Podiatrist		1	0%
Psychologist		14	0%
No profession		2	0%
<b>Total</b>	<b>1</b>	<b>94</b>	<b>1%</b>

Note:

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

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

Type	TAS	National	% of national
Falsely claiming to be a registered health practitioner	1	59	2%
Carrying out acts that only a registered health practitioner should do			
Breach of laws on advertising		34	0%
Directing or inciting a health practitioner to act in an unprofessional way			
Other offence		1	0%
<b>Total</b>	<b>1</b>	<b>94</b>	<b>1%</b>

Note:

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

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

Outcome	TAS	National	% of national
Outcome where offence not prosecuted			
Health practitioner complies with demand for action by Board		24	0%
Board refers matter to another entity		3	0%
Managed under advertising compliance strategy			
Referred for management as a notification			
No action taken	1	67	1%
Outcome where offence prosecuted			
Not guilty - acquitted			
Guilty – no conviction – not fined			
Guilty – no conviction – fined			
Guilty – conviction recorded – fined			
<b>Total</b>	<b>1</b>	<b>94</b>	<b>1%</b>

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

Open	TAS	National	% of national
<b>Total</b>	<b>1</b>	<b>215</b>	<b>&lt;1%</b>



## Monitoring and compliance management

Ahpra monitors health practitioners and students with restrictions on their registration, or whose registration has been suspended or cancelled. This helps protect the public and manage risk to patients.

Our monitoring and compliance program ensures that we know which practitioners are complying with restrictions on their registration and which are not. It also confirms that the health practitioner or student whose registration has been suspended or cancelled is not practising their profession.

Restrictions can be placed on a practitioner's registration through a number of different mechanisms, including for example as an outcome of a notification or an application for registration.

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

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

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

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

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

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

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

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

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

Further information about these streams is available at [www.ahpra.gov.au/Registration/Monitoring-and-compliance](http://www.ahpra.gov.au/Registration/Monitoring-and-compliance)

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

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

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

**Table 37: Monitoring cases open at the end of the latest quarter, by profession**

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	National
Aboriginal and Torres Strait Islander Health Practitioner			2	3			1	1		7
Chinese medicine practitioner	21	523	2	117	36	5	67	62	25	858
Chiropractor	1	2		8	5		13	8	1	38
Dental practitioner	4	10	1	32	8	1	40	30	3	129
Medical practitioner	25	223	20	221	104	28	266	136	19	1,042
Medical radiation practitioner	1	7		11	6		10	8	3	46
Midwife	2	2		5	2		11	5	4	31
Nurse	25	116	18	259	168	37	282	121	156	1,182
Occupational therapist	3	14		14	2		14	8	2	57
Optometrist		1		6			2			9
Osteopath						1	4			5
Paramedic	5	25	4	22	8	3	67	11	1	146
Pharmacist	3	25	1	29	14	1	37	10	6	126
Physiotherapist	1	8	1	13	8		18	6		55
Podiatrist	1	2		4	3		7	3		20
Psychologist	2	19	3	28	15	5	58	28	1	159
~unknown									1	1
<b>Total</b>	<b>94</b>	<b>977</b>	<b>52</b>	<b>772</b>	<b>379</b>	<b>81</b>	<b>897</b>	<b>437</b>	<b>222</b>	<b>3,911</b>

Note:

1. Practitioners who do not have a PPP have typically maintained their registration in Australia but are not currently in Australia.
2. A monitoring case may be created as a result of the orders of a Tribunal. The person being monitored may not be registered and is being monitored to provide evidence as to whether or not they should be registered in the future.

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

Stream	TAS	National	% of national
Health	16	493	3%
Performance	20	469	4%
Conduct	8	246	3%
Prohibited practitioner/student	8	346	2%
Suitability / eligibility	29	2,357	1%
<b>Total</b>	<b>81</b>	<b>3,911</b>	<b>2%</b>

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

Profession	Health	Performance	Conduct	Prohibited Practitioner/Student	Suitability / Eligibility	TAS Total
Aboriginal and Torres Strait Islander Health Practitioner						
Chinese medicine practitioner				1	4	5
Chiropractor						
Dental practitioner		1				1
Medical practitioner	4	6	2	1	15	28
Medical radiation practitioner						
Midwife						
Nurse	9	10	5	6	7	37
Occupational therapist						
Optometrist						
Osteopath		1				1
Paramedic	1				2	3
Pharmacist	1					1
Physiotherapist						
Podiatrist						
Psychologist	1	2	1		1	5
<b>Total</b>	<b>16</b>	<b>20</b>	<b>8</b>	<b>8</b>	<b>29</b>	<b>81</b>

# Australian Health Practitioner Regulation Agency

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