Regulating health practitioners in the public interest

Annual Report

2012/13

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

AHPRA

Aboriginal and Torres Strait Islander health practice
Chinese medicine
Chiropractic
Dental
Medical
Medical radiation practice
Nursing and Midwifery
Occupational therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

The Australian Health Practitioner Regulation Agency (AHPRA) is the national organisation responsible for implementing the National Registration and Accreditation Scheme across Australia, in partnership with the National Boards.

Guided by a nationally consistent law, AHPRA and the National Boards work to regulate the health professions in the public interest. This includes registering practitioners who are suitably trained and qualified to provide safe healthcare and investigating concerns about registered health practitioners.

This Annual Report is prepared and submitted in accordance with Clause 8 to Schedule 3 of the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. All references in this report should be understood to refer to the National Law.

Copies of this Annual Report are publicly available at no cost by contacting AHPRA by telephone on 1300 419 495, in writing to GPO Box 9958, Brisbane Qld 4001 or by email through the online enquiry form at the AHPRA website. This report can also be read online at the AHPRA website: www.ahpra.gov.au

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Executive Summary 2012/13

The National Registration and Accreditation Scheme (the National Scheme) is one of the most ambitious reforms of health practitioner regulation undertaken anywhere in the world. The National Scheme is an important part of improving patient safety across Australia. Built on the strengths of previous regulatory arrangements, but with stronger public protections, it has brought together 14 professions into a national regulatory framework, supported by a nationally consistent law enacted by each state and territory parliament. There is clear oversight by a Ministerial Council made up of all health ministers.

The Australian Health Practitioner Regulation Agency (AHPRA) has made many improvements to services, processes and systems in the past year to support our overall goal of working with the National Boards to protect the public and facilitate access to health services. Highlights of our work in 2012/13 include:

- **Smooth introduction of new professions** – Four new health professions successfully joined the National Scheme over the past year, bringing more than 40,000 additional practitioners into national regulation. Many of these practitioners were registered for the first time.
- **Effective partnerships** – There is strong joint governance and collaboration between the National Boards and AHPRA. Without these partnerships, we would not meet the objectives of the National Scheme.
- **Strengthened links with the community and professions** – We have established a national Community Reference Group to promote more community input. We conducted a series of community forums around Australia in conjunction with the Consumers' Health Forum. We have maintained ongoing liaison with professional associations nationally through the Professions Reference Group and within each state and territory.
- **Better service to practitioners and the community** – New and expanded online services have made it easier for practitioners to renew and apply for registration. Streamlining our customer service teams and improving our websites has improved our response to common queries from practitioners and the community. A new service charter has been widely disseminated setting out expected standards of service.
- **Improving management of notifications** – It has been a top priority to work closely with the National Boards to respond to a growth in notifications about health practitioners in a proportionate, effective and timely way. This is supported by better measuring and reporting systems, including a wider range of data published in this Annual Report for the first time. Meeting agreed and transparent performance expectations for managing notifications remains an important focus.

AHPRA in Numbers

592,470
health practitioners in 14 professions registered to practise in Australia

121,122
students studying to be health practitioners in Australia

63,113
applications for registration across all professions

60,053
criminal record checks

551,802
health practitioner renewal of registration applications

92%
of renewal applications received online

94%
of all nurses and midwives who renewed their registration completed the workforce survey

33%
increase in mandatory notifications, varied across professions and states and territories

54%
of notifications were about medical practitioners, who make up 16% of total practitioners

8,648
notifications received (including NSW)

53% about conduct

8% about health

38% about performance

1.3%
of the 592,470 practitioners notified about

14%
increase in notifications lodged

Foreword from the Agency Management Committee Chair

Australia's National Registration and Accreditation Scheme is widely recognised as an internationally significant health reform, bringing together multiple jurisdictions and professions into a single regulatory system. For the community, the National Scheme delivers more robust and transparent protection of public safety than existed previously in any one state or territory regulation system.

The design and structure of the National Scheme ensures oversight and accountability through the Australian Health Workforce Ministerial Council. The Ministerial Council approves national standards that are consistent across professions, wherever possible, and profession-specific when this is required.

With funding provided by National Boards, accreditation authorities exercise their functions nationally in the context of the National Law.

Since it started operation on 1 July 2010, national regulation has delivered to health practitioners the benefit of 'registering once to practise across Australia'. They can practise across Australia at any time, including in locum, emergency or disaster relief circumstances, within the scope of their registration.

One of the most important roles of AHPRA is to maintain online registers that publish up-to-date information about the current registration status of every registered health practitioner in Australia.

Consumers now have access to accurate, up-to-date information about the registration status of more than 590,000 health practitioners across 14 professions.

National registration also means a practitioner can use a protected title that consumers recognise and understand. This assures the public that health services are being delivered by qualified practitioners who have met and maintain national standards, regardless of where they provide care.

For the first time, Australia has accurate, national data about registered health practitioners. These data are regularly published and are invaluable for governments and agencies undertaking health workforce planning. Boards themselves are now able to use accurate and timely national data to inform the development of standards and policies that will keep the public safe.

One of the most important ways that the National Scheme protects the public is by dealing with practitioners who may be putting the public at risk as a result of their conduct, professional performance or health. Through an integrated information system, AHPRA can ensure concerns about individual practitioners do not 'fall through the cracks' if practitioners move interstate.

Data in this annual report indicate that the number of notifications about health practitioners is increasing, although this is variable across states and territories and professions.

While the National Scheme has been implemented successfully, there are areas for further improvement and continuing focus. Over the past year, our top priority has been national consistency, and responsive, timely service. This remains the focus for 2013/14. In particular, AHPRA and the National Boards are attaching the highest priority to work aimed at improving consistency and timeliness in notifications management. Details of this work are published later in this report.

Practitioner regulation has been under particular scrutiny in Queensland in relation to complaints management. More information on events in Queensland over the past year is included in the report of the Medical Board of Australia (from page 43). For the Agency Management Committee, these issues have reinforced the importance of meeting agreed and transparent performance expectations for all stages in the process for managing notifications.

The Committee also recognises its role and responsibility for ongoing vigilance to ensure the performance of AHPRA meets agreed benchmarks to support effective regulatory decision-making by Boards.

The National Scheme is designed to be self-funding through registration fees, with no cross-subsidisation between the professions. This year, National Boards all reduced fees, held fees stable, or limited fee increases to within the national consumer price index of 2.5%. AHPRA continues work to improve cost effectiveness and take advantage of economies of scale.

Over three years, the National Boards, AHPRA and the Agency Management Committee have worked with a common purpose to bring the National Scheme to life to benefit all Australians. I thank my colleagues on the Agency Management Committee for their wise judgement and unwavering commitment to deliver the intended benefits of the National Scheme; the National Boards for their commitment and leadership; and the AHPRA staff, ably led by Martin Fletcher, for their dedication and hard work.

Peter Allen

Chair, AHPRA Agency Management Committee

"Consumers now have access to accurate, up-to-date information about the registration status of more than 590,000 health practitioners across 14 professions."

Foreword from the Chief Executive Officer

The past decade has seen a greater emphasis on safety and quality across the Australian health system. Well-regulated practitioners are the foundation of a healthcare system which provides safe, high-quality healthcare. The National Registration and Accreditation Scheme focuses squarely on public protection and patient safety in regulating more than 590,000 health practitioners across 14 health professions.

Over the past three years, the work of AHPRA has matured. Our systems are stronger and more stable. Across Australia, our staff bring knowledge, understanding and dedication to their work. And we have a strong commitment to continuous improvement in the consistency and quality of the services we provide on behalf of the 14 national health practitioner boards.

However, we do not take our achievements for granted. It has been a challenging year and we expect the months and years ahead will be no different. It is a measure of the importance of our work that the community rightly maintains a strong and active interest in what we do.

In this light, a significant development over the past year has been the establishment of a Community Reference Group. Few members of the public know enough about the ways in which health practitioners are regulated.

The Community Reference Group will provide feedback, information and advice on strategies to increase community understanding of health practitioner regulation and advise us on how to better meet community needs. The group is an important new step to increasing community engagement with health practitioner regulation.

This past year has also seen a focus on the importance of data in the National Scheme. In particular, the data we hold about notifications (complaints) are increasingly being used by the National Boards to inform standard setting. This year we publish more data about notifications, including what issues have been raised and how the National Boards have acted to protect the public.

With access to comprehensive data, researchers are already demonstrating the prospective benefits of the ability to analyse notifications from both consumers and practitioners to build a robust picture of patterns that, over time, will significantly improve understanding of risk and the appropriate regulatory response. And ongoing development of our regulatory craftsmanship will further improve our ability to identify problem areas, risk concentrations or patterns of poor experience, and inform our work with the National Boards to design responses that effectively manage or reduce risk.

By 30 June 2013, the Queensland Minister for Health had announced his intention to establish Queensland as a co-regulatory jurisdiction with a new Health Ombudsman. The transition to these new arrangements will be a significant focus in the coming year. More widely, AHPRA continues to work closely with health complaints entities in each state and territory to better meet consumer needs for complaints resolution, while allowing boards to address issues of public safety.

In Victoria, the Victorian Legal and Social Issues Legislation Committee of the Victorian Parliament is inquiring into the performance of AHPRA. This inquiry will continue into the 2013/14 reporting year. As well, the scheduled government-led three-year review of the National Scheme is expected to start in the coming year. This will provide a unique opportunity to review our work over the past three years, as well as identify opportunities for improvements to increase the value of national regulation for patient safety in Australia.

Access to more and better information about how we work continues to be a priority. Public and practitioner confidence and trust is well served by greater openness.

In the past year we have started the regular publication of the health profession agreements between each of the National Boards and AHPRA. These are the formal framework for

our partnership and include detailed information about how resources are used, drawn from fees paid by practitioners.

We have also published new guides for health practitioners and the community about how notifications are managed. These seek to clearly explain what happens when AHPRA receives a notification on behalf of a National Board. We collaborated with a number of professional associations to develop the guide for practitioners. We have also developed a guide for the community about making a complaint (or notification) about a health practitioner.

I would like to thank the National Boards for their commitment to the partnership with AHPRA that allows us together to bring out the best of the National Scheme. There are the strong working relationships between AHPRA across all of our offices and the 14 national health practitioner boards, their committees and, where they operate, state and territory boards to deliver essential regulatory services.

I also thank the Agency Management Committee for leadership and guidance; AHPRA's National Executive for their commitment to excellence; and our staff for their dedication and commitment.

Martin Fletcher

Chief Executive Officer, AHPRA

"It is a measure of the importance of our work that the community rightly maintains a strong and active interest in what we do."

Foreword from the National Board Chairs

In the third year of the National Scheme, we have welcomed four new professions and continued our work to regulate the health professions in the public interest. We are proud of the contribution we make to patient safety by regulating our professions.

The benefits of the National Scheme, and our partnership with AHPRA, are progressively being demonstrated. The early years delivered a range of immediate gains. Online national registers were published detailing the current registration status of every health practitioner registered in Australia, and nationally consistent standards were in place to guide the professions.

From the start, practitioners have had the benefit of registering once and being able to practise across Australia within the scope of their registration. Other achievements have been detailed progressively in previous annual reports.

In 2012/13, we shifted our attention to more challenging goals. The Boards, collectively and individually, have worked hard during the year towards consistency in decision-making and regulatory approach. We are all focused on cost-effective regulation that meets the objectives of the National Law and is appropriate for each profession, in a national framework.

During 2012/13, the initial 10 Boards have reviewed, consulted on and finalised accreditation arrangements for the next few years.

Next year all 14 Boards will be working with AHPRA to source the best available evidence to support the review of the registration standards that are common across professions. We will integrate this evidence base into revisions to the standards, before proceeding to wide-ranging stakeholder consultation. This collaborative approach to these tasks allows us to share information, learn from experience across professions and identify opportunities for future collaborative research.

This year was the first full year in which the Boards published quarterly registration data, profiling their professions by geography, registration type, sex and age. These data provide critically important information for individual professions and collectively are invaluable for workforce planning. Access to these data is one of the tangible benefits of the National Scheme.

During the year, we have documented and further developed consistent processes for developing registration and accreditation standards, both of which are supported by robust consultation processes. The consultation requirements built into the National Law have led many National Boards to engage more widely and deeply with new stakeholders outside the professions, which has brought clear advantages and strengthened our work.

Each National Board continues to focus on its individual profession, while sharing knowledge and approaches to common issues. We are starting to see benefits from cross-profession collaboration, including through the review of policies and standards, and an increasing focus on workforce reform. Workforce mobility, and the development of a flexible, sustainable and responsive health workforce, are among the guiding principles of the National Law and shape our work.

Board governance and succession planning was a significant focus this year, as some members of boards came to the end of their three-year tenures. We thank Jason Warnock and Glenn Ruscoe, the respective inaugural Chairs of the Podiatry Board of Australia and the Physiotherapy Board of Australia, for their leadership and contribution to the National Scheme. We thank and recognise Glenn Ruscoe for his contribution as the first Chair of the Forum of Chairs and for his work on the Forum's sub-committees.

We welcome two new Chairs – Paul Shinkfield and Cathy Loughry – as incoming Chairs of the Physiotherapy Board of Australia and the Podiatry Board of Australia, respectively. We look forward to their continuing contribution.

This year's achievements, set out in the individual Board reports on pages 24 to 101, would not have been possible without the constructive partnerships that are a feature of the National Scheme: between the National Boards, AHPRA, the accreditation authorities, the AHPRA Agency Management Committee and governments.

We look forward to meeting the challenges of 2013/14, as we continue to strive to protect the public and facilitate access to safe, flexible and sustainable health services.

The National Board Chairs

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

Professor Charlie Xue, Chair, Chinese Medicine Board of Australia

Dr Phillip Donato OAM, Chair, Chiropractic Board of Australia

Dr John Lockwood AM, Chair, Dental Board of Australia

Dr Joanna Flynn AM, Chair, Medical Board of Australia

Mr Neil Hicks, Chair, Medical Radiation Practice Board of Australia

Ms Anne Copeland, Chair, Nursing and Midwifery Board of Australia

Dr Mary Russell, Chair, Occupational Therapy Board of Australia

Mr Colin Waldron, Chair, Optometry Board of Australia

Dr Robert Fendall, Chair, Osteopathy Board of Australia

Adjunct Associate Professor Stephen Marty, Chair, Pharmacy Board of Australia

Mr Paul Shinkfield, Chair, Physiotherapy Board of Australia

Ms Cathy Loughry, Chair, Podiatry Board of Australia

Professor Brin Grenyer, Chair, Psychology Board of Australia

Delivering the National Registration and Accreditation Scheme

The National Registration and Accreditation Scheme started on 1 July 2010. The National Scheme is one of the most ambitious reforms of health practitioner regulation undertaken anywhere in the world. Built on the strengths of previous regulatory arrangements, but with stronger public protections, it has brought together 14 professions into a single regulatory framework, supported by a nationally consistent law enacted by each state and territory parliament.

The National Scheme has been in place for three years. Early transition challenges have been addressed and AHPRA's systems and processes are working smoothly to support the National Boards and enable them to meet their core regulatory responsibilities of protecting the public and facilitating access to health services.

AHPRA, in partnership with the National Boards and their state boards and committees, administers the National Scheme in accordance with the National Law and any policy directions from the Australian Health Workforce Ministerial Council (the Ministerial Council), to regulate more than 590,000 health practitioners from 14 health professions nationwide. The most important role of the National Boards is to protect the public and facilitate workforce mobility, accessibility and development.

The National Scheme's responsibilities include registering practitioners who are suitably trained and qualified to provide safe healthcare, investigating concerns (or complaints) about practitioners' performance, conduct or health (these are known as notifications) and managing the implications for registration of health practitioners as necessary as a result. The National Boards set the standards and policies for each profession that all registered health practitioners must meet. AHPRA maintains public registers of practitioners in each of these professions, and manages the initial registration of practitioners and their annual registration renewal. AHPRA supports the work of the National Boards in investigating and managing notifications. AHPRA also works with health practitioners, their employers and the public.

AHPRA supports the National Boards in their work with independent accreditation councils and board committees to develop standards to ensure graduating students are suitably qualified and skilled to apply to register as health practitioners.

The National Scheme is an essential part of ensuring the safety and quality of healthcare across Australia. The public is protected by clear national standards which ensure that only suitably trained and qualified practitioners are registered to practise. National registration means a practitioner can use a protected title that consumers identify and understand. This protected title assures the public that health services are being delivered by a qualified person who has met and maintains a national standard regardless of where they practice. This includes the rigorous assessment of overseas-trained practitioners.

Portability of registration has been an immediate benefit to practitioners. Since 2010, all health practitioners have been able to register once and renew annually to practise across Australia at any time, including in locum, emergency or disaster relief circumstances, within the scope of their registration.

Professions in the National Scheme:

- Aboriginal and Torres Strait Islander health practice
- Chinese medicine
- Chiropractic
- Dental practice
- Medical practice
- Medical radiation practice
- Nursing and midwifery
- Occupational therapy
- Optometry
- Osteopathy
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology

173 years without a national medical register

THREE years of national registers for 14 professions

Benefits of the National Scheme

The National Scheme has delivered benefits both in terms of public protection and improvements for practitioners and their practice of the profession, including:

Improvements to public safety:

- national registers of health practitioners and specialists
- mandatory identity checking
- mandatory criminal history checking
- mandatory reporting of 'notifiable conduct' by health practitioners
- mandatory professional indemnity insurance arrangements
- student registration
- national notifications (complaints) system for consumers

Improvements for practitioners (for the public benefit):

- ability to register once (annually) and practise anywhere in Australia
- consistent national registration standards, codes and guidelines in each profession
- greater collaboration and learning between professions that are part of a single National Scheme
- more flexible options for dealing with notifications, particularly managing impairment.

Partnership and collaboration are key to the effective implementation of the National Scheme. AHPRA's partnership with the National Boards must be strong, respectful and flexible.

Overview of the National Scheme

The National Scheme is governed by the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), which came into effect on 1 July 2010 (and 18 October in Western Australia).

The National Law established a national system of regulation for health practitioners in 14 professions. New South Wales (NSW) is a co-regulatory jurisdiction. This means it is part of the National Scheme but manages notifications about practitioners' health, performance and conduct differently. See page 138 for details.

The main objective of the National Scheme is to protect the public by ensuring that only suitably trained and qualified practitioners are registered. It also facilitates: workforce mobility across Australia; the provision of high-quality education and training of health practitioners; and rigorous assessment of overseas-trained practitioners.

The National Scheme supports the development of a flexible and sustainable health workforce by enabling mobility of practitioners across the country, and collection of accurate national data about regulated practitioners in each of the professions.

The National Scheme vision:

A competent and flexible health workforce that meets the current and future needs of the Australian community

Guiding principles of the National Scheme, as set out in the National Law:

- The scheme is to operate in a transparent, accountable, efficient, effective and fair way.
- Fees required to be paid under the scheme are to be reasonable, having regard to the efficient and effective operation of the scheme.
- Restrictions on the practice of a health professional are to be imposed only if it is necessary to ensure health services are provided safely and are of an appropriate quality.

Benefits of the National Scheme: A case study

A Victorian employer made a mandatory notification about a nurse whose work had been deteriorating for several months. Through the employer's performance management process, the nurse conceded she had a substance abuse issue and requested some time off work to enter an in-patient rehabilitation program.

The employer notified AHPRA when, unable to contact the nurse directly, they learned from a former housemate that she had been evicted. On receiving the notification, the Victorian Board of the Nursing and Midwifery Board of Australia took immediate action and suspended the nurse's registration, pending an investigation. All attempts by the Victorian Board through AHPRA to contact the nurse failed.

As required under the National Law, the suspension was published on the national register of practitioners.

A short time later, the nurse successfully obtained an offer of employment in the Northern Territory (NT).

Before allowing the nurse to start work, the NT employer routinely checked the national register and learned of the suspension. Despite the nurse's assurance that there had been an administrative error, the employer contacted the AHPRA NT office, which immediately used the national health practitioner database to access the Victorian Board decision and confirm the suspension.

The nurse is now undergoing a health assessment, arranged through the NT office, and is not practising. The public is safe and the nurse will be better placed to access rehabilitation programs.

Before the National Scheme, there was no national database accessible to regulators in different states and territories. Even with the mutual recognition legislation in place before 2010, the absence of an accurate and up-to-date online register, combined with local legal constraints, would have limited the information available to the employer and the regulator in the NT and made such swift action to protect the public much more difficult.

The *National Registration and Accreditation Scheme Strategy 2011-2014*, developed jointly by the National Boards and AHPRA, sets out our vision, mission and strategic priorities. The main strategic priorities are to:

1. ensure the integrity of the national registers
2. drive national consistency of standards, processes and decision-making
3. respond effectively to notifications about the performance of health practitioners
4. adopt contemporary business and service delivery models
5. engender confidence and respect of health practitioners
6. foster community and stakeholder awareness of, and engagement with, health practitioner regulation
7. use data to monitor and improve policy advice and decision-making, and
8. become a recognised leader in professional regulation.

Roles and responsibilities

While the structure of the National Scheme and reporting relationships between the key entities may appear complex on paper, on a daily basis the National Scheme is delivered by AHPRA in partnership with National Boards, with the Ministerial Council providing high-level oversight and accreditation authorities exercising accreditation functions for the professions under the scheme, working closely with National Boards.

Ministerial Council

The Australian Health Workforce Ministerial Council (AHWMC) is made up of the Health Ministers of each state and territory government and the

Commonwealth Health Minister. The Ministerial Council provides high-level decision-making and Ministerial oversight for the scheme. As a group, the Ministerial Council makes a number of important decisions under the scheme by consensus, including approving registration standards and other proposals recommended by the National Boards, issuing policy directions as needed, and deciding if any other professions are to be regulated under the scheme.

Since February 2011, at the request of Ministers, AHPRA has provided regular updates on key operational activities and emerging issues to AHWMC at the Standing Council on Health meetings. This initiative has provided a welcome and timely opportunity for AHPRA and the National Boards to have direct, regular contact with all Ministers and their advisers. We look forward to this opportunity continuing. This contact complements the bilateral discussions that AHPRA has, as needed, with individual Health Ministers on matters that are of particular interest to that state or territory.

The consensus decision-making of the Ministerial Council is a critical component of the National Scheme. It provides each state and territory Health Minister and the Commonwealth Health Minister the opportunity to debate and raise issues related to the National Scheme and make decisions at a national level that are informed by the administration of the health portfolio in their jurisdictions.

There are also are some important decisions and interactions that individual Health Ministers can make independently of the consensus decisions made by the Ministerial Council, for example, appointments to state and territory boards.

National Boards

The 14 National Boards' primary responsibility is to develop national registration standards for their professions, develop and approve codes and guidelines, approve national accreditation standards developed by the accreditation authority for the profession, to register suitably qualified and competent persons and deal with notifications about the health, conduct or performance of registrants (and in specific circumstances, registered students) and set national fees.

Each National Board has adopted a decision-making structure best suited to the individual needs of their profession.

Some of the National Boards have established and delegated specific powers to state, territory and regional boards and committees and national committees. The structure of the National Boards and their committees can be found in Appendix 1.

On 30 July 2012, the Ministerial Council announced appointments and reappointments to National Boards. A total of 274 individuals applied for appointment/reappointment to 105 vacancies across the 10 National Boards:

- 134 health practitioners applied for appointment or reappointment as a practitioner member and/or chair of the relevant board (for 72 vacancies);
- 140 people applied for community member appointment (for 33 vacancies).

Consultations completed by National Boards

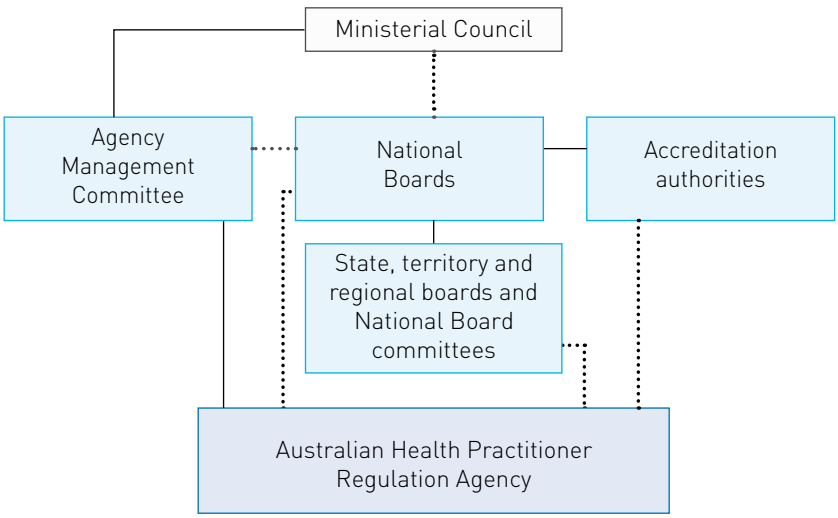
The National Boards undertake wide-ranging consultation on proposals that affect the community and registered health practitioners. They release consultation papers, asking stakeholders to provide input that will help shape registration standards, codes and guidelines, and policies. Details of the consultations undertaken during 2012/13 can be found in Appendix 2.

Registration standards

A number of registration standards for the professions were approved by the Ministerial Council during 2012/13. Details of these can be found in Appendix 3.

Reports from each of the National Boards follow from page 24.

Structure of the National Scheme



Data partnerships

Employee details regularly checked by employers using the employer bulk service

90,000

Practitioner detail updates for Medicare PDS, Medicare HI, HPCA NSW, VPA

4,000 per day

Certificates of Good Standing sent direct to regulators around the world

8,326 per year

Education providers

140

Criminal history checks

200 per day

Checks that return criminal history

5%

Criminal history that affects registration

0.5%

Agency Management Committee

AHPRA is governed by the Agency Management Committee, which is responsible for overseeing AHPRA policy and ensuring AHPRA functions properly, effectively and efficiently in working with the National Boards. Membership comprises:

- a Chair who is not a registered health practitioner and has not been a health practitioner in the last five years
- at least two people with expertise in health and/or education and training, and
- at least two people with business or administrative expertise who are not current or previously registered health practitioners.

Members are appointed for up to three years by the Ministerial Council.

The Agency Management Committee has established two committees:

- The Remuneration Committee, chaired by Mr Peter Allen (Chair, Agency Management Committee), is established to determine the remuneration policy and performance management framework for AHPRA executive managers.
- The Audit and Risk Committee is responsible for ensuring an effective audit and risk assessment function for AHPRA. The committee also oversees the AHPRA Investment Policy (published at www.ahpra.gov.au/About-AHPRA/Agency-Management-Committee). The committee is independently chaired by Mr Geoff Linton.

Agency Management Committee members (left to right):

Professor Merrilyn Walton, Ms Karen Crawshaw, Mr Ian Smith, Mr Peter Allen (Chair, seated), Mr Michael Gorton AM, Professor Genevieve Gray, Professor Con Michael AO.

In August 2012, the Ministerial Council announced new appointments and reappointments of members to the Agency Management Committee.

The vacancies arose when the terms of the inaugural appointments made by the Ministerial Council in 2009 expired.

When making these important appointments, the Ministerial Council acknowledged the high standard of applications received and decided to reappoint the five inaugural members and appoint three new members, increasing its membership to eight.

All terms of appointment commenced on 3 September 2012 for terms as follows:

- Mr Peter Allen was reappointed as Chair for 12 months to 3 September 2013
- Professor Genevieve Gray was reappointed for 12 months to 3 September 2013
- Professor Merrilyn Walton was reappointed for two years to 3 September 2014
- Mr Michael Gorton AM was reappointed for three years to 3 September 2015
- Professor Constantine (Con) Michael AO was reappointed for three years to 3 September 2015
- Mr Ian Smith, Chief Executive of the Western Australia Country Health Service, was appointed for three years to 3 September 2015
- Ms Karen Crawshaw, Deputy Director-General, New South Wales Health, was appointed for three years to 3 September 2015
- Ms Fran Thorn, former Secretary of the Department of Health Victoria was appointed for three years to 3 September 2015 but resigned in November 2012 as she had joined the partnership of Deloitte Australia. The independence requirements of the firm precluded her continuing as a member of the committee.

The National Law states that a member is taken to continue in their term of office for up to six months after a vacancy becomes due.

See page 170 for biographies of the Agency Management Committee members.

AHPRA

AHPRA (with guidance from its Agency Management Committee) provides administrative and operational support to the National Boards, and works with the Boards to effectively and efficiently

Forum of National Board Chairs – supporting cross-Board collaboration

The Forum of National Board Chairs supports collaboration between the Boards by providing the opportunity for the Chairs of each National Board to consider matters of common interest about the operation of the National Scheme.

The Forum, which has established five sub-committees, considers issues and recommendations to National Boards. It is also a forum for members of the AHPRA Agency Management Committee and National Executive to raise matters of interest to all Boards; for the AHPRA Chief Executive Officer to provide regular updates to Board Chairs; and for AHPRA to seek advice from the Chairs of the National Boards. The committees are the NRAS Combined Meeting Committee, Governance Committee, NRAS Data Access and Research Committee, Chairs' Finance Committee and the Strategic Data Committee. There is also an Accreditation Liaison Group and the Notifications Taskforce, which is working with AHPRA to improve consistency and timeliness in notifications management in the National Scheme.

In 2012/13, the Forum was chaired by Pharmacy Board of Australia Chair, Adjunct Associate Professor Stephen Marty. The Forum held nine meetings during 2012/13; seven by teleconference and two face-to-face.

The forum is one example of cross-profession collaboration enabled by the National Scheme. Examples include the recent accreditation review for the 10 National Boards that joined the National Scheme in 2010, as well as the all-Boards review of advertising guidelines, social media policy and guidelines for mandatory notifications. More details on other examples are included in this report.

implement and administer the National Scheme in accordance with the National Law and any policy directions issued by the Ministerial Council.

AHPRA manages the registration and renewal processes for health practitioners and students around Australia, and supports the National Boards in the development of registration standards, codes and guidelines. On behalf of the National Boards, AHPRA manages investigations into the professional conduct, performance or health of registered health practitioners (except in NSW where this is undertaken by the Health Professional Councils and the Health Care Complaints Commission). We work with the health complaints entity in each state and territory to make sure the appropriate organisation deals with community concerns about registered health practitioners.

AHPRA maintains online registers that publish accurate and up-to-date information about the current registration status of every registered health practitioner in Australia. This means that consumers across Australia have a single source of truth about the current registration status of more than 590,000 health practitioners across 14 professions. This is unique internationally.

The services provided by AHPRA to implement Board decisions must support national consistency, quality service, and build capacity in our people, processes and systems. Our operations are under constant review for opportunities to improve.

AHPRA has a national network that includes:

- **State and territory offices** – while the Scheme has a national focus, the vast majority of services to the community and practitioners are delivered through state and territory offices in each capital city. These offices have a set of delegated powers for their work with the National Boards and their committees. This is also supported by an extensive range of national initiatives, systems and processes – many of which are delivered online.
- **Board services and board support** – managing and supporting the relationship with the National Boards.
- **Business improvement and information technology** – providing policy, process and technology support and development, as well as leading innovation, improvement and reporting.
- **Coordinated regulatory operations** – supporting the consistent implementation of national processes across our state and territory offices.
- **Legal services** – providing and coordinating legal advice and services to AHPRA and the Boards and committees, through expert legal teams in every office.
- **Finance and corporate** – delivering key enabling functions such as finance, human resources, risk management and planning.

A Health Profession Agreement between each Board and AHPRA outlines the services that AHPRA will provide each year to enable the Boards to meet their regulatory responsibilities. In the interests of transparency and accountability, the Boards and AHPRA publish the Health Profession Agreements. These are available from: www.ahpra.gov.au/Health-Professions/Health-Profession-Agreements

The partnership with AHPRA provides National Boards with access to independent legal, communications and regulatory policy expertise not previously available to all state and territory boards for all professions. There are economies of scale and efficiencies as a result, particularly for smaller professions. Collaboration across professions provides another valuable pool of expertise and shared experience to Boards. More detail can be found in the Board reports, which start on page 24.

AHPRA is led by Martin Fletcher, the Chief Executive Officer (CEO). The National Executive supports the CEO in setting the strategic direction and delivering AHPRA's services. Key accountabilities include developing the annual business plan and budget (ahead of approval by the Agency Management Committee), monitoring AHPRA performance against targets, identifying opportunities for improvement, and approving enterprise-wide organisational strategies and plans.

The members of the National Executive are:

- Martin Fletcher, Chief Executive Officer
- Chris Robertson, Director, National Board Services
- John Ilott, Director, Finance and Corporate
- Jim O'Dempsey, Director, Business Improvement and Innovation
- Dominique Saunders, General Counsel
- Kym Ayscough, National Coordinator, Regulatory Operations and NSW State Manager.

Accreditation authorities

There are separate accreditation entities for all health professions in the National Scheme.

AHPRA and the National Boards work with these authorities to make sure the education and training of registered health practitioners is robust and enables graduates to meet the requirements for registration in Australia.

In 2012/13, the 10 Boards that were part of the National Scheme from 2010 undertook a formal review of the accreditation arrangements for these professions. The Ministerial Council had appointed the accreditation authorities for these professions for the three years ended 30 June 2013. Each of the 10 National Boards undertook a consultation and review process; details of which can be found in the Board reports (pages 24 to 101).

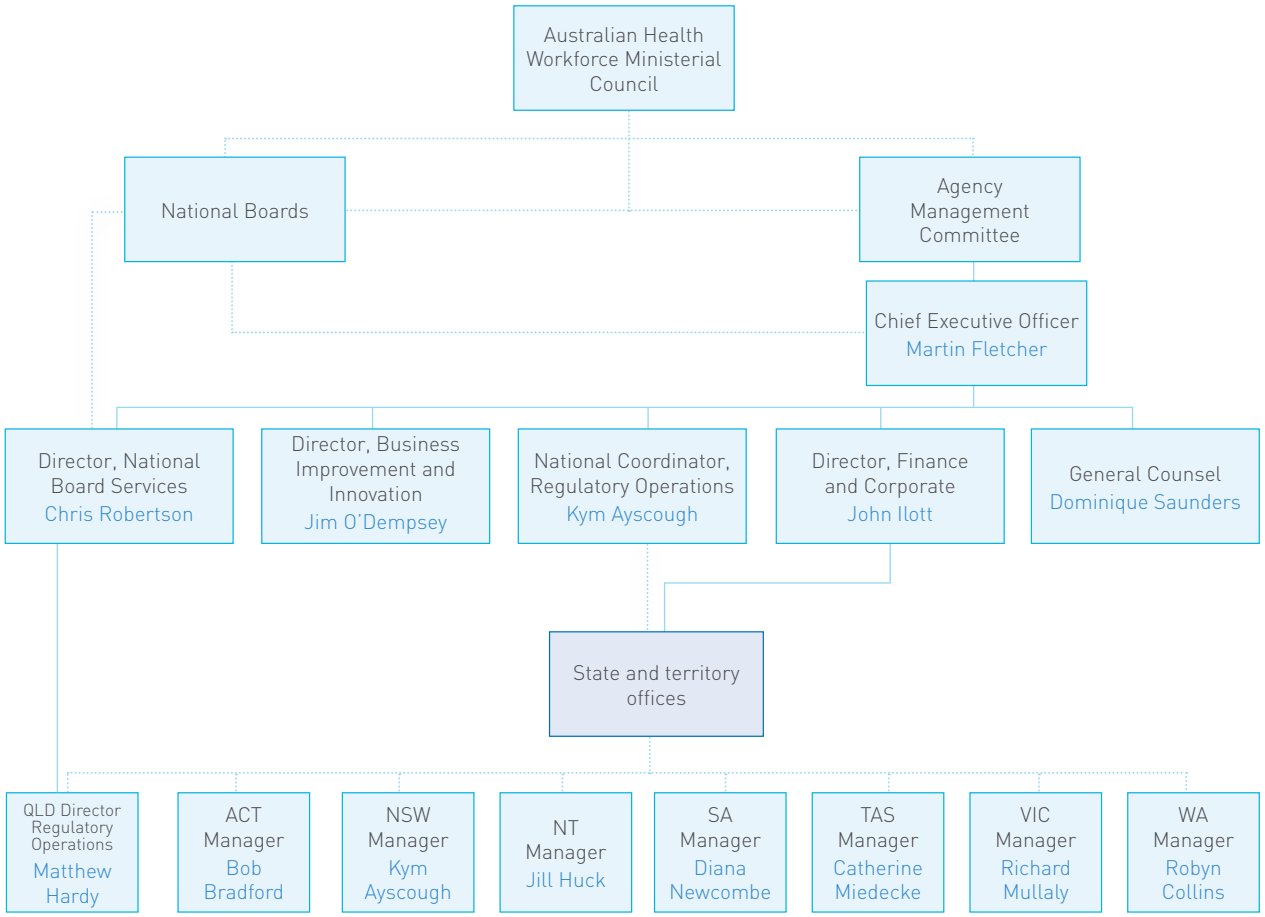
By January 2013, the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee, Chinese Medicine Accreditation Committee and Medical Radiation Practice Accreditation Committee were also established.

At June 30 2013, the accreditation authorities for each profession in the National Scheme were:

- Aboriginal and Torres Strait Islander Health Practice Accreditation Committee
- Chinese Medicine Accreditation Committee
- Council on Chiropractic Education Australasia Inc.
- Australian Dental Council
- Australian Medical Council
- Medical Radiation Practice Accreditation Committee
- Australian Nursing and Midwifery Accreditation Council
- Occupational Therapy Council (Australia & New Zealand) Ltd
- Optometry Council of Australia and New Zealand
- Australian and New Zealand Osteopathic Council
- Australian Pharmacy Council
- Australian Physiotherapy Council
- Australian and New Zealand Podiatry Accreditation Council
- Australian Psychology Accreditation Council

More information about our work in accreditation is on page 111.

AHPRA organisational structure at June 2013



Reports of the National Boards

Aboriginal and Torres Strait Islander Health Practice Board of Australia

Message from the Chair

The Aboriginal and Torres Strait Islander Health Practice Board of Australia celebrated its first year in the National Scheme on 1 July 2013.

In our first year, we established our registration functions in time to open registrations on 1 July 2012. The Board began to assess registration applications as early as March 2012. Since then we have received 117 applications, of which 67 were granted registration.

With Health Workforce Australia funding, we managed a project to benchmark our registration qualification delivered by the two education providers in the Northern Territory, and assess risks to public safety associated with certain Aboriginal and Torres Strait Islander health worker roles.

To establish the Board's accreditation function, we established an Accreditation Committee, members of which were appointed in August 2012 and inducted in November 2012.

Establishing the accreditation function was the Board's highest priority for 2012/13 and the committee was set an ambitious work plan. Despite the demanding work plan, the committee completed an initial preliminary consultation process and then released draft accreditation standards for a six-week public consultation period from July 2013.

By successfully establishing the Board's core regulatory functions, we will be able to transition into our 'business as usual' stage, as scheduled, from July 2014 onwards.

The Board would like to express its gratitude to the following organisations for their support: Health Workforce Australia (HWA), Commonwealth, state and territory governments, Community Services and Health Industry Skills Council (CS&HISC), National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA), and National Aboriginal Community Controlled Health Organisation (NACCHO) and its affiliates.

The Board also wishes to thank AHPRA for its ongoing professional advice and support.

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

Key outcomes/achievements 2012/13

Project management

HWA funded AHPRA to deliver the Aboriginal and Torres Strait Islander Health Practitioner Registration Qualification Benchmarking and Risk Assessment Project, in consultation with the Board. The project was implemented from July 2012 to February 2013.

The project was delivered in two phases: phase one focused on the benchmarking exercise and phase two focused on the risk assessment.

- Phase one involved benchmarking of the registration qualification by undertaking a qualification mapping exercise followed by consultation with a range of key stakeholders. This work identified Aboriginal and Torres Strait Islander primary healthcare workers suitable for 'up-skilling' to enable them to be eligible to apply for registration with the Board. The benchmarking exercise found that to successfully complete these specific units would require a clinical placement of 810 hours.

- Phase two involved assessing stakeholder feedback on the relative safety risk associated with practitioners who require a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Community Care) qualification. To do so, a discussion paper was published, and tested through eight stakeholder consultation workshops and the request for written stakeholder submissions. The majority of stakeholders provided feedback to suggest that the Certificate IV qualification in the Community Care stream is not suitable for regulation through registration under the National Scheme. Most stakeholders expressed the view that the Certificate IV qualification in the Community Care stream should be limited to those in non-clinical roles, and that a self or lighter regulatory model should be explored for those undertaking this role.

Establishing the Board's accreditation function

With the establishment of its registration function, the Board began to shift its focus to the preparatory work needed to establish its accreditation function. The Board agreed to establish an Accreditation Committee, as provided for under the National Law. It established the Accreditation Committee's terms of reference in June 2012 and appointed the committee members in August 2012. The new committee was inducted in November 2012.

From January 2013, the Board's accreditation function was its highest priority, and will continue to be so during the rest of 2013. Key milestones for the Accreditation Committee have been delivered on schedule, culminating in the release of draft accreditation standards for a six-week public consultation period from July 2013.

Registration standards, policies and guidelines developed/published

Registration standards

- Aboriginal and/or Torres Strait Islander registration standard
- Continuing professional development (CPD)
- Criminal history
- English language skills
- Grandparenting provisions
- Professional indemnity insurance arrangements
- Recency of practice

Codes and guidelines

- Guidelines on grandparenting
- Guidelines for recency of practice
- Guidelines for continuous professional development
- Code of conduct for registered health practitioners
- Guidelines for advertising of regulated health services
- Guidelines for mandatory notifications

Priorities for 2013/14

Stakeholder engagement

As part of the Board's strategy, a number of stakeholder engagement forums will be held in centres of potential registrants (Adelaide, Sydney, Brisbane, Perth and Melbourne) throughout 2013/14. The main objectives of these forums will be to: seek stakeholder feedback on the Board's standards, processes and decisions; provide opportunities for collaborations and strategic partnerships to improve decision-making; and establish how to better utilise the Board's regulatory functions to support a sustainable Aboriginal and Torres Strait Islander health workforce.

Board succession planning

The current Board's three-year term ends in June 2014, so a proactive succession plan will be developed in 2013/14. This plan will aim to ensure the sustainable performance of the Board over the long term, encompassing three broad, inter-related elements:

- attraction, recruitment and planned turnover of members
- induction, support and development of members (including board evaluation)
- knowledge management.

Registration standards review

The Board's five core and two other registration standards came into effect on 1 July 2012. These need to be reviewed by 30 June 2015. The work needed to assess early stakeholder feedback on the effectiveness of these standards, incorporate lessons learned from recently reviewed registration standards by other professions, and undertake targeted/preliminary consultation and wide-ranging public consultation will need to start at the end of 2013/14 in order to achieve this important milestone.

Board-specific registration and notifications data 2012/13

At 30 June 2013, there were 300 Aboriginal and Torres Strait Islander health practitioners registered in Australia. The Northern Territory is the state with the largest number of registered practitioners (228). More than half (51%) are aged between 40 and 55.

A total of four notifications were received about Aboriginal and Torres Strait Islander health practitioners. All notifications were lodged in the Northern Territory. Three of the four cases were closed in 2012/13: two of these resulted in no further action and one resulted in a caution.

Table 1: Registrant numbers at 30 June

Aboriginal and Torres Strait Islander Health Practitioner	
ACT	1
NSW	21
NT	228
QLD	31
SA	4
TAS	1
VIC	7
WA	7
No PPP	
Total	**300**

Note:
PPP: Principal place of practice

Table 2: Registered practitioners by age

Aboriginal and Torres Strait Islander Health Practitioner	
U-25	6
25-29	20
30-34	19
35-39	42
40-44	58
45-49	53
50-54	43
55-59	31
60-64	18
65-69	9
70-74	
75-79	1
80+	
Total	**300**

Table 4: Percentage of registrant base with notifications received by state or territory

Aboriginal and Torres Strait Islander Health Practitioner	
ACT	
NT	1.8%
QLD	
SA	
TAS	
VIC	
WA	
2013 Sub Total	**1.3%**
NSW	
2013 Total	**1.3%**

Table 3: Notifications received and notifications closed in 2012/13 by state or territory

Aboriginal and Torres Strait Islander Health Practitioner	Notifications received in 2012/13	Notifications closed in 2012/13
ACT		
NT	4	3
QLD		
SA		
TAS		
VIC		
WA		
2013 Sub Total	**4**	**3**
NSW		
2013 Total	**4**	**3**

Table 5: Outcome at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Outcome at closure	
No further action	2
Refer all of the notification to another body	
Refer part of the notification to another body	
HCE to retain	
Caution	1
Reprimand	
Accept undertaking	
Impose conditions	
Fine registrant	
Suspend registration	
Practitioner surrender	
Cancel registration	
Total	3

Note:
HCE: Health complaints entity

Table 6: Stage at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Stage at closure	
Assessment	3
Health or performance assessment	
Investigation	
Panel hearing	
Tribunal hearing	
Total	3

Members of the Aboriginal and Torres Strait Islander Health Practice Board of Australia

- Mr Peter Pangquee (Chair)
- Ms Clare Anderson
- Ms Karrina DeMasi
- Ms Sharon Milera
- Ms Lisa O'Hara
- Ms Renee Owen
- Ms Jenny Poelina
- Mrs Jane Schwager

During 2012/13, the Board was supported by Executive Officer Mr Gilbert Hennequin.

More information about the work of the Board is available at: www.atsihealthpracticeboard.gov.au

Chinese Medicine Board of Australia

Message from the Chair

National practitioner registration for Chinese medicine has been a major milestone for the profession, which requires members of the profession to adjust to meet new expectations.

The Chinese Medicine Board of Australia was established in July 2011 to prepare for the formal introduction of the registration processes, which started in July 2012. With much support from AHPRA and other National Boards, the Board met all critical deadlines for the development of the mandatory standards and the very complex grandparenting standards. The Board also effectively dealt with unique challenges such as developing the English language standards adequate to protect public safety without restricting public access to Chinese medicine services, taking into consideration the historical factors of the development of the profession. To achieve this, the Board and AHPRA conducted extensive consultations including state/territory-based workshops, to seek input from the profession and other stakeholders. These activities were our top priorities for the first year as part of the National Scheme and have laid the foundation for effective and efficient delivery of regulation of the Chinese medicine profession.

As a partly regulated profession until 2012, the profession welcomes this development and many individuals have worked hard to achieve a smooth transition for practitioners who were already registered in Victoria, and to process the large number of applications from unregistered practitioners from other states and territories. Currently, 4,070 Chinese medicine practitioners have been included on the national register, and the Australian public is able to identify suitably qualified practitioners in their communities.

The Board has also focused on good governance and strategic planning to ensure consistent and transparent decision-making. A number of committees have been established to assist the Board in delivering its regulatory functions. In addition, the Board has developed a sound understanding on the financial aspects of the Board's operation.

I would like to acknowledge the strong partnership between the Board and AHPRA. Particularly I must thank Mr Martin Fletcher, CEO of AHPRA, and Mr Chris Robertson, Director of Board Services of AHPRA, and all of the teams in the state and territory offices for their continued support of the Board and its operation.

Thanks to all of the members of the Board and the committees for their relentless and persistent work toward the Board's obligations and goals. Throughout the year we regretfully had to note the resignation of two inaugural community members of the Board, Ms Alison Christou and Professor Vivian Lin. Heartfelt thanks from myself and the Board must go to Alison and Vivian for their part in the history of the Board.

Professor Charlie Xue
Chair, Chinese Medicine Board of Australia

Key outcomes/achievements in 2012/13

During 2012/13, the Board worked hard to ensure that standards developed for the profession would protect the public from unsafe practitioners and provide the foundations to build nationally consistent registration standards, ethics and codes of practice, and accreditation standards and processes.

Strategic plan

The Board developed a strategic plan during early 2013, which established key priorities for the next three years. As the National Scheme evolves, and the type and nature of the work required by the Board also evolve, the Board's strategic plan and work plan will continue to develop.

Communication matters

The Communication Committee is supported by AHPRA's communications team, which handles all matters related to communication on consultation, standard development, Board priorities and progress with a broad range of stakeholders. The Chair of the Board has been interviewed by various media outlets concerning the standards such as the English language standards and its grandparenting arrangements, and other broader issues related to safety and efficacy of Chinese medicine practice. The Board publishes its monthly communiqué to advise stakeholders on monthly major decisions, as well as a quarterly Board newsletter to highlight key decisions and major issues that are critical to safe practice.

Registration matters

The national Registration Committee of the Board handles the decision-making in relation to registration matters. The Registration Committee considers every application for registration against the Chinese medicine grandparenting and general registration eligibility registration standard to make sure that only those practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. Many complex applications have dominated the work of the Registration Committee, and contributed to the costs incurred by the Board.

The Registration Committee has contributed significantly to the Board by addressing special challenges in Chinese medicine including English language; the diversity of qualifications from all over the world; cultural issues; that Chinese medicine is mainly operating through private practices; and that for most of the practitioners in Australia, regulation is new.

As an illustration, by June 2013 there were 4,070 registered Chinese medicine practitioners in Australia. Of these practitioners, there were approximately 18% with English language conditions on their registration.

Notification matters

The Notification Committee of the Board handles decision-making in relation to notification, immediate action and compliance matters pertaining to registered practitioners. NSW notification matters are handled by the NSW Chinese Medicine Council. This national committee handles matters from all other states and territories in Australia in a timely and efficient manner.

Policy matters

A number of the significant projects undertaken by the Board this year were managed by the Policies, Standards and Guidelines Advisory Committee of the Board. This included the final consultation on *Infection prevention and control guidelines for acupuncture practice, Patient record guidelines* and the revision of the common board registration standards: *English language skills registration standard* and the *Criminal history registration standard*. The Board acknowledges the importance of engagement with its stakeholders and would like to thank all those who contributed to this process, particularly during the consultation phases which have occurred during the year.

Financial outcomes

At the second year in operation, the Board exceeded its income targets and was within its operational expenditure, with the exception of the following two areas which resulted in a deficit of $177,000.

- Registration matters and the ongoing assessment of registration applications have dominated the work of the Board's Registration Committee, incurring unforeseeable significant additional expenditure (approximately $222,000).
- Inherited legal costs and expenditure from the Chinese Medicine Registration Board of Victoria (approximately $426, 000), including transitioned notifications, ongoing legal matters, and outstanding financial obligations.

That is, without the unexpected additional Registration Committee costs and the Victorian legacy, the Board's financial situation would be very strong.

A number of strategies have been developed and introduced from June 2013, with a focus on improving efficiency and a potential reduction of legal costs. The Board will continue to address these inherited matters and its core role of protecting the public safety. The Board has made significant advances in becoming more efficient and is working with AHPRA to manage funds and expenditure accordingly.

Registration standards, policies and guidelines developed/published

The Board consulted with stakeholders and finalised the following guidelines, following consideration of a number of issues:

- Patient records guidelines
- Infection prevention and control guidelines for acupuncture practice.

Fact sheets and explanatory statements on these guidelines

were also released to assist registrants.

In conjunction with a number of National Boards, consultation was undertaken on the definition of 'practice'. As a result, the Board developed its statement on *When it is necessary to be registered.*

During the year, the Board published a fact sheet, *Chinese herbs listed in 'Standard for the Uniform Scheduling of Medicines and Poisons'*.

The Accreditation Committee has also developed draft accreditation standards and processes, which are currently in the consultation process.

Priorities for 2013/14

In line with the Chinese Medicine Board Strategic Plan, the key priorities for 2013/14 are:

- To ensure that the Board's operations are efficient and effective, and communicate and promote the integrity of its functions.
- To respond effectively and in a timely manner to notifications about health, performance and conduct of practitioners. The Board undertakes to improve notifications data reporting and analysis, and actively monitor trends in notifications to identify practice improvement priorities.
- The Board is committed to developing mechanisms for the monitoring of standards, codes and guidelines to assist with the establishment of a clear agenda for practice improvement within the profession.

The Board looks forward to further engagement in the development and review of its policies, guidelines and standards over the next year, particularly in the areas of:

Recency of practice

A working group has been established which has developed a professional approach to the processes of assessment of recency of practice and return to practice requirements for practitioners. The Board will work towards the development of a protocol and supporting information for practitioners on recency of practice and return to practice requirements.

Chinese herbal prescribing and dispensing guidelines (including labelling)

The Policies, Standards and Guidelines Advisory Committee of the Board is working towards the development of guidelines and the consultation on Chinese herbal prescribing and dispensing. The Board will work towards the development of guidelines and supporting information for practitioners on herbal prescribing and dispensing.

Guidelines on supervision of practitioners

The Policies, Standards and Guidelines Advisory Committee of the Board has already undertaken substantial work on the guidelines on supervision of practitioners, and is modelling them on supervision guidelines developed for use by all National Boards. Consultation on these guidelines will start in the second half of 2013, and these will be finalised late 2013.

The Board also intends to foster community and stakeholder awareness of, and engagement with, health practitioner regulation. The Board recognises that stakeholders need to understand the National Scheme and so it commits to communicating its role to professionals through major conferences, the Board website, ongoing strategies such as newsletters and communiqués, and working with AHPRA to develop a comprehensive communications strategy.

Our second year will be about consolidation, strengthening key relationships, becoming more ambitious and innovative in what can be achieved by national regulation, employing strategies to be economically competent, and managing the fees of practitioners responsibly and competently.

Board-specific registration and notifications data 2012/13

At 30 June 2013, there were 4,070 Chinese medicine practitioners registered in Australia. NSW is the state with the largest number of registered practitioners (1,649) followed by Victoria with 1,151 practitioners.

Nationally, a total of 30 notifications were received about Chinese medicine practitioners relating to 0.7% of practitioners. Of these, 17 were lodged in NSW and 13 were lodged in other states and territories.

Fourteen cases were closed during 2012/13 including 10 cases in NSW and elsewhere in Australia.

The four cases closed outside NSW were all closed after assessment. In three cases the Board determined that no further action was required (2) or the case (1) was to be handled by the health complaints entity that had received the notification. In the remaining case, conditions were imposed on the practitioner.

Concerns raised about advertising during the year were managed by AHPRA's statutory compliance team and are reported on page 109.

Table 7: Registrant numbers at 30 June

Chinese Medicine Practitioner	
ACT	62
NSW	1,649
NT	12
QLD	785
SA	157
TAS	33
VIC	1,151
WA	192
No PPP	29
Total	**4,070**

Table 8: Registered practitioners by age

Chinese Medicine Practitioner	
U-25	21
25-29	223
30-34	393
35-39	566
40-44	536
45-49	493
50-54	624
55-59	557
60-64	359
65-69	165
70-74	82
75-79	33
80+	18
Total	**4,070**

Table 9: Notifications received and notifications closed in 2012/13 by state or territory

Chinese Medicine Practitioner	Notifications received in 2012/13	Notifications closed in 2012/13
ACT		
NT		
QLD	3	
SA	2	
TAS		
VIC	6	4
WA	2	
2013 Sub Total	**13**	**4**
NSW	17	10
2013 Total	**30**	**14**

Table 10: Percentage of registrant base with notifications received by state or territory

Chinese Medicine Practitioner	
ACT	
NT	
QLD	0.4%
SA	1.3%
TAS	
VIC	0.5%
WA	1.0%
2013 Sub Total	**0.5%**
NSW	0.9%
2013 Total	**0.7%**

Table 11: Stage at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Stage at closure	
Assessment	4
Health or performance assessment	
Investigation	
Panel hearing	
Tribunal hearing	
Total	**4**

Table 12: Outcome at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Outcome at closure	
No further action	2
Refer all of the notification to another body	
Refer part of the notification to another body	
HCE to retain	1
Caution	
Reprimand	
Accept undertaking	
Impose conditions	1
Fine registrant	
Suspend registration	
Practitioner surrender	
Cancel registration	
Total	**4**

Members of the Chinese Medicine Board of Australia

- Professor Charlie Xue (Chair)
- Professor Vivian Lin
- Professor Craig Zimitat
- Dr Di Wen Lai
- Ms Jenny Chou (Jian-ling Zhou)
- Dr Xiaoshu Zhu
- Mr Stephen Janz
- Mr Haisong Wang
- Mrs Alison Christou (to 31 July 2012)

During 2012/13, the Board was supported by Executive Officer Ms Debra Gillick and Acting Executive Officer Ms Rebecca Lamb.

More information about the work of the Board is available at: www.chinesemedicineboard.gov.au

Chiropractic Board of Australia

Message from the Chair

I am pleased to provide this report on the functions, activities and outcomes of the Chiropractic Board of Australia. The Board's focus always remains on public safety – all members of the public are entitled to chiropractic care that is safe, competent and ethical; within a patient-centred and evidence-based framework. The Board remains committed to and diligent about its statutory responsibilities, and protecting the public is always foremost in the Board's mind.

It is the Board's responsibility to set the professional regulatory standards for the profession and hold practitioners to account against those standards. The Board has continued to urge members of the public with any concerns about individual registered chiropractors to bring these to the attention of the Board. It is now three years since the National Scheme began and much work has been done in relation to the transition from the previous jurisdictions. The Board is confident that it will be able to more consistently implement the many various policies and procedures developed by the Board during this time.

The Board is currently in a phase of review and refinement of its standards, policies and processes. The Board also notes that the routinely-scheduled three-year review of the National Scheme starts in late 2013.

I must thank all members of the Chiropractic Board of Australia and its committees for their contributions, support, dedication and joint sense of purpose. During the year, all positions on the Board ceased their term of appointment and Drs Mark McEwan, Bevan Goodreid, Amanda Kimpton and Ms Margaret Wolf were reappointed by Ministers for further terms. Drs Stephen Crean and Geoff Irvine finished their appointments to the Board and I thank them for their excellent work and support throughout the period of their appointments.

The Board welcomed the appointments of Ms Anne Burgess and Ms Barbara Kent to the Board as community members. Community members provide invaluable input to the activities of the Board and they are significant driving forces behind both the policies and actions of the Board. The Board also welcomed Drs Michael Badham and Sharyn Eaton as practitioner members. From their first meeting they have made significant contributions to the work of the Board. Regrettably Dr Sharyn Eaton resigned from the Board to pursue other opportunities early in 2013.

The work of the Board can only come to fruition through the partnership and delivered operational outcomes as provided by AHPRA. Our thanks go to Mr Martin Fletcher, AHPRA CEO, and his expert teams at national and state offices, the Board's Executive Officer Dr Paul Fisher (chiropractor), and Board Support Officer Emily Marshall. The Board has a range of committees to both advise and perform work on behalf of the Board. These committees perform a critical role in the operational effectiveness of the Board and my thanks and appreciation go to the chairs of these committees for their drive and achieved outcomes:

- Registration, Notification and Compliance Committee, chaired by Dr Mark McEwan
- Standards, Policies, Codes and Guidelines Committee, chaired by Dr Bevan Goodreid
- Governance, Finance and Administration Committee, chaired by Ms Barbara Kent
- CPD Committee, chaired by Dr Amanda Kimpton, and
- Communications and Relationships Committee, chaired by Ms Anne Burgess.

Dr Phillip Donato OAM (chiropractor)
Chair, Chiropractic Board of Australia

Key outcomes/achievements in 2012/2013

Registration, notification and compliance

The Registration, Notification and Compliance Committee meets monthly on matters relating to the registration, notification and compliance of chiropractors. This year the Board participated in the second pilot audit of registration standards. The audit demonstrated that the compliance rate of chiropractors with the Board's mandatory standards is very high.

In pursuing its role of protecting the public interest, the Board has referred a number of matters to tribunal for consideration. This has placed a significant financial burden on the Board, but these referrals were absolutely necessary for the Board to see through to ensure that they were fulfilling their responsibilities under the National Law. Details of the cases can be found on the AHPRA website.

Governance, finance and administration

During the year, the Board undertook strategic planning and Board performance workshops. This has assisted the Board in its governance arrangements and forward work plans.

Communications and relationships

The Board has continued to develop and maintain its relationship with stakeholders, and looks forward to fostering a high level of engagement and communication in 2013/14.

Accreditation assessment and education

The Board undertook a formal review of accreditation arrangements for the chiropractic profession during 2012/13. The Council on Chiropractic Education Australasia (CCEA) had previously been appointed by the Ministerial Council as the accreditation authority for the chiropractic profession for a period of three years ending on 20 June 2013. After undertaking the review process, and engaging in broad public consultation, the Board was pleased to re-appoint the CCEA as the accreditation authority for the chiropractic profession for a further five years.

The Board also participated, presented and contributed to international regulatory collaborations considering matters such as international agreed competencies, accreditation, international mobility and professional conduct and performance.

Registration standards, codes, policies and guidelines

The Board undertook the development and review of a number of items this year. Registration standards for limited registration in the public interest and limited registration – teaching and research were approved by Ministers. Guidelines on clinical record keeping and the supervision of chiropractors were also developed, finalised and published.

The Board also started the scheduled review of the core registration standards, as well as the code of conduct in alignment with the other National Boards.

Continuing professional development

The Board started an audit of formal learning assessed by the two bodies approved to assess CPD. While this process is still ongoing, so far the information from this audit has assisted the Board in refining its policy to encourage quality CPD that promotes quality, safety and better patient outcomes.

Registration standards, policies and guidelines published

- Registration standard for limited registration in the public interest
- Registration standard for limited registration teaching and research
- Guidelines on clinical record keeping
- Guidelines for the supervision of chiropractors

Priorities for 2013/14

The main priority for the Board in 2013/14 is to complete its review of registration standards and other documents, particularly the policy around recency of practice and the protocols for the return to practice of those practitioners seeking to have a short career break.

Enhancing the CPD process undertaken by practitioners is also a key priority area for the Board. The review process is being undertaken with a view to enhancing consistency between professions, while still addressing the issues specific to a particular profession.

The Board also hopes to complete its development of guidelines for further education when required under the National Law.

Further strengthening of community and stakeholder relationships is seen by the Board as important in understanding and representing the public interest in its role, and continued engagement with stakeholders is a key activity for the Board in the next financial year.

Board-specific registration and notifications data 2012/13

At 30 June 2013, there were 4,657 chiropractors registered across Australia. This represents an increase of 4.37% since the previous year and an increase of 7.06% since national data were first available in June 2011. NSW has the highest number of registered practitioners with 1,564 practitioners, followed by Victoria with 1,260 registrants. The Northern Territory has fewest registrants, with 23 practitioners. One third of all practitioners are under 35 years of age.

In 2012/13, 72 notifications were received across Australia about chiropractors. This represents a decrease of 37% from the previous year. Notifications were received about 1.4% of the registrant base. Victoria received more notifications in each of the last two years than any other state or territory, with 26 notifications in 2012/13 and 29 in 2011/12.

A total of 71 notifications were closed in 2012/13 (including in NSW). Of the 46 notifications closed outside NSW, more than half (25 notifications) were closed at the assessment stage. Seven of the closed notifications had been subject to a panel or tribunal hearing and the remainder closed after an investigation (13) or a health or performance assessment (1).

In 27 of the closed cases, the Board determined to take no further action (26) or the case was to be retained and managed by the health complaints entity in the relevant state or territory (1). The remaining 19 cases resulted in conditions being imposed (10), undertakings agreed (2) or a caution issued (7).

Concerns raised about advertising during the year were managed by AHPRA's statutory compliance team and are reported on page 109.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time, if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

- because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- that the practitioner's registration was improperly obtained, or
- the practitioner or student's registration was cancelled or suspended in another jurisdiction.

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more
- have or may have an impairment, or
- have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

The data in Table 17 show the outcome of immediate action taken by the Board during the year. Integrated data for all professions are published at Table 124. More information about immediate action is published on our website under notifications.

Table 13: Registrant numbers at 30 June

Chiropractor	2012/13	2011/12	2010/11	% change 2010/11 to 2012/13
ACT	61	56	51	19.61%
NSW	1,564	1,511	1,456	7.42%
NT	23	24	21	9.52%
QLD	724	692	667	8.55%
SA	360	357	347	3.75%
TAS	47	45	41	14.63%
VIC	1,260	1,202	1,138	10.72%
WA	529	498	463	14.52%
No PPP	89	77	166	-43.69%
Total	**4,657**	**4,462**	**4,350**	**7.06%**
% Change from prior year	**4.37%**	**2.60%**		

Table 14: Registered practitioners by age 2010/11 to 2012/13

Chiropractor	2012/13	2011/12	2010/11
U-25	90	106	99
25-29	737	658	651
30-34	758	730	694
35-39	733	721	734
40-44	702	667	605
45-49	427	424	439
50-54	439	417	392
55-59	284	270	281
60-64	230	225	203
65-69	132	120	125
70-74	78	78	77
75-79	28	31	32
80+	18	11	18
Not available	1	4	
Total	**4,657**	**4,462**	**4,350**

Table 15: Percentage of registrant base with notifications received by state or territory

Chiropractor	2012/13	2011/12	2010/11
ACT	1.6%	8.9%	2.0%
NT			4.8%
QLD	1.2%	3.6%	3.4%
SA	1.7%	2.8%	2.0%
TAS			
VIC	2.0%	1.8%	1.2%
WA	1.1%	1.6%	1.9%
Sub Total	**1.6%**	**2.4%**	
NSW	1.3%	1.4%	1.6%
Total	**1.4%**	**2.0%**	**1.8%**

Table 16: Notifications received by state or territory

Chiropractor	2012/13	2011/12	2010/11
ACT	1	6	1
NT			1
QLD	11	26	25
SA	6	19	22
TAS			
VIC	26	29	17
WA	6	8	9
Sub Total	**50**	**88**	**75**
NSW	22	27	29
Total	**72**	**115**	**104**

Table 17: Cases where immediate action was considered in 2012/13[1]

			Chiropractor
No action taken	**AHPRA**		
	NSW		
Action taken	**Suspend registration**	**AHPRA**	
		NSW	
	Accept surrender of registration	**AHPRA**	
		NSW	
	Impose conditions	**AHPRA**	2
		NSW	2
	Accept undertaking	**AHPRA**	
		NSW	
	Decision pending[2]	**AHPRA**	
		NSW	
Total 2013		**AHPRA**	**2**
		NSW[3]	2
Total 2012		**AHPRA**	**1**
		NSW	1
Total 2011		**AHPRA**	**0**
		NSW	2

Notes:

1. Cases where immediate action has been initiated under Part 8, Division 7 of the National Law.
2. In these cases where immediate action was initiated towards the close of the reporting year, an outcome decision has not been finalised.
3. Initial actions only; excludes reviews of immediate action decisions.

Table 18: Notifications lodged under the National Law and closed in 2012/13 by state or territory

Chiropractor	
ACT	5
NT	
QLD	14
SA	6
TAS	
VIC	14
WA	7
2013 Sub Total	**46**
NSW	25
2013 Total	**71**
2012 Total	**88**
2011 Total	**31**

Table 19: Stage at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Stage at closure	
Assessment	25
Health or performance assessment	1
Investigation	13
Panel hearing	6
Tribunal hearing	1
Total	**46**

Table 20: Outcome at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Outcome at closure	
No further action	26
Refer all of the notification to another body	
Refer part of the notification to another body	
HCE to retain	1
Caution	7
Reprimand	
Accept undertaking	2
Impose conditions	10
Fine registrant	
Suspend registration	
Practitioner surrender	
Cancel registration	
Total	**46**

Members of the Chiropractic Board of Australia

- Dr Phillip Donato OAM (Chair)
- Dr Mark McEwan
- Dr Graham (Bevan) Goodreid
- Dr Amanda-Jane Kimpton
- Ms Anne Burgess
- Ms Barbara Kent
- Ms Margaret Wolf
- Dr Michael Badham (from 30 August 2012)
- Dr Sharyn Eaton (30 August 2012 to 17 January 2013)
- Dr Stephen Crean (to 29 August 2012)
- Dr Geoffrey Irvine (to 29 August 2012)

During 2012/13, the Board was supported by Executive Officer Dr Paul Fisher.

More information about the work of the Board is available at: www.chiropracticboard.gov.au

Message from the Chair

The Dental Board of Australia continued this year with consultation and consolidation in line with the Board-developed strategic work plan. This year has provided some challenges for the Board as it works with AHPRA to find the right balance between an operational service model for 14 professions and how the needs of the dental profession are met in this context. This will continue to be a task for AHPRA and the Board into the future, along with the ongoing challenge of consistency of approach to both registration and management of notifications about dental practitioners. As I noted in my comments last year, while the National Law defines the objectives and guiding principles for the National Scheme, Board members have also resolved to conduct activities in a Dental Board-specific fashion.

One of the highlights of this year was the Dental Board inaugural conference, held in May 2013. The participants included the Board's state and territory committee members, representatives of the Dental Council of New South Wales (DCNSW) and senior staff from AHPRA and the Health Professional Councils Authority (HPCA). The feedback received from participants was positive and the conference provided opportunities to continue to build relationships between all of the groups represented. The meeting also highlighted challenges for the Board, AHPRA, DCNSW and HPCA in continuing to work to achieve the desired goal of national consistency in dental regulation in Australia.

The ongoing challenge for the Board is to continue to further its strategic priorities of driving national consistency of standards, processes and decision-making, and to work with AHPRA to engender the confidence and respect of dental practitioners and the community, in the quality and effectiveness of our decisions, policies and processes.

Dr John Lockwood AM
Chair, Dental Board of Australia

Key outcomes/achievements in 2012/13

The Board has continued its work in developing and strengthening nationally-consistent processes for registration, particularly in the areas highlighted below:

- **Recency of practice**
  The Board established a working group to consider and make recommendations to the Board for a nationally-consistent approach to both applicants and registrants who do not meet the Board's recency of practice requirements. The agreed process now requires that all applicants and registrants, where an issue of recency of practice is raised, are reviewed and managed in a nationally consistent way.
- **Acupuncture recognition for dental practitioners**
  The Board established an agreement with the Chinese Medicine Board of Australia that any dental practitioner wishing to practise acupuncture and use the title acupuncturist should apply to the Chinese Medicine Board of Australia for registration as an acupuncturist.
- **Recognition of overseas-registered dental practitioners in Australia**
  The Board continues to work closely with the Dental Council of New Zealand (DCNZ) in this area and this year agreed that the practitioners who hold either Bachelor of Oral Health, University of Otago (conferred from 2009) or the Bachelor of Health Science in Oral Health, Auckland University of Technology (conferred from 2011) would be eligible to apply for registration in the oral health therapist division of the national register. This was an important decision, as the division of oral health therapist is not recognised in New Zealand.

  In addition, the Board continues to consider its approach to the current list of approved universities from the United Kingdom and Ireland, from which

a qualification allows registration in Australia as a dentist.

- **Oral surgery**
  The Board has established an Oral Surgery Panel to provide advice to the Board on the specialty of oral surgery, including registration and scope of practice, and to establish a consistent approach to the assessment of applications for the specialty of oral surgery.

Scope of practice

The *Scope of practice registration standard* was developed by the Board and approved by the Ministerial Council on 22 April 2010. The standard came into effect from 1 July 2010 and established the requirements for the scope of practice for all registered dental practitioners. The Board started the process to review the standard this year, after the release by the Ministerial Council of the Health Workforce Australia's report, *Scope of practice review of oral health practitioners*. The process began with a discussion paper released to stakeholders, including those representing the divisions on the Board's register, followed by a consultation session to discuss the paper on 18 October 2012. The discussion paper and initial consultation session informed the Board's initial revision of the standard and the development of guidelines to complement the standard. These were released for preliminary consultation in March 2013.

The Board released the revised standard and draft guidelines for public consultation in May 2013. Due to the response to the public consultation, the Board continues to carefully consider the feedback and any possible impact of the proposed standard to ensure that dental practitioners are able to continue to work safely and with certainty and within their scope of practice in the public interest.

Advertising

The Board, with AHPRA, has established a taskforce to review the current activity on dental advertising which is not compliant with the requirements of the National Law and advertising guidelines. This review will underpin the future approach of the Board to manage advertising issues associated with dental practitioners.

Review of accreditation functions

The Board has reviewed the arrangements for the exercise of the accreditation functions this year. In late 2012, the Board undertook both targeted and public consultation with respect to the Australian Dental Council's (ADC) role. The Board agreed to offer the appointment to the ADC for three years from 1 July 2013, subject to conditions set by the Board. The Board looks forward to an effective working relationship with the ADC into the future.

State and territory committees of the National Board

The terms of appointment of the members of the Board's state and territory registration and notification and immediate action committees expired on 30 July 2013. The Board called for nominations and expressions of interest to fill these vacancies late in 2012 and undertook a process for review and consideration of applications.

The Board has now made appointments to all of its committees. The Board would like to acknowledge the effort and valuable contribution that the past and current members of the Board's committees make to the important regulatory work of the Board.

The Board also agreed as a part of the process to undertake a review in 2013/14 of the workloads and efficiencies of these committees to ensure the Board's structures best meet the needs of its regulatory responsibilities.

Registration standards, policies and guidelines developed/published

Registration standards

The Board has also started the process of review and will consult in 2013/14 on the other registration standards approved by the Ministerial Council, in collaboration with the other National Boards. These registration standards are criminal history, CPD, English language, recency of practice, specialist registration and endorsement in relation to conscious sedation.

Guidelines

The Board consulted on and finalised *Guidelines on supervision for dental practitioners* based on template guidelines developed by National Board Services for use by all National Boards. The Board approved the new guidelines, which replaced the Board's document that previously existed for limited registrants.

The Board is also in the process of the review of the code of conduct, guidelines for mandatory notifications and guidelines for advertising of regulated health services, which were the subject of recent public consultation and included a social media policy.

The Board's guidelines on CPD, conscious sedation area of practice endorsement, dental records and infection control will be the subject of consultation later this year.

During the year the Board also released a fact sheet, *Use of*

title for dental practitioners, to provide guidance with respect to the use of specialist and other titles.

Priorities for 2013/14

The Board's main priorities for the coming year are to:

- **Further strengthen relationships with overseas dental regulators**
  The Board has a solid relationship with the DCNZ based on a formal Memorandum of Understanding agreed with the DCNZ on 27 July 2012. This relationship will be further strengthened by the relationship between the DCNZ and the ADC in relation to accreditation processes and accreditation standards. Representatives of the Board will also attend the inaugural International Dental Regulators Conference to be held in Edinburgh in October 2013. This will provide the opportunity for the Board to further strengthen global relationships in dental regulation.
- **Review of registration standards, codes and guidelines**
  The next 12 months will see the finalisation of the review of the scope of practice standard and the scope of practice guidelines, and the Board will work with relevant stakeholders before the release of the final documents. The Board will also continue its review and consult on the five original registration standards and guidelines.
- **Dental practitioner audit**
  The Board has committed to starting an audit process of dental practitioners to determine compliance with the professional indemnity insurance, CPD and criminal history registration standards.

Specialist project

The Board will review the specialist registration standard and has committed to a project to look at the processes around specialist registration, from the standards expected of each specialist area to the assessment of overseas-educated specialists. This project will include consultation with all stakeholders, including the relevant specialist organisations and education providers.

Board-specific registration and notifications data 2012/13

At 30 June 2013, there were 19,912 dental practitioners across Australia, an increase of 8.7% since national data was first available on 30 June 2011. NSW (6,204) has the highest number of registered practitioners, followed by Victoria with 4,633 registered practitioners. Victoria has experienced higher growth in registered practitioners since 2011, with an increase of 13.22% against 10.41% in NSW. Just under one third (32%) of practitioners are aged under 35.

In 2012/13, 1,052 notifications were received about dental practitioners across Australia, 586 of these outside NSW. Nationally this represents notifications about 4.4% of the registrant base. Notifications about practitioners as a percentage of the registrant base are higher than the national rate in the Northern Territory (8%), NSW (6.4%) and Queensland (4.6%). The rate is lowest in Western Australia at 1.4%.

Nationally, there were 1,075 notifications closed in 2012/13; 522 of these were managed outside NSW. Of the notifications closed under the National Scheme, more than three quarters (76%) were closed at the assessment stage. Twenty-one cases were closed after a panel or tribunal hearing. The remaining cases (102) were closed after an investigation (97) or a health or performance assessment (5).

In 422 of these closed cases (81%), the Board determined that there would be no further action, or the case was to be handled by the relevant health complaints entity who initially received the notification or referred to another body for action. In 64 cases, the Board cautioned or reprimanded the practitioner; in 34 cases it imposed conditions or accepted an undertaking and in two cases the registrant was fined.

Concerns raised about advertising during the year were managed by AHPRA's statutory compliance team and are reported on page 109.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time, if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

- because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- that the practitioner's registration was improperly obtained, or

- the practitioner or student's registration was cancelled or suspended in another jurisdiction.

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more
- have or may have an impairment, or
- have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

The data in Table 26 show the outcome of immediate action taken by the Board during the year. Integrated data for all professions are published at Table 124. More information about immediate action is published on our website under notifications.

Members of the Dental Board of Australia

- Dr John Lockwood AM (Chair)
- Ms Susan Aldenhoven AM
- Winthrop Professor Paul Abbott (from 30 August 2012)
- Mrs Jennifer Bishop
- Dr Carmelo Bonanno (to 29 August 2012)
- Dr Gerard Condon
- Ms Alison Faigniez (from 30 August 2012)
- Mr Stephen Herrick
- Mr Paul House
- Dr Mark Leedham
- Mr Peter Martin (to 29 August 2012)
- Mr Michael Miceli
- Dr Murray Thomas (from 30 August 2012)
- Dr John Owen AM (to 29 August 2012)
- Mrs Myra Pincott AO (to 29 August 2012)
- Ms Alison von Bibra (from 30 August 2012)

During 2012/13, the Board was supported by Executive Officer Ms Tanya Vogt.

More information about the work of the Board is available at: www.dentalboard.gov.au

Table 23: Notifications lodged under the National Law and closed in 2012/13 by state or territory

Dental practitioner	
ACT	13
NT	6
QLD	200
SA	58
TAS	11
VIC	186
WA	48
2013 Sub Total	**522**
NSW	553
2013 Total	**1,075**
2012 Total	**865**
2011 Total	**735**

Table 21: Registrant numbers at 30 June

Dental practitioner	2012/13	2011/12	2010/11	% change 2010/11 to 2012/13
ACT	372	350	326	14.11%
NSW	6,204	5,989	5,619	10.41%
NT	138	134	113	22.12%
QLD	3,890	3,728	3,542	9.82%
SA	1,681	1,615	1,561	7.69%
TAS	331	336	315	5.08%
VIC	4,633	4,358	4,092	13.22%
WA	2,340	2,254	2,076	12.72%
No PPP	323	323	675	-52.15%
Total	**19,912**	**19,087**	**18,319**	**8.70%**
% Change from prior year	4.32%	4.19%		

Table 22: Registered practitioners by age 2010/11 to 2012/13

Dental practitioner	2012/13	2011/12	2010/11
U-25	639	618	595
25-29	2,584	2,416	2,231
30-34	3,072	2,848	2,609
35-39	2,432	2,279	2,197
40-44	2,216	2,176	2,072
45-49	2,031	2,004	2,037
50-54	2,228	2,270	2,333
55-59	2,045	1,931	1,760
60-64	1,329	1,259	1,233
65-69	823	768	678
70-74	300	287	291
75-79	120	130	120
80+	79	52	163
Not available	14	49	
Total	**19,912**	**19,087**	**18,319**

Table 24: Notifications received by state or territory

Dental practitioner	2012/13	2011/12	2010/11
ACT	16	15	12
NT	16	8	6
QLD	212	162	230
SA	71	32	69
TAS	11	15	12
VIC	223	195	285
WA	37	49	39
Sub Total	**586**	**476**	**653**
NSW	466	516	669
Total	**1,052**	**992**	**1,322**

Table 25: Percentage of registrant base with notifications received by state or territory

Dental practitioner	2012/13	2011/12	2010/11
ACT	4.3%	3.7%	3.4%
NT	8.0%	2.2%	5.3%
QLD	4.6%	3.7%	5.2%
SA	3.1%	1.9%	3.7%
TAS	3.3%	3.6%	2.9%
VIC	4.1%	4.0%	5.7%
WA	1.4%	1.9%	1.7%
Sub Total	**3.7%**	**3.3%**	
NSW	6.4%	6.0%	9.3%
Total	**4.4%**	**4.1%**	**5.8%**

Table 26: Cases where immediate action was considered in 2012/13[1]

			Dental Practitioner
No Action taken	**AHPRA**		3
	NSW		3
Action taken	**Suspend registration**	**AHPRA**	1
		NSW	3
	Accept surrender of registration	**AHPRA**	
		NSW	
	Impose conditions	**AHPRA**	6
		NSW	4
	Accept undertaking	**AHPRA**	4
		NSW	
	Decision pending[2]	**AHPRA**	
		NSW	
Total 2013		**AHPRA**	**14**
		NSW[3]	10
Total 2012		**AHPRA**	**14**
		NSW	3
Total 2011		**AHPRA**	**4**
		NSW	6

Notes:

1. Cases where immediate action has been initiated under Part 8, Division 7 of the National Law.
2. In these cases where immediate action was initiated towards the close of the reporting year, an outcome decision has not been finalised.
3. Initial actions only; excludes reviews of immediate action decisions

Table 27: Outcome at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Outcome at closure	
No further action	225
Refer all of the notification to another body	10
Refer part of the notification to another body	
HCE to retain	187
Caution	61
Reprimand	3
Accept undertaking	17
Impose conditions	17
Fine registrant	2
Suspend registration	
Practitioner surrender	
Cancel registration	
Total	**522**

Table 28: Stage at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Stage at closure	
Assessment	399
Health or performance assessment	5
Investigation	97
Panel hearing	18
Tribunal hearing	3
Total	**522**

Message from the Chair

This year the Medical Board has worked hard to consolidate and develop many of the processes and policies needed for effective medical regulation in Australia. Two particular areas of focus have been starting a discussion about whether we should consider introducing a revalidation process to ensure that all doctors who are on the register remain fit and competent to practise; and progressing our work to streamline the pathways for international medical graduates. These and our other major activities for the year are detailed below.

In September 2012, three members of the inaugural National Board completed their terms, Dr Mark McKenna, Dr Trevor Mudge and Ms Sophia Panagiotidis. They each brought valuable experience and insight to the establishment phase of the National Scheme and I would like to thank them. The continuing dedication and commitment of all those on the National Board and state and territory boards and committees and of AHPRA staff, both in the national and state and territory offices, have enabled us to make significant progress during the year. I also thank Dr Joanne Katsoris, the Board's Executive Officer and the AHPRA National Executive, led by Martin Fletcher.

However, the year was marked by events in Queensland. In July 2012, the Queensland Parliamentary Crime and Misconduct Committee released a report by Mr Richard Chesterman AO into his assessment of the reports of a whistle-blower. He recommended two reviews of the work of the previous Medical Board of Queensland and the Queensland Board of the Medical Board of Australia and AHPRA, covering a five-year period both before and after the introduction of the National Scheme. In the interests of transparency and accountability, the Medical Board agreed to fund these reviews, the Hunter and Forrester reviews, both of which made critical findings. In April 2013, the Queensland Minister for Health issued a notice to the Queensland Board of the Medical Board asking them to show cause as to why he should not remove them from office. The Queensland Board responded that they had exercised care, diligence and skill in their work and the majority of the Board resigned. The remaining members were removed from office. The integrity of the individual Queensland Board members was never in question and the National Board affirmed that they had acted in good faith with the safety of the public in Queensland as their first priority. The Minister also announced his intention to establish a Health Ombudsman in Queensland to receive all health complaints.

The two major questions for the Forrester review were about whether the Queensland Board had made timely and appropriate responses to complaints, and whether the decisions made by the Board were effective in protecting the public, upholding the standards of medical practice and maintaining public confidence in the profession. The timeliness of complaint handling in Queensland had already been recognised as a major problem and steps were being taken by AHPRA and the Medical Board in conjunction with the Queensland HQCC to address the delays and double handling in investigations. However, there was still a significant backlog. As this year ends, the data are looking much better and the number of open matters has fallen significantly, despite a continuing high rate of notifications in Queensland. The question of the appropriateness and effectiveness of decision-making by the Queensland Board or any other Board is a question that all members conscientiously ask themselves at every meeting when they weigh up the evidence before them. The challenge for AHPRA and the Medical Board in the next 12 months is to develop better performance indicators for timeliness and monitor them closely, to reflect on what may be learned from these events, and to continually ask: Are we are achieving our primary purpose of public protection?

Dr Joanna Flynn AM
Chair, Medical Board of Australia

Overview

The Medical Board of Australia is appointed by the Ministerial Council and is made up of 12 members; eight registered medical practitioners, one from each jurisdiction, and four community members. The Ministerial Council appointed the current Board from August 2012. Dr Mary Cohn, the practitioner member from Queensland, resigned from the Board in April 2013. This position is currently vacant.

The Board, with the support of AHPRA, is responsible for administering the National Law. Specific roles of the Board include to:

- develop registration standards, codes and guidelines
- approve accreditation standards and programs of study which qualify an individual for registration
- register medical practitioners and students and oversee the assessment of international medical graduates
- oversee the management of notifications and make decisions about individual practitioners (this is done by state and territory boards)
- negotiate the Health Professions Agreement with AHPRA.

The National Law provides that a National Board may establish a committee, known as a state or territory board, in a jurisdiction to enable an effective and timely local response in that jurisdiction. The Medical Board has established boards in every jurisdiction and has delegated many of its powers to those boards. State and territory board members are appointed by the responsible Minister in each jurisdiction. The National Board has also appointed committees to assist the state and territory boards to handle their workloads. While most of the committees are drawn from the state and territory boards, the Board has also appointed some non-board members to these committees.

The Board has established a Registration Committee in every state and territory. It has also established the following committees in all states except for New South Wales:

- Immediate Action Committee
- Health Committee
- Notifications Assessment Committee
- Performance and Professional Standards Committee

In April 2013, the Board put interim arrangements in place to manage the work of the Queensland Board in making registration and notification decisions about individual practitioners. The Medical Board of Australia delegated powers to deal with notifications about practitioners' conduct and performance to the Queensland Medical Interim Notifications Group (QMING). QMING is made up of four members, including a legal practitioner, a community member and two medical practitioners and has been delegated the necessary powers to ensure that notifications continue to be managed in Queensland. The Board appointed a Queensland Registration Committee made up of Board and Committee members from New South Wales and expanded the powers of the Registration Committee to enable it to operate in the absence of a state board in Queensland. The Health Committee in Queensland was retained and its powers expanded to operate in the absence of a state board.

The Board has also established the following:

- **National Specialist IMG Committee:** Established to provide the Board with policy advice on the assessment of specialist IMGs. This committee includes representatives from the Board, AHPRA, specialist medical colleges, the Australian Medical Council (AMC), consumer groups, jurisdictional governments, the Commonwealth government, Health Workforce Australia and recruiters of IMGs. This committee is overseeing the review of the specialist pathway.
- **Medical Board CPD Audit Working Party:** Established to provide the Board with advice on the audit of medical practitioners for compliance with the CPD registration standard. The working party includes representatives from the Board and AHPRA, Australian Medical Association, AMC and Committee of Presidents of Medical Colleges.

In 2012/13, the Board:

- Held 11 Board meetings. A communiqué is published after each Board meeting and is available on the Board's website.
- Ran the third national conference with state and territory boards and senior staff from AHPRA. The focus of this year's conference was on the effective and consistent management of notifications. The conference also provides an opportunity for state and territory board members and staff to contribute to the Board's policy agenda.

- Hosted the annual meeting with the Directors of the AMC.
- Ran a workshop with state and territory board members and AHPRA staff on the management of the medical practitioner who is impaired.
- Ran a workshop with state and territory board members and AHPRA staff on performance assessment for medical practitioners.
- Held a forum for stakeholders on revalidation.
- Participated in the meeting of all National Boards and AHPRA in September 2012.
- Held two planning meetings with state and territory Chairs.

Key outcomes/achievements 2012/13

Revalidation

In 2012/13, the Board decided to start a conversation about revalidation with the medical profession and the community. The International Association of Medical Regulatory Authorities defines revalidation as: '...the process by which doctors have to regularly show that they are up to date, and fit to practise medicine. This will mean that they are able to keep their license to practice. Sometimes called "Recertification."'

In March 2013, the Board hosted a forum to start the discussion on revalidation. There were presentations by Professor Ron Paterson and Professor Liz Farmer. The Board also invited stakeholders from the medical profession, as well as representatives of the Consumers Health Forum Australia.

The Board has not made any decisions or set a strategic course about revalidation. It is committed to continuing to work with the profession, the community and other stakeholders about its approach, which will be informed through careful analysis of Australian data, our regulatory context and international research.

Review of pathways to registration for international medical graduates

The National Scheme has opened up opportunities to streamline and simplify the assessment and registration of international medical graduates (IMGs).

During 2012/13, the Board reviewed the competent authority and specialist pathways and concluded that it could make changes that would reduce duplication, streamline processes and make it easier for international medical graduates to apply for registration, without compromising the rigor of assessment processes. The Board is particularly grateful to the Specialist Pathway Working Party, which was chaired by Professor Kate Leslie, for its advice.

The Board consulted on the proposed changes and found that there was broad support for the proposals, but some concerns about implementation. The Board will work with stakeholders in the year ahead to implement changes.

Medical practitioners with an impairment and the role of external health programs

During 2012/13, the Board agreed that it will provide funding for external health programs for medical practitioners and medical students. The Board had consulted on this issue in 2011/12 and found that there was support for programs that support and promote doctors' health.

The Board held a workshop in September 2012 with state and territory board members and key AHPRA staff where it clearly defined its role and responsibilities in relation to managing impaired practitioners under the National Law. By clearly delineating the regulatory role, the Board was then able to better agree on the role of an external health program.

Further work will be done in 2013/14 to establish a model or models for the external health programs.

Work on the intern year

There has been progress in 2012/13 in relation to the intern year. The Board had previously asked the AMC to do a range of work in relation to the intern year. This work included the development of the registration standard, *Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training*, which was approved during the reporting period by the Ministerial Council for interns commencing their intern year in 2014.

The AMC also developed and consulted on:

- a set of global outcomes statements for the intern year
- a process for assessment and certification of interns as having met the requirements for granting general registration in the national system
- a national framework for intern training accreditation that harmonises different approaches to intern training accreditation across the country.

The AMC will be working on implementing the framework during the next reporting period.

Accreditation

An important objective of the National Law is to facilitate the provision of high-quality education and training of health practitioners. The accreditation function is the primary way of achieving this objective.

The National Law defines the respective roles of the Board and its appointed accreditation authority, the AMC, in the accreditation of medical schools and medical specialist colleges.

The AMC is responsible for developing accreditation standards for the approval of the Board. Accreditation standards are used to assess whether a program of study, and the education provider of the program, gives people who complete the program the knowledge, skills and professional attributes to practise the profession.

Reappointment of the Australian Medical Council

The AMC was assigned the role of accreditation authority for the medical profession by the Australian Health Workforce Ministerial Council before the commencement of the National Scheme for an initial period of three years. Following a review that included wide-ranging public consultation, the Board decided to continue this assignment with the AMC for a period of five years from 1 July 2013. The results of the consultation are published on the Board's website.

Accreditation standards

The Board approved revised accreditation standards for medical schools and their programs of study. The approved accreditation standards came into effect on 21 December 2012.

Approval of programs of study and providers

Based on the accreditation advice from the AMC, the Board approved the following during 2012/13:

1. Medical programs as providing a qualification for the purposes of registration in the medical profession:
   - University of Western Sydney to 31 December 2017
   - University of Notre Dame Australia, School of Medicine Fremantle to 31 December 2016

The Board also approved a number of changes to the names of medical courses, typically moving from bachelor level to masters level degrees.

2. Specialist college education and training programs and their CPD programs for the purpose of specialist registration in the medical profession:
   - Royal Australasian College of Medical Administrators to 31 December 2014
   - Royal College of Pathologists of Australasia to 31 December 2016
   - Royal Australasian College of Dental Surgeons to 31 December 2016
   - Australian and New Zealand College of Anaesthetists to 31 December 2018
   - Royal Australian and New Zealand College of Radiologists to 31 December 2014
   - Australian College of Rural and Remote Medicine to 31 December 2014

Registration standards, policies and guidelines developed/published

Registration standards approved during 2012/13

The Ministerial Council approved the following two registration standards during 2012/13:

- Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training
- Endorsement of registration for acupuncture for registered medical practitioners

The following registration standards are approved and published on the Board's website:

- Continuing professional development registration standard
- Criminal history registration standard
- English language skills registration standard
- Professional indemnity insurance registration standard
- Recency of practice registration standard
- Limited registration for area of need registration standard
- Limited registration for postgraduate training or supervised practice registration standard
- Limited registration for teaching or research registration standard
- Limited registration in public interest registration standard
- Granting general registration to medical practitioners in the standard pathway who hold an AMC certificate

- Registration standard for specialist registration

The Board has also published the list of specialties, fields of specialty practice and related specialist titles.

The Board started to review all the registration standards that were due for review by 30 June 2013.

Codes and guidelines

The Board, together with the other health practitioner boards consulted on the following guidelines during 2012/13:

- revised guidelines for advertising
- social media policy
- revised guidelines for mandatory notifications.

The guidelines will be finalised during 2013/14.

The following codes and guidelines are approved and published on the Board's website:

- Medical registration – What does it mean? Who should be registered?
- Good medical practice
- Guidelines for mandatory notifications
- Guidelines for advertising of regulated health services
- Guidelines for supervised practice for limited registration
- Sexual boundaries: guidelines for doctors
- Guidelines for technology based patient consultations

Priorities for 2013/14

Health programs

The Board will progress arrangements for the establishment of an external health program/s for medical practitioners. It will commission independent advice on options for organisational structure, governance arrangements, the instrument for engaging the organisation and reporting and accountabilities. Regardless of the model and organisational structure, the external health service will not be run by AHPRA for the Board. It will be run at arms' length from the regulator and will provide more equitable access to services for medical practitioners around the country.

Revalidation

The conversation about revalidation started in 2013. The Board intends to continue to stimulate discussion and debate in the medical profession and to engage with the community about what it expects of registered medical practitioners. It will produce a consultation paper for wide ranging consultation.

International medical graduates

Implementation of changes to the pathways to registration for IMGs

The Board has agreed to implement changes to the competent authority and specialist pathways that will streamline and simplify assessment and registration processes for IMGs. The Board will work with the AMC, specialist colleges and other stakeholders to implement the changes.

Review of guidelines for supervised practice for limited registration

The Board will review the guidelines for supervised practice for limited registration in 2013/14. The Board will give stakeholders the opportunity to provide feedback.

Other guidelines

The Board undertook to Ministers to develop and consult on guidelines for cosmetic medicine and surgery. It will also consult on guidelines for the regulatory management of medical practitioners with a blood-borne virus. The Board will finalise a number of guidelines that were developed during 2012/13.

Notifications

The National Board will work with state and territory boards to develop a framework to guide decision making by the Medical Board, through its delegates in each state and territory, to ensure that the response to notifications about medical practitioners is appropriate and effective in protecting the public, evidence based and consistent with contemporary expectations of professional standards.

Board-specific registration and notifications data 2012/13

There were 95,690 registered medical practitioners in Australia on 30 June 2013. The number of registered practitioners has increased by around 4% per annum in the two years since the National Scheme began. The highest number of registered practitioners are based in NSW (30,333) followed by Victoria (23,402). Thirty-eight per cent of registered practitioners are aged under 40, while 10% are aged over 65.

In 2012/13 there were 4,709 notifications about medical practitioners nationally of which 3,032 were lodged outside NSW. These notifications relate to 4.2% of the registrant base nationally, based on the number of practitioners involved in these notifications. Queensland

is the state with the highest proportion of practitioners involved in notifications (5.3%). South Australia (3.3%), Victoria (3.6%) and Western Australia (3.1%) have rates that are lower than the national average.

Notifications in New South Wales are not managed by the Board and AHPRA. While we report on NSW numbers to gain a national perspective, the following information relates to notifications in all other states and territories.

There were 3,032 notifications received in 2012/13. This is an increase of 28% on the previous year, when 2,373 notifications were received. Of the 2,733 notifications closed in 2012/13:

- 2,200 (80%) were closed after assessment
- 407 cases were closed after an investigation
- 45 were closed after a health or performance assessment and
- 81 cases were closed after a panel or tribunal hearing.

In 90% of the closed cases, the Board determined that no further action was required or that the notification should be referred in full or part to another body, or that the notification (which had been lodged with a health complaints entity) should be handled by the health complaints entity. In eight closed cases, the practitioner's registration was cancelled (one) or suspended (one) or the registration was surrendered by the practitioner (six). In the remaining cases that were closed, the Board issued a caution or reprimand (188), imposed conditions on registration or sought undertakings from the practitioner (83) or imposed a fine (3).

Concerns raised about advertising during the year were managed by AHPRA's statutory compliance team and are reported on page 109.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time, if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

- because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- that the practitioner's registration was improperly obtained, or
- the practitioner or student's registration was cancelled or suspended in another jurisdiction.

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more
- have or may have an impairment, or
- have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

The data in Table 36 show the outcome of immediate action taken by the Board during the year. Integrated data for all professions are published at Table 124. More information about immediate action is published on our website under notifications.

Table 29: Registrant numbers at 30 June

Medical Practitioner	2012/13	2011/12	2010/11	% change 2010/11 to 2012/13
ACT	1,894	1,784	1,638	15.63%
NSW	30,333	28,972	27,686	9.56%
NT	992	945	817	21.42%
QLD	18,413	17,682	16,761	9.86%
SA	7,403	7,142	6,926	6.89%
TAS	2,128	2,048	1,994	6.72%
VIC	23,402	22,365	21,238	10.19%
WA	9,426	8,855	8,250	14.25%
No PPP	1,699	1,855	2,983	-43.04%
Total	**95,690**	**91,648**	**88,293**	**8.38%**
% change from prior year:	**4.41.%**	**3.80%**		

Table 30: Registered practitioners by age 2010/11 to 2012/13

Medical Practitioner	2012/13	2011/12	2010/11
U-25	751	747	653
25-29	10,237	9,287	8,578
30-34	12,524	11,985	11,297
35-39	12,942	12,406	11,968
40-44	11,710	11,187	10,660
45-49	10,477	10,297	10,150
50-54	10,136	9,888	9,683
55-59	8,819	8,534	8,119
60-64	6,807	6,481	6,342
65-69	5,128	4,917	4,621
70-74	3,071	2,864	2,827
75-79	1,387	1,545	1,594
80+	1,686	942	1,801
Not available	15	568	
Total	**95,690**	**91,648**	**88,293**

Table 31: Notifications lodged under the National Law and closed in 2012/13 by state or territory

Medical Practitioner	
ACT	112
NT	52
QLD	1,119
SA	252
TAS	111
VIC	825
WA	262
2013 Sub Total	**2,733**
NSW	**1590**
2013 Total	**4,323**
2012 Total	**3,379**
2011 Total	**2,359**

Table 32: Percentage of registrant base with notifications received by state or territory

Medical Practitioner	2012/13	2011/12	2010/11
ACT	4.4%	4.9%	4.6%
NT	5.1%	4.7%	5.1%
QLD	5.3%	4.2%	5.2%
SA	3.3%	2.7%	4.0%
TAS	4.4%	6.1%	6.8%
VIC	3.6%	2.8%	3.3%
WA	3.1%	2.7%	1.9%
Sub Total	**4.0%**	**3.4%**	
NSW	4.7%	4.0%	4.5%
Total	**4.2%**	**3.5%**	**4.0%**

Table 33: Notifications received by state or territory

Medical Practitioner	2012/13	2011/12	2010/11
ACT	115	100	86
NT	60	45	47
QLD	1,154	866	1,050
SA	275	207	308
TAS	108	145	151
VIC	989	743	836
WA	331	267	189
Sub Total	**3,032**	**2,373**	**2,667**
NSW	1,677	1,628	1,455
Total	**4,709**	**4,001**	**4,122**

Table 34: Stage at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Stage at closure	
Assessment	2,200
Health or performance assessment	45
Investigation	407
Panel hearing	64
Tribunal hearing	17
Total	**2,733**

Table 35: Outcome at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Outcome at closure	
No further action	1,674
Refer all of the notification to another body	25
Refer part of the notification to another body	2
HCE to retain	750
Caution	180
Reprimand	8
Accept undertaking	35
Impose conditions	48
Fine registrant	3
Suspend registration	1
Practitioner surrender	6
Cancel registration	1
Total	**2,733**

Table 36: Cases where immediate action was considered in 2012/13[1]

			Medical Practitioner
No action taken	**AHPRA**		17
	NSW		3
Action taken	**Suspend registration**	**AHPRA**	21
		NSW	10
	Accept surrender of registration	**AHPRA**	
		NSW	4
	Impose conditions	**AHPRA**	44
		NSW	27
	Accept undertaking	**AHPRA**	21
		NSW	
	Decision pending[2]	**AHPRA**	
		NSW	
Total 2013		**AHPRA**	**103**
		NSW[3]	44
Total 2012		**AHPRA**	**78**
		NSW	46
Total 2011		**AHPRA**	**62**
		NSW	53

Notes:

1. Cases where immediate action has been initiated under Part 8, Division 7 of the National Law.
2. In these cases where immediate action was initiated towards the close of the reporting year, an outcome decision has not been finalised.
3. Initial actions only; excludes reviews of immediate action decisions.

Members of the Medical Board of Australia

- Dr Joanna Flynn AM (Chair)
- Professor Belinda Bennett
- Dr Charles Kilburn
- Dr Fiona Joske
- Adjunct Professor Peter Wallace OAM (from 1 September 2012)
- Mr Paul Laris
- Associate Professor Peter Procopis AM
- Ms Prudence Ford
- Mr Robert Little (from 1 September 2012)
- Dr Stephen Bradshaw
- Dr Rakesh Mohindra (from 1 September 2012)
- Dr Erica (Mary) Cohn (until 21 April 2013)
- Professor Mark McKenna (until 31 August 2012)
- Dr Trevor Mudge (until 31 August 2012)
- Ms Sophia Panagiotidis (until 31 August 2012)

MBA Australian Capital Territory

- Dr Stephen Bradshaw (Chair)
- Dr Kerrie Bradbury
- Ms Pamela Brown
- Dr William Burke
- Ms Megan Lauder
- Dr Timothy McKenzie
- Dr Barbara (Sally) Somi
- Dr Vida Viliunas
- Mr Don Malcolmson

ACT Non-Board Committee members

- Ms Kay Barralet
- Dr Lev Fridgant

MBA New South Wales

- Dr Gregory Kesby (Chair)
- Dr Denis Smith

- Mr Antony Carpentieri
- Ms Rosemary Kusuma
- Dr Stephen Adelstein
- Dr Annette Carruthers

NSW Non-Board Committee members

- Ms Lorraine Poulos
- Mr Michael Christodoulou AM
- Professor Allan Spigelman
- Dr Robyn Napier
- Dr Martin Mackertich
- Dr Jennifer Davidson
- Dr Louise Nash

MBA Northern Territory

- Dr Charles Kilburn (Chair)
- Ms Diane Walsh
- Dr Paul Helliwell
- Dr Christine Watson
- Ms Judith Dikstein
- Ms Helen Egan
- Dr Verushka Krigovsky
- Dr Jennifer Delima
- Dr Ameeta Patel

NT Non-Board Committee members

- Dr Len Notaras AM
- Dr Anuja Kulatunga

MBA Queensland

- Associate Professor Peter Woodruff AM (Chair) (until 15 January 2013)
- Dr Christopher Kennedy OAM (Acting Chair) (until May 2013)
- Associate Professor David Henderson (until May 2013)
- Ms Fiona Chapman (until May 2013)
- Dr Jeannette Young (until 8 April 2013)
- Mr Michael Clare (until May 2013)
- Dr Nicola Murdock (until May 2013)
- Ms Peta Frampton (until May 2013)
- Professor Richard Hays (until May 2013)
- Professor Tarun Sen Gupta (until May 2013)
- Mr Terrence Selva (until May 2013)
- Dr Warwick Carter (until May 2013)

Qld Non-Board Committee members

- Dr Roger Rosser
- Dr Susan Brady (until 5 March 2013)
- Professor Malcolm Parker
- Dr Geraldine Chew
- Dr Donna O'Sullivan (until May 2013)
- Ms Donna Hancock (until May 2013)
- Ms Melinda Zerner (until May 2013)
- Dr John Fraser (until May 2013)

MBA Queensland Medical Interim Notifications Group

- Ms Stephanie Gallagher (from May 2013)
- Professor Ian Gough (from May 2013)
- Dr Mark Waters (from May 2013)
- Associate Prof Eleanor Milligan (from May 2013)

MBA South Australia

- Dr Philip Henschke (Chair)
- Mr Paul Laris
- Dr Christine Putland
- Dr Stephen Stranks
- Ms Katherine (Kate) Sullivan
- Professor Anne Tonkin
- Dr Mary White
- Professor John Turnidge
- Dr Rakesh Mohindra
- Dr Peter Joseph AM
- Dr Lynne Rainey
- Mr Mark Bodycoat

SA Non-Board Committee members

- Dr Carlien Kimber
- Dr Carolyn Edmonds
- Dr Leslie Stephan
- Dr Charlie Murray
- Ms Patricia Rayner

MBA Tasmania

- Associate Professor Peter Sexton (Chair)
- Dr Fiona Joske
- Dr Kim Rooney
- Dr Brian Bowring AM
- Dr Philip Moore
- Professor Peter Mudge
- Dr Andrew Mulcahy
- Dr John O'Sullivan
- Ms Leigh Mackey
- Ms Dee Potter
- Ms Christine Fraser
- Mr David Brereton

MBA Victoria

- Dr Laurie Warfe (Chair)
- Professor Napier Thomson AM
- Dr Peter Dohrmann
- Dr Felicity Hawker
- Dr Bernadette White
- Dr John Carnie PSM
- Dr William Kelly
- Associate Professor Abdul Khalid
- Dr Miriam Weisz
- Mr Kevin Ekendahl
- Mrs Paula Davey
- Ms Kerren Clark

MBA Western Australia

- Professor Con Michael AO (Chair)
- Professor Bryant Stokes AM
- Dr Simon Towler (until 19 October 2012)
- Adjunct Professor Peter Wallace OAM
- Dr Michael McComish
- Dr Steven Patchett
- Ms Prudence Ford
- Professor Mark McKenna
- Ms Virginia Rivalland
- Ms Nicoletta Ciffolilli
- Dr Frank Kubicek
- Professor Stephan Millett

MBA National Specialist IMG Committee (members that acted for all or part of 2012/13)

- Dr Joanna Flynn AM (Chair)
- Dr Denis Smith
- Dr Peter Dohrmann
- Dr Patrick Giddings
- Professor Gavin Frost
- Dr Richard Willis
- Professor Ajay Rane OAM
- Ms Patricia (Patti) Warn
- Ms Kym Ayscough
- Dr Joanne Katsoris
- Mr Ian Frank
- Dr Christine Tippett AM
- Dr Humsha Naidoo
- Dr Paddy Phillips
- Dr Andrew Singer
- Mr Stephen Bott
- Ms Monica Novick
- Professor Claire Jackson
- Ms Claire Austin
- Dr Erica (Mary) Cohn

MBA CPD Audit Working Group

- Dr Stephen Bradshaw (Chair)
- Dr Fiona Joske
- Dr Rakesh Mohindra
- Mr Graeme Campbell
- Dr Beverley Rowbotham
- Dr Roderick McRae
- Dr Joanne Katsoris
- Ms Kym Ayscough
- Mr Blake Miles
- Mr John Lyons
- Ms Vikki Ashurst

MBA Specialist Pathway Working Group

- Professor Kate Leslie (Chair)
- Mr Ian Frank
- Dr Joanne Katsoris
- Dr Peter White
- Professor Richard Doherty

During 2012/13, the Board was supported by Executive Officer Dr Joanne Katsoris.

More information about the work of the Board is available at: www.medicalboard.gov.au

Medical Radiation Practice Board of Australia

Message from the Chair

The Medical Radiation Practice Board completed its first year of regulatory operation on 1 July 2013, with the medical radiation practice profession having joined the National Scheme on 1 July 2012.

Unlike the professions that joined the scheme in 2010, the medical radiation profession was not previously regulated in all states and territories. This meant that some 8,000 practitioners transitioned from an existing state or territory board, and more than 6,000 practitioners registered for the first time.

Following the successful 'go live' of the national register for medical radiation practitioners in July 2012, the Board moved from transition to consolidation, working with AHPRA on streamlining administrative processes, continuing to develop the regulatory framework for medical radiation practitioners and establishing accreditation procedures required under the National Scheme.

In January 2013, the Board developed its strategic priorities for 2013, setting a number of ambitious goals. Principal among these is the Board's desire to strengthen stakeholder engagement and communication to ensure a broad range of views are considered during the development and implementation of registration standards, codes and guidelines.

The Board has achieved much in the first 12 months of operation, and yet it is important that we pause and reflect on some of the learning from 2013, particularly around the management of notifications. Events of the last year remind us that our primary function is the protection of the public, and while there are other considerations such as workforce flexibility and access to healthcare, our response as a Board must be proportionate and measured, with public safety our primary focus.

In conclusion, 2013 has been a time of developing a policy framework that supports our core regulatory functions and progressing a number of strategic priorities. I would like to thank all Board members for the work and contribution and I also recognised those non-Board members who sit on the Board's committees who have graciously contributed their time and expertise. On behalf of the Board I thank those individuals, for without them the task at times would have seemed insurmountable.

The Board is grateful for the support and dedication of its Executive Officer and support staff, and also recognises the role of AHPRA in conducting the administrative business of the National Scheme.

Mr Neil Hicks
Chair, Medical Radiation Practice Board of Australia

Key outcomes/achievements in 2012/13

There have been three main areas that the Board has been focusing on in 2012/13:

Establishing supervised practice arrangements for the profession

The development of supervised practice requirements has involved a significant process of engagement and consultation with the profession and other key stakeholders. We appreciate the contribution of the Australian Institute of Radiography (AIR) and the Australian and New Zealand Society of Nuclear Medicine (ANZSNM) in administering the supervised practice program in 2013.

Establishing accreditation arrangements for the profession

The Board established the Medical Radiation Practice Accreditation Committee and expects that accreditation standards will be in place later in 2013 with assessment of programs of study expected to start by the end of 2013. In 2012 the Board appointed an Accreditation Committee, chaired by Associate Professor Marilyn Baird, to undertake National Law accreditation functions for the medical radiation profession. The committee held its first meeting in January 2013 and since that time has worked at a frenetic pace to ensure that an accreditation framework is put in place at the earliest possible time. On behalf of the Board I would like to extend both my thanks and congratulations to the members of the committee for what they have achieved in such little time. Thanks must also go to AHPRA's Accreditation Unit for the support and counsel they have provided to the committee.

Streamlining national registration processes

The Board has reviewed and continues to monitor its internal processes to ensure that registration is both a robust and responsive process. The Board has streamlined its process in relation to recency of practice matters which has resulted in more efficient management of applications. The Board has also strengthened its oversight of the assessment of overseas-qualified practitioners with inclusion of external expertise and additional community input.

Stakeholder engagement

Effective communication with all our stakeholders is one of the continuing goals of the Board, with regular newsletters and communiqués being issued and regular meetings scheduled with key stakeholder organisations. The Board has also started a series of information sessions for practitioners. Our goals are to ensure all practitioners are aware of their obligations under national registration, and to attract a wide range of expert input to assist with policy development.

Registration standards, policies and guidelines developed/published

The following registration standards, codes and guidelines have been in operation since 1 July 2012:

Registration standards

- Continuing professional development registration standard
- Criminal history registration standard
- English language skills registration standard
- Grandparenting and general registration eligibility registration standard
- Professional indemnity insurance arrangements registration standard
- Recency of practice registration standard

Codes and guidelines

- Advertising guidelines
- Code of conduct
- CPD guidelines
- Mandatory notifications guidelines
- Recency of practice guidelines

Other

- English language skills policy
- Position statement on using a protected title such as 'radiographer'
- Position statement on professional indemnity insurance requirements
- Policy for the approval of CPD programs
- When it is necessary to be registered as a medical radiation practitioner
- Assistance for grandparenting registration applications
- Registration process for nuclear medicine graduates of the University of South Australia
- Information for sonographers and practitioners undertaking ultrasound

Review of standards, codes and guidelines

The National Boards that have been in place since 2010 started a review of their standards in 2013. The Medical Radiation Practice Board, being one of the four new Boards to enter the scheme in 2012, considered that it would be preferable to use this opportunity to ensure that its common instruments such as the code of conduct, advertising guidelines and social media policy are consistent with other National Boards. The Board has also started a review of its profession-specific registration standards.

Priorities for 2013/14

In January 2013, the Board came together to develop its plan of action in the short to medium term. The major priorities for the Board in 2013/14 will be:

Developing the framework for supervised practice including development of capability statements

Throughout 2012 and 2013 the Board has been engaging with a wide range of stakeholders on the development of a supervised practice framework. The Board submitted a proposed supervised practice standard to Health Ministers in May 2013. At the time of writing the proposed registration standard has yet to be approved. Further discussions have been scheduled between the Board and government to inform consideration of the standard. The Board is working with AHPRA on the development of an online capacity for managing supervised practitioners and supervisors.

Investigating innovation and reform in the medical radiation workforce

The Board has established a working group that will look at the barriers to, and enablers of innovation and reform in the medial radiation practice workforce. The working group will also identify the stakeholders and related entities that collectively contribute to the innovation and reform of the workforce. Much of the work of the group will take place in 2014.

Board-specific registration and notifications data 2012/13

On 30 June 2013, there were 13,905 medical radiation practitioners registered in Australia of which 46% were aged under 35. NSW is the state with the largest number of registered practitioners (4,575) followed by Victoria with 3,528 practitioners.

Nationally, 26 notifications were received about 0.2% of medical radiation practitioners . Twenty one of these notifications were lodged under the National Scheme(outside NSW) and of these, 10 were closed during the year. In most cases (six), the Board determined that no further action was required or the case should be handled by the health complaints entity that had received the notification. The Board issued a caution in one case and imposed conditions in three cases.

Concerns raised about advertising during the year were managed by AHPRA's statutory compliance team and are reported on page 109.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time, if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

- because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- that the practitioner's registration was improperly obtained, or
- the practitioner or student's registration was cancelled or suspended in another jurisdiction.

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more
- have or may have an impairment, or
- have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

The data in Table 43 show the outcome of immediate action taken by the Board during the year. Integrated data for all professions are published at Table 124. More information about immediate action is published on our website under notifications.

Table 37: Registrant numbers at 30 June

Medical radiation practitioner	
ACT	230
NSW	4,575
NT	110
QLD	2,806
SA	1,043
TAS	272
VIC	3,528
WA	1,249
No PPP	92
Total	**13,905**

Table 38: Notifications received and notifications closed in 2012/13 by state or territory

Medical radiation practitioner	Notifications received in 2012/13	Notifications closed in 2012/13
ACT	2	1
NT		
QLD	9	2
SA	1	
TAS		
VIC	7	7
WA	2	
2013 Sub Total	**21**	**10**
NSW	5	2
2013 Total	**26**	**12**

Table 39: Percentage of registrant base with notifications received by state or territory

Medical radiation practitioner	
ACT	0.9%
NT	
QLD	0.3%
SA	0.1%
TAS	
VIC	0.2%
WA	0.2%
2013 Sub Total	**0.2%**
NSW	0.1%
2013 Total	**0.2%**

Table 40: Registered practitioners by age 2010/11 to 2012/13

Medical radiation practitioner	
U-25	1,248
25-29	2,843
30-34	2,323
35-39	1,663
40-44	1,478
45-49	1,118
50-54	1,164
55-59	1,097
60-64	639
65-69	255
70-74	67
75-79	8
80+	1
Not available	1
Total	**13,905**

Table 41: Stage at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Stage at closure	
Assessment	7
Health or performance assessment	1
Investigation	
Panel hearing	1
Tribunal hearing	1
Total	**10**

Table 42: Outcome at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Outcome at closure	
No further action	4
Refer all of the notification to another body	
Refer part of the notification to another body	
HCE to retain	2
Caution	1
Reprimand	
Accept undertaking	
Impose conditions	3
Fine registrant	
Suspend registration	
Practitioner surrender	
Cancel registration	
Total	**10**

Table 43: Cases where immediate action was considered in 2012/13[1]

			Medical radiation practitioner[2]
No action taken	AHPRA		
	NSW		
Action taken	Suspend registration	AHPRA	
		NSW	
	Accept surrender of registration	AHPRA	
		NSW	
	Impose conditions	AHPRA	1
		NSW	
	Accept undertaking	AHPRA	
		NSW	
	Decision pending[3]	AHPRA	
		NSW	
Total 2013		AHPRA	1
		NSW[4]	
Total 2012		AHPRA	
		NSW	
Total 2011		AHPRA	
		NSW	

Notes:

1. Cases where immediate action has been initiated under Part 8, Division 7 of the National Law.
2. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, commenced on 1 July 2012.
3. In these cases where immediate action was initiated towards the close of the reporting year, an outcome decision has not been finalised.
4. Initial actions only; excludes reviews of immediate action decisions.

Members of the Medical Radiation Practice Board of Australia

- Mr Neil Hicks (Chair)
- Mrs Susan Baldwin
- Mrs Liz Benson
- Ms Marcia Fleet
- Mr Kar Giam
- Mrs Myrtle Green (until 31 July 2013)
- Mr Christopher Hicks
- Ms Robyn Hopcroft
- Mr Mark Marcenko
- Mr Christopher Pilkington
- Ms Tracy Vitucci
- Ms Rosemary (Rosie) Yeo

During 2012/13, the Board was supported by Executive Officer Mr Adam Reinhard.

More information about the work of the Board is available at: www.medicalradiationpracticeboard.gov.au

Nursing and Midwifery Board of Australia

Message from the Chair

The Nursing and Midwifery Board of Australia (National Board or NMBA) experienced a very busy 12 months. The safety of the public is at the core of our role and we aim to ensure the Australian community has access to competent and suitably qualified nurses and midwives to provide safe, high-quality care.

As we continue to align with the National Scheme's objectives and guiding principles, the National Board's strategic plan – covering the period 1 January 2013 to 30 June 2015 – has strategic priorities that provide the framework for continuously improving the way in which nurses and midwives are regulated, and students are registered in Australia.

We had a seamless renewal of registration period in 2013, and we worked with AHPRA to make sure online registration renewal was easy to understand. We also randomly selected a number of nurses and midwives to audit their compliance with the National Board's registration standards for continuing professional development and recency of practice.

My second term as the National Board Chair and Queensland health practitioner member finishes on 31 August 2013, and I would like to highlight the National Board's leadership and governance achievements over the past 12 months in continuing to establish and maintain a sound national approach to nursing and midwifery regulation.

Since our inaugural meeting in September 2009, an astounding amount of important work has been done in collaboration with the state and territory boards of the NMBA, AHPRA, the Australian Nursing and Midwifery Accreditation Council (ANMAC) and our stakeholders. The goodwill and commitment of all involved has allowed us to uphold protecting the public through several years of substantial change. I am sure our many achievements will serve well for national regulation into the future.

In closing, I would like to thank all stakeholders, including consumers, government, professional associations, industrial organisations, education providers, nurses, midwives and other health profession National Boards, for their important and helpful contribution to our projects, initiatives and accomplishments during the financial year 2012/13.

Ms Anne Copeland
Chair, Nursing and Midwifery Board of Australia

Key outcomes/achievements 2012/13

National Board strategic plan 2013–2015

In December 2012, the National Board approved a new NMBA strategic plan 2013–2015. Priorities for the coming year incorporate work towards establishing and improving the requirements of nursing and midwifery regulation within the National Scheme.

The strategic plan, annually reviewed to assess and reflect changing needs and priorities in alignment with the National Board's vision, mission and values, complements the National Scheme objectives and guiding principles, including protecting the public, facilitating workforce flexibility and mobility, and provision of high-quality, innovative education and training.

We identified 10 strategic priorities to focus our efforts on, and are reflecting related initiatives in our work plan for the 2012/13 year:

- **Stakeholders** – Be a recognised leader in nursing and midwifery.

- **Professional practice framework** – Ensure contemporary, relevant, well-understood and well-used professional practice frameworks for nursing and midwifery.
- **Registration** – Drive consistency in the application of National Board registration standards and decision-making.
- **Notifications** – Advance quality and consistency around standards, process and decision-making on notifications.
- **Accreditation** – Facilitate effective accreditation of nursing and midwifery programs of study.
- **Workforce agenda** – Engage effectively with bodies relevant to the nursing and midwifery workforce.
- **National Board** – Provide excellent and recognised leadership in the regulation of nursing and midwifery.
- **Finances** – Use financial resources efficiently and effectively.
- **Health Profession Agreement** – Ensure a Health Profession Agreement (HPA) with AHPRA that meets the strategic requirements of the National Board and the National Scheme.
- **Resources and governance** – Practise effective and contemporary governance.

Review of accreditation function

The National Board appointed ANMAC as the accreditation authority for nursing and midwifery for a further period of five years until 30 June 2018.

As the independent accrediting authority for nursing and midwifery under the National Scheme, ANMAC sets the accreditation standards and uses these standards to accredit programs of study that lead to:

- registration as a nurse or midwife, and
- endorsements as a nurse practitioner, eligible midwife and for prescribing medicines.

ANMAC's appointment was the result of a comprehensive National Board review of the existing accreditation arrangements for nursing and midwifery, and involved wide-ranging consultation with our stakeholders.

This review was a legislative requirement under the National Law and all 10 National Boards that joined the National Scheme on 1 July 2010 (18 October 2010 in Western Australia) were required to undertake a review of their accreditation arrangements.

Collaboration with international partners

Coinciding with the International Council of Nurses (ICN) 25th Quadrennial Congress 2013 in Melbourne from 18–23 May 2013, the National Board hosted a one-day International Nurse Regulators Collaborative (INRC) forum, with representatives from nursing regulators in Australia, Canada, Ireland, New Zealand, United States of America, Singapore and the United Kingdom.

The scope of cooperation in the two-year memorandum of understanding that the National Board signed with the nursing and midwifery regulators in these countries in 2011 is to:

- seek input of each organisation into agreed cooperative activities
- exchange information about professional and political policy issues, and planned strategic research or projects
- develop joint regulatory research projects, and
- exchange publications.

Following the ICN 2013 Congress, the National Board hosted a visit by the Nursing Council of New Zealand. This took place in Melbourne at the National Board meeting on 23 May. The visit saw the signing of a memorandum of understanding to further enhance a collaborative relationship between the National Board and the Nursing Council of New Zealand.

Areas of collaboration will include:

- developing standards for regulating nurses
- exchanging professional knowledge to develop these standards
- recognising nurses mutually, and
- enabling flexible movement of nurses between Australia and New Zealand.

Registration standards, policies and guidelines developed/published

The National Board has approved a number of new and revised codes and guidelines, position statements, frequently asked questions (FAQ) and fact sheets to guide nurses and midwives. These include:

Position statement:

- Position statement on mothercraft nursing – November 2012

Fact sheets:

- Fact sheet on registration standard for English language skills – June 2013
- Advanced practice nursing – May 2013
- Explanatory note for health professionals – April 2013
- Information for nurses with a sole qualification in mental

health nursing, paediatric nursing or disability nursing – March 2013

- Non-practising registration for nurses and midwives – March 2013
- Scope of practice for nurses and midwives – February 2013
- Enrolled nurses and medicine administration – October 2012

FAQ:

- FAQ on English language skills registration standard – June 2013
  - General FAQ
  - FAQ for enrolled nurses
  - FAQ for midwives
  - FAQ for internationally qualified applicants
  - FAQ on exemptions
- FAQ on registration as a nurse or a midwife – June 2013
- CPD FAQ for nurses and midwives – May 2013
  - Exemption from CPD in web and PDF versions – November 2012
- FAQ about renewal for nurses and midwives – March 2013
- FAQ about renewal for employers – March 2013
- Graduate applications FAQs – November 2012
- Recency of practice FAQ – September 2012

The National Board also rebranded a range of former Australian Nursing and Midwifery Council legacy documents that the National Board acquired at the start of the National Scheme. The National Board subsequently approved these documents as part of the professional practice frameworks for nurses and for midwives.

These include:

- Code of ethics for midwives – August 2008
- Code of ethics for nurses – August 2008
- Code of professional conduct for midwives – August 2008
- Code of professional conduct for nurses – August 2008
- National competency standards for the midwife – January 2006
- National competency standards for the registered nurse – January 2006
- Decision-making framework (DMF) A3 midwifery flowchart – 2013
- DMF A3 nursing flowchart – 2013
- DMF A4 midwifery summary guide 2010
- DMF A4 nursing summary guide – 2010
- National framework for the development of decision-making tools for nursing and midwifery practice – September 2007
- Professional boundaries for midwives – March 2010
- Professional boundaries for nurses – February 2010

Priorities for 2013/14

The National Board is participating in an all National Boards' review of the five registration standards:

- English language skills registration standard
- Criminal history registration standard
- Recency of practice registration standard
- Continuing professional development registration standard
- Professional indemnity insurance arrangements registration standard.

While the NMBA English language skills registration standard is not due for review until September 2014, the National Board is keen to take advantage of any new evidence that may arise and, where appropriate, consider modifications to the English language skills registration standard.

Profession-specific registration standards

As part of its three year plan to review codes, standards and guidelines for nursing and midwifery, the National Board is reviewing or developing profession-specific registration standards, including:

- Registration standard for endorsement for scheduled medicines registered nurses (rural and isolated practice)
- Endorsement as a nurse practitioner registration standard
- Eligible midwife registration standard, and
- Registration standard for endorsement for scheduled medicines for midwives.

Internationally qualified nurses and midwives (IQNM) project

The National Board approved funding for a project to review current international processes and practices for assessing internationally qualified nurses and midwives on educational equivalence for registration.

Following a tender selection process on behalf of the National Board in April 2013, AHPRA signed a contract with Health Management and Planning Solutions from New South Wales to undertake the NMBA-commissioned project.

The project includes a comprehensive literature

review, the mapping and analysis of end-to-end processes in Australia and New Zealand, review of approaches used by international regulators with a comparative analysis that will result in evidence-based recommendations. These will help the National Board determine the most appropriate approach to the future assessment of education equivalence of internationally qualified nurses and midwives.

Board-specific registration and notifications data 2012/13

On 30 June 2013, there were 345,955 enrolled nurses, registered nurses and midwives across Australia. This is an increase of just more than 4% since the first national data were available at 30 June 2011. Since then, the number of midwives has increased by 36%, enrolled nurses and registered nurses have increased by 6.8% and the number with both nursing and midwifery registration has decreased by just more than 16%. The growth in the number of registrants as either a nurse or a midwife is linked to the decrease in numbers with dual registration. Many registrants who held dual registration when the National Scheme began have, over time, chosen to renew their registration in one of the professions. This is likely to be related to the requirement in the National Scheme for registrants to meet the requirements in the registration standards for recency of practice and continuing professional development relevant to each profession when they renew their registration.

The age profile and geographical distribution differs across the three groups. Under 35 year old midwives account for 44% of the profession, nurses aged under 35 account for 27 % of all enrolled and registered nurses, but only 10% of those with dual registration as a nurse and a midwife are aged under 35. Victoria has more midwives than any other state or territory, but NSW has the highest number of nurses and registrants with dual nursing and midwifery registration than any other state or territory.

In 2012/13, 1,598 notifications were lodged across Australia about nurses or midwives, of which 1,146 were lodged outside NSW. Under the National Scheme, Queensland receives the highest number of notifications, followed by Victoria. However the rate of notifications per registrant (relative to the registrant base) is highest in Tasmania for midwives (10%) and in the Northern Territory for nurses (1%).

Of the 1,484 notifications closed in 2012/13, 1,063 were closed under the National Scheme (excludes NSW). Of these, 63% were closed after assessment and 34 cases were closed after a panel or tribunal hearing. The remaining cases were closed after an investigation (221 cases) or a health or performance assessment (135 cases).

In 705 of the closed cases (66%), the state or territory board of NMBA determined that no further action was required or that the case should be referred to another body or retained and managed by the health complaints entity that had originally received the notification. In 10 cases, registration of the practitioner was suspended (three), cancelled (two) and surrendered (five). In the remaining cases, the state or territory board of NMBA issued a caution or reprimand to the registrant (131 cases); or imposed conditions or accepted an undertaking (215 cases). In two cases the nurse was fined.

Concerns raised about advertising during the year were managed by AHPRA's statutory compliance team and are reported on page 109.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time, if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

- because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- that the practitioner's registration was improperly obtained, or
- the practitioner or student's registration was cancelled or suspended in another jurisdiction.

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of

an offence punishable by 12 months' imprisonment or more

- have or may have an impairment, or
- have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

The data in Table 51 show the outcome of immediate action taken by the Board during the year. Integrated data for all professions are published at Table 124. More information about immediate action is published on our website under notifications.

Table 44: Registrant numbers at 30 June

Nursing/ midwifery	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total	% change from prior year
Midwife: 2012/13	59	447	46	404	384	10	747	274	63	2,434	11.29%
Midwife: 2011/12	39	418	29	321	343	9	747	229	52	2,187	22.55%
Midwife: 2010/11	15	325	9	227	306	7	625	170	105	1,789	
% change 2010/11 to 2012/13	**293.3%**	**37.5%**	**411.1%**	**78.0%**	**25.5%**	**42.9%**	**19.5%**	**61.2%**	**-40.0%**	**36.1%**	
Nurse: 2012/13	4,953	83,741	3,506	59,279	29,060	7,622	82,196	32,475	6,938	309,770	2.49%
Nurse: 2011/12	4,848	81,927	3,276	57,491	28,393	7,570	80,982	31,076	6,682	302,245	4.20%
Nurse: 2010/11	3,824	79,210	2,760	54,542	26,886	7,560	76,830	28,422	10,038	290,072	
% change 2010/11 to 2012/13	**29.5%**	**5.7%**	**27.0%**	**8.7%**	**8.1%**	**0.8%**	**7.0%**	**14.3%**	**-30.9%**	**6.8%**	
Nurse and midwife: 2012/13	645	10,713	554	6,681	2,380	688	8,654	3,192	244	33,751	-14.06%
Nurse and midwife: 2011/12	719	13,491	579	7,321	2,601	723	10,297	3,292	248	39,271	-2.61%
Nurse and midwife: 2010/11	660	14,169	552	7,623	2,616	734	10,375	3,215	380	40,324	
% change 2010/11 to 2012/13	**-2.3%**	**-24.4%**	**0.4%**	**-12.4%**	**-9.0%**	**-6.3%**	**-16.6%**	**-0.7%**	**-35.8%**	**-16.3%**	
Total 2012/13	**5,657**	**94,901**	**4,106**	**66,364**	**31,824**	**8,320**	**91,597**	**35,941**	**7,245**	**345,955**	**0.66%**
Total 2011/12	**5,606**	**95,836**	**3,884**	**65,133**	**31,337**	**8,302**	**92,026**	**34,597**	**6,982**	**343,703**	**3.47%**
Total 2010/11	**4,499**	**93,704**	**3,321**	**62,392**	**29,808**	**8,301**	**87,830**	**31,807**	**10,523**	**332,185**	
% change from prior year	**25.7%**	**1.3%**	**23.6%**	**6.4%**	**6.8%**	**0.2%**	**4.3%**	**13.0%**	**-31.2%**	**4.1%**	

Table 45: Registered practitioners by age 2010/11 to 2012/13

Nursing/ midwifery	U-25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	Not available	Total
Midwife: 2012/13	239	465	371	356	384	317	157	90	36	15	3	1			**2,434**
Midwife: 2011/12	208	362	303	319	337	297	161	101	49	40	9	1			**2,187**
Midwife: 2010/11	162	278	244	285	298	227	133	78	48	29	6		1		**1,789**
Nurse: 2012/13	13,795	35,416	34,028	34,314	40,287	38,162	42,338	37,090	22,703	9,230	1,920	344	86	57	**309,770**
Nurse: 2011/12	13,455	32,745	31,537	34,458	40,029	38,209	43,368	35,746	21,814	8,481	1,869	347	58	129	**302,245**
Nurse: 2010/11	13,086	29,778	29,403	35,009	38,557	38,787	43,070	33,271	19,824	7,076	1,591	292	328		**290,072**
Nurse and midwife: 2012/13	311	1,346	1,705	1,951	2,933	4,218	6,827	7,193	4,790	1,893	477	74	25	8	**33,751**
Nurse and midwife: 2011/12	235	1,298	1,623	2,072	3,245	5,087	8,196	8,465	5,884	2,400	600	115	22	29	**39,271**
Nurse and midwife: 2010/11	184	1,237	1,491	2,247	3,447	5,845	8,795	8,532	5,661	2,154	536	109	86		**40,324**

Table 46: Notifications received by state or territory

Nursing/ Midwifery	ACT	NT	QLD	SA	TAS	VIC	WA	Sub Total	NSW	Total
Midwife: 2012/13	2	2	39	9	1	8	1	**62**	7	**69**
Midwife: 2011/12	3		34	2		2	9	**50**	1	**51**
Midwife: 2010/11		1	34	6		5	5	**51**	11	**62**
Nurse: 2012/13	27	41	355	164	59	330	107	**1,083**	445	**1,528**
Nurse: 2011/12	23	20	296	160	39	326	114	**978**	423	**1,401**
Nurse: 2010/11	19	27	243	282	26	241	67	**905**	333	**1,238**
Nurse and midwife: 2012/13			1					**1**		**1**
Total 2012/13	**29**	**43**	**395**	**173**	**60**	**338**	**108**	**1,146**	**452**	**1,598**
Total 2011/12	**26**	**20**	**330**	**162**	**39**	**328**	**123**	**1,028**	**424**	**1,452**
Total 2010/11	**19**	**28**	**277**	**288**	**26**	**246**	**72**	**956**	**344**	**1,300**

Table 47: Percentage of registrant base with notifications received by state or territory

Nursing/ Midwifery	ACT	NT	QLD	SA	TAS	VIC	WA	Sub Total	NSW	Total
Midwife: 2012/13	3.4%	4.3%	9.2%	2.1%	10.0%	0.8%	0.4%	**3.0%**	1.3%	**2.6%**
Midwife: 2011/12	0.4%	0.0%	0.5%	0.1%	0.0%	0.0%	0.3%	**0.2%**	0.0%	**0.1%**
Midwife: 2010/11	0.0%	0.2%	0.4%	0.1%	0.0%	0.0%	0.1%		0.1%	**0.1%**
Nurse: 2012/13	0.5%	1.0%	0.5%	0.5%	0.7%	0.4%	0.3%	**0.5%**	0.5%	**0.4%**
Nurse: 2011/12	0.4%	0.5%	0.5%	0.5%	0.5%	0.3%	0.3%	**0.4%**	0.5%	**0.4%**
Nurse: 2010/11	0.4%	0.7%	0.4%	0.8%	0.3%	0.3%	0.2%		0.3%	**0.3%**

Table 48: Notifications received and notifications closed in 2012/13 by state or territory

Nursing/Midwifery	Midwife	Nurse	Total
ACT	3	24	**27**
NT	2	46	**48**
QLD	29	360	**389**
SA	7	154	**161**
TAS	1	51	**52**
VIC	3	277	**280**
WA	9	97	**106**
2013 Sub Total	**54**	**1,009**	**1,063**
NSW	5	416	**421**
2013 Total	**59**	**1,425**	**1,484**
2012 Total	**38**	**1,013**	**1,051**
2011 Total	**16**	**554**	**570**

Table 49: Stage at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Stage at closure	Midwife	Nurse	Total
Assessment	35	638	**673**
Health or performance assessment	5	130	**135**
Investigation	14	207	**221**
Panel hearing		21	**21**
Tribunal hearing		13	**13**
Total	**54**	**1,009**	**1,063**

Table 50: Outcome at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Outcome at closure	Midwife	Nurse	Total
No further action	34	616	**650**
Refer all of the notification to another body		2	**2**
Refer part of the notification to another body			
HCE to retain	3	50	**53**
Caution	8	116	**124**
Reprimand		7	**7**
Accept undertaking	3	103	**106**
Impose conditions	5	104	**109**
Fine registrant		2	**2**
Suspend registration		3	**3**
Practitioner surrender	1	4	**5**
Cancel registration		2	**2**
Total	**54**	**1,009**	**1,063**

Table 51: Cases where immediate action was considered in 2012/13[1]

			Midwife	Nurse
No action taken	AHPRA			12
	NSW		1	8
Action taken	Suspend registration	AHPRA		40
		NSW		10
	Accept surrender of registration	AHPRA		2
		NSW		
	Impose conditions	AHPRA	2	25
		NSW	1	40
	Accept undertaking	AHPRA	2	29
		NSW		
	Decision pending[2]	AHPRA		
		NSW		
Total 2013		AHPRA	**4**	**108**
		NSW[3]	2	58
Total 2012		AHPRA	**6**	**120**
		NSW	1	49
Total 2011		AHPRA	**3**	**112**
		NSW		49

Notes:

1. Cases where immediate action has been initiated under Part 8, Division 7 of the National Law.
2. In these cases where immediate action was initiated towards the close of the reporting year, an outcome decision has not been finalised.
3. Initial actions only; excludes reviews of immediate action decisions.

National, state and territory members of the Nursing and Midwifery Board of Australia

Nursing and Midwifery Board of Australia

- Ms Anne Copeland (Chair)
- Ms Angela Brannelly
- Professor Elizabeth (Mary) Chiarella
- Dr Lynette Cusack
- Professor Denise Fassett
- Mrs Lynne Geri
- Ms Louise Horgan
- Ms Mary Kirk
- Dr Christine Murphy
- Ms Margaret Winn
- Ms Heather Sjoberg (to 29 August 2012)
- Max Howard (from 30 August 2012)
- Allyson Warrington (from 30 August 2012)

Australian Capital Territory Board of NMBA

- Ms Emma Baldock (Chair)
- Ms Alison Chandra
- Ms Tina Calisto
- Ms Felicity Dalzell
- Ms Jane Ferry
- Ms Kate Gauthier
- Ms Eileen Jerga AM
- Ms Natalie Robinson
- Mr Alan Merritt (to 9 July 2012)
- Dr Laurie Anne Grealish (from 1 January 2013)

New South Wales Board of NMBA

- Mr Eric Daniels (Chair)
- Ms Kathryn (Kate) Adams
- Ms Susan Hendy
- Mr Steven Jeffs
- Ms Betty Johnson
- Ms Rebecca Roseby
- Mr Bruce Brown
- Ms Melissa Maiman
- Ms Margaret Winn

Northern Territory Board of NMBA

- Ms Angela Brannelly (Chair)
- Ms Angela Bull (Deputy Chair)
- Mr Ross Ashcroft
- Ms Denise Brewster-Webb
- Ms Gay Lavery
- Dr Brian Phillips
- Ms Kim Packer
- Ms Therese Kearns
- Ms Heather Sjoberg

Queensland Board of NMBA

- Professor Donald Gorman (Chair)
- Ms Veronica Casey
- Mr John Chambers
- Mr Terence Selva
- Ms Michelle (Mish) Hill
- Ms Leanne Smith
- Professor Patsy Yates
- Ms Michele Garner (from 23 October 2012)
- Dr Virginia Thorley (to 31 March 2013)

South Australia Board of NMBA

- Associate Professor Linda Starr (Chair)
- Ms Jennifer (Jen) Byrne
- Ms Susie Duggin (to 3 August 2012)
- Mr Michael Salt
- Ms Sally Hampel
- Dr Janina Gipslis (to 3 August 2012)

- Dr Stephen Parker (to 3 August 2012)
- Ms Nicole Ratanen (to 3 August 2012)
- Ms Maria Barredo (to 3 August 2012)
- Dr Sheryl De Lacey (from 4 August 2012)
- Ms Cathy Beaton (from 4 August 2012)
- Mr Mark Bodycoat (from 4 August 2012)
- Ms Melanie Ottaway (from 4 August 2012)
- Ms Eugenia Koussidis (from 4 August 2012)

Tasmania Board of NMBA

- Ms Catherine Schofield (Chair)
- Ms Robyn Hopcroft
- Ms Susan Hughes
- Ms Elizabeth van der Linde-Keep
- Ms Kim Gabriel
- Professor Andrew Robinson
- Reverend Douglas Edmonds
- Dr Helen Courtney-Pratt
- Ms Christine Schokman

Victoria Board of NMBA

- Mr Gregory Miller (Chair)
- Ms Kathryn Hough
- Ms Leanne Satherley
- Dr Leslie Cannold
- Mr Timothy Wilson
- Ms Virginia Rogers
- Ms Naomi Dobroff
- Ms Katrina Swire
- Ms Deborah Rogers

Western Australia Board of NMBA

- Ms Marie-Louise Macdonald
- Professor Selma Alliex
- Mr Anthony Dolan
- Ms Virginia Seymour
- Adjunct A/Professor Karen Gullick
- Adjunct A/Professor Christine Hanna (to 15 June 2013) (appointment term 18 March 2012 – 17 March 2015)
- Ms Lynn Hudson
- Mr Kenneth Bradley (Dec.) (to 10 December 2012) (appointment term 30 June 2011 – 30 June 2014)
- Ms Jennifer Wood

During 2012/13, the National Board was supported by Executive Officer Ms Alyson Smith.

More information about the work of the National Board is available at: www.nursingmidwiferyboard.gov.au

Occupational Therapy Board of Australia

Message from the Chair

Occupational therapists were registered across Australia for the first time on 1 July 2013. The Board acknowledges the contribution of government and non-government employers, Occupational Therapy Australia and many individual therapists who helped to ensure practitioners were well informed about requirements for registration at commencement. Transitional arrangements ensured that practitioners were able to continue their practice uninterrupted during the implementation phase. Flexible options were developed for overseas-educated practitioners who had practiced in Australia for many years but needed to demonstrate they met the English language standard.

A major focus for the Board this year has been to develop strong working relationships with stakeholders. Breakfast events around the country helped to ensure practitioners continue to strengthen their understanding of registration requirements and provide opportunities for questions and for practitioners and employers to communicate directly with the Board. Meetings with representatives of the profession, peak educator groups, the accreditation authority, the Occupational Therapy Board of New Zealand and other organisations have supported effective and strategic development of the Board's operations.

The Board has worked closely on accreditation matters to ensure new programs of study undergoing accreditation receive timely advice about approval of their qualifications for registration purposes.

During the next year the Board will continue to focus on consolidating its regulatory functions and ensuring it effectively responds to developments in practice and the health workforce.

Dr Mary Russell (occupational therapist)
Chair, Occupational Therapy Board of Australia

Key outcomes/achievements 2012/13

Entry of occupational therapy into the National Scheme

The Board, with the support of AHPRA, has successfully registered close to 15,000 new and transitioning occupational therapists into the National Scheme. The first year of operation has required a phenomenal level of work to ensure that the preparation and implementation for regulating practice across the National Scheme can be effectively realised.

Board committees

Committees have been established by the Board to exercise any functions or powers delegated via section 37 of the National Law. Terms of reference have been devised to ensure good governance for each of the Board's committees including:

- Registration and Notifications Committee (RNC): The RNC decides applications for registration in relation to the assessment and processing of complex applications such as those via grandparenting or supervisory arrangements, or other tasks as required. The RNC is also responsible for assessing all notifications regarding occupational therapists. All members of the Board serve on its RNC. In addition to the Board's monthly meeting cycle, the RNC has held 26 meetings (20 via teleconference) this past year.
- Panel members and RNC advisors: The Board has also finalised a pool from which members may be selected for panel hearings for either notifications in health and performance, or professional conduct matters. Also, three practitioner advisers have been appointed to the Board's RNC to provide profession-specific advice to AHPRA staff on supervisory matters related to registration requirements
- Finance and Governance Committee (FGC)
- Communications Committee

- Registration Standards, Codes and Guidelines Committee
- immediate action Committee (IAC).

Engagement with the profession

Stakeholder breakfast forums with practitioners have been successfully held in Victoria (November), Queensland (March) and Western Australia (May) to engage with the profession and provide opportunities to discuss regulation and the integration of registration standards, codes and guidelines into daily practice. The forums are scheduled prior to a monthly Board meeting to maximise efficiencies. Forums are continuing around other state and territories, and are offered to all registered practitioners and those interested in the National Scheme.

In addition, the Board has participated in active engagement with stakeholders including:

- Occupational Therapy Australia (national association)
- the WA Occupational Therapy Association
- the Occupational Therapy Council (Australia & New Zealand) Ltd
- the Occupational Therapy Board of New Zealand
- the Occupational Therapy Council of New South Wales
- the Australian and New Zealand Council on Occupational Therapy Education (ANZCOTE)
- Health Workforce Australia
- the Australian Health Ministers Advisory Council and the Health Workforce Principal Committee
- the Health Services Group (oversight for WorkSafe and the TAC), Workcover, Medicare and others.

Codes and guidelines

The finalisation of the Board's registration standards for Ministerial approval, followed by the production of codes, guidelines and policies to guide practitioners in consultation with the profession, has been a major achievement in the Board's first year. New codes and guidelines developed by the Board have included those related to supervision, including detailed guidance for mandatory notifications, advertising and a professional code of conduct.

Regulatory engagement

The first co-Board meeting to engage Trans-Tasman regulatory stakeholders in collaborative strategies and activities was held in Sydney in June 2013 to enhance practitioner practice and public safety outcomes.

Agenda items included a discussion on Trans-Tasman Mutual Recognition, overseas-qualified practitioners, qualifications for general registration, supervision/supervisor training, competencies and the accreditation of programs of study. The Board looks forward to ongoing collaboration on these issues.

Registration standards, policies and guidelines developed/published

Registration standards

- Continuing professional development registration standard
- Criminal history registration standard
- English language skills registration standard
- Grandparenting registration standard – transitional arrangements for qualifications
- Professional indemnity insurance arrangements registration standard
- Recency of practice registration standard

Codes and guidelines

- Guidelines for advertising of regulated health services
- Guidelines for mandatory notifications
- Code of Conduct
- Guidelines on continuing professional development

Fact sheets and templates

- Fact sheet – Continuing professional development
- Flyer – Continuing professional development (CPD): your obligations
- Supervision guidelines for occupational therapy: These set out the principles the Board considers central to safe and effective supervision for a range of regulatory needs. Detailed information is provided on the principles, reporting requirements, the different levels of supervision and responsibilities and includes a diagrammatic summary of procedures. Templates include:
  - Supervision agreement
  - Supervised practice plan
  - Supervisor's report template
  - Orientation to the Australian healthcare system

- Demonstrating English language skills for overseas qualified practitioners – Fact Sheet
- When should occupational therapists be registered?
- Protected titles and specialist registration – Fact Sheet
- Recency of practice – clarification and template
- Grandparenting fact sheets:
  - Grandparenting applications from occupational therapists not working in direct patient care settings
  - Grandparenting – pathways to practise – transitional arrangements for overseas qualified practitioners
  - Grandparenting standard – Case study template

Priorities for 2013/14

Education on occupational therapy and professional standards/guidelines

Defining the standards to ensure competence and by educating practitioners, stakeholders and the public about the National Scheme. Activities will include a review and creation of materials to enhance awareness of occupational therapy and professional standards, codes and guidelines.

Research

Developing a regulatory research program to build the evidence base for regulation of the profession. Activities will include consideration of AHPRA and cross-Board opportunities to collaborate on evidence-based research and to develop a research program to build an evidence base for effective regulation. Opportunities will be considered to lead potential cross-Board work and collaboration (for example, competencies, simulated learning environments, supervision). Where possible, the Board will consider commissioning projects to respond to current issues.

Board-specific registration and notifications data 2012/13

On 30 June 2013, there were 15,101 occupational therapists registered in Australia of which 50% were aged under 35. NSW is the state with the largest number of registered practitioners (4,264) followed by Victoria with 3,634 practitioners.

Nationally, a total of 50 notifications were received about occupational therapists relating to 0.3% of practitioners. Forty two of these notifications were lodged under the National Scheme (outside NSW) and most of these (23) were lodged in South Australia.

There were 35 notifications closed during the year; 30 of these were notifications under the National Scheme (outside NSW). Half (15) of the notifications closed outside NSW were closed after an investigation, three were closed following a panel or tribunal hearing; the remaining 12 cases were closed after assessment.

In most cases, (26), the Board determined that no further action was required. The Board issued a caution in three cases and in one case imposed conditions.

Table 52: Registrant numbers at 30 June

Occupational therapist	
ACT	229
NSW	4,264
NT	134
QLD	3,059
SA	1,199
TAS	253
VIC	3,634
WA	2,248
No PPP	81
Total	**15,101**

Table 53: Registered practitioners by age

Occupational therapist	
U-25	1,217
25-29	3,460
30-34	2,903
35-39	2,183
40-44	1,688
45-49	1,281
50-54	1,036
55-59	796
60-64	365
65-69	142
70-74	25
75-79	5
80+	
Total	**15,101**

Table 54: Notifications received and notifications closed in 2012/13 by state or territory

Occupational Therapist	Notifications received in 2012/13	Notifications closed in 2012/13
ACT		
NT		
QLD	12	11
SA	23	16
TAS	1	
VIC	5	3
WA	1	
2013 Sub Total	**42**	**30**
NSW	8	5
2013 Total	**50**	**35**

Table 55: Percentage of registrant base with notifications received by state or territory

Occupational Therapist	
ACT	
NT	
QLD	0.3%
SA	1.9%
TAS	0.4%
VIC	0.1%
WA	0.1%
2013 Sub Total	**0.4%**
NSW	0.2%
2013 Total	**0.3%**

Table 56: Outcome at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Outcome at closure	
No further action	26
Refer all of the notification to another body	
Refer part of the notification to another body	
HCE to retain	
Caution	3
Reprimand	
Accept undertaking	
Impose conditions	1
Fine registrant	
Suspend registration	
Practitioner surrender	
Cancel registration	
Total	**30**

Table 57: Stage at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Stage at closure	
Assessment	12
Health or performance assessment	
Investigation	15
Panel hearing	2
Tribunal hearing	1
Total	**30**

Members of the Occupational Therapy Board of Australia

- Dr Mary Russell (Chair)
- Mr Jim Carmichael (Deputy Chair)
- Mrs Amanda Bladen
- Ms Julie Brayshaw
- Mrs Louise Johnson
- Dr Katherine Moore
- Mrs Louisa O'Grady
- Mrs Terina Saunders
- Mr Andrew Taylor

During 2012/13, the Board was supported by Executive Officer Ms Jacqueline Barry.

More information about the work of the Board is available at: www.occupationaltherapyboard.gov.au

Optometry Board of Australia

Message from the Chair

Over the past year the Board has worked with the other National Boards and AHPRA to consolidate and refine the policies and processes in place under the National Scheme.

To ensure that interested parties have opportunities to provide comment and input on the policies and decisions of the Board, we have consulted on a range of policies and proposals. The consultation papers and submissions approved for publication are published under the 'News' tab on the Board's website.

Following an extensive review process the Board assigned the accreditation function for the optometry profession to the Optometry Council of Australia and New Zealand (OCANZ) for a further five years. The Board looks forward to an ongoing positive relationship with OCANZ over this time.

The Board is focused on its primary responsibility of public protection. It has started a review of all its regulatory policies that have been in place since July 2010. One main area of focus has been amendments to the continuing professional development standard and guidelines to facilitate the provision of high-quality, accessible continuing professional development for optometrists.

Communication with all stakeholders continues to be a high priority and presenting at professional conferences has been an opportunity to communicate directly with members of the optometry profession. The Board also continues to publish newsletters and communiqués at regular intervals.

The pilot audit of compliance with some of the registration standards conducted this year showed that the clear majority of optometrists are complying with the requirements. The Board is working with AHPRA to implement a permanent audit process and will report on this in due course.

It has been a privilege as Chair to work with the professional AHPRA team led by Martin Fletcher. I thank all the Board and committee members for their continuing support and contributions to ensure effective, fair and efficient regulation of the profession.

Mr Colin Waldron
Chair, Optometry Board of Australia

Key outcomes/achievements 2012/13

The main areas of focus for the Board in the past year have been:

- finalising the revision of the CPD standard
- consulting on the review of accreditation arrangements
- consulting on and revising the guidelines for the use of scheduled medicines
- consulting on the registration standard for limited registration for teaching or research, which was submitted in May 2013 for Ministerial approval
- optometrists taking part in a pilot compliance audit to coincide with the registration renewal process in 2012
- consulting on:
  - Code of conduct for optometrists
  - Guidelines for mandatory notification
  - Guidelines for the advertising of regulated health services, and
  - Social media policy.

The Optometry Board Health Profession Agreement became available for review on the Board's website.

Further to consultation in the preceding reporting period, the Board published its revised CPD registration standard and guidelines after obtaining Ministerial approval, which took effect on 7 January 2013.

Following wide-ranging consultation, we published revised guidelines for the use of scheduled medicines that allow optometrists whose registration is endorsed for scheduled medicines (endorsed optometrists) to initiate therapeutic management for patients with chronic glaucoma. We expect endorsed optometrists to collaborate with the patient's healthcare practitioners including general practitioners and ophthalmologists (if they have one) when managing these patients. We are committed to ensuring our regulatory policy both provides for the protection of the public and facilitates access to services in the public interest in keeping with the objectives of the National Scheme.

Registration standards, policies and guidelines developed/published

In 2012/13, the Board published the following new or revised documents:

Registration standards:

- Continuing professional development

Codes and guidelines:

- Continuing professional development
- Guidelines for use of scheduled medicines

Priorities for 2013/14

- Review registration standards, codes and guidelines in 2013 to ensure the competence of the optometric workforce.
- Increase public awareness of and understanding of our role.
- Continue to develop and evolve professional development in optometry, with a particular focus on CPD accreditation.
- Develop an effective approach to supervised practice.
- Undertake a Board evaluation process.
- Develop a consistent approach to return to practice competence assessment for optometrists.

Board-specific registration and notifications data 2012/13

On 30 June 2013 there were 4,635 registered optometrists across Australia, with the largest number of optometrists in NSW (1,589 practitioners) followed by Victoria with 1,199 practitioners. There has been a 4.3% increase in the total number of practitioners since national figures were first published on 30 June 2011. South Australia has seen the largest increase in the period (17.1%) and Queensland has seen a marginal decrease in registrant numbers (0.9%). One third of practitioners are aged under 35.

In 2012/13 there were 42 notifications about optometrists received across Australia, with 30 of these lodged under the National Scheme (outside NSW). The number of notifications lodged outside NSW has varied little over three years. Notifications are made about 0.9% of the registrant base nationally.

Of the 44 notifications closed in 2012/13, 29 were notifications lodged outside NSW. Of these, 26 were closed after assessment, two after investigation and one was closed after a panel hearing. In 28 cases, the Board determined that no further action was required or that the notification should be handled by the health complaints entity that had received the notification. In one case the Board imposed conditions on the practitioner's registration.

Concerns raised about advertising during the year were managed by AHPRA's statutory compliance team and are reported on page 109.

Table 58: Registrant numbers at 30 June

Optometrist	2012/13	2011/12	2010/11	% change 2010/11 to 2012/13
ACT	74	71	64	15.63%
NSW	1,589	1,553	1,493	6.43%
NT	27	28	25	8.00%
QLD	916	929	925	-0.97%
SA	240	234	205	17.07%
TAS	81	84	78	3.85%
VIC	1,199	1,163	1,094	9.60%
WA	375	366	329	13.98%
No PPP	134	140	229	-41.48%
Total	**4,635**	**4,568**	**4,442**	**4.34%**
% change from prior year	**1.47%**	**2.84%**		

Table 59: Registered practitioners by age 2010/11 to 2012/13

Optometrist	2012/13	2011/12	2010/11
U-25	176	186	169
25-29	648	659	649
30-34	680	655	635
35-39	599	606	603
40-44	623	627	642
45-49	557	532	492
50-54	540	550	565
55-59	478	426	377
60-64	196	184	154
65-69	71	75	78
70-74	44	41	40
75-79	14	13	14
80+	8	5	24
Not available	1	9	
Total	**4,635**	**4,568**	**4,442**

Table 60: Notifications received by state or territory

Optometrist	2012/13	2011/12	2010/11
ACT	2	1	2
NT			1
QLD	10	6	10
SA	3	3	5
TAS		1	2
VIC	15	14	8
WA		3	
Sub Total	**30**	**28**	**28**
NSW	12	26	27
Total	**42**	**54**	**55**

Table 61: Percentage of registrant base with notifications received by state or territory

Optometrist	2012/13	2011/12	2010/11
ACT	2.7%	1.4%	3.1%
NT			4.0%
QLD	1.1%	0.6%	0.9%
SA	1.3%	1.3%	2.4%
TAS		1.2%	2.6%
VIC	1.1%	1.0%	0.6%
WA		0.8%	
Sub Total	**1.0%**	**0.9%**	
NSW	0.8%	1.7%	1.6%
Total	**0.9%**	**1.2%**	**1.1%**

Table 62: Outcome at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Outcome at closure	
No further action	22
Refer all of the notification to another body	
Refer part of the notification to another body	
HCE to retain	6
Caution	
Reprimand	
Accept undertaking	
Impose conditions	1
Fine registrant	
Suspend registration	
Practitioner surrender	
Cancel registration	
Total	**29**

Table 63: Stage at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Stage at closure	
Assessment	26
Health or performance assessment	
Investigation	2
Panel hearing	1
Tribunal hearing	
Total	**29**

Table 64: Notifications lodged under the National Law and closed in 2012/13 by state or territory

Optometrist	
ACT	3
NT	
QLD	9
SA	2
TAS	
VIC	14
WA	1
2013 Sub Total	**29**
NSW	15
2013 Total	**44**
2012 Total	**50**
2011 Total	**37**

Members of the Optometry Board of Australia

- Mr Colin Waldron (Chair)
- Mr Ian Bluntish
- Mr John Davis
- Ms Judith Dikstein (to 29 August 2012)
- Ms Jane Duffy
- Mr Derek Fails
- Ms Adrienne Farago (from 30 August 2012)
- Mr Garry Fitzpatrick
- Ms Peta Frampton
- Mr Lawson Lobb

Optometry National Committee members

- Mr Mitchell Anjou
- Mrs Nancy Atkinson
- Ms Stephanie Bahler
- Dr Ann Webber
- Assoc Prof Peter Hendicott
- Mr Jared Slater
- Mr Ken Thomas
- Mr Joe Chakman
- Dr Alex Gentle
- Mr Stephen Marty
- Professor Peter McIntyre
- Dr Lisa Nissen
- Assoc Prof Mark Roth
- Prof Fiona Stapleton
- Dr Diane Webster

During 2012/13, the Board was supported by Executive Officers Ms Michelle Thomas (to May 2013) and Ms Debra Gillick (from May 2013).

More information about the work of the Board is available at: www.optometryboard.gov.au

Osteopathy Board of Australia

Message from the Chair

I am pleased to report that in 2013 the Osteopathy Board of Australia will complete its fourth year of operation. The Board was established in August 2009 to prepare for the introduction of the National Scheme on 1 July 2010. This is the third year of the National Scheme and we have carried out a number of policy and guideline reviews, and have also had changes to the membership of the Board.

At the end of the first three-year term of appointments, I would like to acknowledge and thank the practitioner members Dr Melissa Coulter (ACT) and Dr Luke Rickard (SA), and also community members Ms Helen Egan (NT), Ms Karen Stott (NSW) and Ms Belinda Webster (Tas) for their hard work, valuable input and contribution to the camaraderie established within the Board. Dr Coulter and Ms Stott also served on the Osteopathy Council of NSW at the same time as the Board's Registration and Notification Committee, which strengthened the beginning of the scheme. In farewelling these members, I am cognisant that they were fundamental to the development of a healthy and vibrant Board and this augurs well for the future of the regulation of osteopathy.

I am very pleased to welcome the new Board members who have worked enthusiastically throughout the last year, Dr Nikole Grbin (practitioner member from SA) and Ms Liza Newby (community member from Victoria), who join the existing members, Natalie Rutsche, Philip Tehan, Amanda Heyes and myself. New members will be appointed early in the new reporting year and the Board looks forward to working with a full complement of members in 2013/14.

The Board is responsible for the registration of osteopaths in Australia and works in conjunction with the Australian & New Zealand Osteopathic Council (ANZOC), which is the independent authority responsible for accreditation functions. The Board is pleased to report that the relationship with ANZOC has been productive and positive and that ANZOC have been contracted to carry out accreditation functions for the osteopathy profession for the next five years.

The Board has a mandate to consult widely and transparently when establishing or revising policy and guidelines. In addition to regular meetings with stakeholders from both Australia and overseas, the Board undertook a range of formal consultations to engage the community and government in the process of development and revision. In particular, guidance for the profession was sought on several aspects of practice: informed consent; sexual and professional boundaries; and supervision of osteopaths.

The Board is committed to addressing workforce mobility and the assessment of overseas-trained osteopaths. This includes a proposed 'Competent Authority Pathway' which will provide a more streamlined process for assessing the capabilities of some osteopaths from the United Kingdom prior to registration in Australia.

On behalf of the Board, I would like to recognise and thank the AHPRA Executive and staff for their support and partnership. In particular, thanks are extended to Dr Cathy Woodward who has been pivotal in the role of Executive Officer for the Board and Ms Akemi Pham-Vu, Board Support Officer.

Dr Robert Fendall (osteopath)
Chair, Osteopathy Board of Australia

Key outcomes/achievements in 2012/13

Board meetings

The Board met 12 times in the past year, bringing our total to 46 meetings. Most meetings were held at the AHPRA offices, Melbourne, but meetings were also held in Sydney, Canberra and Perth. This provided opportunities to meet with the managers of the AHPRA State offices: Kym Ayscough (NSW), Bob Bradford (ACT) and Robyn Collins (WA).

The AHPRA Executive regularly attends Board meetings to

provide reports and discuss pertinent matters in detail. This includes Martin Fletcher, CEO; Chris Robertson, Director of Board Services; Jim O'Dempsey, Director of Business Improvement and Innovation; Dominique Saunders, General Counsel; John Ilott, Director, Finance and Corporate; Anthony DeJong, Financial Operations Manager; and Helen Townley, Executive Officer, Policy. The Board appreciates this commitment and the partnership this interaction engenders.

In addition to the monthly Board meetings, the Registration and Notification Committee meets each month and the Finance Committee meets four times a year. The Chair participates in the Forum of National Board Chairs each month.

Stakeholder meetings

The Chair and the Executive Officer meet on a monthly basis with the accreditation authority, ANZOC, and also met six times with the professional associations, the Australian Osteopathic Association (AOA) and the Chiropractic and Osteopathic College of Australasia (COCA) to discuss issues of concern to all bodies relating to the osteopathy profession. The Board attended conferences and industry round tables, including attending an Education Forum meeting with the heads of university osteopathy programs and other stakeholders.

The Chair presented information about the regulation of the osteopathic profession to final year students at each campus of Victoria University, RMIT University and Southern Cross University; also meeting staff and heads of school.

In September, the Chair of the Board presented a keynote address to the annual regulators' forum of the Osteopathic International Alliance (OIA) in Paris and met with international regulators. The address included information for other countries about the regulation of Osteopathy in Australia.

The Board recognises the importance of meeting registrants. This year an informal information and introduction evening was hosted in Perth for registered osteopaths attending the professional national conference to meet members of the Board and the WA State Manager of AHPRA, Robyn Collins. This provided a further opportunity to discuss issues relating to the regulation of the profession and the work of the Board.

Following each meeting of the Board, a communiqué is published detailing the work of the Board. Four electronic newsletters were sent directly to registered osteopaths to advise of important information and updates.

Accreditation

Under the National Law, the Osteopathy Board was required to review the accreditation arrangements established by Health Ministers. ANZOC tendered a comprehensive submission to continue to provide accreditation functions. Following extensive consultation, the Board was pleased to continue the assignment for a period of five years.

During the year ANZOC provided advice to the Board on the equivalence of the General Osteopathic Council (GOsC) in the United Kingdom. This advice informed the Board's work on the proposed Competent Authority Pathway on which it consulted in the draft Framework: pathways for registration of overseas-trained osteopaths.

As in the last three years, ANZOC continued to advise the Board on the accreditation of osteopathic courses in Australia and assessed the qualifications and skills of overseas-trained osteopaths on behalf of the Board.

Consultations

This year saw a busy schedule of preliminary and public consultations on its profession-specific guidelines:

- Guidelines for supervision of osteopaths
- Sexual and professional boundaries: guidelines for osteopaths
- Informed consent: guidelines for osteopaths, and
- Framework: pathways for registration of overseas-trained osteopaths

The Board undertook consultations in conjunction with other National Boards on the following:

- International criminal history checks
- Draft social media policy
- Data access and research
- Revised guidelines for advertising
- Revised code of conduct
- Revised guidelines for mandatory notifications

Planning

A planning session was held in May to review the Board's

strategic and work plans. This was an opportunity to prioritise activities and develop an action plan for 2013/14. The work plan can be viewed on the Board's website, in Schedule 2 of the Board's Health Profession Agreement. This also outlines the services that AHPRA will provide to the Board throughout the year.

With the turnover of Board members in August 2012, it became evident that there should be a strong focus on succession planning.

Registration standards, policies and guidelines developed/published

During the year, the Board published the following guidelines:

- Sexual and professional boundaries: guidelines for osteopaths
- Informed consent: guidelines for osteopaths
- Guidelines for supervision of osteopaths

and associated forms:

- Supervised practice plan
- Supervision report
- Supervision agreement
- Plan for professional development

and information sheets:

- International medical graduates awarded the degree of Doctor of Osteopathy from the United States of America
- Satisfying recency of practice and returning to practice requirements
- Plan for continuing professional development and re-entry to practice / satisfying recency of practice

Priorities for 2013/14

In conjunction with other National Boards, the priority of the Board during 2013 is to review the registration standards, codes and guidelines. The preparatory work is well underway, and there will be extensive consultation during the remainder of 2013, culminating in seeking Ministerial approval for the following revised registration standards:

- Continuing professional development
- Recency of practice
- Professional indemnity insurance arrangements
- Criminal history
- English language skills

The Board will continue to work on succession planning and skills development throughout the year and there will be a focus on developing a sustainable regulatory architecture for osteopathy. This will involve continued work with international regulators, other National Boards and all of the Board's stakeholders.

A particular priority for the Board is the implementation of the Competent Authority Pathway to enable practitioners registered in the UK by the GOsC to register for practice in Australia. Implementation of this program is expected in late 2013 through a streamlined assessment pathway.

Board-specific registration and notifications data 2012/13

On 30 June 2013 there were 1,769 registered osteopaths in Australia and most (915) cited Victoria as their principal place of practice. Since national data from 30 June 2011 were first published, the number of registered osteopaths increased by 10.9%. A large number of practitioners (790 registrants or 45%) are under 35 years old.

In 2012/13 eight notifications were received across Australia about osteopaths and only two of these were lodged outside NSW. This is four less than the six lodged outside NSW in 2011/12.

Eight cases were closed in 2012/13, five of these were notifications made outside NSW. Of these five, one was closed after assessment, two were closed after investigation and two were closed after a panel hearing.

In three of the cases closed in 2012/13 the Board determined that no further action was required, in one case the Board issued a caution and in the remaining case it issued a reprimand.

Concerns raised about advertising during the year were managed by AHPRA's statutory compliance team and are reported on page 109.

Table 65: Registrant numbers at 30 June

Osteopath	2012/13	2011/12	2010/11	% change 2010/11 to 2012/13
ACT	31	32	30	**3.33%**
NSW	515	510	514	**0.19%**
NT	1	2	2	**-50.00%**
QLD	155	149	133	**16.54%**
SA	36	29	25	**44.00%**
TAS	43	38	33	**30.30%**
VIC	915	843	715	**27.97%**
WA	51	52	50	**2.00%**
No PPP	22	21	93	**-76.34%**
Total	**1,769**	**1,676**	**1,595**	**10.91%**
% change from prior year	**5.55%**	**5.08%**		

Table 66: Registered practitioners by age 2010/11 to 2012/13

Osteopath	2012/13	2011/12	2010/11
U-25	48	46	41
25-29	340	329	329
30-34	402	384	362
35-39	304	274	256
40-44	209	178	150
45-49	112	113	106
50-54	105	113	115
55-59	92	93	98
60-64	84	73	68
65-69	38	37	34
70-74	22	23	22
75-79	7	9	8
80+	6	4	6
Not available			
Total	**1,769**	**1,676**	**1,595**

Table 67: Notifications received by state or territory

Osteopath	2012/13	2011/12	2010/11
ACT			
NT			
QLD		1	4
SA		1	1
TAS			
VIC	2	4	7
WA			
Sub Total	**2**	**6**	**12**
NSW	6	11	7
Total	**8**	**17**	**19**

Table 68: Percentage of registrant base with notifications received by state or territory

Osteopath	2012/13	2011/12	2010/11
ACT			
NT			
QLD		0.7%	3.0%
SA		3.4%	4.0%
TAS			
VIC	0.2%	0.4%	0.8%
WA			
Sub Total	**0.2%**	**0.4%**	
NSW	1.0%	1.4%	1.0%
Total	**0.4%**	**0.7%**	**1.0%**

Table 69: Notifications lodged under the National Law and closed in 2012/13 by state or territory

Osteopath	
ACT	
NT	
QLD	1
SA	1
TAS	
VIC	3
WA	
2013 Sub Total	**5**
NSW	3
2013 Total	**8**
2012 Total	**10**
2011 Total	**8**

Table 70: Outcome at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Outcome at closure	
No further action	3
Refer all of the notification to another body	
Refer part of the notification to another body	
HCE to retain	
Caution	1
Reprimand	1
Accept undertaking	
Impose conditions	
Fine registrant	
Suspend registration	
Practitioner surrender	
Cancel registration	
Total	**5**

Table 71: Stage at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Stage at closure	
Assessment	1
Health or performance assessment	
Investigation	2
Panel hearing	2
Tribunal hearing	
Total	**5**

Members of the Osteopathy Board of Australia

- Dr Robert Fendall (Chair)
- Dr Nikole Grbin
- Dr Amanda Heyes
- Mrs Liza Newby
- Dr Natalie Rutsche
- A/Prof Philip Tehan
- Ms Helen Egan (until March 2013)
- Dr Benjamin Field (until November 2012)

During 2012/13, the Board was supported by Executive Officer Dr Cathy Woodward.

Pharmacy Board of Australia

Message from the Chair

Recommendations from a number of reviews undertaken by the Board have been implemented during the past 12 months, together with AHPRA reviews and systems changes to improve timely response to matters.

The Board also engaged external consultants to conduct a performance review of the Board, which has proven very useful and has enabled the Board to review its strategic, business and work plans, and set priorities for the year ahead.

Again, the Board committee chairs have enthusiastically and professionally pursued their responsibilities leading the various committees through a heavy workload throughout the year. Committee members have again made valuable contributions to ensure that all matters that have come before them have been undertaken in a timely manner or where delay has occurred that appropriate action has resulted in improvement. Board members have never lost sight of their primary role of protecting the public.

Adjunct Associate Professor Stephen Marty
Chair, Pharmacy Board of Australia

I sincerely thank all Board members for their diligence, enthusiasm and participation in the Board's work. I acknowledge the contributions and support from the AHPRA executive team and the support staff in the national and jurisdictional offices. In particular I thank Mr Joe Brizzi, the Board's Executive Officer, Ms Michelle Pirpinias, the Board's Senior Policy Officer and Ms Casey Ip, the Board's Support Officer for their highly professional, dedicated service and contributions on behalf of the Board.

Committees

The members of the Pharmacy Board of Australia were appointed on 31 August 2009. During 2012/13, the Board met 12 times.

The Board has established committees to advise it and to make decisions when the Board has delegated powers under the National Law.

The Board's committees are:

- Registration and Examinations Committee (13 meetings)
- Finance and Governance Committee (5 meetings)
- Notifications Committee (13 meetings)
- Policies, Codes and Guidelines Committee (9 meetings)

When required, an immediate action Committee is convened by the Chair to consider matters that, because of a registered pharmacist's conduct, performance or health, may require immediate action, if the pharmacist is considered to pose a serious risk to persons and it is necessary to take immediate action to protect public health or safety.

Notifications regarding 19 practitioners were considered by immediate action Committees.

Areas of focus

Review of the Extemporaneous dispensing (compounding) guidelines

The Board also established a Compounding Working Party to progress a review of its guidelines on extemporaneous dispensing (compounding). The members appointed included industry experts and representatives of major pharmacy stakeholders. The working party liaised with relevant stakeholders on compounding to inform its work. The working party met six times.

The working party has developed revised Extemporaneous dispensing

(compounding) guidelines. A final consultation draft will be published during the second half of 2013.

Review of accreditation arrangements

The Board consulted on its proposal that the Australian Pharmacy Council (APC) continue to exercise the accreditation functions as the pharmacy profession's accreditation authority under the National Law. The Board considered the feedback obtained during consultation and agreed that APC continue in its current role for a five-year period from 1 July 2013 to 30 June 2018.

The Board previously directed the APC, the accreditation authority for the pharmacy profession to conduct a review of the pharmacy programs accreditation standards. The existing standards had been in use before the National Scheme. The review was benchmarked against international standards.

The review was completed and the Board approved the revised standards which will be implemented by APC from 1 January 2014. The Board will subsequently receive accreditation reports on pharmacy programs provided by APC, assessed against the revised accreditation standards, for the purpose of deciding whether to approve accredited courses as providing qualifications for registration.

The Board also approved revised accreditation standards for continuing professional development activities from the APC. The revised standards were implemented on 1 July 2013. APC authorises organisations to accredit CPD against these standards. When selecting CPD activities to meet the annual requirements for renewal of registration, pharmacists may choose accredited CPD activities to address their learning needs.

Key outcomes/achievements 2012/13

Pilot audit

The Board participated in a second pilot audit of pharmacists' compliance with the registration standards for pharmacists. The second pilot involved the random selection of a group of pharmacists for the audit of the following mandatory registration standards:

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

Pharmacists were advised of their selection for audit when renewing their registration (due by 30 November 2012). The audit was conducted by AHPRA on behalf of the Board between October 2012 and February 2013. The second pilot audit enabled the Board and AHPRA to identify any areas where changes to the audit of health practitioners would be required. The Board was pleased to note a high rate of compliance by audited pharmacists including a minor improvement compared with the results of the initial pilot. A report of the pilot audit is published on the Board's website.

Interstate meetings

In addition to meeting in its usual location at the AHPRA National Office in Melbourne, the Board conducted two interstate meetings (South Australia and Queensland). This provided the Board with an opportunity to meet with local stakeholder groups and pharmacists to discuss issues affecting pharmacy practice and progress of the National Scheme.

Board attendance at major pharmacy conferences

The Board was represented at three major pharmacy conferences (Pharmacy Australia Conference 2012, the Society of Hospital Pharmacists of Australia National Conference 2012 and Australian Pharmacy Professional Conference and Trade Exhibition 2013). Delegate members of the Board and the Board's Executive Officer and Senior Policy Officer attended these conferences and liaised with attendees to discuss requirements for pharmacists under the National Scheme and answer questions. The Board will continue to provide representation at a selection of major conferences during the coming year.

Registration standards, policies and guidelines developed/published

In accordance with the National Law, the Board conducted wide-ranging consultation on the code of conduct for registered health practitioners. The review of the code of conduct resulted in the incorporation of clear references to the specific codes of ethics published by pharmacy professional organisations, providing guidance to pharmacists about codes of ethics relevant to their practice.

Priorities for 2013/14

Review of registration standards and guidelines

The Board commenced a review of its registration standards and guidelines prior to 30 June 2013, which will continue during the next year. This will include wide-ranging consultation with stakeholders, the profession and the public.

Board-specific registration and notifications data 2012/13

On 30 June 2013 there were 27,339 registered pharmacists across Australia. This is an increase of 5.4% from 30 June 2011 when national data on registrant numbers were first available. While NSW and Victoria have the largest numbers of pharmacists (8,460 and 6,815 respectively) the smaller territories of ACT and NT have seen the largest proportional increase in registrant numbers (19.8% and 17.6% respectively). Almost half (47.6%) practitioners are under 35 years old.

There were 429 notifications received in 2012/13, of which 246 were lodged outside NSW. The rate of notifications per registrant nationally is 1.5% and outside NSW, only the Northern Territory has a higher rate at 2.1%.

There were 396 notifications closed in 2012/13 of which 227 notifications had been lodged under the National Scheme. Almost half these notifications (111 notifications or 49%) were closed after assessment, 42 notifications were closed after a panel (33) or tribunal (9) hearing. The remaining 74 cases were closed after an investigation (71) or a health or performance assessment (3).

In 130 of the closed National Law cases (57%), the Board determined that no further action was required, or referred the notification to another body, or decided that the notification should be handled by the health complaints entity that received it. In one case the practitioner's registration was suspended and in two cases the practitioner surrendered their registration. In the remaining cases, the Board issued a caution (77) or reprimand (5), imposed conditions (9) or accepted an undertaking (3) from the practitioner.

Concerns raised about advertising during the year were managed by AHPRA's statutory compliance team and are reported on page 109.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time, if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

- because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- that the practitioner's registration was improperly obtained, or
- the practitioner or student's registration was cancelled or suspended in another jurisdiction.

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more
- have or may have an impairment, or
- have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

The data in Table 79 show the outcome of immediate action taken by the Board during the year. Integrated data for all professions are published at Table 124. More information about immediate action is published on our website under notifications.

Table 72: Registrant numbers at 30 June

Pharmacist	2012/13	2011/12	2010/11	% change 2010/11 to 2012/13
ACT	447	420	373	**19.84%**
NSW	8,460	8,274	8,110	**4.32%**
NT	194	186	165	**17.58%**
QLD	5,361	5,187	5,008	**7.05%**
SA	1,987	1,919	1,836	**8.22%**
TAS	656	628	607	**8.07%**
VIC	6,815	6,578	6,308	**8.04%**
WA	2,984	2,852	2,782	**7.26%**
No PPP	435	504	755	**-42.38%**
Total 2012-13	**27,339**	**26,548**	**25,944**	**5.38%**
Total 2011-12	**2.98%**	**2.33%**		

Table 73: Registered practitioners by age 2010/11 to 2012/13

Pharmacist	2012/13	2011/12	2010/11
U-25	1,933	2,015	**2,177**
25-29	6,107	5,901	**5,518**
30-34	4,973	4,535	**4,137**
35-39	3,180	2,945	**2,740**
40-44	2,499	2,425	**2,383**
45-49	1,927	1,920	**1,879**
50-54	1,921	1,981	**1,998**
55-59	1,690	1,646	**1,585**
60-64	1,212	1,222	**1,280**
65-69	903	905	**969**
70-74	565	649	**762**
75-79	278	268	**286**
80+	145	82	**230**
Not available	6	54	
Total	**27,339**	**26,548**	**25,944**

Table 74: Notifications received by state or territory

Pharmacist	2012/13	2011/12	2010/11
ACT	5	13	2
NT	5	1	1
QLD	82	57	114
SA	21	16	29
TAS	9	9	16
VIC	93	88	98
WA	31	32	21
Sub Total	**246**	**216**	**281**
NSW	183	171	138
Total	**429**	**387**	**419**

Table 75: Percentage of registrant base with notifications received by state or territory

Pharmacist	2012/13	2011/12	2010/11
ACT	1.1%	2.9%	0.5%
NT	2.1%	0.5%	0.6%
QLD	1.4%	1.0%	2.0%
SA	1.1%	0.8%	1.4%
TAS	1.1%	1.4%	2.1%
VIC	1.3%	1.2%	1.3%
WA	1.0%	1.1%	0.6%
Sub Total	**1.2%**	**1.1%**	
NSW	2.0%	1.2%	1.6%
Total	**1.5%**	**1.1%**	**1.4%**

Table 76: Notifications lodged under the National Law and closed in 2012/13 by state or territory (excluding NSW)

Pharmacist	
ACT	9
NT	5
QLD	78
SA	20
TAS	4
VIC	79
WA	32
2013 Sub Total	**227**
NSW	169
2013 Total	**396**
2012 Total	**287**
2011 Total	**203**

Table 77: Stage at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Stage at closure	
Assessment	111
Health or performance assessment	3
Investigation	71
Panel hearing	33
Tribunal hearing	9
Total	**227**

Table 78: Outcome at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Outcome at closure	
No further action	123
Refer all of the notification to another body	2
Refer part of the notification to another body	
HCE to retain	5
Caution	77
Reprimand	5
Accept undertaking	3
Impose conditions	9
Fine registrant	
Suspend registration	1
Practitioner surrender	2
Cancel registration	
Total	**227**

Notes:

1. Cases where immediate action has been initiated under Part 8, Division 7 of the National Law.
2. In these cases where immediate action was initiated towards the close of the reporting year, an outcome decision has not been finalised.
3. Initial actions only; excludes reviews of immediate action decisions.

Table 79: Cases where immediate action was considered in 2012/13[1]

			Pharmacist
No action taken	**AHPRA**		2
	NSW		4
Action taken	**Suspend registration**	**AHPRA**	1
		NSW	4
	Accept surrender of registration	**AHPRA**	
		NSW	
	Impose conditions	**AHPRA**	13
		NSW	8
	Accept undertaking	**AHPRA**	2
		NSW	
	Decision pending[2]	**AHPRA**	
		NSW	
Total 2013		**AHPRA**	**18**
		NSW[3]	16
Total 2012		**AHPRA**	**15**
		NSW	8
Total 2011		**AHPRA**	**14**
		NSW	4

Members of the Pharmacy Board of Australia

- Mr Stephen Marty (Chair)
- Mrs Rachel Carr
- Mr Trevor Draysey
- Mr John Finlay
- Mr Ian Huett
- Mr William Kelly (Deputy Chair)
- Mr Gerard McInerney
- Ms Karen O'Keefe
- Ms Bhavini Patel
- Mr Brett Simmonds (from 30 August 2012)
- Dr Katherine (Katie) Sloper (from 30 August 2012)
- Dr Rodney Wellard
- Ms Laila Hakansson Ware (to 29 August 2012)
- Mr Timothy Logan (to 29 August 2012)

Members of Pharmacy Board National Committees

- Emeritus Professor Lloyd Sansom
- Mr Andrew Tooms (to 31 December 2012)
- Mr Anthony Tassone (to 31 December 2012)
- Mr Kenneth Cox
- Mr Mark Dunn
- Mr Mark Feldschuh
- Mr Matthew McCrone
- Mr Peter Clarke (to 31 December 2012)
- Mr Peter Kern
- Mr Peter Mayne
- Mr Tim Tran
- Mr Vaughn Eaton
- Mr Warren Lee
- Mrs Helen Dowling
- Mrs Helgi Stone
- Mrs Jennifer Giam
- Mrs Julianna Neill
- Mrs Manal Oz
- Ms Aspasia (Sia) Hassouros
- Ms Elspeth Gorring-Baker (to 31 December 2012)
- Ms Jennifer Bergin
- Ms Karen Samuel
- Ms Nicki Burridge
- Ms Suzanne Hickey
- Professor Michael Garlepp
- Mr Peter Halstead

The Board was supported in 2012/13 by Executive Officer Mr Joe Brizzi, Senior Policy Officer, Ms Michelle Pirpinias and Support Officer, Ms Casey Ip.

More information about the work of the Board is available at: www.pharmacyboard.gov.au

Physiotherapy Board of Australia

Message from the Chair

During 2012/13, the Physiotherapy Board of Australia continued projects it began in previous years, developed new work in line with its strategic planning framework, and strengthened its relationships with all key stakeholders.

The Physiotherapy Board of Australia is very well supported by AHPRA and my thanks are extended to our Chief Executive, Martin Fletcher, and the entire AHPRA team for their invaluable assistance and support. I would particularly like to thank the AHPRA Executive Team for their support and guidance during the year. I would also like to acknowledge and thank the National Board members whose collective diligence, skills and expertise enable the Board to work steadily towards the achievement of its goals. We are well extremely well supported by the Board's Executive Officer, Jill Humphreys.

The 54 members of the National Board's State and Territory Boards have continued to provide excellent service to the National Scheme. They have worked conscientiously during the year fulfilling their delegated roles in undertaking the outward-facing work of the National Board in considering individual registration and notification matters in alignment with the objectives of the National Law.

It has been particularly rewarding to consolidate the Board's relationships with its key stakeholders. I represent the Board on a biannual Think Tank of Australian and New Zealand physiotherapy stakeholders (including the Australian Physiotherapy Association and Physiotherapy Board of New Zealand) that provides a very useful platform, not only for close communication but also for forward planning and consideration of pertinent topics facing the physiotherapy profession across both Australia and New Zealand.

Mr Paul Shinkfield
Chair, Physiotherapy Board of Australia

Key outcomes/achievements 2012/13

The major achievements over the reporting year have been:

- The integration of three new National Board members and new Chair from September 2012.
- The successful implementation of an external board evaluation activity from December to February, which refreshed the close alignment between sound governance processes with the objectives and guiding principles of the National Law.
- The commencement of the binational project to developed shared entry level qualifying statements for the physiotherapy profession in Australia and New Zealand. This work, on the Australian side, incorporates a review of the existing *Standards for Physiotherapy*. Broad stakeholder engagement, seeking across-profession buy-in is integrated into the principles of the project. It has been particularly pleasing to strengthen our ties with our New Zealand counterparts through this project and on other issues of mutual interest.
- The Board undertook a review of its accreditation entity as required by the National Law after three years since its commencement. The Board reappointed the Australian Physiotherapy Council (APC) as its accreditation entity and has set the scene for some progressive work with the APC in the coming year.
- The physiotherapy profession enjoys one of the lowest rates of notifications across the 14 professions under the National Scheme. The state and territory boards are congratulated for ensuring a very smooth transition for physiotherapy into the

National Scheme was achieved.

- As Chair, I have visited every state and territory board's meeting to update members on the National Board's strategies and key policy objectives. The Chairs of the state and territory boards meet regularly to ensure that the work of the board and vision for its future is understood and applied consistently. The collective input of the various state and territory boards ensures a cross-fertilisation of ideas and that the best practice in meeting processes and procedures is shared to facilitate greater consistency when dealing with physiotherapy registration and notification matters. The board continues to review its processes, procedures, policies and structure to ensure that it is as closely aligned to the objectives and guiding principles of the National Law, including that it uses registrants' fees in the most effective and efficient way, As part of this review, the board has been able to reduce registrant fees from 1 August 2013 by $20.

Priorities for 2013/14

The main priorities for the Physiotherapy Board of Australia in the coming year will focus on:

Cross-professional review of standards, codes and guidelines

The Board is undertaking a painstaking review of its existing registration standards, codes and guidelines, which were first implemented at the commencement of the scheme in July 2010. As part of the process, the Board will ensure wide-ranging consultation with its stakeholders. Consultation will be coordinated with the other 2010 professions under the National Scheme in order to ensure focused attention is given by important stakeholders. The Board works closely with the other professions to achieve as greater degree of consistency as possible, to ensure fairness, transparency and effectiveness of its requirements under the National Law.

Strengthened relationships with stakeholders

Now that the Board's accreditation authority, the APC, has been reappointed after the first three years of the scheme, the Board will consolidate agreed work priorities to ensure robust, best-practice, transparent and accountable accreditation processes are part of the business-as-usual approach to this important aspect of the Board's work.

Shared entry-level qualifying statements for the physiotherapy profession in Australia and New Zealand

Completion of the binational, shared entry level qualifying statements project with the Board's New Zealand counterparts will establish consistency of entry level standards/competencies between Australia and New Zealand and provide a clear and robust platform for a bolder vision for the profession in the coming years.

Board-specific registration and notifications data 2012/13

On 30 June 2013 there were 24,703 registered physiotherapists across Australia. This is an increase of 10.4% over the 22,384 physiotherapists registered on 30 June 2011 when national data were first published. NSW has the largest number of registered physiotherapists (7,191) followed by Victoria with 6,166 registrants. However, the number of practitioners has increased more in Victoria than in NSW over the last two years (13.4% for Victoria compared to 9.1% for NSW). There were 11,010 registrants (44.6%) aged under 35.

There were 83 notifications received in 2012/13 about 0.3% of the registrant base. Of these 83 notifications, 53 notifications were lodged outside NSW.

Of the 80 notifications closed in 2012/13, 55 notifications were notifications under the National Law, outside NSW. Of these, 37 were closed after assessment, two were closed after a panel hearing and the remaining 16 notifications were closed after an investigation (15) or a health or performance assessment (1).

In 37 of the closed cases managed outside NSW, the Board determined that no further action was required (35 cases), or that the notification would be most appropriately handled by the health complaints entity that had received the notification (two cases). In five cases the Board issued a caution, and in the remaining 13 cases imposed conditions (seven) or accepted an undertaking from the practitioner (six).

Concerns raised about advertising during the year were managed by AHPRA's statutory compliance team and are reported on page 109.

A National Board has the power to take immediate action in

relation to a health practitioner's registration at any time, if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

- because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- that the practitioner's registration was improperly obtained, or
- the practitioner or student's registration was cancelled or suspended in another jurisdiction.

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more
- have or may have an impairment, or
- have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

The data in Table 87 show the outcome of immediate action taken by the Board during the year. Integrated data for all professions are published at Table 124. More information about immediate action is published on our website under notifications.

Table 80: Registrant numbers at 30 June

Physiotherapist	2012/13	2011/12	2010/11	% change 2010/11 to 2012/13
ACT	467	441	416	**12.26%**
NSW	7,191	6,888	6,589	**9.14%**
NT	156	145	113	**38.05%**
QLD	4,594	4,379	4,114	**11.67%**
SA	2,017	1,928	1,828	**10.34%**
TAS	399	394	386	**3.37%**
VIC	6,166	5,904	5,417	**13.83%**
WA	3,052	2,798	2,600	**17.38%**
No PPP	661	624	921	**-28.23%**
Total 2012-13	**24,703**	**23,501**	**22,384**	**10.36%**
% change from prior year	**5.11%**	**4.99%**		

Table 81: Registered practitioners by age 2010/11 to 2012/13

Physiotherapist	2012/13	2011/12	2010/11
U-25	1,636	1,644	**1,617**
25-29	5,092	4,741	**4,362**
30-34	4,282	4,041	**3,761**
35-39	3,214	3,007	**2,970**
40-44	2,745	2,638	**2,539**
45-49	2,234	2,215	**2,174**
50-54	2,094	2,103	**2,119**
55-59	1,822	1,639	**1,424**
60-64	891	818	**791**
65-69	459	425	**381**
70-74	164	155	**147**
75-79	39	48	**48**
80+	24	11	**51**
Not available	7	16	
Total	**24,703**	**23,501**	**22,384**

Table 82: Notifications received by state or territory

Physiotherapist	2012/13	2011/12	2010/11
ACT		4	3
NT	2	4	2
QLD	16	15	22
SA	10	13	8
TAS	1		4
VIC	15	20	27
WA	9	5	10
Sub Total	**53**	**61**	**76**
NSW	30	27	35
Total	**83**	**88**	**111**

Table 83: Percentage of registrant base with notifications received by state or territory

Physiotherapist	2012/13	2011/12	2010/11
ACT		0.9%	0.7%
NT	1.3%	2.8%	1.8%
QLD	0.3%	0.3%	0.5%
SA	0.5%	0.6%	0.4%
TAS	0.3%		1.0%
VIC	0.2%	0.3%	0.5%
WA	0.3%	0.2%	0.3%
Sub Total	**0.3%**	**0.4%**	
NSW	0.4%	0.3%	0.5%
2013 Total	**0.3%**	**0.3%**	**0.5%**

Table 84: Notifications lodged under the National Law and closed in 2012/13 by state or territory

Physiotherapist	
ACT	1
NT	2
QLD	21
SA	9
TAS	1
VIC	11
WA	10
2013 Sub Total	**55**
NSW	25
2013 Total	**80**
2012 Total	**79**
2011 Total	**64**

Table 85: Outcome at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Outcome at closure	
No further action	35
Refer all of the notification to another body	
Refer part of the notification to another body	
HCE to retain	2
Caution	5
Reprimand	
Accept undertaking	6
Impose conditions	7
Fine registrant	
Suspend registration	
Practitioner surrender	
Cancel registration	
Total	**55**

Table 86: Stage at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Stage at closure	
Assessment	37
Health or performance assessment	1
Investigation	15
Panel hearing	2
Tribunal hearing	
Total	**55**

Table 87: Cases where immediate action was considered in 2012/13[1]

			Physiotherapist
No Action taken	AHPRA		1
	NSW		
Action taken	Suspend registration	AHPRA	
		NSW	
	Accept surrender of registration	AHPRA	
		NSW	
	Impose conditions	AHPRA	
		NSW	
	Accept undertaking	AHPRA	
		NSW	
	Decision pending[2]	AHPRA	
		NSW	
Total 2013		AHPRA	1
		NSW[3]	
Total 2012		AHPRA	5
		NSW	
Total 2011		AHPRA	4
		NSW	2

Notes:

1. Cases where immediate action has been initiated under Part 8, Division 7 of the National Law.
2. In these cases where immediate action was initiated towards the close of the reporting year, an outcome decision has not been finalised.
3. Initial actions only; excludes reviews of immediate action decisions.

Members of the Physiotherapy Board of Australia

- Mr Paul Shinkfield - Chair
- Ms Alison Bell
- Mr Tim Benson
- Ms Anne Deans
- Dr Charles Flynn
- Adjunct Associate Professor Kim Gibson (from 30 August 2012)
- Mrs Lynette Green (from 30 August 2012)
- Mrs Kathryn (Kathy) Grudzinskas
- Mr Peter Kerr AM (from 30 August 2012)
- Mrs Elizabeth (Libby) Kosmala OAM
- Ms Karen Murphy
- Ms Philippa (Pippa) Tessmann
- Mr Glenn Ruscoe (to 29 August 2013)
- Dr Susan Brady (to 29 August 2013)
- Ms Joanne Muller (to 29 August 2013)

PhysioBA ACT

- Ms Karen Murphy – Chair
- Ms Kerry Boyd
- Ms Louise Bannister
- Ms Lisa Gilmore
- Ms Mary Brennan

PhysioBA Qld

- Mr Robert Thams – Chair
- Mrs Kathryn (Kathy) Grudzinskas
- Ms Glenys Cockfield
- Ms Jane Leow
- Mr Geoff Rowe
- Ms Margaret Sifter
- Mr Robert Longland
- Ms Cherie Hearn
- Ms Tracy Spencer

PhysioBA SA

- Ms Josephine Bills – Chair
- Ms Janene Piip
- Ms Elizabeth (Libby) Kosmala OAM
- Ms Elizabeth (Ann) Nelson
- Ms Kerry Peek
- Ms Cassandra Zaina
- Mr John Camens (to 22 April 2013)
- Ms Jane Coffee (to 31 August 2012)

PhysioBA NT

- Ms Philippa (Pippa) Tessmann – Chair
- Ms Heather Malcolm
- Ms Sally Adamson
- Mr David Blair
- Ms Margaret Seccafien
- Ms Bernadette Petzel (to 31 August 2012)

PhysioBA WA

- Mr Michael Piu – Chair
- Adjunct Associate Professor Kim Gibson
- Ms Alison Thorpe
- Associate Professor Shane Patman
- Professor Anthony Wright
- Mr Tim Benson
- Ms Shelley Hatton
- Mr Glenn Ruscoe (to 31 August 2012)

PhysioBA Tas

- Mr Paul Shinkfield – Chair
- Ms Chelsea Trubody-Jager
- Ms Margaret Archer
- Mr Malcolm Upston
- Dr Marie-Louise Bird

PhysioBA Vic

- Dr Charles Flynn – Chair
- Ms Fiona McKinnon
- Mr Brian Coughlan
- Mr Mark Hindson
- Dr Leslie Cannold
- Mr Michael Ralston
- Ms Catherine Nall
- Mrs Maureen Capp
- Ms Jennifer Jaeger

PhysioBA NSW

- Mr David Cross – Chair
- Ms Virginia Binns
- Ms Anne Deans
- Ms Christine Campbell
- Mr Sean Mungovan
- Mrs Frances Taylor
- Ms Margo Gill

During 2012/13, the Board was supported by Executive Officer Ms Jill Humphreys.

More information about the work of the Board is available at: www.physiotherapyboard.gov.au

Podiatry Board of Australia

Message from the Chair

2012/2013 has seen a further maturing of the National Scheme, allowing for improved consistency of decision-making and in particular, further refinement of notification management resulting in more effective and efficient regulation.

The Board works in partnership with AHPRA to deliver its core regulatory functions. AHPRA has continued to introduce initiatives to improve the operation of the National Scheme which have resulted in enhanced operating systems and stronger data reporting.

In 2012 there was a change to the membership of the Board with the departure of the inaugural Chair, Jason Warnock, and members Helen Matthews and Joan Russell. I would like to thank each of these members for the valuable contribution they made to the Board and the energy, dedication and hard work they brought to their role. At the same time I would like to welcome our new members Paul Bennett, Mark Bodycoat and Annabel Williams.

Practitioner and community members of the Board have worked together as a team and shared their expertise to ensure the Board meets its regulatory obligation of protecting the public in a transparent, accountable, efficient, effective and fair way.

During the past year the Board has continued to engage with and strengthen its relationships with its stakeholders. Meetings have been held in Brisbane and Adelaide, and the Board has hosted practitioner forums and met with other stakeholders in these states to discuss local issues. Where possible the Board has taken the opportunity to present to registrants at national and state podiatry events on the role and functions of the Board and other entities in the National Scheme.

I would like to thank the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) for the valuable work they have undertaken during the year in assessing and accrediting programs of study for the podiatry profession.

I would like to take the opportunity to thank Jenny Collis our Executive Officer for her assiduous support, as well as Emily Marshall our Board Support Officer.

Ms Cathy Loughry
Chair, Podiatry Board of Australia

Key outcomes/ achievements 2012/13

Planning

The Board held a planning session to review the Board's strategic and work plans and identify Board projects and priorities for the next 12 to 18 months. The Board developed and published on its website a new strategic statement for 2013/14.

Accreditation

In March 2009, the Australian Health Ministers' Conference assigned the accreditation functions for the Board to ANZPAC for a period of three years, commencing 1 July 2010. As required by the National Law the Board undertook a review of the accreditation arrangements in 2013 which included wide-ranging public consultation.

The Board decided that ANZPAC will continue to exercise the accreditation functions for the podiatry profession for a period of five years from 1 July 2013.

ANZPAC has undertaken a significant body of work in the last year, including finalising the development of accreditation standards relevant to an endorsement for scheduled medicines for the podiatry profession. The Board approved these accreditation standards and ANZPAC has begun progressively assessing programs of study in podiatric therapeutics against these standards and submitting them to the Board for approval.

ANZPAC has an ongoing program of work assessing and accrediting podiatry programs of study for the podiatry profession as well as assessing the qualifications and clinical skills of overseas-trained podiatrists. The Board will continue to strengthen its relationship with ANZPAC and work with ANZPAC to ensure continuing high quality education and training of the podiatry profession in Australia.

Review of registration standards, codes and guidelines

The review of the Board's registrations standards, codes and guidelines that have been in place since the start of the National Scheme on 1 July 2010 has been a major focus of the Board's work in 2012/13.

The Board has worked with AHPRA and other National Boards to achieve a level of consistency across standards, codes and guidelines, where possible. The Board will undertake wide-ranging public consultation on its revised standards, codes and guidelines in the latter part of 2013 which will provide an opportunity for members of the profession and other stakeholders to provide input on these important documents.

In particular the Board has undertaken a substantial body of work in the review of the Board's endorsement for scheduled medicines registration standard and guidelines and has established a Scheduled Medicines Advisory Committee to provide expert advice to the Board during the review.

Stakeholder engagement

The Board held meetings in Brisbane and Adelaide which provided an opportunity for the Board to meet with local stakeholders and hold forums for registrants to meet members of the Board and discuss issues relating to the regulation of the profession, including requirements for registration.

The Board continued to publish monthly communiqués about the work of the Board and published two electronic newsletters.

The Board met regularly with its accreditation authority, ANZPAC, to discuss issues relating to accreditation and also met with the Australasian Podiatry Council on a regular basis to discuss issues relating to the podiatry profession.

Registration standards, policies and guidelines developed/published

The Board published its guidelines for supervision of podiatrists, which set out the principles the Board considers central to safe and effective supervision in a range of clinical contexts.

The Board also published the following associated templates:

- Supervised practice plan
- Orientation report
- Supervision agreement
- Supervision report

Priorities for 2013/14

Review of standards

The review of the Board's standards, codes continues to be a priority for the Board in the coming year. The Board is planning to consult widely on its revised standards and guidelines in the latter part of 2013.

The final standards will be submitted to the Ministerial Council for approval.

Once these are approved, the Board will publish the revised standards and guidelines on its website and communicate the Board's requirements to the profession and other stakeholders.

Audit

The Board will work with AHPRA to conduct its first audit under the National Scheme to check registrants' compliance with the Board's mandatory registration standards. It is expected that the audit will start in early 2014 and a sample of practitioners will be randomly selected to participate in the audit. The Board will communicate with the profession about the upcoming audit well before it is due to start.

Stakeholder engagement

The Board will continue to engage with its stakeholders to strengthen and build on these important relationships. A focus of the Board's communication in 2014 will be on educating the profession about the revised standards, codes and guidelines to ensure that our registrants are well informed of their professional obligations and the Board's requirements for registration.

The Board will continue to hold meetings throughout Australia and provide opportunities for registrants and other stakeholders to engage with the Board.

Board-specific registration and notifications data 2012/13

On 30 June 2013 there were 3,873 registered podiatrists across Australia. This is an increase of 11.9% over the 3,461 podiatrists registered at 30 June 2011 when national registration data was first published. Victoria has the

largest number of registered podiatrists (1,247) followed by NSW with 1,001 registrants. There were 1,733 registrants (44.7%) aged under 35.

There were 44 notifications received in 2012/13 about one per cent of the registrant base. Of these 44 notifications, 32 notifications were lodged under the National Scheme, outside NSW.

Of the 40 notifications closed in 2012/13, 29 notifications were notifications were managed outside NSW. Of these notifications made under the National Law, 20 were closed after assessment, two were closed after a panel (one) or tribunal (one) hearing and the remaining seven notifications were closed after an investigation.

In 22 of the closed cases managed outside NSW, the Board determined that no further action was required (19 cases), or that the notification would be most appropriately handled by the health complaints entity that had received the notification (three cases). In five cases the Board issued a caution, and in the remaining two cases imposed conditions on the practitioner's registration.

Concerns raised about advertising during the year were managed by AHPRA's statutory compliance team and are reported on page 109.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time, if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

- because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- that the practitioner's registration was improperly obtained, or
- the practitioner or student's registration was cancelled or suspended in another jurisdiction.

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more
- have or may have an impairment, or
- have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

The data in Table 95 show the outcome of immediate action taken by the Board during the year. Integrated data for all professions are published at Table 124. More information about immediate action is published on our website under notifications.

Table 88: Registrant numbers at 30 June

Podiatrist	2012/13	2011/12	2010/11	% change 2010/11 to 2012/13
ACT	47	47	42	**11.90%**
NSW	1,001	946	919	**8.92%**
NT	14	17	13	**7.69%**
QLD	655	631	585	**11.97%**
SA	381	370	346	**10.12%**
TAS	93	90	78	**19.23%**
VIC	1,247	1,195	1,084	**15.04%**
WA	413	375	347	**19.02%**
No PPP	22	19	47	**-53.19%**
Total 2012-13	**3,873**	**3,690**	**3,461**	**11.90%**
% change from prior year	**4.96%**	**6.62%**		

Table 89: Percentage of registrant base with notifications received by state or territory

Podiatrist	2012/13	2011/12	2010/11
ACT			
NT	7.1%	5.9%	1.4%
QLD	1.8%	0.8%	1.2%
SA		1.1%	1.3%
TAS	1.1%	1.1%	1.3%
VIC	0.8%	0.8%	1.2%
WA	1.2%	0.8%	
Sub Total	**1.0%**	**0.9%**	**1.8%**
NSW	1.1%	2.4%	1.4%
Total	**1.0%**	**1.3%**	**1.4%**

Table 90: Registered practitioners by age 2010/11 to 2012/13

Podiatrist	2012/13	2011/12	2010/11
U-25	276	325	279
25-29	826	744	670
30-34	631	585	564
35-39	554	545	532
40-44	517	486	456
45-49	400	370	353
50-54	324	299	276
55-59	180	164	133
60-64	89	78	79
65-69	42	45	42
70-74	16	16	18
75-79	4	6	10
80+	8	9	49
Not available	6	18	
Total	**3,873**	**3,690**	**3,461**

Table 91: Notifications received by state or territory

Podiatrist	2012/13	2011/12	2010/11
ACT			
NT	1	1	
QLD	13	6	8
SA		4	5
TAS	1	1	1
VIC	10	10	15
WA	7	3	4
Sub Total	**32**	**25**	**33**
NSW	12	18	23
Total	**44**	**43**	**56**

Table 92: Notifications lodged under the National Law and closed in 2012/13 by state or territory

Podiatrist	
ACT	
NT	1
QLD	12
SA	4
TAS	
3	8
WA	4
2013 Sub Total	**29**
NSW	11
2013 Total	**40**
2012 Total	**36**
2011 Total	**36**

Table 93: Outcome at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Outcome at closure	
No further action	19
Refer all of the notification to another body	
Refer part of the notification to another body	
HCE to retain	3
Caution	5
Reprimand	
Accept undertaking	
Impose conditions	2
Fine registrant	
Suspend registration	
Practitioner surrender	
Cancel registration	
Total	**29**

Table 94: Stage at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Stage at closure	
Assessment	20
Health or performance assessment	
Investigation	7
Panel hearing	1
Tribunal hearing	1
Total	**29**

Members of the Podiatry Board of Australia

- Ms Cathy Loughry, Chair
- Associate Professor Laurie Foley
- Mr Mark Gilheany
- Associate Professor Paul Tinley
- Mr Ebenezer Banful
- Mrs Anne-Marie Hunter
- Dr Paul Bennett (from 30 August 2012)
- Ms Annabelle Williams (from 30 August 2012)
- Mr Mark Bodycoat (from 30 August 2012)
- Mr Jason Warnock, Chair (to 29 August 2012)
- Ms Helen Matthews (to 29 August 2012)
- Ms Margaret (Joan) Russell (to 29 August 2012)

During 2012/13, the Board was supported by Executive Officer Ms Jenny Collis.

More information about the work of the Board is available at: www.podiatryboard.gov.au

Table 95: Cases where immediate action was considered 2012/13[1]

			Podiatrist
No action taken	**AHPRA**		
	NSW		
Action taken	**Suspend registration**	**AHPRA**	1
		NSW	
	Accept surrender of registration	**AHPRA**	
		NSW	
	Impose conditions	**AHPRA**	
		NSW	
	Accept undertaking	**AHPRA**	
		NSW	
	Decision pending[2]	**AHPRA**	
		NSW	
Total 2013		**AHPRA**	**1**
		NSW[3]	
Total 2012		**AHPRA**	**2**
		NSW	1
Total 2011		**AHPRA**	**2**
		NSW	3

Notes:

1. Cases where immediate action has been initiated under Part 8, Division 7 of the National Law.
2. In these cases where immediate action was initiated towards the close of the reporting year, an outcome decision has not been finalised.
3. Initial actions only; excludes reviews of immediate action decisions.

Psychology Board of Australia

Message from the Chair

This year the Psychology Board of Australia continued to progress its significant program of work to protect the public and guide the psychology profession.

This year's achievements focused on strengthening consistency and timeliness in notifications and complaint management to ensure safe practice, and continuing to give confidence in the quality and international benchmarking of Australian psychologists serving the community. The Board received 471 complaints and notifications against registered psychologists from members of the public during 2012/13.

The Board would like to acknowledge the contribution of members of the profession and the public in the development of our initiatives – providing feedback through our public forums, consultation processes and newsletters. This contribution is important and valuable.

Of particular note are the new standards for Board-approved supervisor qualifications and Board-approved supervisor competencies. The Board has also has set up additional support to make sure all supervisors have access to quality training.

Similarly, for the past 25 years there have been plans to provide a single national psychology examination on entry to the profession. Significant developments have been achieved this year to ensure the Board is well placed to implement the exam in the next financial year.

The Board continued to develop its relationships with the public and the profession. The highlight was meeting with international colleagues at the 30th International Congress of Psychology in Cape Town, South Africa, to discuss the opportunities and challenges of regulation and licensure. Issues in Australia resonate internationally, and a meaningful process for developing shared international competencies across nations and regulatory jurisdictions has started, focused on practitioner mobility and the safety of the public.

This year also marked the end of the three-year transition period from pre-2010 state-based schemes to the National Scheme for the psychology profession. From 1 July 2013, psychologists must comply with the national standards for provisional registration, general registration and area of practice endorsement. This is a significant milestone possible under the National Scheme and we are grateful for the support of the community in helping us reach it.

Professor Brin Grenyer
Chair, Psychology Board of Australia

Key outcomes/achievements 2012/13

Continued the implementation of the National Psychology Exam

As the work to implement a national exam continued, a number of milestones were reached this year. A new National Examination Committee was appointed, which included some continuing and new members to guide the implementation of the National Psychology Exam project. The Board consulted on the draft guidelines for the National Psychology Examination, with 27 submissions received. The guidelines specify the examination eligibility requirements, examination rules and specific exam policies. The Board and AHPRA also finalised the arrangements for the computer-based testing platform that will be used to host the exam portal.

Published new guidelines for supervisors and supervisor training providers

The Board published the guidelines for supervisors and supervisor training providers. The aim is to provide a consistent framework and method of supervision practice across Australia, supporting and guiding Australia's 6,700 Board-approved psychology supervisors. The guidelines were introduced after extensive consultation. The Board also released an application pack inviting suitably qualified and experienced individuals and organisations to deliver supervisor training program across Australia.

Developed the new guidelines for the 5+1 internship program

The Board consulted on the draft guidelines for the 5+1 internship program. The guidelines expand on the requirements in the provisional registration standard and provide additional guidance to guide the education and training of provisional psychologists in the 5+1 internship program. The Board also agreed to a transition plan for those provisional psychologists who wished to begin the 5+1 internship program before the guidelines for the 5+1 internship program were finalised.

Reviewed accreditation arrangements for the psychology profession

The Board reviewed its accreditation arrangements assigned to the Australian Psychology Accreditation Council (APAC) by Ministerial Council for the period 1 July 2010 to 30 June 2013. This review included public consultation with 20 submissions received. The Board decided to continue the current arrangement of exercising accreditation functions through APAC for a period of one year until 30 June 2014. The limited extension was to allow APAC's sole member (the Australian Psychological Society) to address the governance and independence issues – which remain under active consideration by the Board.

Signed a Memorandum of Understanding with the New Zealand Psychologists Board

The Psychology Board of Australia and the New Zealand Psychologists Board signed a Memorandum of Understanding (MoU). The purpose of the MoU is to facilitate mutual recognition of the regulatory environment of Australia and New Zealand, promote communication and information exchange about psychology regulation standards and structure in Australia and New Zealand develop, and progress the movement of psychologists between Australia and New Zealand.

Continued engagement with the profession

The Board continued to hold discussions with registrants and stakeholders about its work, plans and proposals related to the regulation of psychology in Australia. Over the last year, the Board has issued six consultation papers about its work, and received over 70 submissions about them. In addition to the formal process, the Board consulted by holding public forums in Sydney and Brisbane, with 800 registering to attend these events, and published three editions of its newsletter, *Connections*. The Board also met on a regular basis with major professional groups, societies, education providers and students, other health professional groups, international regulators, the Australian Psychology Accreditation Council, workforce advisors, and departmental officials.

Registration standards, policies and guidelines developed and published

- Guidelines for supervisors and supervisor training providers
- Policy for unsatisfactory progress in the 4+2 internship program
- Policy for overseas qualified applicants for registration
- Policy on applications for an extension to complete the requirements for area of practice endorsement under transition provisions
- Policy for higher degree students applying for general registration

The review of registration standards, codes and guidelines was started during 2012/13.

Priorities for 2013/14

Regional review

At the start of the National Scheme, the Board established four regional boards covering New South Wales, Queensland, ACT/TAS/VIC and NT/SA/WA. These regional boards are responsible for making registration and notification decisions about individual psychologists. The Board plans to review this regional governance structure, consider the issues and challenges, and explore opportunities for refinement that will deliver consistent, high-quality decisions made by delegates of the Board.

National Psychology Exam

From 1 July 2013, passing the exam is required for applicants seeking general registration (transition or exemption provisions may alter the conditions by which an individual is required to sit the examination). To support this requirement, the National Psychology Examination guidelines will be finalised and published. The online exam portal will be launched enabling applicants to register for the exam, complete the practice exam and access the suite of resources developed to assist applicants in preparing for the exam. A timetable of exam sittings will also be published on the portal, with the first exam being held later in 2013.

Overseas qualifications

This project will prepare for transition to the Board's assessment of overseas qualified health practitioners seeking registration as psychologists and endorsement on registration in an approved area of practice.

Internship guidelines

Building on the significant amount of work already completed, the Board will finalise the requirements for the 5+1 internship program and publish the guidelines. The Board will also complete its review of the 4+2 internship program guideline.

Board-specific registration and notifications data 2012/13

On 30 June 2013, there were 30,561 registered psychologists across Australia. This is an increase of 4.9% on the 29,142 psychologists registered at 30 June 2011 when national registration data was first published. NSW has the largest number of registered psychologists (10,289) followed by Victoria with 8,220 registrants. The increase in practitioner numbers in NSW and Tasmania was lower than the national average, with 2.75% and 2 .98% growth respectively. There were 8,936 (29%) of practitioners aged under 35.

There were 471 complaints and notifications lodged against registered psychologists in 2012/13 including 151 in NSW. The 320 outside NSW was an increase of 35% over the 237 lodged outside NSW in the National Scheme in 2011/12. Notifications are lodged about 1.3% of the registrant base; this rate is lowest in Western Australia at 0.9% and highest in the Northern Territory at 2.7%.

The data reflect that the National Scheme has facilitated members of the public to come forward to express concerns about practitioner behaviour. This is welcomed.

There were 407 complaints and notifications closed in 2012/13, including 143 in NSW and 264 under the National Scheme (outside NSW). Of the National Scheme notifications closed: 181 (68.5%) were concluded after assessment; 24 notifications were concluded following a panel (15) or tribunal (9) hearing; and the remaining 59 notifications were concluded after an investigation (53) or a health or performance assessment (6). For 205, the Board determined that no further action was required, that the notifications should be referred in full or part to another body (2) or that the notification would be most appropriately handled by the health complaints entity that originally received it (9). In one case the practitioner surrendered their registration, in 33 cases the Board issued a caution (28) or reprimand (5), or accepted an undertaking by the practitioner in relation to improving their conduct (5), and in 20 cases the Board imposed conditions on the practitioner's registration.

Concerns raised about advertising during the year were managed by AHPRA's statutory compliance team and are reported on page 109.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time, if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

- because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- that the practitioner's registration was improperly obtained, or
- the practitioner or student's registration was cancelled or suspended in another jurisdiction.

The data in Table 103 show the outcome of immediate action taken by the Board during the year. Integrated data for all professions are published at Table 124. More information about immediate action is published on our website under notifications.

Table 96: Registrant numbers at 30 June

Psychologist	2012/13	2011/12	2010/11	% change 2010/11 to 2012/13
ACT	793	794	744	**6.59%**
NSW	10,289	10,066	10,014	**2.75%**
NT	219	216	198	**10.61%**
QLD	5,444	5,220	5,073	**7.31%**
SA	1,525	1,466	1,431	**6.57%**
TAS	519	524	504	**2.98%**
VIC	8,220	8,009	7,735	**6.27%**
WA	3,250	3,082	2,999	**8.37%**
No PPP	302	268	444	**-31.98%**
Total 2012-13	**30,561**	**29,645**	**29,142**	**4.87%**
% change from prior year	3.09%	1.73%		

Table 97: Registered practitioners by age 2010/11 to 2012/13

Psychologist	2012/13	2011/12	2010/11
U-25	650	651	664
25-29	3,727	3,797	3,895
30-34	4,559	4,327	4,105
35-39	4,222	4,196	4,139
40-44	3,931	3,627	3,394
45-49	2,952	2,866	2,819
50-54	3,038	3,023	2,978
55-59	2,790	2,777	2,882
60-64	2,495	2,459	2,485
65-69	1,502	1,337	1,216
70-74	498	400	357
75-79	123	121	127
80+	73	41	81
Not available	1	23	
Total	**30,561**	**29,645**	**29,142**

Table 98: Notifications received by state or territory

Psychologist	2012/13	2011/12	2010/11
ACT	31	11	11
NT	6	6	2
QLD	104	62	110
SA	23	26	22
TAS	9	8	11
VIC	114	96	102
WA	33	28	16
Sub Total	**320**	**237**	**274**
NSW	151	130	116
Total	**471**	**367**	**390**

Table 99: Percentage of registrant base with notifications received by state or territory

Psychologist	2012/13	2011/12	2010/11
ACT	1.5%	1.3%	1.5%
NT	2.7%	2.8%	0.5%
QLD	1.4%	1.1%	2.0%
SA	1.4%	1.6%	1.3%
TAS	1.7%	1.3%	2.2%
VIC	1.2%	1.0%	1.1%
WA	0.9%	0.9%	0.5%
Sub Total	**1.3%**	**1.1%**	
NSW	1.3%	1.0%	1.1%
Total	**1.3%**	**1.0%**	**1.2%**

Table 100: Notifications lodged under the National Law and closed in 2012/13 by state or territory

Psychologist	
ACT	14
NT	7
QLD	80
SA	20
TAS	8
VIC	118
WA	17
2013 Sub Total	**264**
NSW	143
2013 Total	**407**
2012 Total	**303**
2011 Total	**180**

Table 101: Stage at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Stage at closure	
Assessment	181
Health or performance assessment	6
Investigation	53
Panel hearing	15
Tribunal hearing	9
Total	**264**

Table 102: Outcome at closure for notifications closed in 2012/13 under the National Scheme (excluding NSW)

Outcome at closure	
No further action	194
Refer all of the notification to another body	1
Refer part of the notification to another body	1
HCE to retain	9
Caution	28
Reprimand	5
Accept undertaking	5
Impose conditions	20
Fine registrant	
Suspend registration	
Practitioner surrender	1
Cancel registration	
Total	**264**

Table 103: Cases where immediate action was considered in 2012/13[1]

			Psychologist
No action taken	**AHPRA**		3
	NSW		4
Action taken	**Suspend registration**	**AHPRA**	8
		NSW	2
	Accept surrender of registration	**AHPRA**	
		NSW	
	Impose conditions	**AHPRA**	3
		NSW	2
	Accept undertaking	**AHPRA**	
		NSW	
	Decision pending[2]	**AHPRA**	
		NSW	
Total 2013		**AHPRA**	**14**
		NSW[3]	8
Total 2012		**AHPRA**	**10**
		NSW	2
Total 2011		**AHPRA**	**8**
		NSW	4

Notes:

1. Cases where immediate action has been initiated under Part 8, Division 7 of the National Law.
2. In these cases where immediate action was initiated towards the close of the reporting year, an outcome decision has not been finalised.
3. Initial actions only; excludes reviews of immediate action decisions.

Members of the Psychology Board of Australia

- Professor Brin Grenyer (Chair)
- Ms Ann Stark (deputy Chair)
- Prof Alfred Allan
- Ms Mary Brennan (from 30 August 2012)
- Mrs Kathryn Crawley (from 30 August 2012)
- Ms Antonia Dunne (to 29 August 2012)
- Ms Kaye Frankcom (to 29 August 2012)
- Mr Geoff Gallas
- Emeritus Professor Gina Geffen
- Dr Shirley Grace (to 29 August 2012)
- Mrs Irene Hancock (to 29 August 2012)
- Ms Fiona McLeod
- Ms Joanne Muller (from 30 August 2012)

- Mr Christopher O'Brien
- Mr Radomir Stratil
- Dr Trang Thomas (leave of absence until October 2013) (from 30 August 2012)

PsyBA ACT/Tas/Vic Regional Board

- Professor Barry Fallon (Chair)
- Dr Robin Brown
- Associate Professor Sabine Hammond
- Ms Anne Horner
- Mr Simon Kinsella
- Dr Patricia Mehegan
- Dr Jenn Scott (Acting Chair)
- Ms Clare Shann (from 1 February 2013)
- Dr Cristian Torres
- Dr Kathryn von Treuer,

PsyBA NSW Board

- Associate Professor Michael Kiernan (Chair)
- Ms Trisha Cashmere
- Ms Margo Gill
- Mr Timoth Hewitt
- Mr Robert Horton
- Ms Wendy McCartney
- Dr Anne Wignall
- Ms Soo See Yeo
- Dr Caroline Hunt (to October 2012)

PsyBA NT/SA/WA Regional Board

- Dr Jennifer Thornton (Chair)
- Ms Alison Bell
- Ms Angela Davis (to 31 December 2012)
- Ms Judith Dikstein
- Ms Vidula Garde (to 31 October 2012)
- Dr Shirley Grace (from 26 March 2013)
- Associate Professor David Leach
- Dr Neil James McLean
- Ms Dianne Mayo (to 23 February 2013)
- Ms Claire Simmons
- Mr Theodore Sharp
- Mrs Janet Stephenson
- Ms Anne Ganoni (to 31 December 2012)

PsyBA Qld Board

- Associate Professor Robert Schweitzer (Chair)
- Mr Kingsley Bedwell
- Mrs Jeanette Jifkins
- Professor Kevin Ronan
- Mr Barry Sheehan
- Dr Haydn Till

During 2012/13, the Board was supported by Executive Officers Dr Jillian Bull and Ms Alessandra Peck.

More information about the work of the Board is available at: www.psychologyboard.gov.au

AHPRA: The Year in Review 2012/13

What we do

AHPRA works with the National Boards to deliver five core regulatory functions:

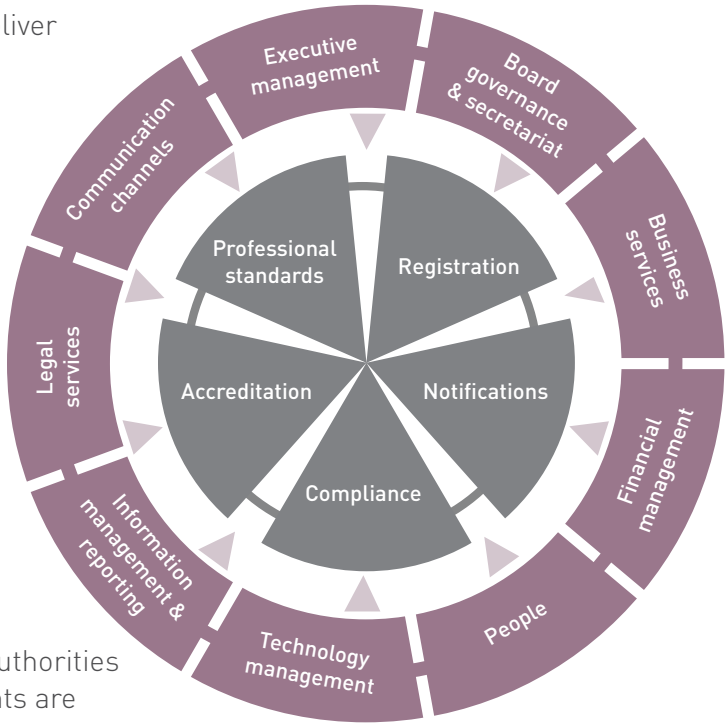
Professional standards – Providing policy advice to the National Boards.

Registration – Making sure only health practitioners with the skills and qualifications to provide safe care to the Australian community are registered to practise.

Notifications – Managing concerns raised about the health, performance and conduct of individual practitioners.

Compliance – Monitoring and auditing that ensures practitioners are complying with Board requirements.

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



A broad range of enabling functions support these regulatory functions.

We have made many improvements in the past year that support our overall goal of protecting the public and facilitating access to health services. We have continued to work towards improved and efficient services, systems and processes.

Our 2012/13 Business Plan sets out our objectives for the year.

During 2012/13, we worked to make sure that everything we did was in line with our overriding commitment to consistency, service and capability:

- **Consistency** – Improving consistency means no unnecessary variation in administering the National Scheme through standardised national processes.
- **Service** – Improving the customer experience for the public, health practitioners, employers and other stakeholders.
- **Capability** – Working as a team and building our organisation, skill and capacity to deliver our regulatory responsibilities.

These commitments were supported by 19 objectives and 44 improvement initiatives, aligned with AHPRA's commitments and strategic priorities. These areas of focus added to our routine 'business as usual' work in implementing the National Scheme. The objectives provided a focus for everyone at AHPRA nationally, and enabled us to work together with a common purpose to meet our shared goals. Appendix 4 details our achievements in 2012/13, against our goals in the business plan.

Highlights of our work in our core and enabling functions over the past 12 months are outlined in this section.

Core regulatory functions

Professional standards

AHPRA supports National Boards including through policy development, secretariat and administrative support; development of registration standards, codes and guidelines; communications, stakeholder engagement and government relations, including liaison with Health Workforce Principal Committee; supporting government decision-making processes for National Board appointments; and governance and coordination of whole-of-

ONE in 20 working Australians is a registered health practitioner

scheme policy issues such as accreditation and community engagement.

Registration standards

The consistent and approved national standards for each profession provide assurance about practitioners' safety to practise, and align the practice of practitioners within professions, regardless of where they work.

The core registration standards required under the National Law are English language skills, professional indemnity insurance, criminal history, recency of practice and CPD. These are the main way National Boards define the minimum national standards they expect of practitioners, regardless of where they practise in Australia. These standards bring consistency for each profession across geographic borders; make the Boards' expectations clear to the professions and the community; and inform Board decision-making when concerns are raised about practitioners' conduct, health or performance.

Several Boards have also developed, and the Ministerial Council has approved, additional standards beyond the five essential standards required by the National Law. Information about the registration standards approved by the Ministerial Council during the year can be found in the National Board reports and in Appendix 3.

The National Boards are working in partnership with AHPRA to obtain the best available evidence to support their review of common registration standards. This work precedes wide-ranging stakeholder consultation scheduled for 2013/14. Working collaboratively on the review of the standards reduces costs, promotes information sharing and identifies opportunities for future collaborative research.

National Boards see benefits from a nationally consistent standards framework within their professions and, in some cases, across professions.

Registration

Registration ensures that only practitioners with the skills and qualifications to provide safe care are registered to practise their profession. AHPRA works with each National Board to carefully consider each application for registration and assess it against the requirement for registration as set out in registration standards and the National Law. The bulk of registration activity relates to managing applications from new applicants and

Registration and the National Scheme

- The core roles of the National Scheme are protecting the public and facilitating workforce mobility, accessibility and development.
- Registration ensures that only those practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.
- To be registered, and maintain their registration, health practitioners must meet national registration standards set by their National Board which have raised the bar for public protection.
- An expanded student register is providing greater public protection.
- Audits are an important way to protect the public by regularly checking practitioner declarations about their compliance with registration standards.
- Community engagement in the National Scheme is being strengthened.

managing the annual renewal of registration for practitioners in the National Scheme. The registration function also includes other activities, from managing practitioners with limited and provisional registration, to issuing certificates of registration status.

Determining the outcome of applications for registration is not just an administrative process. Establishing and being satisfied about an applicant's suitability and qualification for registration is a cornerstone of good regulatory practice.

National renewals

Health practitioners must renew their registration annually. Each time they renew, they must make declarations to confirm they meet the registration standards of their National Board.

In 2012/13, AHPRA finalised more than 550,000 health practitioner renewal of registration applications – the largest number to date in the National Scheme since it started.

In the National Scheme, the annual registration renewal of the majority of practitioners is coordinated into three key dates:

- Nursing and midwifery practitioners are due to renew by 31 May each year
- Most medical practitioners are due to renew by 30 September each year
- All other professions are due to renew by 30 November each year.

A small team manages the national process that supports the smooth, annual renewal of registration for Australia's registered health practitioners. This involves the annual distribution of around 1,500,000 emails, 450,000 letters, 550,000 certificates of registration and the automated processing of close to 490,000 online renewals and payments. Staff in AHPRA's local offices manage the assessment of renewal applications, which cannot be renewed online, or when the practitioner declares they may not meet the relevant standards.

During the year we have concentrated on ensuring that practitioners' experience of the renewal process continues to improve. We have in place systems and processes that make registration and renewal easier, and have improved the accuracy and completeness of the information we hold and publish about practitioners.

We have continued to make online improvements and additions to streamline, simplify and speed up our services. We introduced a targeted direct contact campaign so the way we sent our renewal reminders to each practitioner reflected their renewal method from the previous year. Practitioners are increasingly taking up these opportunities, and the proportion of practitioners renewing their registration online continues to grow. In 2012/13, an average of 92% of renewal applications were received online. For nursing and midwifery, this rose to 96% of renewals online, an increase of 6% on 2011/12.

More than 95% of all regulated health practitioners have provided their email address to AHPRA. Direct email contact with practitioners about annual renewal of their registration has decreased the distribution of hard copy renewal applications. For example, during the May 2013 renewal period, 33% of nurses and midwives renewed without a hard copy reminder. This is a reduction of around 200,000 printed forms during the three-month renewal period.

There has also been a 14% decrease in the volume of calls to our customer service teams, compared to the previous renewal cycle. This indicates that the information we provide about the renewal process is clearer and that practitioners in general understand what they need to do.

For the first time, AHPRA gave health practitioners the option to go online and 'opt out' of renewing their registration.

SCALE

12% increase in total registrants since transition (62,000 registrants)

35% increase in total registrants including the student register (62,000 registrants)

22% of registrants have only ever registered with AHPRA

Practitioners who 'opted out' could put a stop to renewal reminders from AHPRA. This new online option provided the National Boards and AHPRA with better data about the number of practitioners who chose to opt out; to distinguish them from individuals who intended to renew, but did not do so on time.

Workforce survey

When renewing their registration, practitioners are asked to complete a workforce survey to assist workforce planning. Survey responses and de-identified practitioner data for all 14 professions are released to Health Workforce Australia (HWA) and the Australian Institute of Health and Welfare (AIHW) for further analysis and publication to jurisdictions and in their publications.

A new survey application was funded by HWA and developed by AHPRA to improve the timeliness and accuracy of this survey data. The new survey application was first used for the nursing and midwifery registration cycles commencing April 2013. This led to almost 94% of all nurses and midwives who renewed their registration online in May completing the workforce survey, which also met data quality targets. The same platform is now being implemented for the annual renewal of all other health professions.

National registers

AHPRA maintains national online registers that provide public, accurate, up-to-date information about the registration status of all registered practitioners. The national registers, which can be searched by name or registration number, are a real-time source of registration information for the community, health practitioners and employers. It is a critically important feature of the National Scheme to support informed consumer choice.

See page 123 for further data on registrations and renewals for 2012/13.

Student register

There are currently more than 120,000 students studying to be health practitioners in Australia. AHPRA maintains a register of currently enrolled students as an unpublished part of the national register. Details are collected from education providers. There is no fee for student registration.

An expanded student register is providing greater public protection.

See page 129 for further details on the number of registered students.

Notifications

Keeping the public safe is the goal that guides the way we deal with each notification we receive. When we look at notifications, we consider:

- whether the practitioner has failed to meet the standards set by the Board, and
- what needs to happen to make sure that the practitioner is aware of what has gone wrong and learns from this, so the same problem doesn't happen again.

The Boards also consider if they need to limit the practitioner's registration in some way to keep the public safe.

The powers of the National Boards and AHPRA are set down in the National Law, as in force in each state and territory. Responding to notifications about the health, performance or conduct of health practitioners is one of the most important parts of our role.

On page 138 we provide detailed data about the notifications received during 2012/13.

During 2012/13 there has been a significant program of work underway to improve the timeliness and consistency of our notifications management and processes. We have also published clearer information for practitioners and notifiers about the notifications process.

Consistency and timeliness

The top priority this year was to bring greater consistency in notifications management across all states and territories, and by National Boards, and to improve timeliness.

This work involved close cooperation between AHPRA's national team, our expert staff in our state and territory offices who manage notifications day

Protecting the public

- The National Scheme aims to protect the public by dealing with practitioners who may be putting the public at risk as a result of their conduct, professional performance or health.
- The number of notifications about health practitioners is increasing.
- Strengthened mandatory reporting requirements provide greater public protection across all regulated professions.

Case study: Seamless and immediate management of a health practitioner with an impairment

AHPRA received a notification from a Victorian employer about a health practitioner who was working while affected by drugs. The employer had been concerned about the practitioner's performance and had been managing this, when the health practitioner acknowledged that they had been using drugs.

On the same day as the notification from the employer was received, the National Board's Immediate Action Committee met, considered the notification, and took immediate action by proposing to suspend the health practitioner's registration. Consistent with the National Law, the practitioner was given an opportunity to make a submission to the Board about its proposal.

When contacted by AHPRA's Victorian team, the health practitioner immediately offered an undertaking to the National Board not to practise until after their formal submission had been considered. An undertaking is a binding legal agreement that is published on the register of practitioners. The health practitioner chose not to provide a submission, in response to the proposed action, and the Board's subsequent decision to suspend their registration took effect 24 hours later. The Board also required the health practitioner to have a health assessment.

AHPRA gave the health practitioner written notice of the suspension and the requirement for a health assessment, which was scheduled to take place three weeks later. The practitioner contacted AHPRA and explained that they intended to move interstate to Western Australia (WA) to help make a fresh start and support their recovery.

AHPRA's Victorian team immediately contacted their colleagues in WA, who arranged with the health practitioner for the health assessment to take place locally later that month. An integrated, national database and IT system supported the speedy and secure transfer of all relevant information electronically, so the regulatory processes could continue uninterrupted across borders.

Under the National Scheme, vital information was immediately accessible so the regulatory processes could continue smoothly, protecting the public while giving the practitioner the best chance of rehabilitation and a return to practice.

to day, and with the National Boards and their committees. Collectively, we developed a range of new tools, systems and processes designed to improve the consistency and timeliness of our notifications management. These tools and systems were developed during the early months of 2013 and launched in June 2013. Next year will see the first full year of impact of these changes.

Our work this year focused on bringing greater consistency to our management of the early stages of the notifications process. We issued a national operational directive, 'Health Performance and Conduct Management Operational Directive', which introduced changes to the lodgement and assessment stages.

We made changes during the year to our National Executive team to ensure clear accountability for our regulatory operations. Our NSW State Manager, Kym Ayscough, is now also our National Coordinator, Regulatory Operations as well as Chair of our State and Territory Managers Committee. The National Coordinator works closely with our Director of Business Improvement and Innovation to close the gaps between development and implementation of stronger, new processes.

More detail about our processes is published on our website under *Notifications*.

We have also been improving our capacity to measure and report on our work. With greater consistency of approach, we are able to generate more consistent data. We are building and implementing the tools we need to better understand trends across all areas of our work. Good measurement relies on accurate and complete comparative data, which relies on consistent systems and

processes. With this focus, and these initiatives, we will be able to satisfy ourselves and the public that we are regulating effectively and efficiently by managing quality, timeliness and volume in all areas of our work.

New guides for practitioners and the community

During the year we published new guides for health practitioners and the community about how notifications are managed in the National Scheme.

The guide for practitioners, and a series of information sheets aim to explain to practitioners what happens when AHPRA receives a notification on behalf of a National Board. The information complements the direct correspondence that individuals receive if a notification is made about them.

We also developed a guide for the community about making a complaint (or notification) about a health practitioner. This guide for notifiers, *Do you have a concern about a health practitioner? A guide for people raising a concern,* will be reviewed by the newly established Community Reference Group for AHPRA and the National Boards during 2013/14.

Both guides are published on the AHPRA website in a revised section on complaints and notifications, and are accessible through the National Board websites. AHPRA collaborated with the professional associations for practitioners registered in the National Scheme to develop the guide for practitioners.

They include visual and text-based descriptions of our processes and aim to make it clear what practitioners and notifiers can expect when they raise a concern with us.

See page 139 for data on notifications received during 2012/13.

Compliance

All registration systems place a burden – in cost and compliance – on practitioners, to keep the public safe. That is why the cost of effective regulation must be balanced by the benefits to the public. The National Law requires both AHPRA and the National Boards to place the public interest first, by ensuring that only suitably qualified and competent practitioners are granted and retain their registration.

Monitoring and compliance is how we describe the process of monitoring health practitioners or students with undertakings or conditions imposed by the Board or other adjudication body as a result of a notification; or through registration conditions. By identifying breaches of conditions and taking any necessary action, National Boards get the information they need to decide if there is a risk to public safety they need to address.

During the year, AHPRA developed new processes, strengthened the systems that underpin them and provided extensive staff training to improve monitoring and compliance nationwide. This work will continue during 2013/14.

Five common registration standards for all 14 health professions regulated under the National Scheme:

- Continuing professional development registration standard
- Criminal history registration standard
- English language skills registration standard
- Professional indemnity insurance arrangements registration standard, and
- Recency of practice registration standard.

These are available from each of the National Board websites – in the Registration standards section. Go to www.ahpra.gov.au and follow the links.

Audit

All registered practitioners are required to comply with a range of registration standards that have been developed by the Board that registers them. The registration standards are published on the National

Notification process

Board websites under Registration standards.

Each time a practitioner applies to renew their registration they must make a declaration that they have met the registration standards for their profession.

Practitioner audits are an important part of the way that the National Boards and AHPRA can better protect the public by regularly checking these declarations for a random sample of practitioners. Audits help to make sure that practitioners are meeting the standards and provide important assurance to the community and the Boards.

During the year, AHPRA completed two pilots to audit practitioners for compliance with three registration standards:

- CPD
- professional indemnity insurance, and
- recency of practice.

AHPRA is also auditing compliance with requirements in the National Law for practitioners to provide information about changes to their criminal history.

An audit of a number of nurses and midwives was conducted during their renewal period in May this year. This group was audited against the Nursing and Midwifery Board of Australia's registration standards for recency of practice and CPD.

The first pilot, with the pharmacy profession only, was undertaken outside of the renewal period. The second pilot, involving chiropractic, optometry and pharmacy professions, was undertaken at the time registrants applied to renew their registration.

A report for phase one of the audit pilot is available on the AHPRA website at www.ahpra.gov.au /Registration/Audit. The report describes AHPRA's approach to auditing practitioner compliance with the National Boards' registration standards and provides valuable information for the development of practitioner audits in the National Scheme.

Using the findings from the first phase of the audit pilot, in the second phase practitioners were selected at random to be audited for compliance with their Board's registration standards and the provisions in the National Law to disclose criminal history. The report about this will be published early in 2013/14.

During both phases of the pilots, AHPRA and the relevant National Boards worked with stakeholders to make sure participants would be able to provide the necessary evidence to give to the audit team, for example to demonstrate their recent practice and their participation in CPD. Accepted evidence varied for each profession and each registration standard, but examples include signed statements of service from employer(s) noting hours worked, a CV detailing dates of employment, CPD logs, and copies of current insurance certificates.

Outcomes from both phases of the audit refine the audit framework to be applied across all professions. After the pilots, we established a working group to support the transition from pilot to an ongoing program of audit to include:

- establishing a permanent audit team in a single location
- developing an audit campaign that is refreshed annually, based on the standards to be audited for the 14 National Boards, ensuring national consistency
- undertaking changes to systems to support the audit function and ensure integration with registration, notification and compliance functions, and
- enhancing the practitioner experience through the refinement of information, documentation and systems to ensure requirements are clearly articulated, fair and transparent; and user friendly for the practitioner.

Advertising

The National Law (section 133) sets out the requirements about advertising regulated health services. The National Boards have developed *Guidelines for advertising regulated health services*, published on their individual websites, accessible through www.ahpra.gov.au. A breach of the advertising requirements in the National Law is an offence and carries a maximum fine of $10,000 for a body corporate or $5,000 for an individual per offence.

A breach of the advertising requirements in the National Law by a registered health practitioner may also constitute unprofessional conduct and/or professional misconduct and can be dealt with by the National Boards through the disciplinary mechanisms available under the National Law. This can lead to restrictions on the practitioner's registration and ability to practise.

In the first year of the National Scheme, the Boards and AHPRA took a largely educative approach to possible advertising breaches, as restrictions on advertising of regulated health services (beyond consumer legislation) were new in some professions and states and territories. In the second year, we implemented a more structured approach,

Table 104: Advertising complaints received in 2012/13

	NSW	QLD	SA	TAS	VIC	WA	Total 2012/13
Chinese Medicine Practitioner	2	1			5	1	**9**
Chiropractor	1	3	1		4		**9**
Dental Practitioner	68	50	2		71	5	**196**
Medical Practitioner	34	19	10	1	14	5	**83**
Medical Radiation Practitioner	2						**2**
Nurse/Midwife	3				3	3	**9**
Optometrist	4		1				**5**
Osteopath	2	1					**3**
Pharmacist	3	5			6	1	**15**
Physiotherapist	2	3	2		4		**11**
Podiatrist	2	1	2		4		**9**
Psychologist	4				4	2	**10**
Total 2012/13	**127**	**83**	**18**	**1**	**115**	**17**	**361**

Table 105: Advertising complaints closed in 2012/13 by outcome at closure

	Closed following compliance after warning	No further action	Referred for disciplinary action	Total 2012/13
Chinese Medicine Practitioner	10			**10**
Chiropractor	24	5		**29**
Dental Practitioner	110	13	3	**126**
Medical Practitioner	38	12		**50**
Medical Radiation Practitioner		2		**2**
Nurse/Midwife	4			**4**
Optometrist	1	2		**3**
Osteopath	3			**3**
Pharmacist	8	1		**9**
Physiotherapist	6	2	1	**9**
Podiatrist	7			**7**
Psychologist	5			**5**
Total 2012/13	**216**	**37**	**4**	**257**

Case study: Advertising

AHPRA received a complaint about advertising by a registered chiropractor. The complaint raised concerns about the practitioner's use of testimonials and of discounted advertising, without the terms and conditions of the offer.

These represent breaches of section 133(1)(b) and 133(1)(c) of the National Law and possible contravention of the *Guidelines for advertising of regulated health services*.

AHPRA wrote to the practitioner and raised these two issues. AHPRA identified the testimonials on the practitioner's website and that the use of testimonials in advertising by a registered health practitioner is prohibited under the National Law. AHPRA also identified the advertising on the practitioner's website that offered a discount, without the terms and conditions of the offer being clearly shown.

The practitioner responded quickly and stated that they had not intended to breach the National Law and advised AHPRA that the testimonials had been immediately removed from their website. Additionally, the practitioner advised that the offer of a discount now clearly stated the terms and conditions of the offer.

AHPRA reviewed the practitioner's website and confirmed that the appropriate changes had been made.

On the basis that the advertising was immediately removed/amended, to comply with the National Law, no further action was taken against the practitioner.

sending an escalating series of warnings to the advertiser. This involved an initial reminder about their obligations in relation to advertising, and ultimately a warning of possible prosecution for an alleged breach of the National Law should they fail to remove or change their advertising to comply with the National Law.

The success of this approach has been demonstrated during 2012/13 (Table 104 and Table 105) with 84% of advertisers removing or changing advertising that AHPRA considered to be in breach of the National Law within two warnings.

During 2012/13, AHPRA received a total of 361 advertising-related complaints. Of the 257 cases closed during the year, 216 (84%) were resolved when the advertiser complied with AHPRA's demand to amend or remove the advertising; 37 matters required no further action; and four practitioners were referred for disciplinary action.

> Written warnings have proven to be a practical, cost-effective method of dealing with possible advertising breaches and protecting the public, without the significant costs (in time and money) of prosecuting these cases through the courts or under the conduct or performance pathways of the National Law.

The National Boards rely on the public and members of the professions to bring their concerns to our attention, as advertising, particularly web-based advertising, continues to increase and can be difficult to monitor. Anyone with concerns about advertising by health practitioners, or the advertising of a regulated health service that appears to contravene the National Law or be inconsistent with the relevant advertising guidelines, should contact AHPRA.

The National Boards have *Guidelines for advertising of regulated health services*, published on their individual websites, accessible through www.ahpra.gov.au

Accreditation

Accreditation is a cornerstone of the National Scheme and the National Law.

The National Scheme involves work with education providers to ensure graduating students are suitably qualified and skilled to apply to register as a health practitioner. The bulk of this accreditation work is undertaken by accreditation authorities, which may be an

external accreditation entity or a committee of the National Board.

Accreditation authorities develop and recommend accreditation standards to National Boards for approval, and they assess and accredit programs of study and education providers against the approved accreditation standards. Accreditation authorities are often responsible for assessment of overseas-qualified practitioners and may be responsible for assessing overseas accrediting and assessing authorities.

External accreditation authorities

The Ministerial Council assigned accreditation functions for the professions which entered the National Scheme in 2010 to external accreditation authorities. The Health Professions Accreditation Councils' Forum is a collective of external accreditation authorities exercising functions under the National Law. The National Boards and AHPRA have established the Accreditation Liaison Group with representatives of the Councils' Forum, as a subcommittee of the Forum of National Board Chairs, to work on shared accreditation issues.

In 2012/13, the main work of the National Boards and AHPRA in relation to external accreditation authorities involved reviews of the accreditation arrangements for the 10 professions that joined the National Scheme in 2010. The National Law required these reviews to take place by 30 June 2013. The Accreditation Liaison Group developed an agreed approach to the reviews in consultation with the National Boards and the accreditation authorities. The review process drew on the information already gained about how the accreditation arrangements were working for each profession.

The National Boards publicly consulted on the reviews in late 2012 and these were completed by 30 June 2013. All the National Boards decided their external accreditation authority would continue to exercise accreditation functions, with some variations in the continuation period:

- seven Boards decided on a five-year period (Chiropractic, Medicine, Nursing and Midwifery, Optometry, Osteopathy, Pharmacy and Podiatry)
- one Board decided on a three-year period with a possible two-year extension (Physiotherapy)
- one Board decided on a three -year period (Dental), and
- one Board decided on a one -year period but is prepared to consider a longer period subject to some governance issues being addressed (Psychology).

Each National Board is establishing a work-plan with its accreditation authority that includes issues arising from its review and a timeframe for future work.

The Accreditation Liaison Group also planned the third joint meeting between accreditation authorities, National Board Chairs and AHPRA, which will be held in conjunction with the combined meeting of National Boards in late August 2013 (the second joint meeting was held in June 2012).

Accreditation Committees

In 2012/13, the National Boards for Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine and Medical Radiation Practice decided to establish accreditation committees to carry out the accreditation functions for their respective professions.

By January 2013, the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee, Chinese Medicine Accreditation Committee and Medical Radiation Practice Accreditation Committee were established.

The committees' functions are set out in Part 6 of the National Law and they operate under Terms of Reference set by the respective National Board.

Each committee's initial focus has been to develop accreditation standards for approval by the respective National Board and the processes the committee will use to assess and accredit programs of study and the education providers offering them.

During 2012/13, AHPRA created an Accreditation Unit to provide high-quality support to accreditation within the National Scheme, including secretariat and general support to the three new accreditation committees.

Enabling functions

There is a wide range of enabling functions that support AHPRA and the National Boards to protect the public and facilitate access to health services. AHPRA's enabling functions are essential to regulating the health professions in Australia in the public interest. Specialist teams

provide services and support to ensure the organisation operates effectively.

Board governance and secretariat

Board support involves providing administrative and operational support and coordination to the National Boards and their committees, and to state, territory and regional boards, and national registration and notification committees. This includes coordinating legal and other expert advice about the National Law, and making recommendations about board and committee decisions.

Governance and succession planning

The National Scheme Governance and Succession Planning Program is overseen by a sub-committee of the Chair's Forum (see page 21), and includes representation from the National Boards, AHPRA executives and the Agency Management Committee. The committee guides the program of work in relation to governance and succession planning; and acts as a point of referral within the National Scheme for advice on governance issues.

In September 2012, the Governance Framework for the National Scheme was launched. The main elements of the framework are:

- Governance charter, board members manual and supporting policies
- Board member attributes
- Induction, training and development
- Board performance evaluation
- Succession planning principles.

A program of activities was undertaken in 2012/13 to support the implementation of the framework. Program highlights include:

- The board member attributes were used successfully in the recruitment of new board members.
- The Committee endorsed new induction materials for board members and these were rolled out for new appointees in August 2012.
- Four National Boards undertook their performance evaluations in 2012/13.
- A pilot was undertaken to test a formal approach to succession planning by the National Boards.

Customer service

AHPRA maintains in-house customer service teams that support and provide advice to health practitioners and the public. During the year, AHPRA serviced more than 500,000 telephone, web queries and counter transactions at each state and territory office (see Table 106 for details).

The customer service teams successfully exceeded all key performance indicators for the year. More detail on this can be found in the 2012/13 Business Plan section in Appendix 4.

Legal services

AHPRA's General Counsel is responsible for managing legal risk to the National Boards and AHPRA, and is accountable for the definitive interpretation of the National Law. This is achieved by supporting nationally consistent legal advice and legal services to AHPRA and the National Boards.

Legal advice provided to National Boards includes advice on contracts, Memoranda of Understanding, procurement, complaints, consultations with stakeholders, coronial findings, insurance, title protection and interpretation of the National Law.

Case study: Improving service to customers

Turning a stressed AHPRA customer into a satisfied one is the aim of our customer service teams (CSTs). This year they have worked to find a solution that allowed CST staff to deal with a greater range of practitioner queries. Previously, when it came to questions about individual applications from practitioners, CST staff needed to escalate the call to registration staff in the relevant AHPRA state or territory office. This led to greater demands on registration staff and greater length of time in dealing with queries from practitioners.

We identified a solution that allows CST staff to access to more information held in our database, Pivotal. Now our CSTs can provide information directly to practitioners calling with questions, for example about what other information they need to provide to support their applications.

The outcome was to improve customer service, reduce the escalation of calls from CSTs to registration staff, and put in place a quicker and more efficient process that benefits health practitioners.

Table 106: Customer queries serviced in 2012/13

Month	Telephone	Web	Counter
Jul-12	39,840	6,522	2,847
Aug-12	32,615	6,398	3,281
Sep-12	31,317	5,794	2,643
Oct-12	32,878	6,314	2,877
Nov-12	42,012	5,969	3,894
Dec-12	29,922	4,657	4,748
Jan-13	36,181	4,755	3,450
Feb-13	25,723	4,109	2,449
Mar-13	22,835	3,998	1,805
Apr-13	37,109	5,675	1,872
May-13	58,722	6,204	2,611
Jun-13	27,288	4,113	2,165
Total	**416,442**	**64,508**	**34,642**

The General Counsel is also responsible for managing the interests of AHPRA, including compliance with corporate and other relevant legislation, managing risks and maximising the effectiveness and consistency of legal activities across the organisation. The National Office of Legal Services is complemented by legal services in each AHPRA state and territory office.

During 2012/13, we have continued to build legal capacity in the National Scheme, and apply this knowledge to support decision-makers, including National Boards, committees, panellists and AHPRA staff, to make informed, effective and consistent decisions that are consistent with the National Law.

After an extensive procurement process, we established a panel of external legal service providers to enhance the management and effectiveness of legal services provided across AHPRA. The panel allows AHPRA to obtain targeted legal advice and optimises consistency and transparency in the delivery of legal services.

Legal Practice Notes

Legal Practice Notes have been published on the AHPRA website on the following topics:

- Conditions and notations under the Health Practitioner Regulation National Law - LPN 1
- The National Boards' power to take immediate action - LPN 4
- Students with an impairment - LPN 5
- Circumstances in which a Board can amend conditions imposed by a tribunal - LPN 6
- Consideration of similar fact evidence - LPN 8
- Reasonable belief - LPN 11
- Practitioners and students with impairment - LPN 12
- In the public interest - LPN 13
- Conflict of interest and how it applies to the National Law - LPN 14

We have developed Legal Practice Notes to support the consistent interpretation of the National Law. These relate to a range of operational issues and are intended to guide panels, the National Boards and AHPRA staff. While these Legal Practice Notes have been primarily designed for internal use, we publish many of them on our website in the interests of transparency.

Legal knowledge management system

Effective legal knowledge management improves decision-making within the National Scheme by ensuring decision-makers and legal advisers have access to the same information, and so the delivery of consistent legal advice is optimised.

We are continuing to develop a resource of legal advice, the publication of panel decisions and other important legal knowledge management tools, with the aim of improving the spread and use of information about the interpretation and application of the National Law. The project also provides a platform for all our lawyers to share legal knowledge and optimise the delivery of consistent legal advice throughout AHPRA. Some information is also available to the public on the AHPRA website.

We have also significantly expanded the range of legal information and hearing summaries published on the AHPRA website. This includes a table of panel hearing decisions, with links to summaries in some cases. These summaries have been prepared when there is educational and clinical value, and aim to provide important

guidance to practitioners and information to the community. Practitioners' names are not published, consistent with the requirements of the National Law. The table is accessible from www.ahpra.gov.au/Legislation-and-Publications/Panel-Decisions

People

AHPRA's human resources team supports staff across the organisation with work level standards, policy, performance development and training.

The AHPRA performance planning and appraisal system was implemented progressively during 2012/13. Training was delivered to employees in every office and all employees will have performance plans for 2013/14. Where applicable, common key performance indicators have been agreed.

Employees in ACT, NT, Vic and WA are participating in their first appraisal under the common approach, with those exceeding the expectations of their role being eligible for performance reward. All staff will be eligible to participate in performance reward by the end of 2013/14.

The AHPRA training framework has also been established. This identifies core skills required for all employees, and the technical skills and knowledge required for specific roles. The framework will support the development planning taking place with performance planning and appraisal discussions.

The first major initiative under the framework has been the development and implementation of a national AHPRA induction program for all new employees. The program comprises modules which take two days in total to complete. All existing employees were taken through a condensed version of the program, which was very well received.

A focus for the coming year will be on people-leader training to enhance the skills of all AHPRA managers. Ongoing role-specific training will be conducted as part of major business improvement initiatives.

Statutory appointments

For the statutory appointments team, the year began with the reappointment or commencement of more than 100 National Board positions, plus the integration of the Boards for the four professions joining the National Scheme in 2012. AHPRA supports the Board member recruitment and application processes managed by governments.

The team has taken on the consolidation of panel lists across all states and territories, including the development and implementation of improved systems and processes to support the National Boards in this important function.

HR processes

A strong foundation has been built to implement an integrated HR and payroll system to better support AHPRA's employees and the Board, committee and panel members working in the National Scheme.

A range of policies, processes, and supporting guides and forms have been improved and developed during 2012/13.

Enterprise Agreements

In 2013, the Fair Work Commission determined that AHPRA is a national system employer under the Fair Work Act. This is a significant decision for AHPRA as it is an important foundation for building AHPRA as a national organisation. The decision provides a common industrial framework within which to complete negotiations for AHPRA enterprise agreements (EA) in all states and territories. However, the hearing process delayed progress with industrial negotiations in some states and territories.

In January 2013, staff in Western Australia voted in favour of the AHPRA EA. The agreement was ratified by Fair Work in late June, and it will be implemented from July 2013. Negotiations are underway for employees in SA and NSW. The remaining two states of Queensland and Tasmania are expected to commence negotiations for an AHPRA EA in late 2013.

Technology management

AHPRA has a complex information technology environment that includes business systems, infrastructure, information management and security. The information technology (IT) team maintains and develops the core business systems, including architecture, design, development, testing and change management.

During 2012/13, AHPRA worked on improving its capacity to provide its regulatory functions consistently and efficiently.

An online renewal campaign continues to improve the rate of online registration. More detail about this can be found on page 104.

A number of other important online functions have been provided or improved during 2012/13, including:

- online applications for the four professions that joined the National Scheme on 1 July 2012
- online applications for provisional psychology applicants
- capturing missing residential addresses and place of birth during the renewal process
- capability to conduct improved online surveys of practitioners, and
- infrastructure refresh and better monitoring to improve practitioners' online experience.

There have been improvements to registration management, such as addresses and qualifications, and interfaces with other systems, such as automated email and an upgrade to TRIM, our electronic document and records management system.

There are solid foundations for further work to improve workflow and data validation, including a data quality 'dashboard' in 2013/14.

We have started to develop a data warehouse platform to improve the level of reporting.

During 2013/14, we will look at new options to improve the efficiency and cost effectiveness of scanning and mail management systems. Given the significant increase in online renewals and registration applications over the last year and the subsequent drop in the volume of hard copy documents received, this project is subject to further business analysis.

We continue to successfully implement our IT strategy, which in 2012/13 focused on information security and improving the infrastructure foundation of our systems. This has provided us with a more robust, reliable, secure and available technology environment. The IT strategy has been updated during 2013/14, building on progress in the previous year.

Information management and reporting

The information management team is responsible for data quality, reporting, data exchange and the management of electronic and physical records. AHPRA is the custodian of high volumes of sensitive data with significant responsibilities for electronic and physical security that must comply with many regulatory standards.

Quarterly registration data

Providing data that accurately reflect the number of registered practitioners is one of the important benefits of the National Scheme. It has enormous value for workforce planning and is helping to improve access to health services.

Since May 2012, each National Board has published quarterly updates on registration data. The data are reported separately for each National Board and include information about types of registration held, principal place of practice, endorsements, registrant age and gender. The data are published on the relevant Board's website.

Developing an AHPRA reporting framework

AHPRA manages an enormous amount of information, which is invaluable within the National Scheme and relevant to policy-makers and other stakeholders. An overarching reporting framework has been established to guide reporting development activities. This structured approach ensures that AHPRA is able to accurately report on activities. Our work in 2012/13 focused on reporting on notifications management and relied on introducing consistent tools, systems and approaches. More accurate, consistent and timely information about notifications will enable more timely analysis of, and response to, emerging policy and management issues. This work will continue into 2013/14 and extend into other areas of our work.

Implementing the data quality management framework

The accuracy of our national register is critical. We have continued to invest in people, processes and technology to improve data quality. An Information Manager was appointed in August 2012. Activities during the period were:

- systematic introduction of improved data quality processes
- promotion of best practice in records management
- development of an enterprise data warehouse

- improved reporting, and
- piloting of the practitioner information exchange platform.

Establishing an ongoing program of information security and information risk management

A comprehensive information security strategy was developed and implemented, and an information security policy framework and controls introduced. This included a staff awareness campaign, including online security awareness. New security monitoring and reporting tools have been applied and implemented to address firewall and vulnerability risks.

Out of 137 identified risks and issues, 108 were mitigated or addressed during 2012/13; action to address the remaining 29 risks is planned for 2013/14.

Enterprise information management strategy

In 2011, plans were developed to implement an enterprise information management strategy. In December 2012, an information management maturity assessment was undertaken to assess the work conducted to date. This highlighted that significant progress was being made, notably in governance and reporting architecture.

Web management

The websites of AHPRA and the National Boards provide comprehensive information, news and updates on registration standards, as well as professional practice standards, codes, guidelines and position statements that guide registered practitioners. Our 15 websites are our core communications tools and we encourage health practitioners and the community to use the sites as a central resource. Board newsletters – as well as AHPRA's direct communications with practitioners – channel stakeholders to them for new and up-to-date information about health practitioner regulation. The websites provide access to our online services for practitioners and employers and are used heavily every day by mainstream and health publications, government and other stakeholders, education providers and insurers, and professional organisations.

Major changes were introduced this year to the notifications section of our website, with new information published about our complaints and notifications process for practitioners and the community (for further details, see page 107).

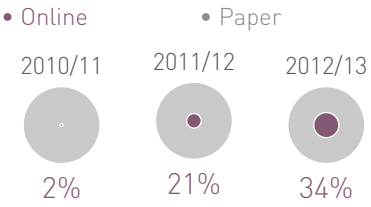
The websites received more than eight million visits in 2012/13 and more than 46 million page views. Additionally, in 2012/13 more than 92% of our practitioners renewed online (for further details see page 104).

The web services team and the IT team work together to maintain the 15 websites and the AHPRA intranet. Our recently completed digital strategy includes a three-year plan to guide the review and development of our external and internal online tools. These activities will be informed by user research and feedback forums, as well as consultation with our stakeholders, to provide us with insight and understanding to improve our sites.

ONLINE WORLD

42,386
online applications since July 2010

Growth in online applications



Data access and research

With the establishment of the National Scheme, for the first time comprehensive national data are being collected across all areas of responsibility of AHPRA and the National Boards. It is now possible to produce accurate reports, for example, about the number of health practitioners registered in each profession in Australia. These data clearly have registration, workforce planning, demographic, and commercial and research value, but the National Law imposes strict limits on their use.

AHPRA and the National Boards are receiving an increasing number of data and research requests for access to information, some of which is not publicly available. AHPRA will not release protected information that identifies individual practitioners.

The priority activity for data access and research in

2012/13 was the development and finalisation of the data and research governance arrangements and procedures. These were developed to assist researchers to better understand the framework within which requests for data and research will be considered.

A draft National Scheme data access and research policy was published on the AHPRA website for a six-week public consultation period from 22 February to 5 April 2013. Thirty-three external stakeholders provided submissions as part of the consultation process. The majority of the 33 submissions provided positive feedback on the proposed policy.

In 2012/13, AHPRA received 104 separate requests for access to registered health practitioner data and information.

The two most common requests were for assistance in distributing information to practitioners through AHPRA's secure mail house, and to purchase a copy of the publicly available national register. These two request types accounted for 67% of all requests received.

Release of data or access to AHPRA's secure mailing house is subject to strict privacy and confidentiality provisions and must meet strong public interest tests. Consequently, 22% of requests were not approved and 27% were referred to sources of publicly available data such as AHPRA's website, AIHW or HWA. Of the 104 requests only 4% resulted in access to protected information. The only recipients of this information were Commonwealth, state and territory entities with functions relating to professional services provided by health practitioners or the regulation of health practitioners, as allowable by the National Law.

These requests are summarised in a table in Appendix 5.

Data exchange and data partners

AHPRA plays a key role in supporting the operations of Medicare, National eHealth Transition Authority (NEHTA), Australia's larger health employers, HWA and other stakeholders. As the trusted national source of registration and workforce data, AHPRA provides secure and managed access to key data required for these other important organisations to perform their own roles in Australian healthcare.

AHPRA has extended its web service infrastructure, originally developed for Medicare, to support other partners' data needs. This approach has increased the use of the existing web services and cut development costs.

Medicare's Provider Directory Service (PDS) continued to receive practitioner data throughout the year, averaging 4,200 records per day. AHPRA has improved this service with small updates during the year.

Practitioner data are also released to the Department of Human Services-operated Healthcare Identifier Service under the *Healthcare Identifiers Act 2010.* These data are integral to the Healthcare Services Directory, personally controlled electronic health record (PCeHR) and interim security used in the eHealth program. Further improvements to use the AHPRA web service model were funded by NEHTA, and are due for release in August 2013.

Practitioner data are provided to the NSW Health Professional Councils Authority (HPCA) to support the requirements of the co-regulatory arrangements. Work has started on an improved data release process for the HPCA, based on the web services model. This is scheduled for implementation in late 2013.

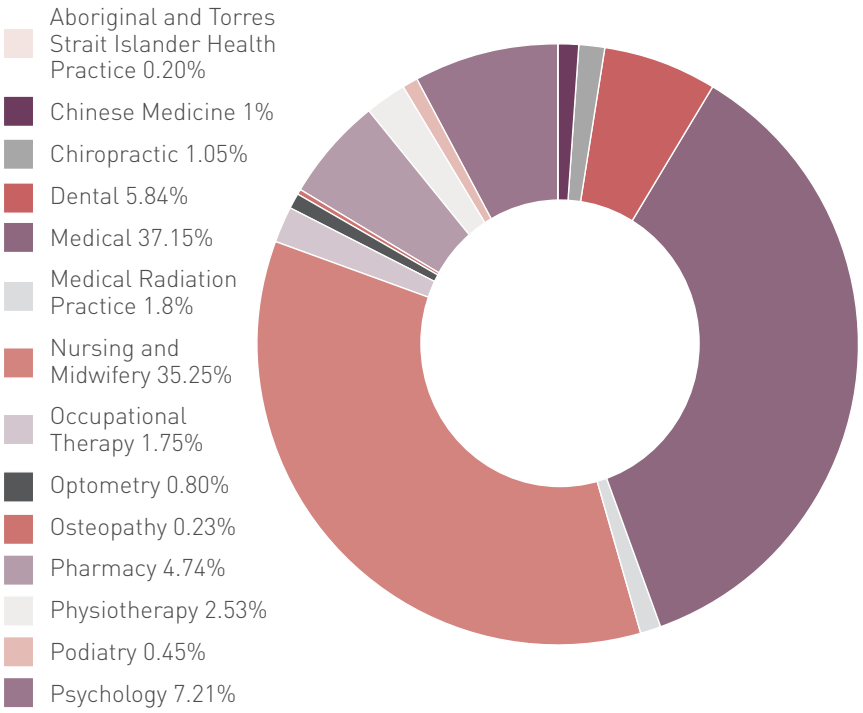
Developmental work has started on a new service, Practitioner Information Exchange (PIE) to provide improved access to information from the public register for approved users, for example employers. PIE has been successfully trialled in a controlled environment in which 2,500 practitioner records have been released to agreed parties per day. This pilot ensured the system could meet employer and industry expectations before it is made available more widely in 2013/14.

Financial management

The finance function ensures that our financial systems and records are well managed, accurate and compliant with legislation, as well as providing financial reporting and guidance to the organisation and the National Boards.

As a principle, there is no cross-subsidisation between professions in the National Scheme. The percentage allocation of AHPRA's indirect costs between National Boards in 2012/13 is shown in *Figure 1*. The basis of these allocations was the subject of detailed work and review over the past year. See www.ahpra.gov.au/Health-Professions for more details. Detailed financial statements are published from page 167.

Figure 1: Board % of AHPRA costs 2012/13



Business services

The business services function includes corporate governance, planning, risk management, project management office, corporate policy, process design, implementation and support, corporate services, and change management.

Planning

This function ensures our business and strategic planning efforts are coordinated, effective and enable the National Boards and AHPRA to meet our regulatory responsibilities, while bringing out the best of the National Scheme.

Risk management

AHPRA works with the National Boards to manage material risk. The Audit and Risk Committee, on behalf of the Agency Management Committee, oversees the risk management program. Through the enterprise risk management framework, risk management is delivered in a consistent and systematic way throughout the organisation and is integrated with strategic and business planning processes to support our strategic objectives. Assurance is provided by a professional services firm which undertakes an internal audit program aligned with the priorities identified through the risk management process.

Internal audit

AHPRA's internal audit program, conducted by Grant Thornton, is phased over three years and includes a rolling review of issues, prioritised according to risk. The reviews conducted in 2012/13 are detailed in Table 107.

Program management office

A significant program of project work has been running since March 2011. This is expected to continue for several years as AHPRA continues to evolve. The program management office was established in 2012 to provide support in the planning and execution of AHPRA's project portfolio, to guide programs and projects to successful conclusion and to create a foundation for consistent program and project success throughout AHPRA.

Process design

AHPRA's business process team works to develop and improve existing processes across the key regulatory functions. Projects undertaken during the year support consistent and quality processes and systems, designed to support mature, best practice regulation that meets the needs of the public and practitioners.

Stakeholder engagement

The close partnership between AHPRA and the National Boards is central to the effectiveness of the National Scheme. Engaging with our stakeholders to build understanding and awareness, and establish channels of communication, is another important focus of our work.

Individually, each National Board works with the stakeholders specific to their profession, including practitioners, in a range of ways. The reports from National Boards from page 24 of this report detail this effort. All the Boards publish newsletters for their registrants to provide up-to-date and accurate information about regulation and the standards the Boards expect practitioners to meet.

Complementing this effort is AHPRA's work in stakeholder engagement across the National Scheme. This includes:

- working with all professions through the Professions Reference Group

Table 107: Internal audit reviews conducted 2012/13

Financial	
Payroll	This review aimed to assess the system of internal controls supporting current business processes for payroll management. In particular this review: • assessed the current policies and procedures governing the payroll function • reviewed controls on access to payroll systems and the maintenance of the employee payroll master-file • measured the accuracy of payroll calculations, and • considered the controls to ensure the accurate recording of payroll in the financial statements.
Information technology	
IT general controls	This review assessed the general controls in AHPRA's IT infrastructure in relation to: • IT organisation and operation • access and security controls • system development and documentation controls • hardware and system software controls • remote access controls, and • back-up/recovery.
Operational	
Information management	This review considered the adequacy and effectiveness of controls aimed at reducing risk of unauthorised access, use, disclosure, disruption, modification, perusal, inspection recording or distribution of AHPRA's information. The review considered the application of security controls over IT networks, computer documents, photocopies and print-outs.
Governance	
Legislative compliance	This review assessed and advised on AHPRA's current processes and procedures to ensure compliance with its legislative obligations nationally and in states and territories. The audit compared AHPRA's current processes and procedures against AS3806-2006: Compliance Programs to recommend process and control improvements to the legislative compliance program.

- implementing a community engagement strategy, including establishing a Community Reference Group, and
- our work with governments, education providers and other agencies interested in health practitioner regulation.

Professions Reference Group

The Professions Reference Group is made up of members of professional associations for practitioners registered in the National Scheme. The group meets quarterly as an advisory group to AHPRA and provides a forum for information sharing between regulated professions and with AHPRA. Profession-specific interaction continues between each professional association and their National Board. During 2012/13, the group met four times and worked closely with AHPRA and provided important feedback on information for practitioners about the notifications process.

Community engagement

The cornerstone of the community engagement strategy for the National Scheme has been the establishment of a Community Reference Group. As well during the year, AHPRA:

- held community briefings in each state and territory, and

- established a partnership with the Consumers Health Forum (CHF), which included a benchmark survey of community views and awareness of the National Scheme, and promoting attendance at the briefings through CHF members.

AHPRA recruited members to the Community Reference Group in the first half of 2013 and the group had its first meeting in June 2013. This is the first time a national group of this kind, with a focus on health practitioner regulation, has been established in Australia.

The group has a number of roles, including providing feedback, information and advice on strategies for building better knowledge in the community about health practitioner regulation, but also advising AHPRA on how to better understand and, most importantly, meet, community needs.

While the group is a conduit between communities and AHPRA/National Boards, it is not representative of particular communities. Rather, members of the group represent only themselves and share their opinions as individuals. The group does not discuss individual registration or notifications matters, and is advisory.

The Community Reference Group consists of members from the community who are not registered health practitioners. Details of the members of the group can be found in Appendix 7.

Our work with governments, education providers and other agencies

We continue to work closely with governments, education providers and other agencies interested in health practitioner regulation. Our work with education providers includes accreditation (see page 110); student registration (see 105); and online services for graduates. During the year, we have continued our Memoranda of Understanding with a range of partner organisations:

- **Health complaint entities** – AHPRA has signed a Memorandum of Understanding which sets out the arrangements in place with the health complaints entities in each state and territory to make sure the appropriate organisation investigates community concerns about registered health practitioners.
- **Data sharing** – AHPRA has signed Memoranda of Understanding with AIHW and HWA in relation to sharing information and exchanging data on Australian health practitioners.

Routinely, AHPRA works with governments to keep them informed about the National Scheme. There were significant events in both Queensland and Victoria during the year.

On 4 June 2013, the Queensland Minister for Health, the Hon. Lawrence Springborg, introduced to the Queensland parliament the Health Ombudsman Bill 2013. At June 30 2013, the Bill was in a parliamentary committee process and AHPRA nationally and in Queensland, along with National Boards, will be involved in consultations as required by the committee. We are committed to working towards the smooth implementation of new arrangements.

A Victorian parliamentary inquiry is also reviewing many aspects of our work from a state-specific viewpoint. The National Boards and AHPRA made submissions to – and appeared before – the Legislative Council's Legal and Social Issues Legislation Committee's inquiry into the performance of AHPRA. Our submissions – and transcripts of appearances by a range of parties – are published on the Parliament of Victoria website. The committee is due to report at the end of 2013.

Registration

KEY POINTS

- **592,470 health practitioners in 14 professions registered to practise in Australia**
- **Growth in registrant numbers in all professions**
- **63,113 applications for registration across all professions**
- **More than 120,000 students studying to be health practitioners in Australia**
- **60,053 criminal record checks → 3,284 (5%) criminal history → 29 actions to limit registration**

The core role of AHPRA and the National Boards is to protect the public and facilitate access to health services. One of the ways we do this is by making sure that only those practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

More information on the standards set by the National Boards is included on the website of each National Board.

The bulk of registration activity at AHPRA relates to managing applications from new applicants and renewal applications. However, the registration function also extends to include a wide range of other activities, from managing practitioners with limited and provisional registration, to issuing registration certificates and certificates of registration status.

A key challenge in health practitioner regulation is balancing the at-times competing priorities of workforce supply and the safety and quality of health services delivered to the Australian public. Assessing and making determinations about eligibility for registration is not just an administrative process. To undertake its statutory role responsibly, AHPRA makes sure its processes support a thorough assessment of

Case study: Optometry registration

Before the introduction of the National Scheme there was a well-established CPD program for the optometry profession, through the professional association. The move to compulsory CPD requirements aligned with registration has allowed the Board to develop a quality framework and structure for the CPD undertaken by optometrists.

The Optometry Board of Australia is now in a position to work with the profession to develop a commitment to life-long learning and the maintenance and development of their knowledge and skills so that they can contribute over time to the increasing eye health needs of the public. The public can also be assured of quality and safety in the ongoing development of the profession.

The Board has also made use of the limited registration provisions of the National Law; something new for the profession. Limited registration for postgraduate training or supervised practice allows overseas-trained optometrists to familiarise themselves with practising the profession in Australia while qualifying for general registration.

The Board is also finalising a registration standard for limited registration for teaching or research. These registrants will be a valuable resource for the training of optometrists.

applications for registration. It aims to do this in a timely way. Data from June 2013 indicate that on average, it took less than six weeks for even the most complex, complete applications to be finalised. For example, averaged across all professions, the data show AHPRA and the National Boards finalised complete applications for:

- general registration in 35 days
- limited registration in 38 days (these are the most complex applications)
- non-practising registration in eight days
- provisional registration in 20 days, and
- specialist registration in 18 days.

Case study: Registration with health conditions

A nursing and midwifery graduate correctly declared a health impairment in their application for registration with the Nursing and Midwifery Board of Australia.

Through the application assessment process, a Board-approved health practitioner conducted a health assessment of the applicant and identified that they were not suitable for registration due to the disclosed impairment.

The health assessment findings were discussed with the applicant in the presence of the assessing health practitioner.

A state board of the Nursing and Midwifery Board of Australia proposed to refuse registration due to the result of the health assessment, conducted because of the applicant's declaration.

The applicant appealed the proposal to refuse, providing evidence of a second medical opinion. As a result, the applicant was granted general registration by the Board, subject to conditions.

Conditions included that the practitioner:

- complete a graduate nursing program
- remain in the care of an appropriate mental health practitioner
- provide reports from their employer to AHPRA at the completion of three, six, nine and 12 months of their graduate nursing program
- provide reports from their mental health practitioner to AHPRA at three, six, nine and 12 months from the commencement of their graduate nursing program
- these conditions be reviewed in 12 months.

Subsequently the practitioner applied for removal of the conditions from their registration after meeting all requirements.

Because the practitioner demonstrated that they could provide safe, effective healthcare, the Board removed the conditions, satisfied that the interests of the public were protected.

Registration types

Under the National Law, there are consistent types of registration between professions across states and territories:

- **General registration** means a practitioner is either Australian-qualified, or has met the requirements of the relevant accreditation authority for training to be recognised as equivalent to accredited training in Australia; practitioners with general registration usually do not need to be supervised.
- **Specialist registration** means a practitioner has undergone additional training in a particular field of practice and has met the requirements of the relevant board, accreditation authority and/or specialist college to be recognised as specialising in that particular field; specialist registration applies to the medical, dental and podiatry professions.
- **Provisional registration** is granted to new practitioners of a profession, such as medical interns; provisional registrants are supervised and must meet a number of requirements, including regular reports on their progress from their supervisors before

progressing to general registration. For some professions, provisional registration is also granted in circumstances where overseas-qualified registrants are being assessed under supervision, or for practitioners returning to the profession after a break in practice.

- **Student registration** was launched nationally for the first time in Australia in April 2011. There are currently more than 120,000 students studying to be health practitioners in Australia (see Table 113 on page 130). A register of these currently enrolled students is maintained by AHPRA as part of the national register, with details collected from education providers. This register is not publicly available.
- **Limited registration** covers a number of sub-types of registration, including practising in an area of need, teaching and research, and in the public interest. It applies requirements to registration, such as allowing a practitioner to practise only at a specific location and/or in a particular field of a profession. Practitioners with limited registration must be supervised by practitioners with general registration. Many overseas-trained practitioners apply for limited registration so they may practise while undergoing further training to achieve full registration in Australia. There are specific registration application processes that apply to overseas-qualified health practitioners.
- **Non-practising registration** covers practitioners who have retired from practice, are not practising temporarily (for example, if they are on parental leave), or who are not practising in Australia but are practising overseas.

The time it takes to assess and process applications for registration varies according to the type of registration requested and the requirements of the application. Routine applications take less time to manage and assess than more complex registration applications.

More information about our registration processes is published on our website at www.ahpra.gov.au/registration

Annual renewal of registrations

Health practitioners in Australia must renew their registration annually. These renewals are due when registrations expire each year (see page 104 for improvements to our renewal processes during the year).

In the National Scheme, the annual registration renewal of the majority of practitioners is coordinated into three key dates:

- nurses and midwives are due to renew by 31 May each year
- most of the medical profession is due to renew by 30 September each year, and
- all other professions in the National Scheme, including

SCALE

Number of registrants

the four new professions which joined in July 2012, are due to renew by 30 November each year.

How many applications for registration were received?

In 2012/13, AHPRA received 63,113 applications for registration across all professions. This is a reduction from the 79,355 applications received in 2011/12.

There was a larger number of applications for registration from March 2012 because of the four professions which joined the scheme on 1 July 2012 (Aboriginal and Torres Strait Islander health practice, Chinese medicine, medical radiation practice and occupational therapy). These applications were from practitioners in states and territories in which these professions were not previously registered. This resulted in a high initial rate of application in that year. Applications for other professions (other than medicine and psychology) have also marginally decreased in 2012/13, with the largest decrease in numbers in nursing.

The highest number of applications received continues to be from nursing and midwifery applicants, with 44.1% or 27,821 applications. This was followed by medicine with 24.9% or 15,751 applications, and psychology with 7.3% or 4,624 applications. NSW was most frequently nominated as the intended principal place of practice by applicants, with 18,333 applicants (29%). See Table A8 in Appendix 8 for a breakdown of applications for registration received by type and state/territory.

Case study: Criminal history

A medical practitioner failed to renew their registration on time, so they submitted a fast-track application for a new registration. A criminal history check revealed the practitioner had recently been charged with several offences, including leaving the scene of an accident, assault and refusing to take a blood alcohol test.

As the charges were considered to be serious, and a possible indicator of relapse into a previous health issue (alcohol abuse), the matter was referred to the Medical Board of Australia's Registration Committee for consideration.

AHPRA was subsequently advised that the practitioner had been arrested and charged with conspiring to cause harm or death. The Medical Board of Australia refused the practitioner's application for registration on the grounds of suitability.

The outcome of the criminal investigation was that the practitioner was remanded for 18 months and received psychiatric treatment.

AHPRA's process of conducting criminal history checks alerted the Board to the criminal matter and by refusing the practitioner's application for registration the Board was able to protect the public.

Criminal record checks

Under the National Law, applicants for initial registration must undergo criminal record checks. National Boards may also require criminal record checks at other times. 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 within the preceding 12 months. While a failure to disclose a criminal history by a registered health practitioner does not constitute an offence under the National Law, such a failure may constitute behaviour for which a National Board may take health, conduct or performance action.

The criminal record check is undertaken by an independent agency which provides a criminal history report. 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. The criminal history reports are used as one part of assessing an applicant's suitability to hold registration.

Results of criminal history checks

In 2012/13, AHPRA requested 60,053 criminal record checks of practitioners – 8,574 fewer than in 2011/12. This decrease is largely because AHPRA was not managing the entry of four new professions into the National Scheme, which last year required 16,182 additional checks of practitioners new to national regulation.

In 2012/13, of the 60,053 criminal record checks conducted, 3,284 (5%) results indicated that the applicant had a criminal history. This is a slight reduction from 2010/11 and 2011/2012 as recorded in *Table 108: National comparison of criminal history checks 2010/11, 2011/12 and 2012/13.*

As a result of the criminal history identified by the check, action was taken in 29 cases as follows: one application for registration was refused on the basis of the criminal history of the applicant and one application was refused with the criminal history one of the considerations in the refusal; in a further 27 cases conditions were imposed on the practitioner's registration or undertakings were entered into. In these cases, their criminal history was a direct (16) or contributory (11) factor in the limitations being imposed on their registration. Table 109 provides a breakdown of these cases by profession and state.

The National Law (sections 79 and 135) requires all criminal history to be released, regardless of where or when it originated. However, this is determined by the definition in each relevant state or territory of what constitutes 'criminal history'. For example, Tasmanian police include traffic offences in their definition of 'criminal history' and will release offences such as speeding and seatbelt use. Queensland police, on the other hand, do not include traffic offences in their definition of 'criminal history'. The 3,284 results indicating the applicant had a criminal history were released to AHPRA as 'disclosable court outcomes' (DCOs). More detail on DCOs arising from criminal history checks by each state and territory is recorded in *Table 110: Disclosable court outcomes by jurisdiction.*

Table 108: National comparison of criminal history checks 2010/11, 2011/12 and 2012/13

Financial year	Number of criminal history checks conducted	Number of DCOs	% of DCOs resulting from criminal history checks submitted
2010/11	52,445	2,992	6%
2011/12	68,627	4,067	6%
2012/13	60,053	3,284	5%

Table 109: Cases in 2012/13 where criminal history resulted in, or contributed to, imposition of conditions or undertakings by profession and state

Profession	NSW	NT	QLD	SA	VIC	WA	Total 2012/13
Chinese Medicine Practitioner	1						1
Chiropractor	1						1
Dental Practitioner	1						1
Medical Practitioner	2		2			4	8
Nurse	4	2	3			4	13
Pharmacist				1	1	1	3
Total 2012/13	**9**	**2**	**5**	**1**	**1**	**9**	**27**

Table 110: Disclosable court outcomes by jurisdiction

State/territory	Number of criminal history checks conducted	Number of DCOs	% of DCOs resulting from criminal history checks submitted
NT	449	56	12%
ACT	819	38	5%
TAS	1,179	165	14%
SA	4,528	387	9%
WA	6,123	552	9%
QLD	10,295	593	6%
VIC	19,717	474	2%
NSW	16,943	1,019	6%
Total	**60,053**	**3,284**	**5%**

Table 111: Disclosable court outcomes by profession

Profession	Number of criminal history checks conducted	Number of DCOs	% of DCOs resulting from criminal history checks submitted
Aboriginal and Torres Strait Islander Health Practitioner	86	42	49%
Chiropractor	851	79	9%
Chinese Medicine Practitioner	618	91	15%
Dental Practitioner	1,891	74	4%
Medical Practitioner	14,501	479	3%
Medical Radiation Practitioner	2		
Nurse and Midwife	27,717	1,910	7%
Optometrist	709	35	5%
Osteopath	181	11	6%
Occupational Therapist	2,668	106	4%
Pharmacist	3,863	138	4%
Physiotherapist	2,197	75	3%
Podiatrist	321	8	2%
Psychologist	4,448	236	5%
Total	**60,053**	**3,284**	**5%**

While NSW recorded the highest number of DCOs arising from criminal record checks, Tasmania recorded the highest proportion of DCOs returned (14% compared to an average of 8% across jurisdictions). This is a consequence of the different definitions of criminal history in each state and territory police jurisdiction. This proportional result for Tasmania is also consistent with the results from the previous year. In Victoria, only 474 (2%) of the 19,717 criminal record checks submitted returned a DCO. The Victorian jurisdiction operates under a comparatively narrower definition of 'criminal history', coupled with a relatively stringent information release policy. As a result, fewer types of information are considered to be 'criminal history' and are not released.

The 2012/13 financial year is the first year that data have been available for all professions.

The two professions with the highest number of DCOs were nursing and midwifery (1,910) and medical (479). Nursing and midwifery and medical are also the two professions for which the highest number of criminal history checks were conducted. While nursing and midwifery and medical returned the highest numbers of DCOs, the Aboriginal and Torres Strait Islander health practice and Chinese medicine professions

returned the highest proportion of DCOs (49% and 15% respectively).

National Boards do not consider criminal history information that is not relevant to registration as a health practitioner. Each National Board refers to the criminal history registration standard that details what the Board expects in relation to criminal history information and how this links to registration.

Registration data 2012/13

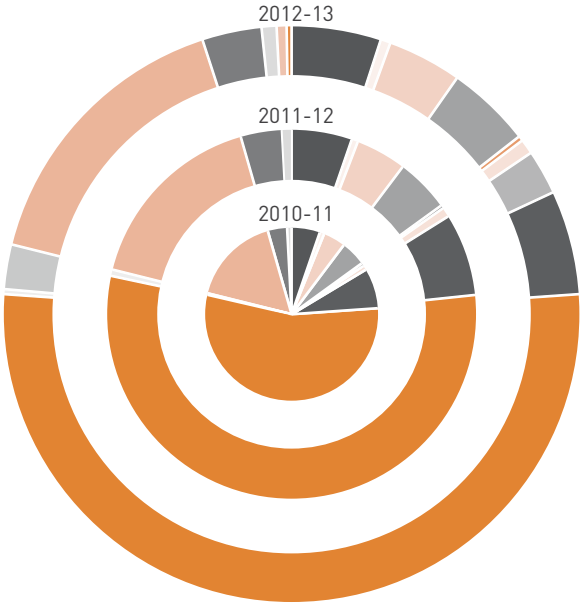
There were 592,470 health practitioners in 14 professions registered to practise in Australia on 30 June 2013.

Holding registration means that the relevant National Board has assessed that the practitioner is safe and competent to practise in the profession. It may not mean the practitioner is actively working in that profession at the time. Registration is separate from employment.

What are the main trends in the number of registered health practitioners?

All professions experienced a growth in registration numbers since June 2012. Nursing and midwifery, the profession with the most practitioners (with 309,770 nurses, 2,434 midwives and 33,751 practitioners registered as both nurses and midwives), experienced a small overall increase of 1% from June 2012. The number of registered nurses and registered midwives increased, but there was a drop in the number of practitioners with dual registration as both a nurse and midwife. It would appear that a number of practitioners have chosen to continue with only one registration. This may reflect the impact of the registration standards introduced under the National Law relating to recency of practice and CPD, which apply separately to registration as a nurse and a midwife.

Figure 2: Registered practitioners by profession - three-year trend[1]



- Aboriginal and Torres Strait Islander Health Practitioner[2]
- Chinese Medicine Practitioner[2]
- Chiropractor
- Dental Practitioner
- Medical Practitioner
- Medical Radiation Practitioner[2]
- Midwife
- Nurse
- Nurse and Midwife
- Occupational Therapist[2]
- Optometrist
- Osteopath
- Pharmacist
- Physiotherapist
- Podiatrist
- Psychologist

Profession	Total 2012-13[2]	Total 2011-12	Total 2010-11
Aboriginal and Torres Strait Islander Health Practitioner[2]	300		
Chinese Medicine Practitioner[2]	4,070		
Chiropractor	4,657	4,462	4,350
Dental Practitioner	19,912	19,087	18,319
Medical Practitioner	95,690	91,648	88,293
Medical Radiation Practitioner[2]	13,905		
Midwife	2,434	2,187	1,789
Nurse	309,770	302,245	290,072
Nurse and Midwife[3]	33,751	39,271	40,324
Occupational Therapist[2]	15,101		
Optometrist	4,635	4,568	4,442
Osteopath	1,769	1,676	1,595
Pharmacist	27,339	26,548	25,944
Physiotherapist	24,703	23,501	22,384
Podiatrist	3,873	3,690	3,461
Psychologist	30,561	29,645	29,142
Total 2012-13[2]	**592,470**		
Total 2011-12		**548,528**	
Total 2010-11			**530,115**

Notes:

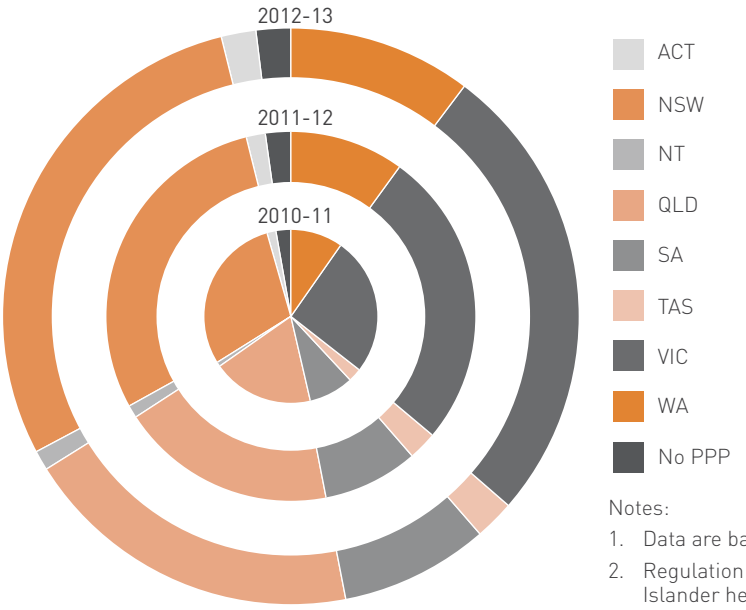
1. Data are based on registered practitioners as at 30 June 2013.
2. National regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, commenced on 1 July 2012.
3. Practitioners who hold dual registration as both a nurse and a midwife.

Table 112: Registered practitioners by profession by principal place of practice[1]

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[3]	Total 2012-13[2]	Total 2011-12	Total 2010-11	% Change 2011/12-2012/13
Aboriginal and Torres Strait Islander Health Practitioner[2]	1	21	228	31	4	1	7	7		**300**			
Chinese Medicine Practitioner[2]	62	1,649	12	785	157	33	1,151	192	29	**4,070**			
Chiropractor	61	1,564	23	724	360	47	1,260	529	89	**4,657**	**4,462**	**4,350**	**4.37%**
Dental Practitioner	372	6,204	138	3,890	1,681	331	4,633	2,340	323	**19,912**	**19,087**	**18,319**	**4.32%**
Medical Practitioner	1,894	30,333	992	18,413	7,403	2,128	23,402	9,426	1,699	**95,690**	**91,648**	**88,293**	**4.41%**
Medical Radiation Practitioner[2]	230	4,575	110	2,806	1,043	272	3,528	1,249	92	**13,905**			
Midwife	59	447	46	404	384	10	747	274	63	**2,434**	**2,187**	**1,789**	**11.29%**
Nurse	4,953	83,741	3,506	59,279	29,060	7,622	82,196	32,475	6,938	**309,770**	**302,245**	**290,072**	**2.49%**
Nurse and Midwife[4]	645	10,713	554	6,681	2,380	688	8,654	3,192	244	**33,751**	**39,271**	**40,324**	**-14.06%**
Occupational Therapist[2]	229	4,264	134	3,059	1,199	253	3,634	2,248	81	**15,101**			
Optometrist	74	1,589	27	916	240	81	1,199	375	134	**4,635**	**4,568**	**4,442**	**1.47%**
Osteopath	31	515	1	155	36	43	915	51	22	**1,769**	**1,676**	**1,595**	**5.55%**
Pharmacist	447	8,460	194	5,361	1,987	656	6,815	2,984	435	**27,339**	**26,548**	**25,944**	**2.98%**
Physiotherapist	467	7,191	156	4,594	2,017	399	6,166	3,052	661	**24,703**	**23,501**	**22,384**	**5.11%**
Podiatrist	47	1,001	14	655	381	93	1,247	413	22	**3,873**	**3,690**	**3,461**	**4.96%**
Psychologist	793	10,289	219	5,444	1,525	519	8,220	3,250	302	**30,561**	**29,645**	**29,142**	**3.09%**
Total 2012-13[2]	**10,365**	**172,556**	**6,354**	**113,197**	**49,857**	**13,176**	**153,774**	**62,057**	**11,134**	**592,470**			
Total 2011-12	**9,601**	**160,545**	**5,581**	**103,730**	**46,397**	**12,489**	**143,643**	**55,729**	**10,813**		**548,528**		
Total 2010-11	**8,976**	**156,139**	**5,121**	**99,850**	**44,441**	**12,407**	**137,361**	**52,111**	**13,709**			**530,115**	

Notes:
1. Data are based on registered practitioners as at 30 June 2013.
2. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, commenced on 1 July 2012.
3. No principal place of practice (PPP) will include practitioners with an overseas address.
4. Practitioners who hold dual registration as both a nurse and a midwife.

Figure 3: Registered practitioners by state - three-year trend[1]



	2012-13[2]	2011-12	2010-11
ACT	10,365	9,601	8,976
NSW	172,556	160,545	156,139
NT	6,354	5,581	5,121
QLD	113,197	103,730	99,850
SA	49,857	46,397	44,441
TAS	13,176	12,489	12,407
VIC	153,774	143,643	137,361
WA	62,057	55,729	52,111
No PPP	11,134	10,813	13,709
Total	592,470	548,528	530,115

Notes:
1. Data are based on registered practitioners as at 30 June 2013.
2. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, commenced on 1 July 2012.

The number of medical practitioners, the second largest group (with 95,690 practitioners registered), increased by 4.41%. The number of psychologists increased by 3.09% to 30,561 practitioners; pharmacists increased by 2.98% to 27,339 practitioners; physiotherapists increased by 5.11% to 24,703 practitioners; and dentists, dental specialists, dental therapists, dental hygienists, oral health therapists and dental prosthetists, who make up dental practitioners, increased by 4.32% to 19,912.

For the remaining professions: optometry increased by 1.47% to 4,635 practitioners; chiropractic increased by 4.37% to 4,657 practitioners; podiatry increased by 4.96% to 3,873 practitioners; and osteopathy increased by 5.55% to 1,769 practitioners.

For the four new professions that joined the scheme on 1 July 2012, national registrant numbers are available and published for the first time. Aboriginal and Torres Strait Islander health practitioners have 300 practitioners; there are 4,070 registered Chinese medicine practitioners; 13,905 medical radiation practitioners; and 15,101 occupational therapists.

NSW has the largest number of registered practitioners, with 172,556 practitioners across the 14 professions. This is followed by Victoria (153,774 practitioners) and Queensland (113,197 practitioners). NSW generally has the largest number of practitioners in each individual profession, except for midwives, osteopaths and podiatrists, for which Victoria has the largest numbers of registered practitioners and Aboriginal and Torres Strait Islander health practitioners, for which the NT has the largest number of registered practitioners.

See *Table 112: Registered practitioners by profession and principal place of practice*.

There are many types of registration for health practitioners, including general registration, specialist registration, provisional registration, student registration, limited registration and non-practising registration. Most practitioners in Australia hold general registration, although there are more medical practitioners with general and specialist registration (47,210 practitioners) than with general registration only (29,293 practitioners) or specialist registration only (7,016 practitioners).

There are more dental practitioners with general registration (17,590 practitioners) than with general and specialist registration (1,533 practitioners) or specialist registration only (26 practitioners). There are 5,151 medical practitioners with limited registration – typically international medical graduates working in areas of need or undertaking supervised training as they progress to general registration.

NSW continues to have the largest number of medical practitioners with limited registration (1,446 practitioners). There are 1,089 medical practitioners with limited registration (public interest – occasional practice), a type of registration only available as a one-off transition to the National Scheme and which only applies to practitioners who, on 30 June 2010 (or 18 October 2010 for practitioners in WA), held a type of registration that allowed them to refer and/or prescribe, but not receive a fee for providing that service. The National Law does not allow the National Board to grant this type of registration to new applicants.

Nursing and midwifery has the largest number of practitioners with non-practising registration (3,925), followed by medicine (2,377 practitioners) and psychology (1,268). See Table A2 in Appendix 8 for a full breakdown of registered practitioners by profession, principal place of practice and registration type.

How many students are registered?

Under the National Law, the National Boards for each of the 14 professions have the power to register students. Student registration started on 31 March 2011 for chiropractic, dental, medical, nursing, midwifery, optometry, osteopathy, pharmacy, physiotherapy and podiatry professions. On 1 July 2012, Chinese medicine, medical radiation practice, occupational therapy and Aboriginal and Torres Strait Islander health practice professions joined the National Scheme for which student registration also applies. The Psychology Board of Australia does not register students. Psychology students need to apply for provisional registration.

The register of students is not publicly available and the role of the National Boards in relation to students is limited to student health impairment matters or when there is a criminal charge or conviction of a serious

Table 113: Student registration numbers[1]

Profession	Approved program of study students[2] by expected completion date	Clinical training students[3] by expected completion date	Annual Total
Aboriginal and Torres Strait Islander Health Practitioner	69		**69**
Chinese Medicine Practitioner	1,154	15	**1,169**
Chiropractor	1,130	268	**1,398**
Dental Practitioner	3,823		**3,823**
Medical Practitioner	17,618	1,816	**19,434**
Medical Radiation Practitioner	3,013	560	**3,573**
Midwife	3,501	13	**3,514**
Nurse	61,615	836	**62,451**
Occupational Therapist	4,748	1,132	**5,880**
Optometrist	597	682	**1,279**
Osteopath	555	191	**746**
Pharmacist	7,616	269	**7,885**
Physiotherapist	5,853	2,308	**8,161**
Podiatrist	1,612	128	**1,740**
Total	**112,904**	**8,218**	**121,122**

Notes:

1. Figures have been calculated based on the numbers of students who hold a registration in a profession and not the total number of registrations. This is to try and minimise students who hold multiple registrations in the same profession skewing the numbers. However, registrations that have been incorrectly recorded in the wrong profession, or that should be counted as a clinical training registration rather than an approved program of study registration and vice versa, have not been able to be corrected at this point in time.
2. Approved programs of study refers to those students enrolled in a course that has been approved by a National Board and leads to general registration.
3. Clinical training has been defined as any form of clinical experience (also known as clinical placements, rotations etc.) in a health profession that does not form part of an approved program of study AND the person does not hold registration in the health profession in which the clinical training is being undertaken. This obligation is imposed by section 91 of the National Law. This might apply, for example:
   a) when an overseas student arranges a clinical placement as part of the course requirements set out by the education provider in their home country
   b) when an education provider is running a course that is accredited by an accreditation authority but has not yet been approved by a National Board
   c) when an education provider is running a course that has not yet been accredited by an accreditation authority OR approved by a National Board.

   A clinical training education provider could be a university, registered training organisation, hospital, health facility, private practice or retail outlet (e.g. retail pharmacy). Because clinical training providers are unknown to AHPRA, there is no way of verifying whether the clinical training figures are indeed correct. Due to the nature of the clinical training provisions in the National Law, it is likely that numbers will fluctuate each year.

nature, either of which may adversely affect public safety. National Boards have no role to play in the academic progress or conduct of students. This continues to be a core responsibility of education providers.

There were 121,122 students registered across Australia on 30 June 2013. The largest numbers of students were studying nursing (62,451 students), followed by medicine (19,434 students) and physiotherapy (8,161 students). Most students (112,904 students) were undertaking approved programs of study (a course approved by a National Board which leads to general or provisional registration). 1 July 2012 saw students registered for the first time in Aboriginal and Torres Strait Islander health practice, Chinese medicine, medical radiation practice and occupational therapy professions.

Student numbers are derived from student data updates supplied by education providers in March and August each year. As such, numbers are cumulative and reflect the number of students who still have an active registration on 30 June 2013, based on the expected completion date supplied by the education provider. Therefore, in some instances, these numbers may not align with student numbers collected by other entities whose data fluctuates based on student participation. AHPRA continues to work with education providers to ensure that the data they provide for student registration are accurate and complete.

During the year, AHPRA has helped streamline the allocation of medical interns to placements, by introducing an intern placement number so the same intern can't be allocated different placements at the same time.

How old are registered practitioners?

The largest group of registered practitioners across the 10 professions is aged 25 to 29 years (74,071 practitioners), followed by practitioners aged 30 to 34 years (73,623 practitioners) and practitioners aged 50 to 54 years (73,014 practitioners). The age group 25 to 35 years represents 25% of the total number of registered practitioners. The smallest group of registered practitioners across the professions is aged 80-plus years (2,177 practitioners), representing 0.4% of the total number of registered practitioners.

The medical profession has the largest proportion of practitioners aged 80-plus years (1.8% of medical practitioners), followed by pharmacy (0.5% of pharmacy practitioners). Midwifery has the largest proportion of practitioners aged 20 to 24 years (9.8% of midwives), followed by medical radiation (9% of medical radiation practitioners). On a per-profession basis, the largest age groups are:

- Aboriginal and Torres Strait Islander health practitioners: 40 to 44 years (19.3%)
- Chinese medicine practitioners: 50 to 54 years (15.3%)
- Chiropractors: 30 to 34 years (16.36%)
- Dental practitioners: 30 to 34 years (15.4%)
- Medical practitioners: 35 to 39 years (13.5%)
- Medical radiation practitioners: 25 to 29 years (20.4%)
- Nurses and midwives: 50 to 54 years (14.3%)
- Occupational therapists: 25 to 29 years (22.9%)
- Optometrists: 30 to 34 years (14.7%)
- Osteopaths: 30 to 34 years (22.7%)
- Pharmacists: 25 to 29 years (22.3%)
- Physiotherapists: 25 to 29 years (20.6%)
- Podiatrists: 25 to 29 years (21.3%), and
- Psychologists: 30 to 34 years (14.9%).

See Table A4 and Table A5 in Appendix 8 for full details of registered practitioners by profession and age range.

What is the sex of registered practitioners?

There are more females than males practising psychology, nursing and midwifery, podiatry, physiotherapy, pharmacy, occupational therapy, medical radiation and Aboriginal and Torres Strait Islander health practice. In Chinese medicine and osteopathy, there are also more females than males but the numbers are finely balanced: 52.9% of Chinese medicine practitioners are female and 52.1% of osteopaths. There are more males practising medicine and chiropractic. Those practising in the dental and optometry professions are also predominantly male but again the gender balance is more closely balanced (52.9% of dental practitioners are male and 50.7% of optometrists are male).

In many cases, previous state and territory boards did not record data on gender. Data transition gaps have been further addressed during 2012/13, resulting in the number of practitioners with no identified gender being reduced to 1,853. These are all within the professions of pharmacy, physiotherapy and podiatry. By 2013/14, AHPRA expects to have eliminated these data gaps.

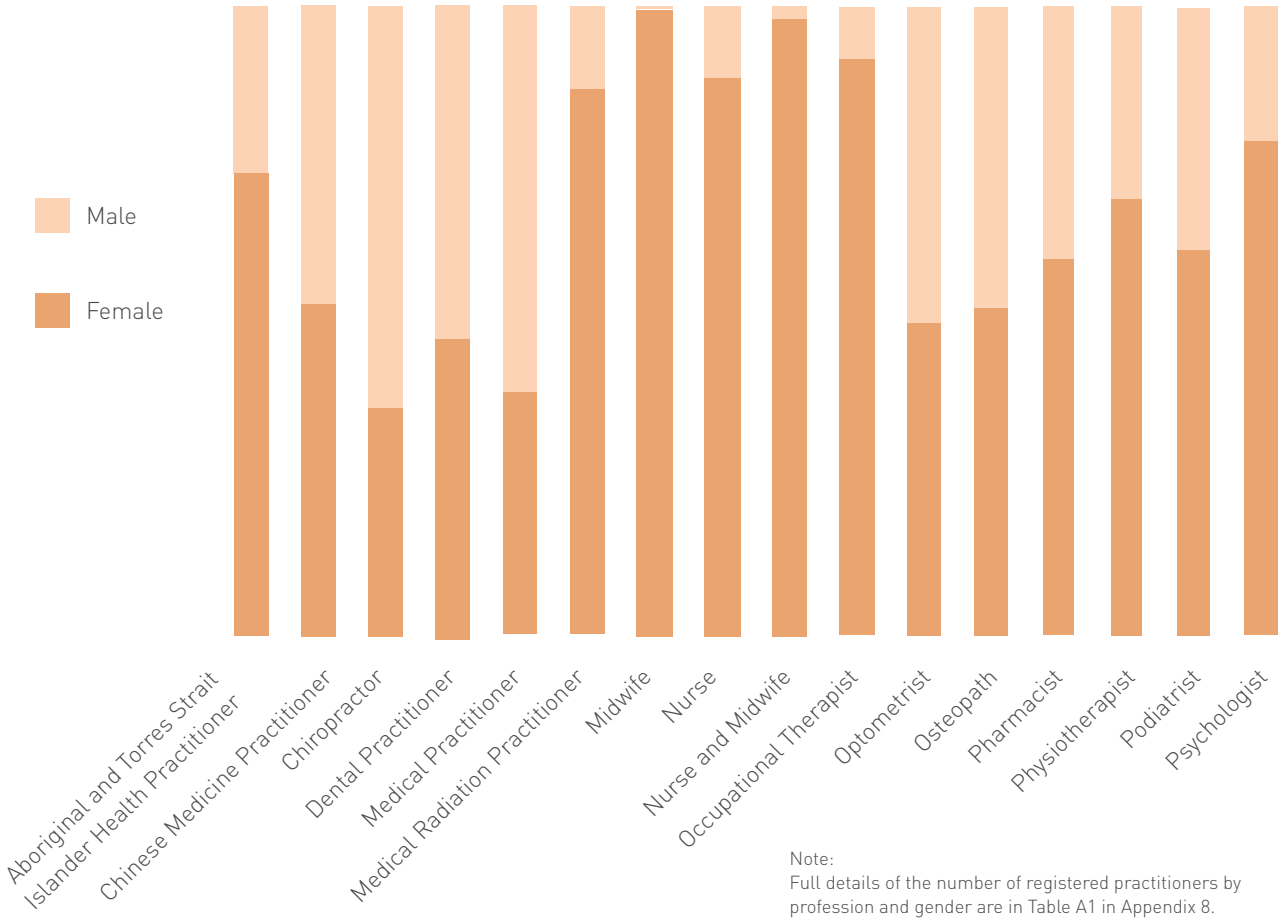
As a proportion of the total number of practitioners registered in a profession, males have the highest representation in chiropractic, with 63.7% of chiropractors recorded as male (see Figure 4). Females have the highest representation in midwifery, with 99.7% of midwives-only recorded as female. See Table A1 in Appendix 8 for full details of registered practitioners by profession, principal place of practice and gender.

How many practitioners have specialist registration?

The National Scheme provides for specialist registration, including approved lists of specialties and protected specialist titles for medical specialists, dental specialists and podiatric surgeons. There were 61,072 specialists registered across three professions (dental practice, medical practice and podiatry) in Australia at 30 June 2013. Of these, 1,613 practitioners were dental specialists; 59,433 were medical specialists; and 26 were podiatric surgeons.

NSW was the principal place of practice nominated by the largest groups of dental and medical specialists (nominated by 493 practitioners with a dental specialty and 18,847

Figure 4: Registered practitioners by profession and gender as a proportion of total profession registrations



Note:
Full details of the number of registered practitioners by profession and gender are in Table A1 in Appendix 8.

practitioners with a medical specialty). WA was the principal place of practice nominated by the largest group of podiatric surgeons (11 practitioners). The largest group of practitioners with a dental specialty was registered to practise orthodontics (585 practitioners), with the largest group of these nominating NSW as the principal place of practice (187 practitioners). The smallest group of practitioners with a dental specialty was registered to practise dento-maxillofacial radiology (nine practitioners).

The largest group of practitioners with a medical specialty was registered to practise in the specialty of general practice (23,343 practitioners), with the largest group of these nominating NSW as the principal place of practice (7,430 practitioners).

The smallest groups of practitioners with a medical specialty were registered to practise sports and exercise medicine (114 practitioners), and sexual health medicine (113 practitioners).

See Table A7 in Appendix 8 for a full breakdown of health practitioners with specialties.

How many practitioners have an endorsement on their registration?

Endorsement of a practitioner's registration is a mechanism under the National Law through which particular groups of practitioners, who have an additional qualification or advanced practice recognised by the relevant National Board, can be identified through the national register. An endorsement on registration indicates that a practitioner has expertise in an advanced area of practice in addition to the level of training required for general registration in the profession.

Nine of the 14 professions (excluding Aboriginal and Torres Strait Islander health practice, Chinese medicine, medical radiation, pharmacy and occupational therapy) have endorsements on registration.

There are 1,499 optometrists, 440 nurses, 51 podiatrists and three midwives with an endorsement for scheduled medicines. There are 352 medical practitioners, 38 chiropractors, nine physiotherapists and three osteopaths with an endorsement for acupuncture. There are 174 eligible midwives in Australia, with Queensland recording the highest number of eligible midwives (74). Having a notation made on

Table 114: Registered practitioners by profession, principal place of practice and endorsement or notation

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP [1]	Total 2012-13	Total 2011-12	Total 2010-11
Chiropractor							38			**38**	**38**	
Acupuncture							38			**38**	**38**	**40**
Dental Practitioner	4	48	2	18	1	2	6	8		**89**	**90**	
Conscious Sedation	4	48	2	18	1	2	6	8		**89**	**90**	**64**
Medical Practitioner		45		35	11	8	231	22		**352**	**245**	
Acupuncture		45		35	11	8	231	22		**352**	**245**	**221**
Nurse	31	198	15	565	66	24	165	134	5	**1,203**	**1,521**	
Nurse Practitioner	30	182	8	199	64	22	127	128	3	**763**	**736**	**512**
Scheduled Medicines	1	16	7	366	2	2	38	6	2	**440**	**784**	**384**
Midwife		34		75	12	4	33	19		**177**	**122**	
Midwife Practitioner											**1**	
Eligible Midwives		34		74	12	4	31	19		**174**	**121**	**97**
Scheduled Medicines				1			2			**3**	**1**	
Optometrist	22	312	9	256	95	54	636	98	17	**1,499**	**1,278**	
Scheduled Medicines	22	312	9	256	95	54	636	98	17	**1,499**	**1,278**	**970**
Osteopath							3			**3**	**3**	
Acupuncture							3			**3**	**3**	**3**
Physiotherapist							9			**9**	**9**	
Acupuncture							9			**9**	**9**	**9**
Podiatrist		2		1	5		18	25		**51**	**47**	
Scheduled Medicines		2		1	5		18	25		**51**	**47**	**42**
Psychologist[2]	177	2,591	36	1,112	570	173	2,406	1,107	53	**8,225**	**7,163**	
Area of Practice	177	2,591	36	1,112	570	173	2,406	1,107	53	**8,225**	**7,163**	**6,391**
Total	**234**	**3,230**	**62**	**2,062**	**760**	**265**	**3,545**	**1,413**	**75**	**11,646**	**10,516**	

Notes
1. No principal place of practice (PPP) will include practitioners with an overseas address.
2. See *Table 115: Nature of area of practice endorsements held by psychologists* for details.

Table 115: Nature of area of practice endorsements held by psychologists

	No. of endorsements		
Area of practice sub-type	**Total 2012-13**	**Total 2011-12**	**Total 2010-11**
Clinical Neuropsychology	521	462	395
Clinical Psychology	5,965	5,151	4,523
Community Psychology	51	48	44
Counselling Psychology	864	803	758
Educational and Developmental Psychology	516	457	441
Forensic Psychology	463	395	336
Health Psychology	272	223	173
Organisational Psychology	408	359	334
Sport and Exercise Psychology	82	69	69
Total[1]	**9,142**	**7,967**	**7,073**

Notes
1. A number of psychologists hold one or more area of practice endorsements.

the register of midwives as an eligible midwife indicates the applicant is qualified to provide pregnancy, labour, birth and postnatal care to women and their infants, including the capacity to provide associated services and order diagnostic investigations appropriate to the eligible midwife's scope of practice. An eligible midwife may also prescribe scheduled medicines in accordance with relevant state and territory legislation once an endorsement for scheduled medicines under Section 94 of the National Law has been attained. See *Table 114:*

Registered practitioners by profession, principal place of practice and endorsement or notation.

Psychology has the largest number of practitioners with an endorsement on registration (8,225 practitioners); specifically an area of practice endorsement. The approved areas of practice for endorsement of registration for psychologists are detailed in *Table 115: Nature of area of practice endorsements held by psychologists*.

Registration division

Chinese medicine, medical radiation, nursing and midwifery, and dental practice each have divisions of practitioners, representing professions of different levels of training and scope of practice contained within these professional groups.

Chinese medicine is made up of practitioners in the areas of acupuncture, Chinese herbal dispenser and Chinese herbal medicine; medical radiation comprises diagnostic radiographers, nuclear medicine technologists and radiation therapists; nursing and midwifery is made up of nurses (enrolled nurses and registered nurses) and midwives; dental practice comprises dental hygienists, dental therapists, oral health therapists, dental prosthetists, dentists (and dental specialists). Practitioners in all professions can hold registration in more than one division of that profession.

See Table A3 in Appendix 8 for full details of registered practitioners in these professions by division.

Notifications

KEY POINTS

- **8,648 notifications received in 2012/13, up from 7,594 in 2011/12**
- **14% increase in notifications lodged**
- **33% increase in mandatory notifications, varied across professions and states and territories**
- **Highest percentage increase in all notifications in psychology (up 28%); biggest volume increase in medicine (4,709 from 4,001)**
- **53% of notifications were about conduct, 8% about health, 38% about performance**
- **1.3% of 592,470 practitioners subject of a notification**
- **54% of notifications were about medical practitioners, who make up 16% of total practitioners**
- **266 immediate actions → 228 (86%) registration restricted**

In the National Scheme, a complaint about a registered health practitioner is called a 'notification'. They are called notifications because we are 'notified' about concerns or complaints, which AHPRA manages on behalf of the National Boards.

The role of the National Boards and AHPRA is to protect the public, including by managing notifications about health practitioners and, when necessary, restricting their registration and their practice in some way. Every notification received is carefully reviewed.

Notifications are dealt with by the National Boards. Different National Boards have established different structures for dealing with notifications, or have delegated decision-making to their committees in states and territories. See Appendix 1 for National Board and committee structures.

Anyone can make a complaint about a registered health practitioner's health, performance or conduct. A concern about a registered health practitioner can be raised by calling 1300 419 495; by filling in the notifications form and submitting it by post; or in person at an AHPRA office.

There is a different process in NSW. In NSW the Health Care Complaints Commission (HCCC) is the body that receives complaints. Go to www.hccc.nsw.gov.au for more information.

Who can make a notification?

Anyone, or any organisation, can make a notification to AHPRA, which receives it on behalf of a National Board. The person who has raised the concerns is called 'the notifier'.

Typically, notifications are made by patients or their families, other health practitioners, employers or representatives of statutory bodies. Most notifications are made by individuals with concerns about a registered health practitioner's health, conduct or performance.

The National Law provides protection from civil, criminal and administrative liability for people who make a notification in good faith.

Registered health practitioners, employers and education providers have mandatory reporting obligations imposed by the National Law.

Grounds for notification

Most notifications are made voluntarily. That is, an individual or organisation makes a notification because they want to raise a concern. They are not required to do so by the National Law.

People raise a range of concerns about registered health practitioners with AHPRA and the National Boards. AHPRA and the National Boards can only do something about concerns if they meet the legal grounds to be called a notification.

More information about the notifications received during the year are published in the following pages.

Mandatory notifications

All registered health practitioners have a professional and ethical obligation to protect and promote public health and safe healthcare. Under the National Law, health practitioners, employers and education providers also have mandatory reporting responsibilities.

The National Law requires practitioners to advise AHPRA or a National Board of 'notifiable conduct' by another practitioner or, in the case of a student who is undertaking clinical training, an impairment that may place the public at substantial risk of harm.

The threshold to require mandatory reporting is high. Registered health practitioners and employers have a legal obligation to make a mandatory notification if they have formed a reasonable belief that a health practitioner has behaved in a way that constitutes notifiable conduct in relation to the practice of their profession.

'Reasonable belief' is a term commonly used in legislation, including in criminal, consumer and administrative law. While it is not defined in the National Law, in general, a reasonable belief is a belief based on reasonable grounds.

Notifiable conduct by registered health practitioners is defined as:

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

Education providers have an obligation to make a mandatory notification if they have formed a reasonable belief that a student undertaking clinical training has an impairment that may place the public at substantial risk of harm.

In WA there is no legal requirement for treating practitioners to make mandatory notifications about patients (or clients) who are practitioners or students in one of the regulated health professions. However, all registered practitioners have a professional obligation to comply with professional and ethical standards set down by their National Boards.

There are specific exceptions to the requirements for all practitioners in Australia that relate to the circumstances in which the 'reasonable belief' is formed, for example in the medico-legal context.

Each National Board has published guidelines on mandatory notifications for its profession, which are published on each National Board's website.

National Boards have the power under the National Law to take action on the registration of a practitioner who does not comply with this mandatory reporting requirement. Ministers have the power to name employers that do not meet their mandatory reporting responsibilities.

Notifications process

There are a number of possible stages in the notifications process and they do not need to be completed in a linear sequence. Importantly, not every notification goes through all the possible stages. For example, many notifications are closed after assessment.

There is a nationally consistent process for managing notifications, which can include the following stages:

- lodgement
- assessment
- investigation
- health assessment
- performance assessment
- immediate action
- panel hearings, and
- tribunal hearings.

More information about all of these stages is published on our website, along with guides for notifiers and practitioners. Also see page 105.

In complex cases, a notification can be involved in more than one stage at the same time and can take a number of possible pathways. One of the features of the National Law is its flexibility, so the notifications process can be tailored to the issues involved.

AHPRA and the National Boards treat all notifications seriously. They are managed according to legal requirements, including confidentiality, privacy and principles of procedural fairness.

Working with health complaints entities

AHPRA and the National Boards work closely with the health complaints entities (HCEs) in each state and territory to make sure that the right organisation deals with

the concerns raised by the notification. There are different arrangements in NSW for dealing with notifications (see page 138 for details).

The role of HCEs is to resolve complaints or concerns, including through conciliation or mediation.

The role of the National Boards and AHPRA is to protect the public, including by managing notifications about health practitioners and, when necessary, restricting their registration and their practice in some way.

AHPRA and the National Boards have no power to resolve complaints. Our focus is on managing risk to the public.

HCEs deal with concerns about:	National Boards and AHPRA deal with concerns about health practitioners':
Health systems	Conduct
Health service providers (such as hospitals or community health centres)	Health
Fees and charges	Performance
Compensation	Advertising

Each entity has a role set down in the law and a different set of responsibilities. If a concern is raised with an HCE and it is referred to AHPRA for the National Boards to deal with, this is because the issues raised relate to the conduct, health or performance of an individual registered health practitioner.

Further information can be found on our *Working with health complaints entities* fact sheet at www.ahpra.gov.au/Notifications/About-notifications/Working-with-health-complaints-entities

Tribunals

A National Board can refer a matter to a tribunal for hearing. This happens when the allegations involve serious unprofessional conduct and allegations of professional misconduct. A panel may also refer a matter to a tribunal during a panel hearing if it considers the conduct amounts to professional misconduct; or the practitioner requests that it be referred to the tribunal.

Tribunals may caution, reprimand, impose conditions and suspend a practitioner's registration. Only a tribunal can cancel a person's registration and disqualify the person from applying for registration for a specified period.

There are tribunals in each state and territory (listed below), and the Board must refer a matter to the tribunal in the state or territory where the behaviour occurred. If the behaviour occurs in more than one state or territory, the responsible tribunal is the one where the practitioner's principal place of practice is located.

Tribunals are independent of the National Boards and AHPRA. When a National Board has referred a matter to a tribunal, the tribunal is responsible for determining the timeframe of hearings, conducting the hearing and delivering the tribunal's final decision. To meet its responsibilities for publication under the National Law, AHPRA provides links to the Australasian Legal Information Institute (Austlii) from its website, where tribunal decisions are published. Tribunals have discretion about the publication of decisions when these relate to consent orders, when a matter has been resolved directly by the parties without a hearing. AHPRA also maintains a public register of practitioners whose registration has been cancelled by a tribunal or court.

By law, tribunal proceedings are open to the public. In exceptional circumstances, the tribunal may suppress identifying information about the practitioner.

AHPRA and the National Boards have published a fact sheet about tribunals at: www.ahpra.gov.au/notifications

The data in Table 116 identify matters heard by tribunals throughout Australia during the reporting year. They include hearings held during the year about registered health practitioners in relation to health, conduct and performance issues. The table does not include appeals by practitioners about registration decisions made by National

State/Territory	Tribunal
New South Wales	Individual tribunals for each profession, for example, the Chiropractors Tribunal of NSW or Optometry Tribunal of NSW
Australian Capital Territory	Civil and Administrative Tribunal
Northern Territory	Health Professional Review Tribunal
Queensland	Civil and Administrative Tribunal
South Australia	Health Practitioners Tribunal
Tasmania	Health Practitioners Tribunal
Victoria	Civil and Administrative Tribunal
Western Australia	State Administrative Tribunal

Table 116: Decisions made by tribunals during 2012/13, by state and profession

	Aboriginal and Torres Strait Islander Health Practitioner	Chinese Medicine Practitioner	Chiropractor	Dental Practitioner	Medical Practitioner	Medical Radiation Practitioner	Nurse and Midwife	Occupational Therapist	Optometrist	Osteopath	Pharmacist	Physiotherapist	Podiatrist	Psychologist	Total
ACT					1										**1**
NSW			2	5	27		13				4	2		2	**55**
NT				1	1		2								**4**
QLD				2	17		7	1			15			1	**43**
SA					1		3								**4**
TAS					1		0								**1**
VIC		8	4	2	9		4				1			9	**37**
WA			1	1	23		9				2			2	**38**
Total		**8**	**7**	**11**	**80**		**38**	**1**			**22**	**2**		**14**	**183**

Boards. Tribunal decisions in NSW about the health, performance or conduct of registered health practitioners are published on the HCCC website at www.hccc.nsw.gov.au.

Notifications data 2012/13

The data published in this annual report detail the notifications received in the National Scheme from 1 July 2012 to 30 June 2013. The notifications relate to the conduct, performance and health of more than 592,000 practitioners registered under the National Scheme.

For the first time, this annual report details the stage of all notifications as at 30 June 2013. It also includes information about the length of time a matter had been at that stage.

Context

During the third year of the National Scheme, AHPRA and the National Boards have continued to manage notifications made since the start of the National Scheme, as well as the diminishing number of 'legacy' notifications made to state and territory boards before 1 July 2010, which transferred as ongoing cases into the National Scheme.

The 'legacy' notifications must be handled in ways consistent with the legislation previously in place in each state and territory. The exception is South Australia, where the law requires all continuing matters to be dealt with under the National Law, except those which were the subject of formal proceedings before a board or tribunal.

Outside South Australia, managing these legacy matters involves 65 different acts of parliament, each with different investigative requirements, possible outcomes and sanctions. As a result, this annual report provides only general information about the actions of the Boards in managing legacy notifications during 2012/13.

NSW is a co-regulatory jurisdiction. Notifications in NSW are handled by the HCCC and the NSW health professional councils supported by the HPCA. Data on notifications have been provided by the HPCA, wherever comparable data are available, to enable AHPRA to present a high-level, Australia-wide picture of 2012/13 notifications. Separate information about notifications in NSW is also published by the HPCA and the HCCC. Some detailed analysis of notifications data managed by AHPRA and the National Boards in this Annual Report does not include analysis of NSW cases. Each table indicates whether or not NSW data are included. AHPRA and the HPCA continue to work jointly to align data and definitions for future national reporting purposes.

The HPCA in NSW has provided more extensive data about notifications about NSW practitioners than was possible in previous years. This has enabled a national snapshot to be presented. Although notifications about practitioners in NSW are managed separately, the standards set by the National Boards also apply in NSW, so the expectations of practitioners are consistent across Australia.

In this third year of operation, the report is able to include comparative data, where available, for prior years to enable trend analysis.

With the incorporation of four new professions into the National Scheme from 1 July 2012, the notifications report for the 2012/13 year, for the first time, also includes

national data for Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners, medical radiation practitioners and occupational therapists. A comprehensive national picture of notifications and outcomes nationally is now emerging.

AHPRA continues an extensive program of work to ensure that common definitions and data sets are applied across AHPRA's work on notifications and to support comparability of data across time. This has resulted in some tightening of the reporting data each year, and means there is not always direct comparability between years. Any significant change between years is noted in the tables.

How many notifications were received?

There were 8,648 notifications received about health practitioners between 1 July 2012 and 30 June 2013 (compared to 7,594 received during 2011/12). For the first time, national data are available for notifications about practitioners in the four new professions to join the National Scheme. There were 110 notifications about practitioners in these four professions.

There has been an overall increase (14%) in notifications lodged during the year but this increase is variable across states and professions. The highest percentage increase has been in notifications about psychologists (up 28%) and the greatest increase in numbers has been in notifications about medical practitioners (up to 4,709 from 4,001).

Table 117: Notifications received in 2012/13 by profession and state or territory[1]

	ACT	NT	QLD	SA	TAS	VIC	WA[3]	2013 Sub Total[4]	NSW	2013 Total	2012 Total	2011 Total[5]
Aboriginal and Torres Strait Islander Health Practitioner[4]		4						**4**		**4**		
Chinese Medicine Practitioner[4]			3	2		6	2	**13**	17	**30**		
Chiropractor	1		11	6		26	6	**50**	22	**72**	**115**	**104**
Dental Practitioner	16	16	212	71	11	223	37	**586**	466	**1,052**	**992**	**1,322**
Medical Practitioner	115	60	1,154	275	108	989	331	**3,032**	1,677	**4,709**	**4,001**	**4,122**
Medical Radiation Practitioner[4]	2		9	1		7	2	**21**	5	**26**		
Midwife	2	2	39	9	1	8	1	**62**	7	**69**	**51**	**62**
Nurse	27	41	355	164	59	330	107	**1,083**	445	**1,528**	**1,401**	**1,238**
Nurse and Midwife			1					**1**		**1**		
Occupational Therapist[4]			12	23	1	5	1	**42**	8	**50**		
Optometrist	2		10	3		15		**30**	12	**42**	**54**	**55**
Osteopath						2		**2**	6	**8**	**17**	**19**
Pharmacist	5	5	82	21	9	93	31	**246**	183	**429**	**387**	**419**
Physiotherapist		2	16	10	1	15	9	**53**	30	**83**	**88**	**111**
Podiatrist		1	13		1	10	7	**32**	12	**44**	**43**	**55**
Psychologist	31	6	104	23	9	114	33	**320**	151	**471**	**367**	**390**
Not Identified[2]			21	8		1		**30**		**30**	**78**	**242**
2013 Total[4]	**201**	**137**	**2,042**	**616**	**200**	**1,844**	**567**	**5,607**	**3,041**	**8,648**		
2012 Total[6]	**176**	**86**	**1,548**	**497**	**219**	**1,571**	**519**	**4,616**	**2,987**		**7,594**	
2011 Total[6]	**175**	**108**	**1,924**	**771**	**230**	**1,712**	**377**	**5,297**	**2,840**			**8,139**

Notes:

1. Based on state and territory where the notification is handled for registrants who do not reside in Australia.
2. Profession of registrant is not always identifiable in the early stages of a notification.
3. 2011 data for WA is from 18 October 2010 when WA joined the National Scheme.
4. National regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, commenced on 1 July 2012.
5. Data for 2011 includes some inquiries that were not notifications. Data for later years includes only notifications.
6. NSW data revised since initial publication.

Table 118: Percentage of registrant base with notifications received in 2012/13 by profession and state or territory[1]

	ACT	NT	QLD	SA	TAS	VIC	WA	2013 Sub Total[4]	NSW	2013 Total[4]	2012 Total	2011 Total
Aboriginal and Torres Strait Islander Health Practitioner[4]		1.8%								1.3%		
Chinese Medicine Practitioner[4]			0.4%	1.3%		0.5%	1.0%	0.5%	0.9%	0.7%		
Chiropractor	1.6%		1.2%	1.7%		2.0%	1.1%	1.6%	1.3%	1.4%	2.0%	1.8%
Dental Practitioner	4.3%	8.0%	4.6%	3.1%	3.3%	4.1%	1.4%	3.7%	6.4%	4.4%	4.1%	5.8%
Medical Practitioner	4.4%	5.1%	5.3%	3.3%	4.4%	3.6%	3.1%	4.0%	4.7%	4.2%	3.5%	4.0%
Medical Radiation Practitioner[4]	0.9%		0.3%	0.1%		0.2%	0.2%	0.2%	0.1%	0.2%		
Midwife[2]	3.4%	4.3%	9.2%	2.1%	10.0%	0.8%	0.4%	3.0%	1.3%	2.6%	0.1%	0.1%
Nurse[3]	0.5%	1.0%	0.5%	0.5%	0.7%	0.4%	0.3%	0.5%	0.5%	0.4%	0.4%	0.3%
Occupational Therapist[4]			0.3%	1.9%	0.4%	0.1%	0.1%	0.4%	0.2%	0.3%		
Optometrist	2.7%		1.1%	1.3%		1.1%		1.0%	0.8%	0.9%	1.2%	1.1%
Osteopath						0.2%		0.2%	1.0%	0.4%	0.7%	1.0%
Pharmacist	1.1%	2.1%	1.4%	1.1%	1.1%	1.3%	1.0%	1.2%	2.0%	1.5%	1.1%	1.4%
Physiotherapist		1.3%	0.3%	0.5%	0.3%	0.2%	0.3%	0.3%	0.4%	0.3%	0.3%	0.5%
Podiatrist		7.1%	1.8%		1.1%	0.8%	1.2%	1.0%	1.1%	1.0%	1.3%	1.4%
Psychologist	1.5%	2.7%	1.4%	1.4%	1.7%	1.2%	0.9%	1.3%	1.3%	1.3%	1.0%	1.2%
2013 Total	**1.4%**	**1.8%**	**1.5%**	**1.1%**	**1.4%**	**1.0%**	**0.8%**	**1.2%**	**1.5%**	**1.3%**		
2012 Total	**1.7%**	**1.4%**	**1.4%**	**1.0%**	**1.6%**	**1.0%**	**0.9%**	**1.1%**	**1.5%**		**1.2%**	
2011 Total	**2.0%**	**2.0%**	**1.6%**	**1.5%**	**1.6%**	**1.0%**	**0.6%**		**1.5%**			**1.3%**

Notes:

1. Percentages for each state and profession are based on registrants whose profession has been identified and whose principal place of practice is an Australian state or territory. Notifications when the profession of the registrant has not been identified and registrants whose principal place of practice is not in Australia are only represented in the state and profession totals above.
2. The registrant base used for midwives includes registrants with midwifery or with nursing and midwifery registration.
3. The registrant base for nurses includes registrants with nursing registration or with nursing and midwifery registration.
4. National regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, commenced on 1 July 2012.

The notifications received relate to 1.3% of the 592,470 health practitioners registered under the National Scheme as at 30 June 2013. *Table 117: Notifications received in 2012/13 by profession and state or territory* details these. This is broadly consistent with previous years.

There was a 33% increase in the number of mandatory notifications made during the year. There is substantial variation in the rate of mandatory reporting between states and territories, and across professions. Queensland, with NSW, remains one of the states with the highest number of mandatory notifications, even though there was an overall decrease in the number of mandatory notifications made in Queensland during this period. Most mandatory notifications are about nurses, whereas most notifications overall are about medical practitioners.

What proportion of registrants is subject to a notification?

The proportion of registered health practitioners for each profession about whom a notification has been received is generally consistent with the patterns from 2012/13.

See *Table 118: Percentage of registrant base with notifications received in 2012/13 by profession and state or territory.*

Dental practitioners recorded the highest proportion of notifications in 2012/13 relative to the number of registrants, with notifications relating to 4.4% of dental registrants. This is marginally higher than the rate of 4.2% about medical

practitioners, which has increased from 3.5% in 2011/12. For all other professions, except for midwives, notifications about practitioners represent less than 1.5% of total registrants; for midwives, notifications relate to 2.6% of the registrant base.

In states and territories, the rate of notifications about practitioners ranges from 0.8% of the registrant base in Western Australia to 1.8% in the Northern Territory.

Which professions were notifications made about?

More than half of the notifications (4,709 or 54%) received nationally were received about medical practitioners, who represent 16% of registered health practitioners. Notifications about medical practitioners have increased by 18% since the previous year. Notifications about nurses and midwives account for 18% of the total notifications made during the year, with 1,598 notifications about nurses and midwives, who represent 58% of registered practitioners.

Notifications about dental practitioners accounted for 12% (1,052 notifications), with dental practitioners representing 3% of registered practitioners. Dental practitioners include dentists, dental therapists, dental hygienists, dental prosthetists and oral health therapists.

The smallest number of notifications received in 2012/13 involved Aboriginal

Table 119: Notifications received in 2012/13 by profession and stream (including NSW data)[1,2]

	Conduct		Health		Performance		Not recorded[3]		2013 Total[4]		2012 Total[5]		2011 Total[5]	
	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW
Aboriginal and Torres Strait Islander Health Practitioner [4]	1		2		1				**4**					
Chinese Medicine Practitioner [4]	10	11	1		1	6	1		**13**	17				
Chiropractor	40	11	2		8	11			**50**	22	**88**	27	**75**	**29**
Dental Practitioner	283	88	7	2	296	376			**586**	466	**476**	533	**653**	**626**
Medical Practitioner	1,583	281	139	91	1,309	1,305	1		**3,032**	1,677	**2,373**	1,628	**2,667**	**1,495**
Medical Radiation Practitioner [4]	12	3	5	2	4				**21**	5				
Midwife	26	1	15		21	6			**62**	7	**50**	1	**51**	**11**
Nurse	555	139	244	102	284	204			**1,083**	445	**978**	416	**905**	**333**
Nurse and Midwife			1						**1**					
Occupational Therapist[4]	32	5	2	1	8	2			**42**	8				
Optometrist	20	9			10	3			**30**	12	**28**	26	**28**	**27**
Osteopath	2	4				2			**2**	6	**6**	11	**12**	**7**
Pharmacist	127	57	18	6	101	120			**246**	183	**216**	171	**281**	**138**
Physiotherapist	24	14	9	3	20	13			**53**	30	**61**	27	**76**	**35**
Podiatrist	20	4	2		10	8			**32**	12	**25**	18	**33**	**23**
Psychologist	236	61	20	10	64	79		1	**320**	151	**237**	129	**274**	**116**
Not Stated	17		1		10		2		**30**		**78**		**242**	
2013 Total [4]	**2,988**	**688**	**468**	**217**	**2,147**	**2,135**	**4**	**1**	5,607	3,041				
2012 Total [5]	**2,829**	**784**	**415**	**219**	**1,358**	**1,927**	**14**	**48**			4,616	2,987		
2011 Total [5]	**3,672**		**319**		**1,306**								5,297	2,840

Notes:

1. Part 8 of the Health Practitioner Regulation National Law Act, as in force in each state and territory, provides for notifications related to health, performance or conduct.
2. NSW data is identified in separate columns.
3. The stream for the notifications has not always been recorded or identified in the early stages of a notification.
4. National regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, commenced on 1 July 2012.
5. NSW data revised since initial publication.

and Torres Strait Islander health practitioners (four notifications), which is the regulated profession with fewest registrants (300 practitioners). Psychology is the profession with the largest relative increase (28%), with notifications about psychologists increasing from 367 in 2011/12 to 471 in 2012/13.

In 2012/13, NSW was the state that recorded the highest number of notifications (3,041 or 35%), and is the state which the highest percentage of practitioners cited as their principal place of practice (29%). The Northern Territory, Australian Capital Territory and Tasmania each recorded around 200 notifications or fewer. Queensland, with 19% of the registrant base, recorded 24% (2,042) of the notifications. This is more than the 1,844 notifications recorded in Victoria with 26% of the registrant base.

What were the main reasons for notifications?

In 2012/13, AHPRA received 5,607 notifications about the conduct, health and performance of practitioners across professions and states and territories, excluding NSW. Of these:

- 2,988 notifications (53%) were received about the conduct of health practitioners
- 468 notifications (8%) were received about the health of health practitioners, and
- 2,147 notifications (38%) were received about the performance of health practitioners.

Table 119: Notifications received in 2011/12 by profession and stream provides a breakdown of these data by profession. This table also provides comparative data for NSW.

Notifications are classified into the following 21 categories:

- behaviour
- billing[1]
- boundary violation
- clinical care
- communication
- confidentiality
- conflict of interest
- discrimination
- documentation
- health impairment
- infection/hygiene
- informed consent
- medico-legal
- National Law breach (such as breach of a registration standard, endorsement, condition or undertaking)
- National Law offence (such as an advertising breach)
- offence
- offence by student
- pharmacy/medication
- research/training/ assessment
- response to adverse event, or
- teamwork/supervision.

Some notifications raise concerns about more than one issue and are classified based on the primary concern raised.

Table A10: Notifications received in 2012/13 by profession and issue category in Appendix 8 provides details of what notifications were about, by profession. The 8,648 notifications lodged during 2012/13 span all issue categories across all professions.

Notifications received by AHPRA were most commonly about clinical care (2,054 notifications). Other areas of concern include health impairment of the practitioner (471 notifications) and pharmacy/medication (429 notifications). Communication (295 notifications) remains an area of concern although notifications on this issue have decreased marginally since 2011/12. Notifications about behaviour (235 notifications) and boundary violations (231 notifications) have increased in the past year.

Who made notifications?

Anyone can make a notification to AHPRA, which receives it on behalf of the National Boards. While registered health practitioners, employers and education providers have mandatory reporting obligations required by the National Law, the majority of reports are voluntary. The National Law provides protection from legal liability for persons who make a notification in good faith. Privacy obligations under the National Law prevent the identification of notifiers who report concerns about health practitioners' conduct, health or performance.

A total of 1,857 notifications (33%) across all professions were received through HCEs in each state or territory, reflecting the joint consideration of notifications between the National Boards and HCEs in the National Scheme. This has increased from the previous year when 1,250 notifications (27%) were received from HCEs. The HCEs may not be the primary source of the concern, but referred to AHPRA matters raised with

1 Concerns about billing, fees and charges are handled by a health complaints entity.

them by the public. There were 1,612 notifications (29%) directly from the community (patients, relatives or the public). In 678 notifications (12%), the source of the notification was another practitioner or the treating practitioner and 593 notifications (11%) came from an employer or hospital. Data about the source of notifications are provided in *Table A11: Notifications received in 2012/13 by profession and notification source* (in Appendix 8) and includes information about the source of notifications received in NSW.

How many notifications were closed?

Table 120: Notifications lodged under the National Law and closed in 2012/13 by profession and state or territory details by jurisdiction and profession the number of notifications under the National Law that were closed. Matters managed in NSW that were closed in 2012/13 are included in this table.

Of the notifications managed by AHPRA, significantly more were closed during 2012/13 than in the previous year. The 5,041 notifications closed in 2012/13 is an increase of 41% on the number closed in 2011/12 (3,575); 47 of these cases (<1%) relate to the four new professions. Matters closed during the year include notifications received in the current financial year and more complex cases received in previous years. The increase in case closures reflects the third year of operation of the National Scheme and increasingly timely management of cases.

Most of the cases closed (2,733 notifications 54%) were about medical practitioners. This reflects that 54% of notifications overall were about medical practitioners.

Table 120: Notifications lodged under the National Law and closed in 2012/13 by profession and state or territory (including NSW data)

	ACT	NT	QLD	SA	TAS	VIC	WA	2013 Sub Total[1]	NSW	2013 Total[1]	2012 Total	2011 Total
Aboriginal and Torres Strait Islander Health Practitioner[1]		3						3		**3**		
Chinese Medicine Practitioner[1]						4		**4**	10	**14**		
Chiropractor	5		14	6		14	7	**46**	25	**71**	**88**	**31**
Dental Practitioner	13	6	200	58	11	186	48	**522**	553	**1,075**	**865**	**735**
Medical Practitioner	112	52	1,119	252	111	825	262	**2,733**	1,590	**4,323**	**3,379**	**2,359**
Medical Radiation Practitioner[1]	1		2			7		**10**	2	**12**		
Midwife	3	2	29	7	1	3	9	**54**	5	**59**	**38**	**16**
Nurse	24	46	360	154	51	277	97	**1,009**	416	**1,425**	**1,013**	**554**
Occupational Therapist[1]			11	16		3		**30**	5	**35**		
Optometrist	3		9	2		14	1	**29**	15	**44**	**50**	**37**
Osteopath			1	1		3		**5**	3	**8**	**10**	**8**
Pharmacist	9	5	78	20	4	79	32	**227**	169	**396**	**287**	**203**
Physiotherapist	1	2	21	9	1	11	10	**55**	25	**80**	**79**	**64**
Podiatrist		1	12	4		8	4	**29**	11	**40**	**36**	**36**
Psychologist	14	7	80	20	8	118	17	**264**	143	**407**	**303**	**180**
Not Stated[2]			21					**21**		**21**	**61**	**65**
2013 Total	**185**	**124**	**1,957**	**549**	**187**	**1,552**	**487**	5,041	**2,972**	8,014		
2012 Total	**166**	**89**	**1,148**	**471**	**180**	**1,191**	**330**	3,575	**2,634**		6,209	
2011 Total	**21**	**27**	**805**	**376**	**137**	**839**	**76**	2,281	**2,007**			4,288

Notes:

1. National regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, commenced on 1 July 2012.
2. Practitioner profession may not have been identified in early stages of a notification.

At what stage were cases closed?

There are a number of possible stages in the notifications process and they do not need to be completed in a linear sequence. Importantly, not every notification goes through all the possible stages. For example, many notifications in 2012/13 were closed after assessment.

Stages include assessment, investigation, health or performance assessment, panel hearings and tribunal hearings. Under the National Law, a National Board has the power to decide no further action is required at any stage during the assessment or investigation of a notification. A matter can also be closed at any stage, and can be closed either without action or after a range of actions has been taken or sanctions applied.

Table 121: National Law notifications closed in 2012/13 by profession and stage at closure (including NSW) shows when during the notifications process the matter was closed.

In complex cases, a notification can be involved in more than one stage at the same time and can take a number of possible pathways. One of the features of the National Law is its flexibility, so the notifications process can be tailored to the issues involved.

Assessment

An assessment determines whether an investigation is warranted, or if another course of action is more appropriate. This assessment usually includes a review of the substantive issues involved, made after any further information has been sought from both the notifier and the practitioner. Outcomes from closure at this stage of the process can include undertakings, cautions and conditions on registration, as well as no further action. Matters closed at this stage with no further action usually do not reach the threshold under the National Law for potential unsatisfactory professional conduct. More on assessment is published on our website under notifications.

Of the notifications closed by National Boards in 2012/13, most (3,720 notifications or 74%) were closed after assessment. This is an increase from 2011/12 when 2,389 cases (67%) were closed at the assessment stage. There is likely to be a range of reasons for this, including that AHPRA and the National Boards are getting better at identifying and dealing with the notifications that relate to less serious issues, to focus on matters that warrant more intensive scrutiny and management. Another factor is likely to be that the overall increase in notifications during the year includes a proportionate increase in the number of straightforward matters that can be dealt with quickly.There has also been an increase in matters referred from HCEs in 2012/13.

Investigation

At the end of an investigation, a Board has a range of options, including whether to take no further action, or to refer a matter to a panel or tribunal hearing. Outcomes from closure at this stage of the process can include undertakings, cautions and conditions on registration, as well as no further action. There were 903 notifications in 2012/13 closed by a National Board at the end of this stage. More information on our investigations process is published on our website under notifications.

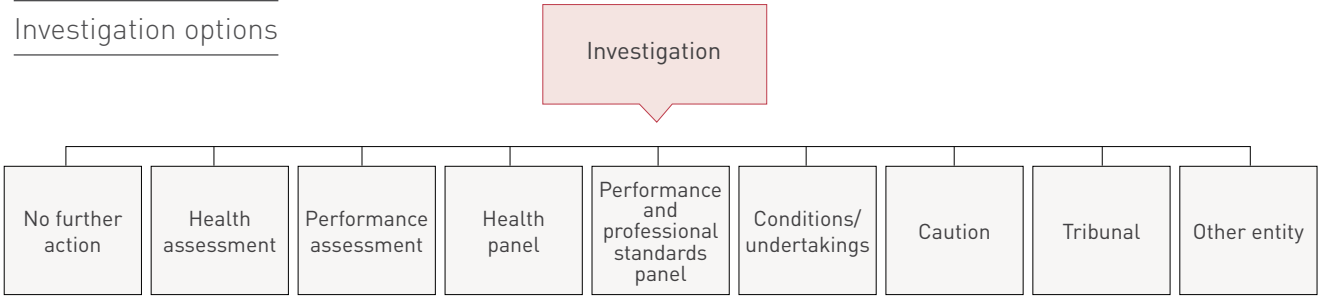
Health or performance assessment

Matters can be closed after a National Board has referred a practitioner for a health or performance assessment. In 2012/13, 197 notifications were closed by a National Board at this stage.

Panel and tribunal hearings

Under the National Law, allegations about the most serious unprofessional conduct, health or performance can be referred for hearing by panels or tribunals. Allegations of the most serious unprofessional conduct are often the most complex and take the most time

Investigation options



to investigate. In 2012/13, 166 notifications were closed by a National Board after a panel hearing and 55 after a tribunal hearing. The number of cases closed this year at the tribunal hearing stage has more than doubled from the previous year (22 cases). There has also been a large increase in the number closed at panel hearing stage (up from 92 in 2011/12). This reflects the more complex cases that take longer and are now being closed under the National Law.

What was the outcome at closure?

There are different outcomes for different notifications. Most do not lead to a restriction on a practitioner's registration. However, the fact that a notification has been made in many cases indicates that not everything has gone well for the notifier in the consultation. In most cases, the Boards inform practitioners that notifications have been made about them so they can learn from the experience and, where necessary, can alter the way they practise so that other patients do not face the same issues in the future.

When finalising a matter, a Board has a number of options, including:

- referring all or part of the notification to another body; this usually involves matters over which the Board does not have jurisdiction under the National Law
- no further action; a Board can decide to take no further action at any time during the

Table 121: National Law notifications closed in 2012/13 by profession and stage at closure (including NSW data)

	Assessment		Investigation		Health or performance assessment		Panel hearing		Tribunal hearing		Sub Total 2013[1]		Total 2013
	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	
Aboriginal and Torres Strait Islander Health Practitioner[1]	3										**3**		**3**
Chinese Medicine Practitioner[1]	4	9		1							**4**	10	**14**
Chiropractor	25	16	13	2	1	3	6		**1**	4	**46**	25	**71**
Dental Practitioner	399	501	97	4	5	4	18	41	**3**	3	**522**	553	**1,075**
Medical Practitioner	2,200	1,256	407	57	45	248	64	10	**17**	19	**2,733**	1,590	**4,323**
Medical Radiation Practitioner[1]	7	2			1		1		**1**		**10**	2	**12**
Midwife	35	4	14	1	5						**54**	5	**59**
Nurse	638	167	207	15	130	149	21	75	**13**	10	**1,009**	416	**1,426**
Occupational Therapist[1]	12	3	15	1			2	1	**1**		**30**	5	**35**
Optometrist	26	15	2				1				**29**	15	**44**
Osteopath	1	3	2				2				**5**	3	**8**
Pharmacist	111	153	71	2	3	9	33	2	**9**	3	**227**	169	**396**
Physiotherapist	37	21	15	2	1	2	2				**55**	25	**80**
Podiatrist	20	9	7	1		1	1		**1**		**29**	11	**40**
Psychologist	181	98	53	27	6	15	15	3	**9**		**264**	143	**407**
Not Identified	21										**21**		**21**
Total 2013[1]	**3,720**	**2,258**	**903**	**113**	**197**	**431**	**166**	**132**	**55**	**39**	**5,041**	**2,973**	**8,014**
Total 2012	**2,389**	**1,978**	**922**	**147**	**150**	**345**	**92**	**137**	**22**	**27**	**3,575**	**2,634**	**6,209**
Total 2011[2,3]	**1,644**		**216**		**41**		**8**		**7**				

Notes:

1. National regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, commenced on 1 July 2012.
2. 2011 total does not include NSW.
3. The 2010-11 Annual Report included details of 365 cases closed at the 'lodged' stage. These were inquiries which are not included in the 2011-12 figures.

assessment or investigation of a notification, but only after careful consideration of the issues raised

- accepting an undertaking, when a practitioner agrees to specific limitations or restrictions on practice; undertakings are recorded on the national register in accordance with the National Law and the practitioner is subject to monitoring to ensure compliance
- issuing a caution to the practitioner to practise in a particular way
- issuing a reprimand to the practitioner; a reprimand is a chastisement for conduct – a formal rebuke
- imposing conditions limiting the practice of the practitioner; the conditions are recorded under the practitioner's name on the national register in accordance with the National Law and the practitioner is subject to monitoring to ensure compliance, or
- suspending registration though immediate action; a power which a Board may use at any time under the National Law if it has evidence there is a serious risk to the health and safety of the public. A Board's decision to take immediate action, to impose conditions or suspend a practitioner's registration is a serious interim action to protect the health or safety of the public. Only a tribunal has the power to apply a long-term suspension or cancellation of a practitioner's registration.

Table 122 provides details by profession of the outcome for notifications closed in 2012/13. Data for NSW are provided in Table 123.

In most cases (3,026 cases or 60%) managed by AHPRA, the National Board determined that no further action was required by the Board. This is 20% lower than in the previous year, but is likely to reflect a change in coding arrangements (how outcomes are coded in our database) rather than significantly altered Board decision-making patterns. In addition to the 60% closed with no further action above, the outcome of a further 20% was that the matter would be retained and managed by the HCE. In previous years, reporting of this outcome was included in the category of no further action (as no further action would be taken by the National Boards). Changes to coding arrangements introduced in 2012/13 have enabled this outcome to be specifically identified.

A Board decision to take no further action is only made after careful consideration of the concerns raised. Under the National Law, a Board can decide to take no further action in relation to a notification if:

- the Board believes the notification is frivolous, vexatious, misconceived or lacking in substance, or
- it is not practicable for the Board to investigate or deal with the notification, given the amount of time that has elapsed since the matter that is the subject of the notification occurred, or
- the person to whom the notification relates has not been, or is no longer, registered and it is not in the public interest to investigate or deal with the notification, or
- the subject matter of the notification has already been dealt with adequately by the Board, or
- the subject matter of the notification is being dealt with, or has already been dealt with, adequately by another entity.

Under the National Law, the registration of eight practitioners was suspended (five) or cancelled (three) in 2012/13 as a result of action by a panel or tribunal, or as a result of a health assessment. National Boards accepted the surrender of registration from a further 14 practitioners. Suspensions as a result of immediate action taken by a National Board are summarised later in this section.

Details about most restrictions placed on a practitioner's registration, including suspensions, conditions, undertakings and reprimands, are published on the register of practitioners. The only restrictions not usually published relate to restrictions on a practitioner's registration related to their health. The registration of a further eight practitioners was cancelled as a result of 'legacy' notifications that transitioned into the National Scheme from previous state and territory boards, managed under previous legislation, except in SA.

Immediate action

A Board has the power to take immediate action at any time. This is a serious step and a Board can only take this action if it believes that it is necessary to protect the health or safety of the public because of a practitioner's conduct, performance or health. Immediate action means:

- suspension or imposition of a condition on the registration of a practitioner or student, or

- accepting an undertaking from the practitioner or student, or
- accepting the surrender of the registration of the practitioner or student.

More detail on immediate action is in a fact sheet which can be downloaded from: www.ahpra.gov.au/Notifications/Fact-sheets/Immediate-action.aspx

Before taking immediate action, a Board must give the practitioner notice of the proposed immediate action and invite them to make submissions to the Board. The Board must then consider any submissions when deciding whether or not to take immediate action. In the most serious cases, the National Boards can take immediate action within a matter of hours.

National Boards initiated immediate action in 266 matters during the year. Data for NSW are reported separately. In 228 (86%) of these cases, the practitioner's registration was restricted in some way as a result, usually pending the outcome of an investigation. When restricting a practitioner's registration, the National Law requires the National Boards to take necessary steps to protect the public. National Boards took immediate action more often in 2012/13 (266) than in the previous year (251). As a result of taking immediate action 2012/13, National Boards imposed conditions on the practitioner's registration in 36% of cases (31% in 2011/12); suspended their registration in a further 27% of cases (26% in 2011/12); and accepted undertakings in the remaining cases (22% compared to 40% in 2011/12).

Most of these related to the nursing and midwifery profession (112 immediate action cases), followed by the medical profession (103 immediate action cases). This is

Table 122: National Law notifications closed in 2012/13 by outcome (excluding NSW)[1]

	No further action	Refer all or part of the notification to another body	HCE to retain[3]	Accept undertaking	Caution or reprimand	Impose conditions	Cancel registration	Accept surrender of registration	Suspend registration	Fine registrant	Total 2013[2]
Aboriginal and Torres Strait Islander Health Practitioner[2]	2				1						**3**
Chinese Medicine Practitioner[2]	2		1			1					**4**
Chiropractor	26		1	2	7	10					**46**
Dental Practitioner	225	10	187	17	64	17				2	**522**
Medical Practitioner	1,674	27	750	35	188	48	1	6	1	3	**2,733**
Medical Radiation Practitioner[2]	4		2		1	3					**10**
Midwife	34		3	3	8	5		1			**54**
Nurse	616	2	50	103	123	104	2	4	3	2	**1,009**
Occupational Therapist[2]	26				3	1					**30**
Optometrist	22		6			1					**29**
Osteopath	3				2						**5**
Pharmacist	123	2	5	3	82	9		2	1		**227**
Physiotherapist	35		2	6	5	7					**55**
Podiatrist	19		3		5	2					**29**
Psychologist	194	2	9	5	33	20		1			**264**
Not Identified	21										**21**
Total 2013[2]	**3,026**	**43**	**1,019**	**174**	**522**	**228**	**3**	**14**	**5**	**7**	**5,041**
Total 2012	**2,868**	**159**		**124**	**245**	**159**	**3**	**6**	**11**		**3,575**
Total 2011	**1,954**	**228**		**28**	**56**	**10**			**5**		**2,281**

Notes:

1. A matter may result in more than one outcome. Only the primary outcome from each closed notification has been noted.
2. National regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, commenced on 1 July 2012.
3. System and process changes have enabled better recording of these cases which were previously recorded as 'No further action'.

Table 123: NSW jurisdiction notifications closed in 2012/13 by outcome[1]

	Aboriginal and Torres Strait Islander Health Practitioner	Chinese Medicine Practitioner	Chiropractor	Dental Practitioner	Medical Practitioner	Medical Radiation Practitioner	Midwife	Nurse	Occupational Therapist	Optometrist	Osteopath	Pharmacist	Physiotherapist	Podiatrist	Psychologist	Total 2013
No further action [2]		2	9	160	340		1	65	2	5		76	11	2	25	**698**
No jurisdiction								6	1	1		2	2		2	**14**
Discontinued		5	5	245	894	1		113		9	1	55	8	4	59	**1,399**
Withdrawn				22	41			7	1			3		1	3	**78**
Make a new complaint				6	54											**60**
Refer all or part of the notification to another body		2	3	20	43	1		10	1		1	9	3	1	6	**100**
Caution				2	1											**3**
Reprimand				5	8			2								**15**
Orders - no conditions				8				1								**9**
Finding - no orders				5	1			6								**12**
Counselling / interview		1	3	18	23		2	111			1	9		3	29	**200**
Resolution / conciliation by HCCC				37	154		2	8				3			1	**205**
Fine				1	1											**2**
Refund / payment / withhold fee / retreat				16												**16**
Conditions by consent			1					34				4			7	**46**
Order - impose conditions; would be conditions if registered				11	19			17				5	1		6	**59**
Accept surrender				1	1			32							5	**39**
Accept registration type change to non-practising					1			2								**3**
Suspend			4	1				1								**6**
Cancelled registration / disqualified from registering				2	17			4				3				**26**
Total 2013		**10**	**25**	**560**	**1,598**	**2**	**5**	**419**	**5**	**15**	**3**	**169**	**25**	**11**	**143**	**2,990**

Notes:

1. NSW legislation provides for a range of different outcomes for notifications in NSW. Some of these map to outcomes available under the National Law; others are specific to the NSW jurisdiction.
2. Includes resolved before assessment, apology, advice, council letter, comments by HCCC, deceased, discontinued, interview, no jurisdiction, registration status change - did not proceed

Table 124: Immediate action cases (including NSW data)[1]

	Action taken																	
	No action taken		Suspend registration		Accept surrender of registration		Impose conditions		Accept undertaking		Decision pending[3]		Total 2013[2]		Total 2012		Total 2011	
	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW	AHPRA	NSW[4]	AHPRA	NSW	AHPRA	NSW
Aboriginal and Torres Strait Islander Health Practitioner [2]																		
Chinese Medicine Practitioner [2]																		
Chiropractor							2	2					**2**	2	**1**	1		2
Dental Practitioner	3	3	1	3			6	4	4				**14**	10	**14**	3	**4**	6
Medical Practitioner	17	3	21	10		4	44	27	21				**103**	44	**78**	46	**62**	53
Medial Radiation Practitioner [2]							1						**1**					
Midwife		1					2	1	2				**4**	2	**6**	1	**3**	
Nurse	12	8	40	10	2		25	40	29				**108**	58	**120**	49	**112**	49
Occupational Therapist[2]																		
Optometrist																		1
Osteopath																		3
Pharmacist	2	4	1	4			13	8	2				**18**	16	**15**	8	**14**	4
Physiotherapist	1												**1**		**5**		**4**	2
Podiatrist			1										**1**		**2**	1	**2**	3
Psychologist	3	4	8	2			3	2					**14**	8	**10**	2	**8**	4
2013 Total	**38**	**23**	**72**	**29**	**2**	**4**	**96**	**84**	**58**				**266**	**140**				
2012 Total	**50**	**12**	**52**	**15**	**2**	**9**	**62**	**75**	**80**		**5**				**251**	**111**		
2011 Total	**43**	**7**	**55**	**29**	**8**	**3**	**52**	**85**	**51**	**3**							**209**	**127**

Notes:

1. Cases where immediate action has been initiated under Part 8, Division 7 of the National Law.
2. National regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, commenced on 1 July 2012.
3. In these cases where immediate action was initiated towards the close of the reporting year, an outcome decision has not been finalised.
4. Initial actions only; excludes reviews of immediate action decisions.

consistent with the number of practitioners in each profession. *Table 124: Immediate action cases* details the action taken by the National Boards after considering immediate action. Data for NSW are also provided.

Mandatory notifications

Number of mandatory notifications

There were 1,013 mandatory notifications (of the total 8,648 notifications received) in 2012/13, including NSW. Outside NSW, AHPRA received 782 mandatory notifications (see Table 125). In addition, 17 mandatory notifications were received about registered students. The number of mandatory notifications received by AHPRA increased by about 33% compared with 2011/12, when 589 notifications were received, but the increase is not consistent across states and territories or professions. Nationally, including NSW, more than half of mandatory notifications were about nurses or midwives (56%); a further 30% were about medical practitioners. Notifications about psychologists represent 6% of the notifications received with a further 4% relating to pharmacists. The other mandatory notifications were spread across seven professions that each accounted for fewer than 2% of notifications. No mandatory notifications were received in 2012/13 about Aboriginal and Torres Strait

Islander health practitioners, optometrists or podiatrists.

Data on mandatory notifications received in NSW are incorporated in the reporting tables for this year where available.

Compared with last year, there was a decrease in the number of mandatory reports received in the ACT, the Northern Territory and Queensland; however there were substantial increases in the other states. Queensland (230) continues to receive more mandatory reports than other states and territories under the National Scheme, even though fewer mandatory reports were made in this state compared to last year. Marginally more mandatory reports were received in NSW (231) this year compared to Queensland.

There is variation in the rate of mandatory notifications across the states and territories, and across professions.

South Australia has the highest rate of mandatory notifications per 10,000 practitioners, with a rate of 36.1; South Australia has consistently had the highest rate. Victoria has the lowest rate at 12.3 per 10,000 practitioners and Victoria was also the state with the lowest rate last financial year. The rate per 10,000 practitioners has increased in all states and territories this financial year except Queensland, ACT and the Northern Territory where there has been some decrease (see Table 126).

The medical profession has the highest mandatory notification rate at 28.9 per 10,000 practitioners on a national basis, followed by the psychology profession with a rate of 18.3. These professions also had the highest rate of mandatory notifications per 10,000 practitioners in 2011/12 (see Table 127).

The rate of mandatory notifications has been calculated based on the number of practitioners involved in the notifications. In 2012/13, in the National Scheme, there were 729 practitioners involved in the 782 notifications received, and nationally (including NSW) there were 951 practitioners involved in the 1,013 notifications received.

AHPRA and the National Boards have commissioned research, being undertaken during 2013 by the University

Table 125: Mandatory notifications received by profession and jurisdiction (including NSW data)

	ACT	NT	QLD	SA	TAS	VIC	WA	2013 Sub Total	NSW	2013 Total[1]	2012 Total
Chinese Medicine Practitioner[1]				1				**1**	1	**2**	
Chiropractor			1	1		1		**3**		**3**	**4**
Dental Practitioner			7	4		3	3	**17**	3	**20**	**11**
Medical Practitioner	10	4	75	43	13	41	26	**212**	87	**299**	**221**
Medical Radiation Practitioner[1]			2	1		1		**4**	3	**7**	
Midwife	1		14	8	1	4	1	**29**		**29**	**21**
Nurse	7	6	101	109	22	120	55	**420**	120	**540**	**421**
Occupational Therapist[1]				3				**3**	1	**4**	
Optometrist											**2**
Osteopath									1	**1**	**2**
Pharmacist			10	6	5	8	5	**34**	4	**38**	**31**
Physiotherapist				2		2		**4**	3	**7**	**14**
Podiatrist											**4**
Psychologist	2		20	7	1	20	5	**55**	8	**63**	**44**
2013 Total [1]	**20**	**10**	**230**	**185**	**42**	**200**	**95**	**782**	**231**	**1013**	
2012 Total	**24**	**13**	**245**	**122**	**18**	**111**	**56**	**589**	**186**		**775**
2011 Total	**7**	**3**	**85**	**121**	**15**	**164**	**33**	**428**			

Notes:

1. National regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, commenced on 1 July 2012.

Table 126: Registrants involved in mandatory notifications by jurisdiction (including NSW data)

State	2012/13[1]		2011/2012		2010/2011	
	No. practitioners[2]	Rate / 10,000 practitioners[3]	No. practitioners[2]	Rate / 10,000 practitioners[3]	No of notifications[2,4]	Rate / 10,000 practitioners[3,5]
New South Wales	222	12.9	170	10.6	NA	NA
Queensland	208	18.4	229	22.1	85	8.6
Victoria	189	12.3	108	7.5	164	12
South Australia	180	36.1	115	24.8	121	27.3
Western Australia	88	14.2	56	10	33	6.4
Tasmania	37	28.1	18	14.4	15	12.2
Australian Capital Territory	18	17.4	23	24	7	8.6
Northern Territory	9	14.2	13	23.3	3	6.3
Total Australia	**951**	**16.1**	**732**	**13.3**	**428**	**8.1**

Notes:

1. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, commenced on 1 July 2012.
2. Figures present the number of practitioners involved in the mandatory reports received.
3. Pracitioners with no PPP are not represented in the calculation of a rate for each state, but are included in the calculation of the total Australia rate.
4. The data for 2010-11 cannot be directly compared with the data for later years as they are based on the number of notifications, not the number of practitioners and do not include data for mandatory notifications received in NSW in that year.
5. Calculation of the rate in 2010-11 was based on the total number of registrants including registrants in NSW.

Table 127: Registrants involved in mandatory notifications by profession (including NSW data)

Profession	2012/13[1]		2011/2012	
	No. practitioners	Rate / 10,000 practitioners	No. practitioners	Rate / 10,000 practitioners
Nurse/midwife[3]	543	15.7	421	12.2
Medical Practitioner	277	28.9	204	22.3
Psychologist	56	18.3	42	14.2
Pharmacist	35	12.8	30	11.3
Dental Practitioner	16	8.0	11	5.8
Physiotherapist	7	2.8	12	5.1
Medical Radiation Practitioner[2]	7	5.0		
Occupational Therapist[2]	4	2.6		
Chiropractor	3	6.4	4	9
Chinese Medicine Practitioner	2	4.9		
Osteopath	1	5.7	2	11.9
Podiatrist			4	10.8
Optometrist			2	4.4
Total 2012/13	**951**	**16.1**	**732.0**	**13.3**

Notes:

1. Figures present the number of practitioners involved in the mandatory reports received.
2. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, commenced on 1 July 2012.
3. Data on notifications for registered nurses and midwives have been combined and compared with the total registrant base across nursing and midwifery.

of Melbourne, to understand more about trends in and characteristics of mandatory reporting. This research will be published when completed.

Reasons for mandatory notifications and source of report

The sources of mandatory notifications about registered practitioners were relatively evenly divided between employers (54%) and practitioners (45%).

The grounds (reason) for mandatory notifications were broadly consistent with the previous year (see Table 128). Sixty five per cent of mandatory notifications raised concerns that a practitioner was placing the public at risk of harm due to practice that constituted a significant departure from accepted professional standards. Notifications based on concerns that a practitioner had an impairment that was placing the public at risk decreased slightly

Table 128: Grounds for notifications: comparison with notifications received in prior financial year (including NSW data)[1]

	2012/13				2011/2012				2010/2011	
Grounds for mandatory notifications	**National Scheme**	**%**	**NSW**	**%**	**National Scheme**	**%**	**NSW**	**%**	**National Scheme**	**%**
Standards	501	65%	146	64%	315	62%	98	48%	253	59%
Impairment	165	21%	73	32%	140	27%	77	37%	128	30%
Alcohol or drugs	59	8%			33	6%	7	3%	18	4%
Sexual misconduct	45	6%	9	1%	24	5%	24	12%	29	7%
Total	**770**		**228**		**512**		**206**		**428**	

Notes:
1. Grounds have not been recorded for all notifications.

(to 21%) as a proportion of the total, compared to 27% in 2011/12. Notifications alleging that a practitioner had practised under the influence of alcohol or drugs increased from 6% of reports in 2011/12, to 8% of reports in the current reporting year. AHPRA received 45 mandatory notifications related to sexual misconduct in connection with practice; comprising 6% of the notifications received.

Table 129 provides details of the grounds for mandatory notifications received in each profession. The pattern is relatively consistent across professions except for psychology when notifications with grounds of sexual misconduct represent 20% of the mandatory notifications and there are few or no notifications relating to impairment or the influence of alcohol or drugs.

Table 130 provides detail of grounds in NSW.

Immediate action arising from mandatory notifications (including NSW data)

Immediate action was initiated in 130 of the 782 mandatory notification cases (17%) by National Boards. This is consistent with previous years and is consistent with the pattern in NSW (see Table 131).

Table 129: Grounds for notification by profession (excluding NSW data)

Profession	Standards	Impairment	Alcohol or drugs	Sexual misconduct	Not classified	**Total**
Chinese Medicine Practitioner	1					**1**
Chiropractor	3					**3**
Dental Practitioner	12	3		1	1	**17**
Medical Practitioner	138	36	18	19	1	**212**
Medical Radiation Practitioner	1	3				**4**
Midwife	18	7	4			**29**
Nurse	262	102	35	14	7	**420**
Occupational Therapist	3					**3**
Optometrist						
Pharmacist	21	10	2		1	**34**
Physiotherapist	1	2			1	**4**
Podiatrist						
Psychologist	41	2		11	1	**55**
Total 2012/13	**501**	**165**	**59**	**45**	**12**	**782**
Total 2011/12	**315**	**140**	**33**	**24**	**77**	**589**

Table 130: Grounds for notification by profession – NSW

Profession	Standards	Impairment	Practised while intoxicated	Sexual misconduct	Not classified	**Total**
Chinese Medicine Practitioner	1					**1**
Dental Practitioner	2	1				**3**
Medical Practitioner	56	26		5		**87**
Medical Radiation Practitioner	3					**3**
Nurse	78	39			3	**120**
Occupational Therapist	1					**1**
Osteopath				1		**1**
Pharmacist	1	3				**4**
Physiotherapist		2		1		**3**
Podiatrist						
Psychologist	4	2		2		**8**
Total 2012/13	**146**	**73**		**9**	**3**	**231**

Table 131: Immediate action arising from mandatory notifications (including NSW data)

		Immediate action taken	
		No	Yes
2012/13	National Scheme	652	130
	%	83	17
	NSW	191	40
	%	83	17
2011/12	National Scheme	489	100
	%	83	17
	NSW	154	32
	%	83	17
2010/11	National Scheme	355	73
	%	83	17

Table 132: Outcomes from immediate action initiatives (excluding NSW)

Profession	Suspend registration	Accept surrender of registration	Impose conditions	Accept undertaking	Not take immediate action	Total 2012/13	Total 2011/12
Dental Practitioner	1				1	**2**	**2**
Medical Practitioner	10		12	12	2	**36**	**22**
Medical Radiation Practitioner			1			**1**	
Midwife	1			2		**3**	**4**
Nurse	27	2	18	17	8	**72**	**59**
Pharmacist	1		4	3	1	**9**	**6**
Physiotherapist							**1**
Podiatrist							**2**
Psychologist	4		2		1	**7**	**4**
Total 2012/13	**44**	**2**	**37**	**34**	**13**	**130**	
Total 2011/12	**31**		**26**	**27**	**16**		**100**

Table 133: Outcomes from immediate action initiatives in the NSW jurisdiction

Profession	Suspend registration	Impose conditions	Not take immediate action	Total 2013
Dental Practitioner			1	**1**
Medical Practitioner	2	1	3	**6**
Medical Radiation Practitioner				
Midwife				
Nurse	7	19	3	**29**
Pharmacist		2		**2**
Physiotherapist				
Podiatrist				
Psychologist	1	1		**2**
Total 2013	**10**	**23**	**7**	**40**

As a result of taking immediate action, National Boards accepted an undertaking (34 cases), imposed conditions (37 cases) and suspended a practitioner's registration (44 cases). In two cases the Board accepted surrender of the practitioner's registration. In nearly 2% of the cases (13 cases), the Board decided not to proceed with immediate action, but may have continued to investigate the matter.

Outcome from assessment in mandatory reporting cases

All mandatory notifications are assessed. The outcome of this assessment was completed within the reporting year in 635 of the 782 mandatory notifications. Of these, just under half (344 out of 782) were referred for investigation and 79 matters (10%) were referred to health or performance assessment. Nearly one third (212) of the cases were resolved at the assessment stage resulting in a caution, imposition of conditions or acceptance of an undertaking in 74 cases; and surrender of registration in one case. In 137 matters (18%), no further action was taken or the matter was referred for investigation by another body such as a HCE. Matters involving grounds relating to sexual misconduct were less likely to be resolved at the assessment stage with less than 1% (6 cases) of these cases closed at this stage.

In many cases, immediate action is undertaken concurrently with assessment. The case may close after assessment or may continue to another stage such as investigation or health/performance assessment. If immediate action is taken,

Table 134: Outcome of assessment by grounds for the notification (excluding NSW data)

Grounds for notification	End matter										
	No further action	Surrender registration	Caution	Accept undertaking	Impose conditions	Refer all of the notification to another body	Investigation	Health or performance assessment	Tribunal hearing	Total 2012/13	Total 2011/12
Alcohol or drugs	5	1		2	4		18	16		**46**	**28**
Impairment	17		1	17	5		50	42		**132**	**115**
Sexual misconduct	5				1		35	1		**42**	**22**
Standards	107		26	7	10	2	237	20		**409**	**214**
Not classified	1			1			4			**6**	**8**
Total 2012/13	**135**	**1**	**27**	**27**	**20**	**2**	**344**	**79**		**635**	
Total 2011/12	**75**	**1**	**7**	**11**	**6**		**194**	**92**	**1**		**387**

Table 135: Outcome of assessment by profession (excluding NSW data)

Profession	End matter										
	No further action	Surrender of registration	Caution	Accept undertaking	Impose conditions	Refer all of the notification to another body	Refer to investigation	Refer to health or performance assessment	Refer to tribunal	Total 2012/13	Total 2011/12
Chinese Medicine Practitioner							1			**1**	
Chiropractor							3			**3**	**2**
Dental Practitioner	4						9	1		**14**	**3**
Medical Practitioner	44		6	4	6	1	89	16		**166**	**103**
Medical Radiation Practitioner							1	2		**3**	
Midwife	4		2	1	1		8	6		**22**	**10**
Nurse	61	1	17	20	13		180	46		**338**	**227**
Occupational Therapist	1		1				1			**3**	
Pharmacist	5		1			1	20	4		**31**	**14**
Physiotherapist	1			2				1		**4**	**9**
Podiatrist											**3**
Psychologist	15						32	3		**50**	**16**
Total 2012/13	**135**	**1**	**27**	**27**	**20**	**2**	**344**	**79**		**635**	
Total 2011/12	**75**	**1**	**7**	**11**	**6**		**194**	**92**	**1**		**387**

Table 136: Outcome of assessment by profession – NSW jurisdiction

Profession	No jurisdiction	No further action	Refer all or part of the notification to another body	Refer to Council - health	HCCC - further information	Refer to Council - seeking info	Investigation	Immediate action	Refer to resolution	Refer to Council - performance	Refer to Council - conduct	Total 2013
Chiropractor					1							**1**
Dental Practitioner				1								**1**
Medical Practitioner		20	5	27			8		2	17	8	**87**
Medical Radiation Practitioner			1		1							**2**
Nurse	1	1	1	42	36		3			23	13	**120**
Occupational therapist				1								**1**
Osteopath							1					**1**
Pharmacist				3		1						**4**
Physiotherapist		1			2							**3**
Psychologist				2	3			3				**8**
Total 2013	**1**	**22**	**7**	**76**	**43**	**1**	**12**	**3**	**2**	**40**	**21**	**228**

Table 137: Outcome of assessment for medical practitioners by grounds for the notification (excluding NSW data)

	End matter									
Grounds for notification	No further action	Caution	Accept undertaking	Impose conditions	Refer all of the notification to another body	Refer to investigation	Refer to health or performance assessment	Refer to tribunal	Total 2012/13	Total 2011/12
Standards	34	6			1		4		**107**	**57**
Impairment	6		4	3		3	7		**30**	**30**
Sexual misconduct	1			1		1			**16**	**8**
Alcohol or drugs	3			2		2	5		**13**	**7**
Not classified										**1**
Total 2012/13	**44**	**6**	**4**	**6**	**1**	**6**	**16**		**166**	
Total 2011/12	**22**	**1**	**2**	**3**		**56**	**18**	**1**		**103**

Table 138: Outcome of assessment for nursing and midwifery practitioners by grounds for the notification (excluding NSW data)

Grounds for notification	End matter					Refer to investigation	Refer to health or performance assessment	Total 2012/13	Total 2011/12
	No further action	Surrender of registration	Caution	Accept undertaking	Impose conditions				
Standards	51		18	7	10	125	15	**226**	**132**
Impairment	9		1	12	2	36	26	**86**	**72**
Sexual misconduct	3					11		**14**	**6**
Alcohol or drugs	2	1		2	2	14	11	**32**	**20**
Not classified						2		**2**	**7**
Total 2012/13	**65**	**1**	**19**	**21**	**14**	**188**	**52**	**360**	
Total 2011/12	**45**	**1**	**6**	**7**	**3**	**110**	**65**		**237**

Table 139: Outcome of assessment for pharmacy practitioners by grounds for the notification (excluding NSW data)

Grounds for notification	End matter				Refer to investigation	Refer to health or performance assessment	Total 2012/13	Total 2011/12
	No further action	Caution	Accept undertaking	Refer all of the notification to another body				
Standards	3	1		1	14		**19**	**9**
Impairment	2				4	4	**10**	**5**
Sexual misconduct								
Alcohol or drugs					1		**1**	
Not classified					1		**1**	
Total 2012/13	**5**	**1**		**1**	**20**	**4**	**31**	
Total 2011/12	**2**		**2**		**8**	**2**		**14**

Table 140: Outcome of assessment for psychology practitioners by grounds for the notification (excluding NSW data)

Grounds for notification	End matter	Refer to investigation	Refer to health or performance assessment	Total 2012/13	Total 2011/12
	No further action				
Standards	13	23	1	**37**	**7**
Impairment			1	**1**	**5**
Sexual misconduct	1	9	1	**11**	**4**
Alcohol or drugs					
Not classified	1			**1**	
Total 2012/13	**15**	**32**	**3**	**50**	
Total 2011/12	**2**	**11**	**3**		**16**

Table 141: Stage when closed – all professions

	National Scheme 2012/13		National Scheme 2011/12		NSW 2012/13	
Stage at closure	**Number**	**%**	**Number**	**%**	**Number**	**%**
Assessment	318	**56**	117	38	68	38
Health or performance assessment	87	**15**	50	16	58	32
Investigation	135	**24**	127	41	39	22
Panel or tribunal hearing	25	**5**	17	5	15	8
Total 2012/13	**565**				**180**	
Total 2011/12			**311**			

Table 142: Outcomes of closed cases – all professions

	2012/13				2011/12			
Outcome of closed cases	**National Scheme**	**%**	**NSW**	**%**	**National Scheme**	**%**	**NSW**	**%**
No further action	313	55	63	35	183	59	64	66
Conditions imposed	82	15	12	7	46	15	14	14
Conditions by consent[1]			23	13				
Accepted undertaking	75	13			36	12		
Caution or reprimand	84	15			29	9	1	1
Suspension of registration	2	<1	2	1	8	3		
Referred to another body	4	<1	8	4	5	2	7	8
Surrender of registration	2	<1	14	8	3	1	3	3
Cancellation of registration	1	<1	3	2	1	<1		
Fine registrant	2	<1						
Counselling[1]			41	23			8	8
Finding but no orders[1]			3	2				
Resolution process[1]			1	<1				
Withdrawn[1]			6	3				
Changed to non-practising[1]			3	2				
Other / No jurisdiction[1]			1	<1				
Total 2012/13	**565**		**180**					
Total 2011/12					**311**		**97**	

Note:
1. Outcomes available under NSW legislation only.

any limit on a practitioner's registration remains in place while the matter is finalised.

Tables 135 to 140 provide details of the outcome of assessment for each profession. For the medical, nursing and midwifery, pharmacy and psychology professions, a detailed breakdown is provided of the outcome of assessment based on the grounds for the notification.

Cases closed in 2012/13

A total of 565 mandatory notification cases were closed by National Boards in 2012/13, an increase of more than 80% from the 311 cases closed in 2011/12.

Most cases (56%) were closed after the assessment was completed. The remaining cases were closed after an investigation (24%) or a health or performance assessment (15%). A small number (5%) were closed after a panel or tribunal hearing (see Table 141).

In 55% of the mandatory notification cases closed in 2012/13, the relevant Board determined that no further action was required; compared to 59% in the previous year. In four cases, the issues raised by the mandatory notification were referred to another body for resolution. The most common outcomes

Table 143: Outcome of cases closed by profession (excl NSW)

Profession	No further action	Refer all or part of the notification to another body	Accept undertaking	Caution or reprimand	Impose conditions	Accept surrender of registration	Suspend registration	Cancel registration	Fine registrant	Total 2012/13	Total 2011/12
Chiropractor	1				1					**2**	**2**
Dental Practitioner	8									**8**	**1**
Medical Practitioner	92	3	7	13	14		1			**130**	**94**
Medical Radiation Practitioner					2					**2**	
Midwife	11		2	6	3					**22**	**9**
Nurse	168		63	52	53	2	1	1	2	**342**	**174**
Occupational Therapist	1			2	1					**4**	
Pharmacist	11	1	1	10	2					**25**	**12**
Physiotherapist	1		2	1	3					**7**	**7**
Podiatrist					1					**1**	**3**
Psychologist	20				2					**22**	**9**
Total 2012/13	**313**	**4**	**75**	**84**	**82**	**2**	**2**	**1**	**2**	**565**	
Total 2011/12	**183**	**5**	**36**	**29**	**46**	**3**	**8**	**1**			**311**

Table 144: Outcome of cases closed by profession – NSW jurisdiction

Profession	Withdrawn	Changed to non-practising	Other/no jurisdiction	No further action	Refer all or part of the notification to another body	Finding but no orders	Counselling	Resolution process	Caution	Reprimand	Impose conditions	Conditions by consent	Accept surrender of registration	Suspend	Cancel disqualify	Total 2012/13
Chinese Medicine Practitioner				1												**1**
Dental Practitioner				1	1									1		**3**
Medical Practitioner	5	1		29	6	1	2	1			1		1	1	1	**49**
Medical Radiation Practitioner				1	1											**2**
Nurse	1	2	1	21		2	36				7	19	12		2	**103**
Occupational Therapist				1												**1**
Pharmacist				1							1	3				**5**
Physiotherapist				2							1					**3**
Psychologist				6			3				2	1	1			**13**
Total 2012/13	**6**	**3**	**1**	**63**	**8**	**3**	**41**	**1**			**12**	**23**	**14**	**2**	**3**	**180**

were imposition of conditions (82 cases), acceptance of an undertaking (75 cases), and a caution or reprimand (84 cases). In five of the most serious cases, the practitioner's registration was suspended (two cases), surrendered (two cases) or cancelled (one case). In two cases the registrant was fined.

Table 143 provides details of the outcomes of closed cases under the National Scheme for each profession. Data for the NSW jurisdiction are provided at Table 144.

Students

Seventeen mandatory notifications were received about registered students in 2012/13; compared with 14 notifications about students last year. The majority of students involved were studying nursing (12 students); one notification was received about a student in each of dental practice, medicine, pharmacy, podiatry and psychology. Four reports were also received in NSW (see Table 145).

The mandatory notifications about students received in this reporting year related to an impairment that could place the public at substantial risk of harm.

Immediate action was initiated in response to one of the mandatory notifications against students. Concerns had been raised about health impairment and the relevant board accepted an undertaking from the student relating to continuation of the course of study and treatment/monitoring programs.

Closed cases relating to mandatory reports against students

In 2012/13, 13 mandatory notification cases involving students were closed; eight of these cases were closed after assessment, four cases involved an investigation and one case was closed after a health or performance assessment. One case resulted in a caution, in one case a condition was imposed on the student and in the remaining cases, the Board determined that no further action was required.

National Law: Open matters

Every notification received is carefully reviewed and managed individually. Complex matters take longer to progress through the relevant process. There were 5,099 notifications under the National Law that remained open at 30 June 2013, including 1,375 in NSW. Some of these open cases were received towards the end of the reporting year, and others are complex matters which require more time to deal with. Details of these notifications by profession and jurisdiction are provided in Table 146.

As expected in the third year of operation there is an increase in the number of open cases at the end of the reporting year. This reflects both the increase in the number of notifications received annually and the length of time the National Scheme has been in place, when notifications made under the National Law have been received. A small number of the more complex cases received in 2010 were still open on 30 June this year.

For the first time this year, data are included on the current stage of the cases that remain open and on the length of time that cases have been at their current stage (see Tables 147 and 148). Almost half (49%) of the AHPRA cases remaining open at 30 June 2013, were in investigation. A further 310 cases (8%) were in health or performance assessment, while 10% of cases were in a disciplinary hearing (161 cases at panel and 208 cases at tribunal). There were 1,209 cases at the assessment stage,

Table 145: Mandatory notifications received about students in 2012/13

Profession	QLD	SA	VIC	WA	Sub Total National Scheme	NSW	Total 2012/13
Dental Practitioner		1			**1**		**1**
Medical Practitioner	1				**1**	2	**3**
Nurse	5	3	3	1	**12**	1	**13**
Pharmacist			1		**1**	1	**2**
Podiatrist	1				**1**		**1**
Psychologist	1				**1**		**1**
Total 2012/13	**8**	**4**	**4**	**1**	**17**	**4**	**21**

Table 146: Open notifications at 30 June 2013 under the National Law by profession and state and territory

	ACT	NT	QLD	SA	TAS	VIC	WA	Sub Total 2013	NSW	Total 2013[1]	Total 2012	Total 2011[2]
Aboriginal and Torres Strait Islander Health Practitioner[1]		2						2		**2**		
Chinese Medicine Practitioner[1]			2	2		3	2	**9**	7	**16**		
Chiropractor			18	24		15	7	**64**	12	**76**	**96**	**73**
Dental Practitioner	12	16	106	37	5	159	26	**361**	155	**516**	**534**	**587**
Medical Practitioner	85	22	591	149	87	553	315	**1,802**	806	**2,608**	**2,171**	**1,763**
Medical Radiation Practitioner[1]	1		8	1		2	2	**14**	3	**17**		
Midwife	3	1	33	7		6	4	**54**	3	**57**	**51**	**46**
Nurse	20	24	248	118	27	275	105	**817**	213	**1,030**	**1,013**	**684**
Occupational Therapist[1]			3	6		2	1	**12**	3	**15**		
Optometrist	1		6	2		7		**16**	4	**20**	**20**	**18**
Osteopath			1			6		**7**	9	**16**	**17**	**11**
Pharmacist	6		79	14	13	77	29	**218**	83	**301**	**275**	**216**
Physiotherapist			6	11		17	3	**37**	10	**47**	**47**	**47**
Podiatrist			9	2	1	5	6	**23**	9	**32**	**25**	**19**
Psychologist	22	2	79	25	8	75	41	**252**	58	**310**	**247**	**210**
Not Identified	6		18	5		7		**36**		**36**	**18**	**177**
2013 Total[1]	**156**	**67**	**1,207**	**403**	**141**	**1,209**	**541**	**3,724**	**1,375**	**5,099**		
2012 Total	**139**	**45**	**1,097**	**365**	**104**	**1,018**	**521**	**3,289**	**1,232**		**4,521**	
2011 Total[2]	**154**	**81**	**1,119**	**395**	**93**	**873**	**301**	**3,016**	**835**			**3851**

Notes

1. Regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, commenced on 1 July 2012.
2. The notifications reported as open at the end of 2011 includes inquiries, which are not included in later reports.

representing 32% of all open cases. Most cases (65%) have been at their current stage for less than six months. The 56 cases (2%) that have been at their current stage for more than two years involve other complexities or are on hold pending the outcome of court actions or other processes. The length of time a matter is at any stage is an area of priority for the National Boards and AHPRA and will be a focus of internal monitoring and continued reporting in 2013/14. More on our initiatives in these areas is on page 105.

Legacy notifications: Matters transferring into the National Scheme

The introduction of the National Scheme in 2010/11 required the National Boards and AHPRA to continue to manage notifications lodged under previous state and territory legislation, as well as new notifications received under the National Law since 1 July 2010. Notifications received by AHPRA from 1 July 2010 are dealt with under the National Law; notifications received by state and territory boards before 30 June 2010 that transferred into the National Scheme are managed under the legislation in place in each jurisdiction, except in South Australia where the law requires all continuing matters to be dealt with under the National Law, except those which were the subject of formal proceedings before a board or tribunal.

All legacy matters are being progressively resolved by AHPRA and the National Boards. At 30 June 2013, 242 legacy cases remained open (including 65 in NSW), compared with 517 at the end of 2011/12. Of the 177 legacy

Table 147: Notifications open at 30 June 2013 by stage (including NSW data)

	Assessment		Investigation		Health or performance assessment		Panel hearing		Tribunal hearing		Court/appeal[2]	Total 2012/13	
	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	NSW	National Scheme	NSW
Aboriginal and Torres Strait Islander Health Practitioner	2											**2**	
Chinese Medicine Practitioner	6	5	3	1				1				**9**	**7**
Chiropractor	14	7	45	5			4		1			**64**	**12**
Dental Practitioner	110	117	193	24	24	10	14	3	20	1		**361**	**155**
Medical Practitioner	607	329	935	170	90	254	87	28	83	25		**1,802**	**806**
Medical Radiation Practitioner	8	3	4		1				1			**14**	**3**
Midwife	25		25		3	2			1	1		**54**	**3**
Nurse	224	66	379	45	144	51	12	40	58	11		**817**	**213**
Occupational Therapist	2	3	9						1			**12**	**3**
Optometrist	6	4	10									**16**	**4**
Osteopath	1	2	1	7	4				1			**7**	**9**
Pharmacist	68	60	109	7	13	6	9	7	19	2	1	**218**	**83**
Physiotherapist	11	9	14	1	6		2		4			**37**	**10**
Podiatrist	11	2	7	1	4				1	6		**23**	**9**
Psychologist	78	40	102	11	21	4	33	3	18			**252**	**58**
Not yet identified[1]	36											**36**	
Total 2012/13	**1,209**	**647**	**1,836**	**272**	**310**	**327**	**161**	**82**	**208**	**47**	**1**	3,724	1,375

Notes:

1. The profession of the practitioner is sometimes not available in the early stages of the notification.
2. Applies in NSW only.

Table 148: Open notifications under the National Law by profession and length of time at each stage (excluding NSW)

Current stage of open notification	← 3 Months	3 - 6 Months	6 - 9 Months	9 - 12 Months	12 - 24 Months	→ 24 Months	Total
Assessment	869	207	76	25	27	5	**1,209**
Health or performance assessment	117	69	35	31	56	2	**310**
Investigation	558	391	309	231	298	49	**1,836**
Panel hearing	43	44	20	28	26		**161**
Tribunal hearing	77	48	14	23	46		**208**
Total	**1,664**	**759**	**454**	**338**	**453**	**56**	3,724

cases being dealt with by AHPRA that remained open at the end of 2012/13, 143 cases (80%) were at panel hearing or tribunal hearing. Details of the cases open at the end of the reporting year by profession and jurisdiction are provided in Table 149.

Cancelled registrations

Details of the 76 practitioners whose registration has been cancelled since the introduction of the National Scheme are published on the AHPRA website on the cancelled health practitioners register.

Our website publishes a link to a library, hosted by Austlii, of publicly available decisions made about registered health practitioners by panels and tribunals.

Students

A total of 45 notifications (including 14 in NSW) relating to students were received in 2012/13 (Table 150). The majority of these notifications (24) related to nursing students. There were 16 notifications received in Queensland followed by 14 in NSW and eight in Victoria. Data about mandatory notifications about students are published on page 159.

Table 149: Notifications under previous legislation open at 30 June 2013 by profession and state and territory

	ACT	NT	QLD	SA	TAS	VIC	WA	Sub Total 2013	NSW	Total 2013[1]	Total 2012	Total 2011[1]
Chiropractor			1			1		**2**		**2**	**7**	**18**
Dental Practitioner			5			3		**8**		**8**	**25**	**79**
Medical Practitioner		4	58		1	20	30	**113**	54	**167**	**324**	**855**
Midwife											**2**	**9**
Nurse		1	4		1	10	2	**18**	4	**22**	**84**	**287**
Optometrist												**6**
Osteopath									1	**1**	**1**	**5**
Pharmacist			13					**13**	3	**16**	**30**	**87**
Physiotherapist			2					**2**	1	**3**	**6**	**17**
Podiatrist												**4**
Psychologist			14		2	3	2	**21**	2	**23**	**37**	**132**
Not Identified											**1**	**18**
Total 2013		**5**	**97**		**4**	**37**	**34**	177	**65**	**242**		
Total 2012	**5**	**32**	**162**		**10**	**76**	**72**	**357**	**160**		**517**	
Total 2011[1]	**19**	**95**	**394**	**2**	**40**	**334**	**273**	**1,157**	**360**			**1,517**

Notes

1. Since the 2010-11 report, a review of all 'legacy' cases had identified a number of duplicate cases and closed cases incorrectly transferred in as open cases. These have been rectified in the system since the 2010-11 Annual Report. The figures quoted in that report, and replicated here for consistency, are an overestimate of the 'legacy' cases remaining open at the end of that reporting year.

Table 150: Student notifications received in 2012/13

Profession	ACT	QLD	SA	VIC	WA	Sub total National Scheme	NSW	Total 2012/13
Dental Practitioner			1			1		**1**
Medical Practitioner		4		2	1	7	8	**15**
Nurse	1	9	3	5	1	19	5	**24**
Pharmacist				1		1	1	**2**
Podiatrist		2				2		**2**
Psychologist		1				1		**1**
Total 2012/13	**1**	**16**	**4**	**8**	**2**	**31**	**14**	**45**

Legislative Reporting and Other Matters

Administrative complaints

This section provides statistical information and commentary about administrative complaints received in 2012/13.

Anyone can make a complaint about AHPRA, the Agency Management Committee or a National Board. A complaints form is available on the AHPRA website, along with the AHPRA *Complaint handling policy and procedure*.

If anyone believes that they have been treated unfairly in our administrative processes or in our handling of freedom of information (FOI) processes, a complaint can also be lodged with the independent National Health Practitioner Ombudsman (NHPO), who will receive complaints and help people who believe they have been treated unfairly by the bodies within the National Scheme.

The NHPO will usually only deal with complaints that have already been lodged with AHPRA, and when AHPRA has been given a reasonable opportunity to resolve the complaint. AHPRA is committed to resolving complaints and to learning from what has happened and, where appropriate, making demonstrable improvements to services.

Complaints are considered at a senior level in AHPRA, in recognition of their importance. There is a designated complaints officer in each AHPRA office.

Complaint trends are reported quarterly to the Agency Management Committee, the National Executive and the National Boards in regard to monitoring complaints, actions taken and any lessons.

During 2012/13, enhancements to the FOI and complaints management system have been undertaken to allow greater oversight of administrative tasks, including the flagging of various tasks and imminent due dates to staff and managers.

A database records all complaints received by AHPRA and all complaints directed to AHPRA from the Ombudsman.

In the year ending 30 June 2013, AHPRA received a total of 694 complaints. Of these, 605 were received directly by AHPRA and 89 formal complaints were received from the NHPO. Of the total received, 647 were resolved by 30 June 2013, and 47 complaints will be managed in the 2013 year. In addition to the formal complaints referred, AHPRA consulted extensively with the office of the NHPO during the year.

Major issues raised in complaints included:

- time to assess and process a new registration application
- time to process a renewal application
- time to process an overseas registration application
- lack of communication about registration
- due process of investigations not followed, and
- issues about failure to renew registration.

More information is provided in Tables 152-156.

Freedom of information

Section 215 of the National Law provides that the Commonwealth *Freedom of Information Act 1982* (FOI Act) applies to the National Law.

In the year to 30 June 2013, AHPRA received 202 FOI applications and managed 43 applications carried over from the previous reporting period.

During the 2012/13 reporting period, 124 applications were finalised, as detailed below.

Table 151: Finalised FOI applications 2012/13

Granted in full	17
Granted in part	82
Access refused	19
Access request was transferred in whole to another agency	1
Access request was transferred in part to another agency	1
Access request withdrawn	4
Total	**124**

As well, during the year there were 25 applications for internal review; three for tribunal/court review; and one for FOI review by the NHPO.

Application fees of $3,240; review fees of $640; and processing charges of $1,464 covering the cost of FOI requests and related responsibilities were collected in 2012/13.

Table 152: Nature of complaint by profession (year to date)

	Medical	Chiropractic	Nursing/Midwifery	Pharmacy	Psychology	Dental	Optometry	Physiotherapy	Osteopathy	Podiatry	Chinese Medicine	Medical Radiation	Aboriginal and Torres Strait Islander Health Practice	Occupational Therapy	Total
Board complaint	8		6		2			1			2	2		2	**23**
Registration complaint	67	4	225	13	52	10	1	15		4	11	14		20	**436**
Notification complaint	104	2	20	2	19	24	2	1		1				1	**176**
Other complaint	21		15	4	1	1	0	1		1		1		1	**58**
Total	**200**	**6**	**266**	**19**	**82**	**38**	**4**	**18**		**6**	**14**	**17**		**24**	**694**

Table 153: Details of Board complaint matters

	Total
Complaints related to policy - International English Language Testing System	1
Complaints related to policy - Registration or other fees too high	7
Complaints relating to category of registration	2
Request for extension to a transitional arrangement - Individual Bridging Plan	
Complaints against professional associations	1
Complaints regarding Psychology Board of Australia - CPD	
Complaints regarding registration of international medical graduates	
Other	12
Total	**23**

Table 154: Details of registration complaint matters

	Total
Time to process a new registration	58
Time to process a renewal	33
Time to process an overseas application	31
Delay caused by incomplete documents	12
Time to respond to a registrant complaint about delays	5
Incorrect contact information	7
Online registration system disallows third party paying fees	66
Lack of communication regarding registration	20
Education provider refusing to acknowledge PDEC-76 forms	8
Complaints regarding provisional registration	15
Complaints regarding certification of documents for overseas applicants	181
Total	**436**

Table 155: Details of notification complaint matters

	Total
Due process of an investigation was not followed	106
Lack of communication regarding a notification matter	17
Delay in investigating a notification	9
Other	44
Total	**176**

Table 156: Details of other complaint matters

	Total
Accuracy of practitioner data	5
Unresponsive to phone or email contact	6
Complaint about a breach of privacy	4
Complaint about an FOI decision	1
AHPRA contact centre staff information provision	2
Other	40
Total	**58**

Freedom of Information Act, section 8

Organisation and functions

AHPRA:

- supports the 14 National Health Practitioner Boards in implementing the National Registration and Accreditation Scheme (the National Scheme)
- provides support to the National Boards in their primary role of protecting the public to manage the registration processes for health practitioners and students around Australia
- has offices in each state and territory where the public can make notifications about a registered health practitioner or student
- on behalf of the National Boards, manages investigations into the professional conduct, performance or health of registered health practitioners, except in NSW where this is undertaken by the Health Professional Councils Authority and the Health Care Complaints Commission
- on behalf of the National Boards, publishes national registers of practitioners so important information about the registration of individual health practitioners is available to the public
- works with the Health Care Complaints Commissions in each state and territory to make sure the appropriate organisation investigates community concerns about individual, registered health practitioners
- supports the National Boards in the development of registration standards, and codes and guidelines, and
- provides advice to Ministerial Council about the administration of the National Scheme.

Consultative arrangements

The public release of documents is not a legislative requirement under the National Law or the FOI Act; however, the Agency Management Committee and the National Boards have decided to make available to a wider audience documents released under FOI applications that are relevant to the functions of the National Scheme and that may be of interest to the public. A disclosure log is available on the AHPRA website at www.ahpra.gov.au. The Disclosure Log contains details of information that AHPRA has released in response to a Freedom of Information (FOI) access request relevant to the national policy functions of the National Scheme.

The National Law requires the National Boards to undertake wide-ranging public consultation about the content of proposed registration standards, codes and guidelines. The consultation process provides a framework for the development and/or review of registration standards, codes and guidelines. The Boards may vary each consultation process to ensure all stakeholders can provide effective input.

To promote awareness of the National Law and functions of the National Law entities, AHPRA and the National Boards publish detailed websites that include standards, codes and guidelines, policies and communiqués in relation to their functions.

Categories of documents

The categories of documents maintained by AHPRA include those relating to:

- corporate organisation and administration
- AHPRA's financial management
- management of assets
- internal administration including policy development and program administration, reports, briefings, correspondence, minutes, submissions, statistics and other documents
- Agency Management Committee's recommendations relating to the business of AHPRA
- reference material used by staff including guidelines and manuals
- working files, and
- legal advice.

The categories of documents listed above are maintained by AHPRA in a variety of formats. Some of these documents, along with information on AHPRA's organisation, structure and activities, can be obtained free of charge by accessing AHPRA's website at www.ahpra.gov.au.

Compliance with state and territory laws

In addition to the National Law, AHPRA has an obligation to comply with relevant Commonwealth, state and territory laws and regulations that apply to its operations and activities in order to reduce its legal risk.

In accordance with AHPRA's *Annual Internal Audit Plan* for the financial year ending 30 June 2013, Grant Thornton performed a gap analysis of AHPRA's legislative compliance

program against AS3806-2006: Compliance Programs. This review did not include in its scope compliance with the National Law.

The objectives of a legislative compliance framework are to assist AHPRA in demonstrating its commitment to compliance with relevant legislation and regulations, and to minimise the risk of compliance failure through promotion of a culture of compliance.

While elements of a legislative compliance framework exist, a further program of work has started and includes the embedding of a legislative compliance policy, framework and guidelines which will align with the Australian Standard.

The policy and framework will apply to all AHPRA staff and contractors. The framework describes how the 12 principles of an effective compliance program are being applied within AHPRA to manage its legal compliance risk efficiently and effectively.

Activities to comply with key risk areas such as privacy, working with children and whistleblowing have been identified and improvements to procedures have been implemented.

Requests for telecommunications data

AHPRA is an enforcement agency within the meaning of the *Telecommunications Interception and Access Act 1979* (C'th). This means that, in specific circumstances, AHPRA can access existing information or documents about telecommunications data to enforce the National Law.

During 2012/13, there were 20 requests made for access to telecommunications data.

AHPRA also reports information annually to the Attorney-General's Department about the use of this power for inclusion in the Attorney-General's Annual Report.

Financial Statements for the Year Ended 30 June 2013

Australian Health Practitioner Regulation Agency

Who we are

The Australian Health Practitioner Regulation Agency (AHPRA) is the organisation responsible for supporting the National Health Practitioner Boards in the administration of the National Registration and Accreditation Scheme across Australia.

AHPRA's operations are governed by the *Health Practitioner Regulation National Law Act 2009*, as in force in each state and territory. The National Law came into effect on 1 July 2010, except in Western Australia where it came into effect on 18 October 2010. This law means that for the first time in Australia, 14 health professions are regulated by nationally consistent legislation under the National Registration and Accreditation Scheme.

AHPRA supports the 14 National Health Practitioner Boards that are responsible for regulating health practitioners. The primary role of the 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 is Mr Peter Allen. The Chief Executive Officer is Mr Martin Fletcher.

What we do

AHPRA supports the National Health Practitioner Boards in implementing the National Registration and Accreditation Scheme.

The National Registration and Accreditation Scheme Strategy 2011-2014 sets out AHPRA's vision, mission and strategic priorities. This statement has been developed jointly by the National Boards and AHPRA.

AHPRA:

- supports the National Boards in their primary role of protecting the public
- manages the registration processes for health practitioners and students around Australia
- has offices in each state and territory where the public can make notifications about registered health practitioners or students
- on behalf of the Boards, manages investigations into the professional conduct, performance or health of registered health practitioners, except in NSW where this is undertaken by the Health Professional Councils Authority and the Health Care Complaints Commission
- on behalf of the National Boards, publishes national registers of practitioners so important information about the registration of individual health practitioners is available to the public
- works with the health complaints entity in each state and territory to make sure the appropriate organisation investigates community concerns about individual registered health practitioners
- supports the Boards in the development of registration standards, codes and guidelines
- provides advice to the Australian Health Workforce Ministerial Council about the administration of the National Registration and Accreditation Scheme.

National Boards

On 1 July 2012, Chinese medicine practitioners, medical radiation practitioners, occupational therapists, and Aboriginal and Torres Strait Islander health practitioners joined the National Registration and Accreditation Scheme (they are referred to as 'NRAS 2012 professions').

Each health profession that is part of the National Registration and Accreditation Scheme is represented by a National Board. The primary role of the Boards is to protect the public, including through registering practitioners and students, as well as other functions, for their professions.

The 14 National Boards are:

- Aboriginal and Torres Strait Islander Health Practice Board of Australia
- Chinese Medicine Board of Australia
- Chiropractic Board of Australia
- Dental Board of Australia
- Medical Board of Australia
- Medical Radiation Practice Board of Australia
- Nursing and Midwifery Board of Australia
- Occupational Therapy Board of Australia
- Optometry Board of Australia
- Osteopathy Board of Australia
- Pharmacy Board of Australia
- Physiotherapy Board of Australia
- Podiatry Board of Australia
- Psychology Board of Australia

All Boards are supported by AHPRA in the framework of a Health Profession Agreement.

State, territory and regional boards

The National Law provides for a National Board to establish committees, including state and territory boards, to exercise delegated functions in the jurisdiction in a way that provides an effective and timely local response to health practitioners and other persons in the jurisdiction. Some National Boards have state or territory boards in all jurisdictions; one has a multi-jurisdictional regional board; and others do not have state or territory boards but have national and state regulatory committees.

These boards and committees make individual registration and notification decisions according to delegations from each National Board and based on national policies and standards set by the relevant National Board.

Agency Management Committee

The Agency Management Committee was appointed by the Ministerial Council in September 2012 in accordance with the Health Practitioner Regulation National Law Act as in force in each state and territory.

The role of the Agency Management Committee is to oversee the affairs of AHPRA, to decide the policies of AHPRA, and to ensure that AHPRA functions properly, effectively and efficiently in working with the National Health Practitioner Boards.

The Committee comprises 7 people including:

- a Chair who is not a registered health practitioner and has not been a health practitioner in the last 5 years
- at least 2 people with expertise in health and/or education and training
- at least 2 people with business or administrative expertise who are not current or previous registered health practitioners.

Australian Health Practitioner Regulation Agency

Mr Peter Allen, Chair

Peter Allen is Chair of the Agency Management Committee, and has been since March 2009.

Mr Allen is Deputy Dean of the Australia and New Zealand School of Government (ANZSOG). He joined ANZSOG after more than 20 years in the Victorian Public Service, during which time he held positions including Under Secretary in the Department of Human Services; Victoria's Chief Drug Strategy Officer; Secretary of the Department of Tourism, Sport and the Commonwealth Games; Secretary of the Department of Education; Director of Schools; and Deputy Secretary, Community Services. Between 2009 and 2012 he was Victoria's Public Sector Standards Commissioner.

Between 2001 and 2003, Mr Allen was a Vice-Chancellor's Fellow at the University of Melbourne, and prior to joining the public service, was Director of Social Policy and Research at The Brotherhood of St Laurence.

Mr Allen holds a Bachelor of Arts and a Diploma in Journalism and was awarded a Centenary Medal in 2001.

Ms Karen Crawshaw PSM

Karen Crawshaw was appointed to the Agency Management Committee in September 2012 as a member with expertise in health business and administration. She has been appointed for a period of three years.

Ms Crawshaw holds Bachelor degrees in Arts and Law and holds an unrestricted practising certificate from the Law Society of NSW. Ms Crawshaw held various government legal positions, eventually becoming NSW Health's Director Legal and General Counsel in 1991. In 2007 Ms Crawshaw was appointed as a Deputy Director-General and has responsibility for the Governance, Workforce and Corporate Division of the NSW Ministry of Health. Her areas of responsibility include workforce policy and strategy, industrial relations, business reform, asset management and procurement policy, strategic communications, ministerial support, corporate governance systems and frameworks, and legal and regulatory services.

Ms Crawshaw was awarded the Public Service Medal in 2012 for her significant contributions to the public sector.

Professor Constantine (Con) Michael AO

Con Michael was appointed to the Agency Management Committee in March 2009 as a member with expertise in health, education and training.

Professor Michael is the Principal Adviser, Medical Workforce for the Western Australia Health Department, and Emeritus Professor of Obstetrics and Gynaecology at the University of Western Australia (UWA).

Professor Michael is the current Chair of the Western Australian Board of the Medical Board of Australia, Director of the Australian Medical Council, a member of various state and national medical committees and Chair of the Reproductive Technology Council of Western Australia. He is a Director and Governor of the University of Notre Dame Australia and Chair of its Advisory Board of the School of Medicine, Fremantle.

Professor Michael holds a Bachelor of Medicine and Bachelor of Surgery (UWA), Doctor of Medicine (UWA) and Diploma of Diagnostic Ultrasound. He is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (a past President) and Fellow of the Royal College of Obstetricians and Gynaecologists, London (a previous Sims Black Professor).

Among his numerous awards, Professor Michael was named an Officer of the Order of Australia (AO) in 2001 for service to medicine, particularly in the field of obstetrics and gynaecology, as a contributor to the administration of the profession nationally and internationally, and medical education.

Professor Genevieve Gray

Genevieve Gray was appointed to the Agency Management Committee in March 2009 as a member with expertise in health or education and training.

Professor Gray is Professor of Nursing at the Queensland University of Technology (QUT) and Professor Emeritus, University of Alberta. In recent years she has been a Nurse Scholar for the World Health Organization, Geneva, and worked in Canada as a Professor of Nursing, Dean and Director, WHO Collaborating Centre in Nursing and Mental Health for the University of Alberta and the World Health Organization. She is currently Director of QUT's Vietnam Nursing Capacity Building Program.

Professor Gray was previously inaugural Chair of the International Academic Nursing Alliance, a member of the Multidisciplinary Board of the International Council of Women's Health Issues and member of the Deans Council, General Faculties Committee and Health Sciences Council of the University of Alberta.

Professor Gray has a General Nursing Certificate, Midwifery Certificate, diplomas in Nursing Education and Advanced Nursing Studies, a Master of Science (Nursing), a Distinguished Life Fellowship from the Royal College of Nursing Australia and an Honorary Professorship from Hanoi Medical University, Vietnam.

Mr Michael Gorton AM

Michael Gorton was appointed to the Agency Management Committee in March 2009 as a member with business and administrative expertise.

Mr Gorton is a commercial lawyer with considerable experience providing legal advice on medical registration, training, education and administrative practice. As a principal of Russell Kennedy Solicitors, he has significant experience in business management and administration. He is a Board member of Melbourne Health (Royal Melbourne Hospital). He is a former Chair of the Victorian Equal Opportunity and Human Rights Commission and former Chair of the Code of Conduct Committee of Medicines Australia.

Professor Merrilyn Walton

Merrilyn Walton was appointed to the Agency Management Committee in March 2009 as a member with business and administrative expertise.

Professor Walton is Professor of Medical Education (Patient Safety), Sydney School of Public Health and Associate Dean International, Faculty of Medicine, University of Sydney. She is a leading patient safety academic who works nationally and internationally in the field.

For the last four years she has been a lead writer and editor for the WHO patient safety curricula guides for multi-professionals and medical schools.

Professor Walton is currently assisting universities in Vietnam, Timor Leste and China to build capacity in patient safety and curriculum development.

She is the author of two books and co-authored her latest, *Safety and Ethics in Health Care*, with Professors Runciman and Merry.

Australian Health Practitioner Regulation Agency

Mr Ian Smith

Ian Smith was appointed to the Agency Management Committee in September 2012 as a member with expertise in health, business and administration. He has been appointed for a period of three years.

Mr Smith is an experienced senior health official with strong track record in delivering the full range of integrated health care services – acute care in hospitals, acute psychiatric mental health, community mental health, public health, community and allied health and aged care.

During the past 17 years he has held various senior executive leadership roles in the Pilbara, Kimberley, South West and the Great Southern Regions of Western Australia.

From January 2011 to July 2013 he was the Chief Executive Officer of the WA Country Health Service, which is responsible for delivering the State Government-funded public health services throughout rural and remote Western Australia.

In August 2013 Mr Smith was appointed as Chief Executive of the South Metropolitan Health Services in Western Australia, with responsibility for the reconfiguration of the eight existing hospitals in preparation for the opening of Fiona Stanley Hospital in 2014.

Ms Fran Thorn

Fran Thorn holds an MA, University of Melbourne, MBA, Melbourne Business School, University of Melbourne. Ms Thorn was Secretary of the Department of Health Victoria from August 2009 to January 2012 and has also held the positions as Secretary of the Department of Human Services, Victoria; the Department of Innovation, Industry and Regional Development, Victoria; and Under Secretary, Department of Sustainability and Environment, Victoria. She is a former Deputy Secretary, Policy and Cabinet, Department of Premier and Cabinet, Victoria; Director, KPMG Consulting, Hong Kong and Australia and has held various senior executive positions within the State Training Board/Department of Education, Victoria; the Public Service Board, Victoria; and Librarian, State Library of Victoria. Ms Thorn is currently a lead partner for Human Services in Deloitte, Australia.

Ms Thorn was appointed to the Agency Management Committee as a member with expertise in health business and administration, and health education and training experience. She resigned from the Agency Management Committee in November 2012 due to the requirements of her new employer.

OVERVIEW OF RESULTS FOR 2012-13

The consolidated result for AHPRA and National Boards was a surplus of $26.9 million for the 2012-13 year. The results year on year are shown below,

Consolidated net result

	$'000
2009-10	(4,518)
2010-11	(6,418)
2011-12	7,203
2012-13	26,908

Twelve of the 14 National Boards recorded a surplus for 2012-13. The net result for each Board is shown in the table below.

	ATSIHPBA	CMBA	ChiroBA	DBA	MBA	MRPBA	NMBA	OTBA	OptomBA	OsteoBA	PharmBA	PhysioBA	PodBA	PsyBA	Other	Total
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
2009-10	0	0	(50)	(277)	(1,762)	0	(1,671)	0	(38)	(11)	(225)	(120)	(22)	(342)	0	(4,518)
2010-11	0	0	(160)	(583)	(5,305)	0	(716)	0	(160)	(107)	966	399	34	(786)	0	(6,418)
2011-12	0	0	173	960	1,732	0	(1,367)	0	272	115	622	1,148	290	320	2,938	7,203
2012-13	368	(177)	(311)	921	5,343	1,265	12,913	2,089	301	248	1,634	1,086	421	807	0	26,908

The Nursing and Midwifery Board of Australia recorded a surplus for the first time in 2012-13. The result offsets the deficits experienced in previous years and establishes a sound foundation of reserves to support the delivery of the comprehensive program of work required to meet the contemporary regulatory needs of the nursing and midwifery professions in Australia.

The Medical Board of Australia recorded a surplus of $5.3m due to strong registration income and prudent management of expenditure items.

The Chinese Medicine Board of Australia recorded a deficit in 2012-13, which was a result of one-off costs relating to the assessment of first-time registrations and the external legal costs associated with legacy notification matters carried forward from the Chinese Medicine Registration Board of Victoria.

The Chiropractic Board of Australia recorded a deficit for 2012-13 as expected, which was related to unusually higher external legal costs associated with notification matters than in previous years.

Equity

Equity across the fourteen National Boards increased by $31.3 million in 2012-13 to $67.1 million at 30 June 2013. This included $4.4m of contributed capital from the 2012 NRAS professions.

It is expected that National Boards both as a group and individually will have reasonable and sufficient equity to cover commitments although there can be no cross-subsidisation between National Boards. An assessment at 30 June 2013 confirms that this is the case. Please refer to Note 13.

An independent review of appropriate equity levels for each Board is being conducted and will be finalised in 2013-14.

Twelve of the 14 National Boards recorded a surplus for 2012-13 with the Chinese Medicine Board and Chiropractic Board recording small deficits.

Australian Health Practitioner Regulation Agency

Income

Total income was $165.8 million in 2012-13, a $27.2 million increase from 2011-12.

The increase was due to the following key factors.

- Registration fee income increased as a result of the adjustment to NMBA fees from 31 May 2012, and solid application income fees.
- An increase in total cash and investments held throughout the year resulting in increased interest. This was a result of the higher levels of registration fee income received and the four 2012 professions joining the scheme.
- Other income reduced in 2012-13 partially relating to recognised government grant income which in 2011-12 funded the 2012 NRAS professions' transition. It was also due to unusually high application fees received in 2011-12 from initial applications by the 2012 NRAS transition professions (reduction of $3.1 million).

Expenditure

Total expenditure was $138.9 million in 2012-13, a $7.5 million increase from 2011-12.

The increase was due to the following key factors,

- Direct board expenditure for sitting fees and meetings relating to the four 2012 NRAS professions joining the scheme
- Increase in legal costs consistent with the increase in notification cases.
- Increase in accreditation due to increased scope of work for some existing professions and as a result of the four 2012 NRAS professions joining the scheme.

Cash flow

Cash and cash equivalents and investments increased from $114 million to $148 million at 30 June 2013.

This was consistent with the increase in registration fee income and the four 2012 professions joining the scheme.

Over $2.9 million was received this financial year from the legacy boards associated with the 2012 NRAS professions that joined the scheme on 1 July 2012.

Balance sheet

Net assets increased by $31 million to $67 million at 30 June 2013. Investments increased by $34 million due to the increase in receipts received from renewal and application fees. As a result income in advance increased by more than $4 million.

The employee entitlements provision increased by nearly $2.2 million due to the increase in permanent staff.

The year ahead

It is expected that the National Registration and Accreditation Scheme and each National Board will continue to be financially solvent throughout 2013-14.

Declaration by the Agency Management Committee, Chief Executive Officer and Director, Finance and Corporate of the Australian Health Practitioner Regulation Agency

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 Act 2009* as in force in each state and territory (the National Law), Australian Accounting Standards, Australian Accounting Interpretations and other mandatory professional reporting requirements.

We further state that in our opinion, the information set out in the Comprehensive Income Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement and notes to and forming part of the financial statements, presents fairly the financial transactions for the year ended 30 June 2013 and the financial position of the Australian Health Practitioner Regulation Agency as at 30 June 2013.

We are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on this day.

Peter Allen
Chair, Agency Management Committee
30 August 2013

Martin Fletcher
Chief Executive Officer
30 August 2013

John Ilott
Director, Finance and Corporate
30 August 2013

Australian Health Practitioner Regulation Agency
Comprehensive Income Statement
For the year ended 30 June 2013

	Notes	2013	2012
Continuing operations		**$'000**	**$'000**
Income from transactions			
Registrant fee income	2a, 13	152,865	119,043
Interest	13	6,646	5,806
Other income	2b, 13	6,329	13,779
Total income from transactions		**165,840**	**138,628**
Expenses from transactions			
Board sitting fees and direct board costs		15,735	10,966
Legal costs	13	13,582	10,791
Accreditation	13	6,988	4,357
Staffing costs		76,619	76,040
Travel and accommodation		1,805	2,862
Systems and communications		5,658	7,875
Property expenses		7,823	7,317
Strategic and project consultant costs		1,785	2,578
Depreciation and amortisation	8,9,3b	2,068	1,221
Administration expenses	3a,3c,3d	6,869	7,418
Total expenses from transactions		**138,932**	**131,425**
Net result for the year		**26,908**	**7,203**

This statement should be read in conjunction with the accompanying notes.

Australian Health Practitioner Regulation Agency
Balance Sheet
As at 30 June 2013

	Notes	2013	2012
		$'000	$'000
Current assets			
Cash and cash equivalents	4a	1,890	1,713
Investments	4b	81,000	112,000
Prepayments		2,031	715
Receivables	5	1,557	2,632
Accrued income	6	2,958	2,310
Total current assets		**89,436**	**119,370**
Non-current assets			
Long term investments	4b	65,000	0
Property, plant & equipment	8	7,151	7,084
Intangible assets	9	2,183	1,653
Total non-current assets		**74,334**	**8,737**
Total assets		**163,770**	**128,107**
Current liabilities			
Payables and accruals	10	12,272	12,665
Equity in advance		0	1,503
Income in advance	11	75,387	71,321
Employee benefits	12	7,607	5,811
Total current liabilities		**95,266**	**91,300**
Non-current liabilities			
Employee benefits	12	1,433	1,067
Total non-current liabilities		**1,433**	**1,067**
Total liabilities		**96,699**	**92,367**
Net assets		**67,071**	**35,740**
Contributed capital	13	**43,895**	**39,472**
Accumulated surplus / (deficit)	13	**23,176**	**(3,732)**
Total equity		**67,071**	**35,740**
Commitments	16		
Contingents	17		

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 2013

	Note	Contributed Capital	Accumulated Surplus / (Deficit)	Total
		$'000	$'000	$'000
Balance at 1 July 2011		**39,472**	**(10,935)**	**28,537**
Comprehensive result for the year		0	7,203	7,203
Balance at 30 June 2012		**39,472**	**(3,732)**	**35,740**
Contribution by legacy health boards	13	4,423	0	4,423
Comprehensive result for the year		0	26,908	26,908
Balance at 30 June 2013	13	**43,895**	**23,176**	**67,071**

This statement should be read in conjunction with the accompanying notes.

Australian Health Practitioner Regulation Agency
Cash Flow Statement
For the year ended 30 June 2013

	Notes	2013	2012
		$'000	$'000
Cash flows from operating activities			
Payments to suppliers, employees and others		(142,436)	(131,319)
Receipts relating to registrant fees		156,932	133,578
GST received from ATO		6,025	5,417
Other receipts		7,404	15,621
Interest received		5,998	4,460
Net cash flows from operating activities	18	**33,923**	**27,757**
Cash flows from investing activities			
Payments for property, plant & equipment		(2,682)	(3,416)
Receipts from the disposal of assets		16	2,273
Acquisition of investments		(34,000)	(29,500)
Net cash flows from investing activities		**(36,666)**	**(30,643)**
Cash flows from financing activities			
Remaining contribution from health boards		2,920	1,503
Net cash flows from financing activities		**2,920**	**1,503**
Net increase / (decrease) in cash held		177	(1,383)
Cash at the beginning of the year		1,713	3,096
Cash at end of the year	4a	**1,890**	**1,713**

All amounts are inclusive of GST

This statement should be read in conjunction with the accompanying notes.

Note 1 – Summary of significant accounting policies

a) Statement of compliance

These financial statements are a general purpose financial report which have been prepared in accordance with the applicable Australian Accounting Standards and Interpretations (AASs) and other mandatory requirements. AASs include Australian equivalents to International Financial Reporting Standards.

The Financial Statements have also been prepared in accordance with the relevant requirements under the *Health Practitioner Regulation National Law Act 2009.*

b) Basis of accounting preparation and measurement

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2013.

Accounting policies are selected and applied in a manner which 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 reported.

The financial statements 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 definitions and recognition criteria for those items, that is they are recognised in the reporting period to which they relate.

The financial report is prepared in accordance with the historical cost convention except for:

- Non-financial physical assets which, subsequent to acquisition, are measured at revalued amounts being their fair value at the date of the revaluation less any subsequent accumulated depreciation and subsequent impairment losses. Revaluations are made with sufficient regularity to ensure that the carrying amounts do not materially differ from their fair value;

In the application of AASs, management is required to make judgments, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associate assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making judgments. Actual results may differ from these estimates.

The estimates and underlying assumptions 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 AASs that have significant effects on the financial statements and estimates relate to:

- the fair value of land, buildings, infrastructure, plant and equipment, and
- actuarial assumptions for employee benefit provisions based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates

These financial statements were authorised by the Agency Management Committee on the 30th day of August 2013.

c) Reporting entity

The Australian Health Practitioner Regulation Agency (AHPRA) is given the authority to operate by way of the *Health Practitioner Regulation National Law Act 2009*.

AHPRA's principal address is 111 Bourke Street, Melbourne 3000.

The financial statements include all the controlled activities of AHPRA. A description of the nature of the organisation's operations and its principal activities is included in the Report of Operations.

AHPRA is the organisation responsible for the administration of the National Registration and Accreditation Scheme across Australia.

AHPRA's operations are governed by the *Health Practitioner Regulation National Law Act 2009* as in force in each state and territory 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 that are responsible for regulating their health professions. The primary role of the 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 is Mr Peter Allen. The Chief Executive Officer is Mr Martin Fletcher.

AHPRA supports the National Health Practitioner Boards in the administration of the National Registration and Accreditation Scheme.

d) Corporate structure

AHPRA is a statutory body governed by the *Health Practitioner Regulation National Law Act 2009* as in force in each state and territory (the National Law).

e) Income from transactions

Income is recognised to the extent that it is probable that the economic benefits will flow to AHPRA and that it can be reliably measured.

Registrant Fees

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 shown in the balance sheet as Income in Advance under the heading of Current Liabilities.

Where a registrant pays an application fee, the fee is recognised in the financial year in which it is received.

Interest

Interest income is accrued on a time basis by reference to the principal outstanding and at the effective interest rate applicable.

Other income

Other income includes income that is not registrant fees or interest. Key income items of other income include certificates of registration status requested by registrants, government grants received and fees related to the Pharmacy Board of Australia's examinations.

Sale of non-current assets

The net gain or loss of non-current asset sales are included as revenue or expenses 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.

Assets which satisfy the criteria in AASB 5 *Non-current Assets Held for Sale and Discontinued Operations* as assets held for sale are transferred to current assets and separately disclosed as non-current assets held for sale on the face of the balance sheet. These assets are measured at the lower of carrying amount and fair value less costs to sell. These assets cease to be depreciated from the date which they satisfy the held for sale criteria.

f) Administered income

AHPRA does not gain control over cash collected on behalf of the Health Professional Councils Authority (HPCA) in NSW. Consequently no income is recognised in AHPRA's financial statements. AHPRA collects these amounts when health practitioners whose principal place of practice is NSW register or renew their registration. These amounts are then paid to HPCA in NSW every month within 7 days of the beginning of the month to support the co-regulatory model in that state. This amount is disclosed in the schedule of Administered Items (see Note 7).

g) Expenses from transactions

Board sitting fees and direct board costs

Board sitting fees and direct board costs includes all national, state and regional board expenditure relating to meetings held by the boards and their committees and for projects commissioned by the boards.

Legal costs

Legal costs include external costs relating to managing the notification (complaint) process. 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 or the cost of legal staff employed by AHPRA.

Accreditation

Accreditation relates to payments to external accreditation bodies to exercise accreditation functions under the national law. It also includes staff costs and committee sitting fees when this function is carried out internally.

AHPRA allocated costs

AHPRA incurs the following expenses and then allocates 100% of the expenditure to the National Boards in agreed proportions, based on an agreed formula. The percentages are 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 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 AHPRA employee costs including on-costs and contractors.

Travel and accommodation

Travel and accommodation relates to flights, taxis and hotel costs incurred by National Boards, their committees and AHPRA.

Systems and communication

Systems and communication costs relate to the cost of supporting 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 one-off project costs incurred in the year.

Administration expenses

Administration expenses include any expenses not listed above. The major component of administration expenses are corporate legal, bank charges and merchant fees, postage, freight & couriers, printing & stationery, insurance and recruitment.

h) Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call, and other short term liquid deposits.

i) Investments

Investments include term deposits held at fixed interest rates.

j) Receivables

The terms of trade are 30 days from invoice date. Receivables are recognised and carried at original invoice amount less any allowance for any uncollectable amounts. An estimate for doubtful debts is made when collection of the full amount is no longer probable. Bad debts are written off when identified.

k) Impairment of financial assets

At the end of each reporting period, AHPRA assesses whether there is objective evidence that a financial asset or group of financial assets is impaired. All financial instrument assets, except those measured at fair value through profit and loss, are subject to annual review for impairment.

l) Plant, equipment and intangible assets, depreciation and amortisation

Plant and equipment and intangibles procured in 2012-13 are measured at cost less accumulated depreciation and impairment. These assets are depreciated and amortised at rates based on their expected useful lives, using the straight-line method, which is reviewed annually.

The depreciation rates used for major assets in each class are as follows:

	2013	2012
Furniture and fittings	13%	13%
Computer equipment	20% to 40%	20% to 40%
Intangibles	10% to 40%	10% to 40%
Office equipment	15%	15%

Leasehold improvements are amortised over the term of the lease.

Work in progress (WIP) is not depreciated until it reaches service delivery capacity.

m) Revaluations of non-current physical assets (PPE)

AHPRA, as a national body, has elected to comply with Victoria FRD including the FRD103 and other applicable FRDs. In accordance with FRD 103D *Non-current physical assets*, AHPRA's non-current physical assets were assessed to determine whether revaluation of the non-current physical assets was required. This revaluation process normally occurs at least every five years, based upon the asset's classification, but may occur more frequently if fair value assessments indicate material changes in values.

n) Prepayments

Prepaid expenditure is recognised as a prepayment when the expenditure relates to future periods. It is then recognised as expenditure to the period in which the service relates.

o) Impairment of non-financial assets

All non-financial assets are assessed annually for indications of impairment. If there is an indication of impairment, the assets concerned are tested as to whether their carrying value exceeds their possible recoverable amount. The difference is written-off as an expense except to the extent that the write-down can be debited to an asset revaluation surplus amount applicable to that same class of asset.

p) Payables and accruals

Payables are initially recognised at fair value, subsequently carried at amortised cost and 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.

q) Employee benefits

(i) Annual leave

Liabilities for wages and salaries, including non-monetary benefits and annual leave expected to be settled within 12 months of the reporting date are recognised in the provision for employee benefits in respect of employees' service up to the reporting date and are classified as current liabilities and measured at their nominal values.

Those liabilities not expected to be settled within 12 months are recognised in the provision for employee benefits as current liabilities, 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.

(ii) Long service leave

The long service leave entitlement under existing arrangements is recognised from an employee's commencement 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 whilst the valuation for those employees still to meet the conditions of service is measured as a non-current liability.

The liability is measured as the present value of 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. 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.

(iii) 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 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. Benefits falling due more than 12 months after the end of the reporting period are discounted to present value.

(iv) Defined superannuation plans

The amount charged to the Comprehensive Income Statement in respect of superannuation represents the contribution by AHPRA to the superannuation fund. Contributions to defined contribution superannuation plans are expensed when incurred and paid at the required rate.

(v) Employee benefits on-costs

Employee benefits on-costs, including payroll tax, workcover insurance premiums and superannuation entitlements are recognised and included in employee benefit liabilities and costs when the employee benefits to which they relate are recognised as liabilities.

r) Goods and service tax (GST)

All application, registration and late fees are exempt from Goods and Services Tax legislation. Revenues, 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 and payable to the Australian Taxation Office is included in the balance sheet. The GST component of a receipt or payment is recognised on a gross basis in the 'statement of cash flows' in accordance with Accounting Standard AASB 107.

s) 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.

t) Leases

Operating lease payments are recognised as an expense in the Comprehensive Income Statement on a straight line basis over the lease term.

u) Commitments

Commitments are disclosed to include those operating and capital commitments arising from non-cancellable contractual or statutory obligations. All amounts shown in the commitments note are inclusive of GST.

v) Contingent assets and contingent 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.

w) Comparative amounts

Comparative figures have been adjusted to conform to changes in presentation for the current financial year.

x) Functional and presentation currency

All amounts specified in these statements are presented in Australian dollars.

y) Rounding of amounts

Amounts in the financial report have been rounded to the nearest thousand dollars unless otherwise stated. Figures in the financial statements may not equate due to rounding.

z) Changes in accounting policy

The HPCA regulatory fee is the amount collected and paid to the Health Professional Councils Authority (HPCA) in NSW to support the co-regulatory model in that state.

In AHPRA's prior year comprehensive income statement, it was recognised as registration fee income when received and HPCA regulatory fee (direct board expenses) when payable. Since 1 July 2012, this fee is removed from the comprehensive income statement and treated as a balance sheet item under current liabilities in accordance with AASB 118. Whilst the net result is unchanged, for comparative reasons, the 2012-13 financial year's comprehensive income statement has been amended to reflect this accounting treatment change. Refer to Note 7 for further details.

(aa) 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
PharmBA	Pharmacy Board of Australia
PhysioBA	Physiotherapy Board of Australia
PodBA	Podiatry Board of Australia
PsyBA	Psychology Board of Australia

(bb) New accounting standards and interpretations

Certain new Australian accounting standards and interpretations that are not mandatory for 30 June 2013 reporting period have been published.

As at 30 June 2013, the following standards and interpretations had been issued but were not mandatory for the reporting ended 30 June 2013. AHPRA has not and does not intend to adopt these standards early.

AASB 108 requires disclosure of the impact on AHPRA's financial statements of these changes. These are set out below.

Standard/ Interpretation	Summary	Applicable for annual reporting periods beginning on	Impact on AHPRA financial statements
AASB 9 *Financial Instruments*	This standard simplifies requirements for the classification and measurement of financial assets resulting from Phase 1 of the IASB's project to replace IAS 39 *Financial Instruments: Recognition and Measurement* (AASB 139 *Financial Instruments: Recognition and Measurement*).	1 Jan 2015	Subject to AASB's further modifications to AASB 9, together with the anticipated changes resulting from the staged projects on impairments and hedge accounting, details of impacts will be assessed.
AASB 13 *Fair Value Measurement*	This standard outlines the requirements for measuring the fair value of assets and liabilities and replaces the existing fair value definition and guidance in other Australian accounting standards. AASB 13 includes a 'fair value hierarchy' which ranks the valuation technique inputs into three levels using unadjusted quoted prices in active markets for identical assets or liabilities; other observable inputs; and unobservable inputs.	1 Jan 2013	The standard may increase the disclosures required assets measured using depreciated replacement cost.No significant impact is expected.
AASB 119 *Employee Benefits*	In this revised standard for defined benefit superannuation plans, there is a change to the methodology in the calculation of superannuation expenses, in particular there is now a change in the split between superannuation interest expense (classified as transactions) and actuarial gains and losses (classified as 'Other economic flows – other movements in equity') reported on the comprehensive operating statement.	1 Jan 2013	While the total superannuation expense is unchanged, the revised methodology is expected to have a negative impact on the net result from transactions that report superannuation defined benefit plans. No significant impact is expected.
AASB 1053 *Application of Tiers of Australian Accounting Standards*	This standard establishes a differential financial reporting framework consisting of two tiers of reporting requirements for preparing general purpose financial statements.	1 July 2013	AHPRA is currently considering the impacts of Reduced Disclosure Requirements (RDRs) and yet to decide if it will be implemented.

Note 2a – Registration fee income	2013 $'000	2012 $'000
Registration fee income recognised during the year	139,035	106,252
Application fee income	13,830	12,791
Total registration fee income	**152,865**	**119,043**

The HPCA regulatory fee is the amount collected and paid to the HPCA in NSW to support the co-regulatory model in that state.

In AHPRA's 2011-12 comprehensive income statement, it was recognised as registration fee income when received and HPCA regulatory fee when payable. Since 1 July 2012, this fee has been removed from comprehensive income statement and treated as balance sheet item under current liabilities in accordance with AASB 118. The 2011-12 financial year's comprehensive income statement has been amended to reflect this accounting treatment change. Please refer to Note 7 for further details.

Note 2b – Other income	2013 $'000	2012 $'000
Government grant income	1,154	5,985
Certificate of registration status income	416	302
Pharmacy Board of Australia examinations	622	653
NRAS 2012 transition funding	880	3,999
Gain on disposal of assets held for sale	0	224
Other income	3,257	2,616
Total other income	**6,329**	**13,779**

Note 3a – Administration expenses	2013 $'000	2012 $'000
Legal – corporate	711	448
Bank charges and merchant fees	849	789
Postage, freight and courier	1,099	787
Printing and stationery	1,271	1,123
Insurance	461	558
Recruitment	884	1,538
Other	1,594	2,175
Total administration expenses	**6,869**	**7,418**

Note 3b – Depreciation and amortisation	2013 $'000	2012 $'000
Depreciation		
Leasehold improvements	850	877
Furniture and fittings	72	61
Computer equipment	363	130
Office equipment	25	17
Motor vehicles	7	4
Amortisation		
Computer software	751	132
Total depreciation and amortisation	**2,068**	**1,221**

Note 3c – Net gains/(loss) on disposal of non-financial assets	2013 $'000	2012 $'000
Proceeds from disposals of non-current assets		
Motor vehicle	16	0
Total proceeds from disposal of non-current assets	16	0
Less: written down value of non-current assets sold		
Office equipment	1	0
Motor vehicle	16	0
Total written down value of non-current assets sold	17	0
Net gain/(loss) on disposal of non-current financial assets	(1)	0

Note 3d – Non-financial assets written off	2013 $'000	2012 $'000
Non-current assets written off		
Office equipment	16	0
Total non-current assets written off	16	0

Note 4a – Cash and cash equivalents	2013 $'000	2012 $'000
Cash on hand, at bank and term deposits less than 30 days	1,890	1,713
Total cash and cash equivalents	**1,890**	**1,713**

Note 4b – Investments	2013 $'000	2012 $'000
Bank term deposits less than 1 year	81,000	112,000
Bank term deposits greater than 1 year	65,000	0
Total investments	**146,000**	**112,000**

Note 5 – Receivables	2013 $'000	2012 $'000
Trade receivables	1,027	1,712
GST receivable	771	954
Less allowances for doubtful debts	(241)	(34)
Total receivables	**1,557**	**2,632**

Movement in the allowance for doubtful debts	2013 $'000	2012 $'000
Balance at beginning of year	34	79
Increase/ (decrease) in allowance recognised in net result	207	(45)
Balance at end of year	**241**	**34**

Note 6 – Accrued income	2013 $'000	2012 $'000
Accrued interest on term deposits	2,800	2,310
Other accrued income	158	0
	2,958	**2,310**

Note 7 – Administered (non-controlled) items

In addition to the operations which are included in the financial statements (comprehensive operating statement, balance sheet, statement of changes on equity and cash flow statement), AHPRA administers/collects fees on behalf of HPCA in NSW . The transactions relating to this activity are reported as administered items (refer to Note 1(f)) as well as this note.

Summary of HPCA fee collected and payable

	ATSIHPBA	CMBA	ChiroBA	DBA	MBA	MRPBA	NMBA	OTBA	OptomBA	OsteoBA	PharmBA	PhysioBA	PodBA	PsyBA	Total
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
2010-11	0	0	43	980	5,893	0	6,124	0	141	39	1,304	380	44	399	15,348
2011-12	0	0	185	1,230	7,049	0	6,947	0	162	92	1,475	445	119	1,067	18,771
2012-13	1	482	164	1,279	10,924	512	6,902	410	167	88	1,534	466	125	1,044	24,099

Note 8 - Property, plant and equipment (PPE)

	Leasehold improvements	Furniture and fittings	Computer equipment	Office equipment	Motor vehicle	WIP	Total PPE
	$'000	$'000	$'000	$'000	$'000	$'000	$'000
At Cost							
Balance at 30 June 2011	5,379	410	259	89	30	938	7,105
Additions	570	119	545	48	0	436	1,718
Balance at 30 June 2012	5,949	529	804	137	30	1,374	8,823
Additions	69	35	261	48	0	2,279	2,692
Disposals	0	(1)	0	(12)	(30)	0	(43)
Transfers	0	0	0	0	0	(1,281)	(1,281)
Balance at 30 June 2013	6,018	563	1,065	173	0	2,372	10,191
Accumulated depreciation							
Balance at 30 June 2011	(490)	(39)	(105)	(12)	(3)	0	(649)
Depreciation charge during the year	(878)	(61)	(130)	(17)	(4)	0	(1,090)
Balance at 30 June 2012	(1,367)	(100)	(235)	(29)	(7)	0	(1,739)
Depreciation charge during the year	(850)	(72)	(363)	(25)	(7)	0	(1,317)
Disposals	0	0	0	0	14	0	14
Balance at 30 June 2013	(2,217)	(172)	(598)	(54)	0	0	(3,041)
Net Book Value							
At 30 June 2013	3,801	391	467	120	0	2,372	7,151
At 30 June 2012	4,581	429	569	108	23	1,374	7,084

Note 9 - Intangible assets

	Computer Software		Total	
	2013	**2012**	**2013**	**2012**
	$'000	**$'000**	**$'000**	**$'000**
At Cost				
Opening balance	1,840	142	1,840	142
Additions	1,281	1,698	1,281	1,698
Closing balance	3,121	1,840	3,121	1,840
Accumulated amortisation				
Opening balance	(187)	(56)	(187)	(56)
Amortisation charge during the year	(751)	(131)	(751)	(131)
Closing balance	(938)	(187)	(938)	(187)
Net Book Value at end of financial year	2,183	1,653	2,183	1,653

Note 10 - Payables and accruals

Payables and accruals	2013 $'000	2012 $'000
Trade creditors	3,631	6,829
Accrued expenses	8,641	5,836
Total payables and accruals	**12,272**	**12,665**

Note 11 - Income in advance

11a. Amount received in advance from NRAS 2012 professions	2013 $'000	2012 $'000
Amounts received in advance – government grants	185	1,740
Amounts received in advance – registration fees	0	1,502
Total	**185**	**3,242**

11b. Prepaid income	2013 $'000	2012 $'000
Aboriginal and Torres Strait Islander Health Practice Board of Australia	598	0
Chinese Medicine Board of Australia	755	0
Chiropractic Board of Australia	858	803
Dental Board of Australia	3,310	3,218
Medical Board of Australia	12,846	11,659
Medical Radiation Practice Board of Australia	1,586	0
Nursing and Midwifery Board of Australia	43,481	41,516
Occupational Therapy Board of Australia	1,442	0
Optometry Board of Australia	674	657
Osteopathy Board of Australia	313	303
Pharmacy Board of Australia	2,772	2,683
Physiotherapy Board of Australia	1,713	1,636
Podiatry Board of Australia	500	510
Psychology Board of Australia	4,288	4,182
Other	66	912
Total	**75,202**	**68,079**
Total income in advance	**75,387**	**71,321**

Note 12 – Employee benefits

Current	2013 $'000	2012 $'000
Unconditional annual leave and expected to be settled within 12 months.	3,688	3,111
Unconditional annual leave expected to be settled after 12 months	1,244	814
Unconditional long service leave and expected to be settled within 12 months.	2,675	1,886
Total current employee benefits	**7,607**	**5,811**
Non-current		
Conditional long service leave entitlements expected to be settled after 12 months	1,433	1,067
Total non-current employee benefits	**1,433**	**1,067**

Note 13 – Equity

Summary of net result for the year by National Board 2012-13

	ATSIHPBA	CMBA	ChiroBA	DBA	MBA	MRPBA	NMBA	OTBA	OptomBA	OsteoBA	PharmBA	PhysioBA	PodBA	PsyBA	Other	Total
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Income from transactions																
Registration fee income	26	2014	2,083	8,495	52,443	3,749	53,486	3,997	1,654	842	7,058	4,545	1,327	11,146	0	152,865
Interest	88	102	113	407	1,851	224	2,148	306	109	77	435	351	80	355	0	6,646
Other income	1156	57	20	98	2,378	20	564	56	6	2	863	24	17	188	880	6,329
Total income from transactions	1270	2173	2,216	9,000	56,672	3,993	56,198	4,359	1,769	921	8,356	4,920	1,424	11,689	880	165,840
Expenses from transactions																
Board and committee sitting fees	109	418	216	499	1,789	321	966	168	242	140	412	440	227	603	0	6,550
Other direct board costs	471	208	177	463	1,943	421	2,935	176	200	123	531	397	135	1,004	0	9,184
Legal costs	0	574	876	793	7,163	9	1,941	38	9	11	551	179	34	1,404	0	13,582
Accreditation	119	135	192	377	2,600	150	1,600	112	205	165	396	250	150	537	0	6,988
AHPRA allocation costs	203	1,015	1,066	5,947	37,834	1,827	35,843	1,776	812	234	4,832	2,568	457	7,334	880	102,628
Total expenses from transactions	902	2350	2,527	8,079	51,329	2,728	43,285	2,270	1,468	673	6,722	3,834	1,003	10,882	880	138,932
Net result for the Year	368	(177)	(311)	921	5,343	1,265	12,913	2,089	301	248	1,634	1,086	421	807	0	26,908

Each National Board has a Health Profession Agreement with AHPRA. As part of this agreement AHPRA manages a pool of allocated costs on behalf of the National Boards. The pool of allocated costs includes:

- staffing costs
- systems and communication
- strategic and project consultant
- AHPRA travel and accommodation
- property expenses
- depreciation and amortisation
- administration expenses.

The costs were allocated to each National Board on the percentage allocations shown below.

	ATSIHPBA	CMBA	ChiroBA	DBA	MBA	MRPBA	NMBA	OTBA	OptomBA	OsteoBA	PharmBA	PhysioBA	PodBA	PsyBA	Total
2011-12	0.00%	0.00%	1.10%	6.13%	39.00%	0.00%	37.00%	0.00%	0.84%	0.24%	4.98%	2.66%	0.48%	7.57%	100.00%
2012-13	0.20%	1.00%	1.05%	5.84%	37.15%	1.80%	35.25%	1.75%	0.80%	0.23%	4.74%	2.53%	0.45%	7.21%	100.00%

Reserves

	Notes	2013	2012
(A) Contributed capital		**$'000**	**$'000**
Balance at the beginning of financial year		39,472	39,472
Capital contributions from former boards		4,423	0
Balance at end of financial year		**43,895**	**39,472**
(B) Accumulated surplus / (deficit)			
Balance at the beginning of financial year		(3,732)	(10,935)
Surplus for the year		26,908	7,203
Balance at end of financial year		**23,176**	**(3,732)**

From 1 July 2012 four additional health professions joined the scheme. On commencement of their National Boards' operations,

- where these four health professions were previously regulated in a jurisdiction, the equity of these boards ($4,423,000) were transferred to the National Boards on 1 July 2012;
- Application fees from practitioners were used to supplement the government grant in order to fund the transition project.
- Application fees not required to fund the project ($2,938,351) were transferred to the National Boards opening equity on 1 July 2012.

Summary of equity by National Board 2012-13

	ATSIHPB/	CMBA	ChiroBA	DBA	MBA	MRPBA	NMBA	OTBA	OptomBA	OsteoBA	PharmBA	PhysioBA	PodBA	PsyBA	Other	Total
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Contributed capital																
2009-10	0	0	171	502	1,325	0	2,142	0	213	87	666	414	84	238	0	5,842
2010-11	0	0	993	2,618	10,932	0	4,374	0	848	909	2,050	2,314	336	1,956	6,300	33,630
2011-12	0	0	0	0	0	0	6,300	0	0	0	0	0	0	0	(6,300)	0
2012-13	276	1,293	0	0	0	2,218	0	3,574	0	0	0	0	0	0	(2,938)	4,423
Total	276	1,293	1,164	3,120	12,257	2,218	12,816	3,574	1,061	996	2,716	2,728	420	2,194	(2,938)	43,895
Accumulated surplus/ (deficit)																
2009-10	0	0	(50)	(277)	(1,761)	0	(1,671)	0	(38)	(11)	(225)	(120)	(22)	(342)	0	(4,517)
2010-11	0	0	(160)	(583)	(5,305)	0	(716)	0	(160)	(107)	966	399	34	(786)	0	(6,418)
2011-12	0	0	173	959	1,732	0	(1,368)	0	273	115	623	1,148	290	320	2,938	7,203
2012-13	368	(177)	(311)	921	5,343	1,265	12,913	2,089	301	248	1,634	1,086	421	807	0	26,908
Total	368	(177)	(348)	1,020	9	1,265	9,158	2,089	376	245	2,998	2,513	723	(1)	2,938	23,176
Equity																
30/06/2010	0	0	121	225	(436)	0	471	0	175	76	441	294	62	(104)	0	1,325
30/06/2011	0	0	954	2,260	5,191	0	4,129	0	863	878	3,457	3,007	432	1,066	6,300	28,537
30/06/2012	0	0	1,127	3,219	6,923	0	9,061	0	1,136	993	4,080	4,155	722	1,386	2,938	35,740
30/06/2013	644	1,116	816	4,140	12,266	3,483	21,974	5,663	1,437	1,241	5,714	5,241	1,143	2,193	0	67,071

Note 14 – Responsible persons and accountable officer

(i) Australian Health Workforce Ministerial Council

The Ministerial Council comprises Ministers of the governments of the participating jurisdictions and the Commonwealth with the portfolio responsibility for Health. The following Ministers were members of the Australian Health Workforce Ministerial Council during the period 1 July 2012 to 30 June 2013.

Name	Position	State
The Hon Tanya Plibersek MP	Minister for Health	Federal Minister
The Hon Jillian Skinner	Minister for Health Minister for Medical Research	New South Wales
The Hon David Davis MLC	Minister for Health Minister for Ageing	Victoria
The Hon Lawrence Springborg MP	Minister for Health	Queensland
The Hon John Hill MP (until 21 January 2013)	Minister for Health and Ageing Minister for Mental Health and Substance Abuse Minister for the Arts	South Australia
The Hon Jack Snelling MP (from 21 January 2013)	Minister for Health and Ageing Minister for Mental Health and Substance Abuse Minister for Defence Industries Minister for Veterans' Affairs	South Australia
The Hon Michelle O'Byrne MHA	Minister for Health Minister for Children Minister for Sport and Recreation	Tasmania
The Hon Dr Kim Hames MLA	Deputy Premier Minister for Health Minister for Tourism	Western Australia
Ms Katy Gallagher MLA	Chief Minister Minister for Health Minister for Regional Development Minister for Higher Education	Australian Capital Territory
The Hon Kon Vatskalis MLA (until 28 August 2012)	Minister for Health Minister for Children and Families Minister for Child Protection Minister for Primary Industry, Fisheries and Resources	Northern Territory
The Hon David Tollner (4 September 2012 until 6 March 2013)	Minister for Health Minister for Alcohol Policy Minister for Essential Services	Northern Territory
The Hon Robyn Jane Lambley MLA (from 29 August to 3 September 2012, then from 7 March 2013)	Minister for Health Minister for Alcohol Rehabilitation	Northern Territory

All dates are from 1 July 2012 to 30 June 2013 unless otherwise stated.

(ii) Agency Management Committee members

	Period
Mr Peter Allen	1/07/12 – 30/06/13
Ms Karen Crawshaw PSM	3/09/12 – 30/06/13
Professor Con Michael, AO	1/07/12 – 30/06/13
Professor Genevieve Gray	1/07/12 – 30/06/13
Mr Michael Gorton, AM	1/07/12 – 30/06/13
Professor Merrilyn Walton	1/07/12 – 30/06/13
Mr Ian Smith	3/09/12 – 30/06/13
Ms Fran Thorn	3/09/12 – 30/11/12

(iii) Remuneration of Agency Management Committee

Income	**2013 No.**	**2012 No.**
0 - $9,999	4	0
$10,000 - $19,999	2	2
$20,000 - $29,999	1	1
$30,000 - $39,999	1	1
$40,000 - $49,999	0	1
Total numbers	**8**	**5**
Total Amount	**$92,143**	**$123,373**

Remuneration shown above includes all committee meetings the Agency Management Committee members attended. Amounts relating to responsible Ministers are reported in the financial statements of the relevant Minister's jurisdiction.

(iv) Related party transactions

Mr Michael Gorton, AM is a principal of Russell Kennedy Solicitors which provides legal services on notification matters to AHPRA on normal commercial terms and conditions.

2013 $'000	**2012 $'000**
430	**290**

(v) Remuneration of Chief Executive Officer and National Directors

The Chief Executive Officer (CEO) is Mr Martin Fletcher who held the position for the period 1 July 2012 to 30 June 2013. The aggregate compensation made to CEO and National Directors is set out below:

	Total Remuneration 2013 No.	2012 No.
Income		
$200,000 - $209,999	0	1
$210,000 - $219,999	1	0
$220,000 - $229,999	0	1
$230,000 - $239,999	1	0
$240,000 - $249,999	0	1
$250,000 - $259,999	1	1
$270,000 - $ 279,999	1	0
$330,000 - $339,999	0	1
$360,000 - $369,999	1	0
Total Numbers	5	5
Total Amount	**$1,342,950**	**$1,278,293**

Note 15 – Remuneration of Auditor

	2013 $'000	2012 $'000
Amount payable to VAGO for auditing the statements (excluding GST)	144	140
	144	**140**

Note 16 - Commitments

Operating lease commitments

Commitments (including GST) in relation to operating leases are payable as:

Non-Cancellable	2013 $'000	2012 $'000
Not later than 1 year	7,416	6,873
Later than 1 year but not later than 5 years	22,784	23,810
Later than 5 years	2,832	6,636
Total Operating Leases	**33,032**	**37,319**

Note 17 - Contingent assets and liabilities

Contingent assets	2013 $'000	2012 $'000
Legal proceeding and disputes	225	850

Claims for damages were lodged during the year in relation to various matters. Based on negotiation to date, management believe that it may be possible to recover this amount.

Contingent liabilities	2013 $'000	2012 $'000
Legal proceeding and disputes	0	2,279

Claims for damages were lodged during the year. Liability has been disclaimed and the actions are been defended. Insurers are involved in defending these matters. The extent to which an outflow of funds required in excess of insurance is dependent on the case outcomes being more or less favourable than currently expected.

Note 18 – Reconciliation of comprehensive result to operating cash flows

	2013 $'000	2012 $'000
Net result for the year	**26,907**	**7,203**
Adjustments for:		
Depreciation	2,068	1,221
(Gain)/loss on disposal of assets	1	(224)
Provision for doubtful debts	207	(45)
Changes in assets and liabilities		
(Increase) / decrease in receivables	868	80
(Increase) / decrease in prepayments	(1,316)	(605)
(Increase) / decrease in accrued income	(648)	(1,345)
Increase / (decrease) in prepaid income	4,067	16,567
Increase / (decrease) in payables and accruals	(392)	3,896
Increase / (decrease) in employee benefits	2,162	1,009
Net cash flows from operating activities	**33,923**	**27,757**

The changes in assets and liabilities exclude items transferred by the former boards and taken up as equity on transfer.

Note 19 - Financial instruments

(a) Financial risk management

AHPRA's principal financial instruments consist of at call variable interest deposits, term deposits and trade receivables and payables. AHPRA has no exposure to exchange rate risk.

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement, and the basis of which income and expenses are recognised, with respect to each class of financial asset, financial liability and equity instrument above are disclosed in Note 1 to the financial statements.

(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 to recognised financial assets, is the carrying amount, net of any provisions for impairment of those assets, as disclosed in the balance sheet and notes to the financial statements. 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.

There are no material amounts of collateral held as security at 30 June 2013.

Credit risk is managed by the entity and reviewed regularly. It arises from exposures to customers as well as through deposits with financial institutions.

The entity monitors the credit risk by actively assessing the rating quality and liquidity of counterparties.

Credit quality of contractual assets that are neither past due nor impaired

	Financial institutions (AA credit rating)	Other	Total
2013	**$ '000**	**$ '000**	**$ '000**
Financial assets			
Cash and cash equivalents	1,890	0	1,890
Investments	146,000	0	146,000
Receivables	0	786	786
Total	**147,890**	**786**	**148,676**

Credit quality of contractual assets that are neither past due nor impaired

	Financial institutions (AA credit rating)	Other	Total
2012	**$ '000**	**$ '000**	**$ '000**
Financial assets			
Cash and cash equivalents	1,713	0	1,713
Investments	112,000	0	112,000
Receivables	0	1,678	1,678
Total	**113,713**	**1,678**	**115,391**

Ageing analysis of financial assets

	Carrying Amount	Less than 1 month	1-3 months	3 months – 1 year	More than 1 year
2013	**$ '000**	**$ '000**	**$ '000**	**$ '000**	**$ '000**
Financial assets					
Cash and cash equivalents	1,890	1,890	0	0	0
Investments	146,000	4,000	2,000	75,000	65,000
Receivables	786	260	280	246	0
Total	**148,676**	**6,150**	**2,280**	**75,246**	**65,000**

Ageing analysis of financial assets

	Carrying amount	Less than 1 month	1-3 months	3 months – 1 year	More than 1 year
2012	**$ '000**	**$ '000**	**$ '000**	**$ '000**	**$ '000**
Financial assets					
Cash and cash equivalents	1,713	1,713	0	0	0
Investments	112,000	2,500	32,500	77,000	0
Receivables	1,678	506	45	1,127	0
Total	**115,391**	**4,719**	**32,545**	**78,127**	**0**

(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 forecast cash flows and ensuring that adequate liquid funds are available to meet current obligations.

The following tables disclose the maturity analysis of AHPRA's financial liabilities

		Maturity dates		
	Carrying amount	**Less than 1 month**	**1-3 months**	**3 months – 1 year**
2013	**$ '000**	**$ '000**	**$ '000**	**$ '000**
Payables				
Trade creditors	3,631	3,563	68	0
Accrued expenses	8,641	8,641	0	0
Total	**12,272**	**12,204**	**68**	**0**

		Maturity dates		
2012	**Carrying amount**	**Less than 1 month**	**1-3 months**	**3 months – 1 year**
	$'000	**$'000**	**$'000**	**$'000**
Payables				
Trade creditors	6,829	6,254	552	23
Accrued expenses	5,836	5,836	0	0
Total	**12,665**	**12,090**	**552**	**23**

Trade creditors over 30 days still to be paid relate to amounts which are being held for payment until all conditions for payment are met.

The maximum exposure to liquidity risk is the total carrying amount of the financial liabilities as shown above.

(d) Market risk exposure

Currency risk

AHPRA has no exposure to currency risk at 30 June 2013 or at 30 June 2012.

Equity price risk

AHPRA has no exposure to equity price risk at 30 June 2013 or at 30 June 2012.

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.

	Interest rate exposure of financial instruments				
2013	**Weighted average interest rate**	**Non-interest bearing $'000**	**Floating interest rate $'000**	**Fixed interest rate $'000**	**Total $'000**
Financial assets					
Cash and cash equivalents	1.42%	9	1,881	0	**1,890**
Investments	4.37%	0	0	146,000	**146,000**
Receivables	0	786	0	0	**786**
Total		**795**	**1,881**	**146,000**	**148,676**
Financial liabilities					
Payables	0	3,631	0	0	**3,631**
Accrued expenses	0	8,641	0	0	**8,641**
Total	**0**	**12,272**	**0**	**0**	**12,272**

	Interest rate exposure of financial instruments				
2012	**Weighted average interest rate**	**Non-interest bearing $'000**	**Floating interest rate $'000**	**Fixed interest rate $'000**	**Total $'000**
Financial assets					
Cash and cash equivalents	2.67%	10	1,703	0	**1,713**
Investments	5.60%	0	0	112,000	**112,000**
Receivables	0	1,678	0	0	**1,678**
Total	**0**	**1,688**	**1,703**	**112,000**	**115,391**
Financial liabilities					
Payables	0	6,828	0	0	**6,828**
Accrued expenses	0	5,836	0	0	**5,836**
Total	**0**	**12,664**	**0**	**0**	**12,664**

Sensitivity analysis

Taking into account 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 +1% and -1% in market interest rates (AUD) from year-end rates of 1.42% and 4.37%.

The following 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.

Financial assets	Carrying amount $'000	At -1.0% $'000 Surplus	At -1.0% $'000 Equity	At +1.0% $'000 Surplus	At +1.0% $'000 Equity
2013					
Cash and cash equivalents	1,890	(18)	(18)	18	18
Investments	146,000	(335)	(335)	335	335
Receivables	786	0	0	0	0
Financial liabilities					
Payables	3,631	0	0	0	0
Accruals	8,641	0	0	0	0
		(353)	**(353)**	**353**	**353**

Financial assets	Carrying amount $'000	at -1.0% $'000 Surplus	At -1.0% $'000 Equity	At +1.0% $'000 Surplus	At +1.0% $'000 Equity
2012					
Cash and cash equivalents	1,713	(17)	(17)	17	17
Investments	112,000	(1,120)	(1,120)	1,120	1,120
Receivables	1,678	0	0	0	0
Financial liabilities					
Payables	6,828	0	0	0	0
Accruals	5,836	0	0	0	0
		(1,137)	**(1,137)**	**1,137**	**1,137**

Other market risk

AHPRA has no exposure to other market risk at 30 June 2013 or at 30 June 2012.

(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 are 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; and
- 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 paid in full.

The following table shows that the fair values of most of the contractual financial assets and liabilities are the same as the carrying amounts.

Comparison between carrying amount and fair value

	Carrying amount 2013 $'000	Fair value 2013 $'000	Carrying amount 2012 $'000	Fair value 2012 $'000
Contractual financial assets				
Cash and cash equivalents	1,890	1,890	1,713	1,713
Investments	146,000	146,000	112,000	112,000
Receivables	786	786	1,678	1,678
Total	**148,676**	**148,676**	**115,391**	**115,391**
Contractual financial liabilities				
Payables	3,631	3,631	6,828	6,828
Accrued expenses	8,641	8,641	5,836	5,836
Total	**12,272**	**12,272**	**12,664**	**12,664**

Note 20 – Events occurring after the balance sheet date

The *Health Ombudsman Act* was passed by the Queensland Parliament on 20 August 2013. Management is assessing its impact on operations in financial year 2013 -14.

VAGO

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INDEPENDENT AUDITOR'S REPORT

To the Agency Management Committee, Australian Health Practitioner Regulation Agency

The Financial Report

The accompanying financial report for the year ended 30 June 2013 of the Australian Health Practitioner Regulation Agency which comprises the comprehensive income statement, balance sheet, statement of changes in equity, cash flow statement, notes comprising a summary of significant accounting policies and other explanatory information, and the declaration by the Agency Management Committee, Chief Executive Officer and Director, Finance and Corporate has been audited.

The Agency Management Committee' Responsibility for the Financial Report

The Agency Management Committee of the Australian Health Practitioner Regulation Agency are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, and the financial reporting requirements of the *Health Practitioner Regulation National Law Act 2009*, and for such internal control as the Agency Management Committee determine is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on the audit, which has been conducted in accordance with Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The audit procedures selected depend on judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, consideration is given to the internal control relevant to the entity's preparation and fair presentation of the financial report 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 entity's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Agency Management Committee, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independent Auditor's Report (continued)

Independence

The Auditor-General's independence is established by the *Constitution Act 1975*. The Auditor-General is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised. In conducting the audit, the Auditor-General, his staff and delegates complied with all applicable independence requirements of the Australian accounting profession.

Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of the Australian Health Practitioner Regulation Agency as at 30 June 2013 and of its financial performance and its cash flows for the year then ended in accordance with applicable Australian Accounting Standards, and the financial reporting requirements of the *Health Practitioner Regulation National Law Act 2009.*

Matters Relating to the Electronic Publication of the Audited Financial Report

This auditor's report relates to the financial report of the Australian Health Practitioner Regulation Agency for the year ended 30 June 2013 included both in the Australian Health Practitioner Regulation Agency's annual report and on the website. The Agency Management Committee of the Australian Health Practitioner Regulation Agency are responsible for the integrity of the Australian Health Practitioner Regulation Agency's website. I have not been engaged to report on the integrity of the Australian Health Practitioner Regulation Agency's website. The auditor's report refers only to the subject matter described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these statements. If users of the financial report are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial report to confirm the information contained in the website version of the financial report.

MELBOURNE
30 August 2013

for John Doyle
Auditor-General

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Appendix 1: National Boards structure

National Board	National Committees	Regional Boards	State and Territory Boards	State and Territory / Regional Committees
Aboriginal and Torres Strait Islander Health Practice Board of Australia	Registration and Notification Committee Communications Committee	None	None	None
Chinese Medicine Board of Australia	Accreditation Committee Communications Committee Finance Committee Notifications Committee Policies, Standards and Guidelines Advisory Committee Registration Committee			
Chiropractic Board of Australia	Accreditation, Assessment and Education Committee Communications and Relationships Committee Continuing Professional Development Committee Governance, Finance and Administration Committee Immediate Action Committee Registration, Notification and Compliance Committee Standards, Policies, Codes and Guidelines Committee	None	None	None
Dental Board of Australia	Accreditation Committee Administration and Finance Committee Registration and Notification Committee	None	None	Immediate Action Committee (excluding New South Wales) Registration Committee (New South Wales only) Registration and Notification Committee (excluding New South Wales)
Medical Board of Australia	Finance Committee National Specialist International Medical Graduate Committee	None	All states and territories	Health Committee (excluding New South Wales) Immediate Action Committee (excluding New South Wales) Notifications Assessment Committee (excluding New South Wales) Performance and Professional Standards Committee (excluding New South Wales) Registration Committee

National Board	National Committees	Regional Boards	State and Territory Boards	State and Territory / Regional Committees
Medical Radiation Practice Board of Australia	Communications Committee Finance, Risk and Governance Committee Immediate Action Committee Notifications Committee Overseas Qualifications Assessment Committee Policy, Research and Standards Committee Professional Capabilities Working Group Registration Committee Supervised Practice Committee Workforce Innovation and Reform Working Group	None	None	None
Nursing and Midwifery Board of Australia	Accreditation Committee Finance and Governance Committee Policy Committee	None	All states and territories (except Queensland at 30 June 2013)	Immediate Action Committee (excluding New South Wales) Notification Committee (excluding New South Wales) Registration Committee State and Territory Chairs' Committee
Occupational Therapy Board of Australia	Communications Committee Finance and Governance Committee Immediate Action Committee Registration and Notifications Committee Registration Standards, Codes and Guidelines Committee	None	None	None
Optometry Board of Australia	Continuing Professional Development Accreditation Committee Finance and Risk Committee Immediate Action Committee Policy, Standards and Guidelines Advisory Committee Registration and Notification Committee Scheduled Medicines Advisory Committee	None	None	None

National Board	National Committees	Regional Boards	State and Territory Boards	State and Territory / Regional Committees
Osteopathy Board of Australia	Finance Committee Registration and Notification Committee	None	None	None
Pharmacy Board of Australia	Compounding Working Party Finance and Governance Committee Immediate Action Committee Notifications Committee Policies, Codes and Guidelines Committee Registration and Examinations Committee	None	None	None
Physiotherapy Board of Australia	Continuous Improvement Committee	None	All states and territories (except Queensland at 30 June 2013)	None
Podiatry Board of Australia	Finance Committee Immediate Action Committee Registration and Notification Committee Scheduled Medicines Advisory Committee	None	None	None
Psychology Board of Australia	Finance and Management Committee Internship Review Working Party National Examination Committee Supervisor Training Working Party	Australian Capital Territory, Tasmania and Victoria South Australia, Northern Territory and Western Australia	New South Wales Queensland	Immediate Action Committee Registration and Conduct Committee (excluding New South Wales)

Appendix 2: National Board consultations completed

Boards	Consultations completed July 2012 – June 2013
Aboriginal and Torres Strait Islander Health Practice Board	• Code of conduct • International criminal history checks* • Guidelines for advertising (revisions)* • Social media policy* • Guidelines for mandatory notifications (revisions)*
Chinese Medicine Board	• Code of conduct • Draft infection control guidelines specific to acupuncture practice • International criminal history checks* • Guidelines for advertising (revisions)* • Social media policy* • Guidelines for mandatory notifications (revisions)*
Chiropractic Board	• Code of conduct • Draft guidelines for the supervision of chiropractors • Clinical record-keeping guidelines • Review of accreditation arrangements • International criminal history checks* • Guidelines for advertising (revisions)* • Social media policy* • Guidelines for mandatory notifications (revisions)*
Dental Board	• Code of conduct • Scope of practice registration standard • Review of accreditation arrangements • International criminal history checks* • Guidelines for advertising (revisions)* • Social media policy* • Guidelines for mandatory notifications (revisions)*
Medical Board	• Proposed changes to the competent authority pathway and specialist pathway for international medical graduates • Review of accreditation arrangements • International criminal history checks* • Guidelines for advertising (revisions)* • Social media policy* • Guidelines for mandatory notifications (revisions)*
Medical Radiation Practice Board	• Code of conduct • Provisional registration guidelines • Supervised practice registration standard • Composition of accreditation committee • International criminal history checks* • Guidelines for advertising (revisions)* • Social media policy* • Guidelines for mandatory notifications (revisions)*

Boards	Consultations completed July 2012 – June 2013
Nursing and Midwifery Board	• Guidelines for professional indemnity insurance arrangements for registered nurses and nurse practitioners • Review of the accreditation arrangements for the nursing and midwifery professions • Review of accreditation arrangements • International criminal history checks* • Guidelines for advertising (revisions)* • Social media policy* • Guidelines for mandatory notifications (revisions)*
Occupational Therapy Board	• Code of conduct • International criminal history checks* • Guidelines for advertising (revisions)* • Social media policy* • Guidelines for mandatory notifications (revisions)*
Optometry Board	• Amendments to guidelines for use of scheduled medicines • Code of conduct • Draft registration standard for limited registration for teaching or research • Review of accreditation arrangements • International criminal history checks* • Guidelines for advertising (revisions)* • Social media policy* • Guidelines for mandatory notifications (revisions)*
Osteopathy Board	• Code of conduct • Draft framework: pathways for registration of overseas-trained osteopaths • Draft guidelines for informed consent • Guidelines for supervision of osteopaths • Draft sexual and professional boundaries guidelines • Review of accreditation arrangements • International criminal history checks* • Guidelines for advertising (revisions)* • Social media policy* • Guidelines for mandatory notifications (revisions)*
Pharmacy Board	• Code of conduct • Review of accreditation arrangements • International criminal history checks* • Guidelines for advertising (revisions)* • Social media policy* • Guidelines for mandatory notifications (revisions)*
Physiotherapy Board	• Code of conduct • Review of accreditation arrangements • International criminal history checks* • Guidelines for advertising (revisions)* • Social media policy* • Guidelines for mandatory notifications (revisions)*

Boards	Consultations completed July 2012 – June 2013
Podiatry Board	• Proposed options in relation to acupuncture for the podiatry profession • Code of conduct • Review of accreditation arrangements • International criminal history checks* • Guidelines for advertising (revisions)* • Social media policy* • Guidelines for mandatory notifications (revisions)*
Psychology Board	• Guidelines for the National Psychology Examination • Code of ethics • Review of accreditation arrangements • International criminal history checks* • Guidelines for advertising (revisions)* • Social media policy* • Guidelines for mandatory notifications (revisions)*

* Cross-Board consultations completed July 2012 – June 2013. The code of conduct was also a joint consultation for all National Boards using the shared code of conduct (this excludes medicine, psychology, nursing and midwifery).

Appendix 3: Registration standards and other proposals

1 July 2012 to 30 June 2013

During 2012/13, a number of registration standards for the regulated professions were submitted for approval by the Australian Health Workforce Ministerial Council in accordance with the National Law. The approvals of the Ministerial Council are published on the website as required under the National Law and are summarised below:

Chiropractic Board of Australia

Registration standard	Approval date	Commenced
Registration standard: limited registration in the public interest (new registration standard)	10 August 2012	10 August 2012
Registration standard: limited registration for teaching or research (new registration standard)	10 August 2012	10 August 2012

Medical Board of Australia

Registration standard	Approval date	Commenced
Registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training (the intern registration standard) (new registration standard)	9 November 2012	Approval takes effect for interns starting their intern year in 2014
Registration standard for endorsement of registration for acupuncture (new registration standard)	9 November 2012	11 December 2012
Changes to approved list of medical specialties Correction to include paediatric intensive care medicine to the specialty of intensive care medicine	30 May 2013	25 July 2012

Optometry Board of Australia

Registration standard	Approval date	Commenced
Registration standard for continuing professional development (CPD) (revised registration standard)	9 November 2012	7 January 2013

Appendix 4: Report of achievements against the Business Plan 2012/13

Objective	Initiative	Achievements in 2012/13
1.1 Embed a regulatory philosophy for the National Scheme informed by international leading practice	1.1.1 Further articulate and communicate the regulatory philosophy of the National Scheme	We have drafted a statement about our regulatory philosophy and started to consult with the National Boards. During 2013/14 we will be working with National Boards and across AHPRA to ensure the statement accurately aligns with our intended regulatory approach. Work to progress this important initiative will continue into 2013/14.
	1.1.2 Develop a set of evidence-based, regulatory benchmarks for leading practice in health practitioner regulation	Partnerships with other regulatory bodies to benchmark our work have been established with the General Medical Council (UK); Health & Care Professions Council (UK); and NSW Health Care Complaints Commission. Key performance indicators about notifications have been developed as a result of workshops between the partners. This crucial work will to continue into 2013/14 as we further implement our reporting framework.
1.2 Work with the Boards to develop and strengthen pathways to registration and accreditation	1.2.1 Complete the transition of the 2012 NRAS professions	Four new health professions successfully joined the National Scheme, adding 40,000 new practitioners. This signals the end of the transition to a single National Scheme of health regulation in Australia.
	1.2.2 Strengthen capability for the delivery of board examinations	This initiative has been completed, subject to the final deployment of specified system changes in mid-to-late 2013. The successful delivery of this initiative is a result of a strong partnership, joint governance and collaboration between National Boards and AHPRA.
	1.2.3 Improve the pathways to registration for health practitioners with international qualifications	Streamlining and improving pathways to registration for internationally qualified practitioners, particularly those seeking limited registration, is a crucial aspect of our ongoing work. Much has been done in 2012/13 and the effort will continue into 2013/14.
	1.2.4 Ensure the effective delivery of the accreditation function	The review of accreditation arrangements for the original 10 health professions that joined the National Scheme is now complete. During the year, three accreditation committees to exercise accreditation functions for three of the 2012 professions were established. An accreditation unit has been established to directly support these accreditation committees to deliver the functions required under the National Law. Further work to ensure the effective delivery of the accreditation function is scheduled for 2013/14.
1.3 Establish and review health practitioner registration standards, codes, guidelines and policies	1.3.1 Strengthen cross-profession approaches to the development and review of registration standards, codes and guidelines where appropriate	This major piece of work has progressed well and will continue into the rest of 2013. National Boards' review of common codes and guidelines will be complete by the end of 2013. Extensive consultation took place in 2013 with National Boards and their stakeholders, including practitioners, the community and AHPRA staff. The reviews of profession-specific, common and core registration standards will continue into 2013, with improvements to the review processes implemented during the year. Our focus in 2013/14 will include planning for and starting implementation.

Objective	Initiative	Achievements in 2012/13
1.4 Develop and implement a health practitioner audit and compliance program	1.4.1 Commence implementation of a practitioner audit program	We completed the second phase of the pilot to audit practitioner compliance with registration standards across three professions, and an additional specific audit for nursing and midwifery practitioners. National Boards have agreed in principle to an approach to audit, which will be implemented across professions progressively from 2013/14, as part of our routine work to protect the public.
	1.4.2 Establish consistent approaches for the assessment and management of health practitioners with impairment	This work aims to strengthen the evidence base in our work to manage and assess practitioners with impairment. It will continue into 2013/14.
1.5 Facilitate informed and consistent decision-making through effective legal, policy and support services	1.5.1 Improve the consistency and quality of services provided to Boards and Committees	An editorial style and branding guide has been published internally. A series of templates for use by Board Services staff have been developed and these will be implemented early in 2013/14. Guidelines for boards and committees about notification decisions and actions will improve consistency in notification outcomes. Other work to improve the consistency and quality of services to Boards will continue into 2013/14, through specific new business plan initiatives.
	1.5.2 Develop and implement an AHPRA-wide legal capacity to provide consistent legal advice and support a litigation framework	We have developed a strategic Legal Resource Framework to strengthen our legal capacity across AHPRA. This includes establishing an advisory group to help provide consistent responses to common legal questions; implementing a litigation management framework; and establishing a panel of legal service providers to enhance the management and effectiveness of legal services provided across the organisation. This aims to reduce costs and improve timeliness and reporting of external legal services to AHPRA.
	1.5.3 Implement a Legal Knowledge Management System	The first stage of the Legal Knowledge Management System (LKMS) has been delivered with legal practice notes; practitioner court and tribunal case notes and summaries dating back to 2010. Quarterly legal updates for National Boards are now available. Business rules for accessing the LKMS have been developed. Work will continue into 2013, when system improvements are in place. Work to better support decision-makers to make informed, effective and consistent decisions will continue in 2013/14.
1.6 Align the strategic and operational activities of the Boards and AHPRA	1.6.1 Develop mechanisms to better align National Board and AHPRA planning	An integrated planning model has been developed and presented to National Boards. This model has been partially implemented in 2012/13, with full implementation expected in 2013/14. AHPRA and National Board projects are presented as an integrated set of initiatives in the 2013/14 plan. AHPRA staff facilitated a number of planning sessions for National Boards during 2012/13.

Objective	Initiative	Achievements in 2012/13
1.7 Improve stakeholder confidence in the National Scheme through greater transparency and accessibility of information about processes and approach	1.7.1 Improve the content and functionality of website services for external users	An AHPRA digital strategy was developed during 2012/13, which defined our direction and provided a three-year roadmap to improve the content and functionality of the AHPRA and National Board websites. This work will start in 2013/14. The accessibility and quality of information on the sites has increased via targeted content review and development. Publishing processes now support a commitment to achieve compliance to the Web Content Accessibility Guidelines (WCAG) Level AA in the coming year. We have trained relevant staff in web content accessibility and plain English writing.
	1.7.2 Publish expanded plain English information to assist practitioners and the public	Significant progress has been made to provide plain English information for both practitioners and the public, in relation to notifications. We have published new guides for both practitioners and notifiers and improved online content. We will continue to progressively improve the readability of content on our websites into 2013/14. Plain English training has been provided to key AHPRA staff, initially with a focus on writing for the web. Priorities in 2013/14 will be teams that have direct contact with the public and National Boards. Significant effort has gone into increasing the clarity and accessibility of information published on our websites. We have published the AHPRA Service Charter, which will be subject to review by the Community Reference Group and the Professions Reference Group during 2013/14.
2.1 Identify opportunities to support health workforce development in partnership with Boards and other stakeholders	2.1.1 Develop a strategy for health workforce development and reform work in collaboration with National Boards and other stakeholders	National Boards and AHPRA have worked closely with Health Workforce Australia (HWA) in the development of two workforce frameworks during 2012/13.[1] The Health Practitioner Prescribing Pathways initiative has been a successful program of collaboration. Consultation with Australian Health Ministers' Advisory Council (AHMAC), National Boards, HWA and AHPRA has been completed to establish expectations and directions for workforce development. Work on this important initiative will continue in 2013/14.
3.1 Develop and implement coordinated communications and stakeholder engagement strategies	3.1.1 Develop a national communications plan	A national strategic approach to communications has been developed. All National Boards have a communication plan in place, which includes the regular publication of profession-specific newsletters, most of which are delivered electronically. Our communications team continues to manage ongoing issues in the National Scheme, respond to media and provide communications advice to Boards and AHPRA. A change management team has been established to ensure that we manage change within AHPRA appropriately and successfully.
	3.1.2 Develop a national stakeholder engagement strategy	National stakeholder engagement initiatives have been implemented through 2012/13 including: • continued operation of the Professions Reference Group, expanded to include 2012 professions • establishment of the Community Reference Group in 2013 • consumer briefings conducted in every state and territory • partnership with the Consumers Health Forum • individual National Boards continue to engage with their stakeholders, guided by individual communications plans AHPRA has also provided support to the National Boards to support and guide their engagement with external stakeholders.

1 National Health Workforce Innovation and Reform Strategic Framework for Action 2011-2015 and the National Rural and Remote Health Workforce Innovation and Reform Strategy, published by HWA and supported by AHPRA.

Objective	Initiative	Achievements in 2012/13
3.2 Ensure nationally consistent regulatory processes	3.2.1 Enhance stewardship of core regulatory systems and processes	This work is ongoing and we now have a team dedicated to developing and maintaining the templates, content, tools and systems we need to implement our regulatory processes consistently.
	3.2.2 Ongoing implementation of processes and systems to support regulatory functions	We completed an extensive program of work in 2012/13 to ensure consistency in notifications management across AHPRA and National Boards. We started work to similarly improve our work in monitoring and compliance, which will continue into 2013/14.
	3.2.3 Further develop national operational capability to maintain, change and improve core processes	In 2013, we made changes to our National Executive team to get clearer accountability for our regulatory operations. Our NSW state manager, Kym Ayscough, is now also our National Coordinator, Regulatory Operations, as well as the Chair of our State and Territory Managers Committee. The National Coordinator works closely with the Director of Business Improvement and Innovation to close the gaps between development and implementation of new processes. The top priority in 2013 was notifications management. We issued a national operational directive: 'Health Performance and Conduct Management Operational Directive'.
	3.2.4 Enhance existing systems and processes to support core regulatory functions	We made important changes to improve our systems and information management, and to streamline and better coordinate our processes. This included changes to core parts of our registration system, including how we manage data about practitioner addresses and qualifications, and how our systems work together, such as email and information storage. The workforce survey, which is part of the annual renewal process, has been revamped to improve its functionality and useability for practitioners. Our work this year laid solid foundations for continued effort in 2013/14 to improve workflow and data validation. We continue to improve our IT platform as part of the ongoing implementation of processes and systems. The design and development of a Regulatory Compliance System to better support notifications and compliance monitoring continues to progress, with technical options identified. This work will continue during 2013/14.
3.3 Implement quality improvement programs for compliance with business practices	3.3.1 Continue to deliver an organisation-wide internal audit program	The planned internal audit program has been delivered. In 2012/13 the audit focused on payroll controls; information technology general controls; information management; and legislative compliance with state and commonwealth laws. The internal audit program will continue annually as part of our usual business activities.
	3.3.2 Develop a quality assurance program	A quality (business) assurance framework and roadmap has been developed and implemented through the State and Territory Managers and the National Quality (Business) Assurance Committee. This enables ongoing uniform measurement, evaluation, implementation of changes and monitoring of core functions. A national registration audit for graduate applications has been completed. Further work across notifications and other functions is planned for the organisation in to 2013/14.

Objective	Initiative	Achievements in 2012/13
4.1 Improve the management and distribution of functions and workloads	4.1.1 Develop optimum service delivery models to redistribute workloads where opportunities for improvement are identified	Our focus in 2012/13 was on identifying the best possible model of service delivery in scanning and mail management systems. The priority of this work was reduced because of the overall increase in online applications and renewals, which has dramatically reduced the volume of hard-copy documents received. The need for this work will be reviewed in 2013/14, and a tender process started if the business need is confirmed.
	4.1.2 Improve national capability, capacity and organisation of the Customer Service Team	We made a significant decision during the year to improve and restructure our customer service teams (CSTs) to better meet practitioner and public information needs in a cost effective and consistent way. The major change is to introduce a national model of customer service, through a single national Customer Service Team, operating from a number of locations across Australia. Planning the transition to the new arrangement is well progressed and will be implemented by the end of September 2013.
4.2 Develop strong and effective teams within and between offices	4.2.1 Complete all enterprise agreements	Significant progress was made in 2012/13 towards establishing enterprise agreements across AHPRA. An appeal was lodged by the Community and Public Sector Union in WA against AHPRA's view that it was a single national employer. Fair Work Australia ruled in AHPRA's favour and confirmed AHPRA as a single national employer. The appeal caused delays in starting and furthering negotiations in other states. The WA enterprise agreement was approved by the Fair Work Commission in June 2013. Negotiations will recommence in July 2013, with a view to completing all agreements by early 2014.
	4.2.2 Review and align AHPRA's work-level standards	This work involves aligning the job descriptions and levels for similar roles across AHPRA. It addresses the differences between states, territories and boards inherited from previous arrangements at the start of the National Scheme. During the year, work-level standards were reviewed, aligned and implemented in most jurisdictions across AHPRA. It is anticipated that Queensland and Tasmania will be completed in the first half of 2013/14.
	4.2.3 Develop the workforce performance management systems	The workforce performance planning and appraisal system has been developed and a suite of tools, including training for all staff and managers, rolled out across AHPRA. Each office is at various stages of implementation; however, the first full appraisal using this system will be conducted in Victoria, ACT, NT and WA from July 2013 for 2012/13 year.
	4.2.4 Implement an organisation-wide approach to planning and prioritisation of initiatives	We have established a Project Prioritisation Group (PPG) to make recommendations about priorities to the National Executive Committee. These are projects requiring significant investments of time and resources to implement. A smaller working group has been established to advise on the prioritisation of smaller pieces of work. This will be developed further in 2013/14.
	4.2.5 Improve the content and functionality of the intranet	An AHPRA digital strategy was developed during 2012/13 to set our direction and plan improvements over three years.

Objective	Initiative	Achievements in 2012/13
4.3 Establish a national learning and development plan for AHPRA staff	4.3.1 Design and implement a national training and development program	We have adopted a new training framework that delivers a coordinated program of training and development across AHPRA. The training focus during 2012/13 has been on performance planning and appraisals; induction; notifications; and mandatory online training. This has been augmented with local training programs across offices.
	4.3.2 Develop and implement processes and systems to support human resource management	Implementation of an integrated payroll solution has started. Foundation and scoping work has been completed and work will continue and be finalised in 2013/14. Plans for an e-Learning platform have been deferred due to the later implementation of the Human Resource Information Systems (HRIS) solution. Processes to support board, committee and panel appointments and recruitment have been strengthened during 2012/13.
4.4 Manage risks effectively	4.4.1 Further develop the annual risk assurance framework	A comprehensive risk framework has been developed and a risk profile completed. A risk register is in place and governance arrangements are now established.
	4.4.2 Implement a business continuity plan across AHPRA	A business continuity plan has been completed for the National and Victorian offices. Work to develop a business continuity plan for each office will be completed in 2013/14. The integration of the business continuity plan with the information and communication technology disaster recovery plan is underway.
5.1 Deliver nationally comparable organisational performance through relevant monitoring and reporting	5.1.1 Design and implement an annual business planning cycle	An integrated planning architecture has been developed by AHPRA and shared with all 14 National Boards. AHPRA has successfully completed an annual planning cycle using that approach and has also facilitated, or supported, the planning sessions of eight National Boards. The planning capability of AHPRA is now well established and will be strengthened in 2013/14.
	5.1.2 Implement an AHPRA reporting framework	The AHPRA reporting framework has been developed and endorsed by all National Boards and the Agency Management Committee. We have focused particularly on strengthening reporting about notifications. Key performance indicator frameworks are being developed and delivered for our core regulatory operations. A notification data repository has been established and will continue to be populated with relevant datasets during 2013/14.
5.2 Strengthen information management and quality	5.2.1 Implement the Data Quality Management Framework	We continue our work to improve the quality and management of our data, including by establishing a Data Working Group and an Information Governance Committee.
	5.2.2 Embed an ongoing program of information security and information risk management	We have developed and implemented an information security strategy, with oversight from the Audit and Risk Committee. An annual risk and threat assessment has been implemented.
	5.2.3 Further establish and improve data exchange facilities with key external data partners	AHPRA continues to enhance the role of the National Scheme in the Australian health system, through significant partnerships with organisations such as Health Workforce Australia (HWA), Australian Institute of Health and Welfare (AIHW), Medicare, and the National eHealth Transition Authority (NeHTA). AHPRA now regularly supplies practitioner survey data to HWA, with a new survey system built to improve the quality and richness of survey data captured. Data extracts continue to be delivered daily to NeHTA, with a more automated system to be introduced soon. We are piloting an improved Practitioner Information Exchange (PIE) platform, designed to make it easier for employers and others to access publicly available data about their employees.

Objective	Initiative	Achievements in 2012/13
5.3 Improve the stability and performance of systems	5.3.1 Implement the findings of the IT strategy	The IT strategy continues to be implemented successfully. Our focus this year has been on information security and improving the infrastructure foundation of AHPRA's systems. This has provided AHPRA with a more robust, reliable, secure and available technology environment.
6.1 Actively seek and implement specific opportunities to realise and improve productivity	6.1.1 Expand the range and uptake of online registration options	The online renewal campaign continues to improve the rate of online registration. A total of 96% of nursing and midwifery renewals was achieved in 2012/13, an increase of 6% over 2011/12. This represents a reduction of around 200,000 printed forms during the three-month renewal period. A number of other important online functions have been delivered or improved during 2012/13, including: • online applications for the four professions that joined the Scheme on 1 July 2012 • online applications for provisional psychology applicants • capturing missing residential addresses and date of birth during the renewal process, and • capability to conduct online surveys of practitioners.
	6.1.2 Implement effective cross-board project approaches to optimise the use of resources	The National Board Services Policy Working Group has been established to support and facilitate cross-profession policy and projects, maximise efficiencies and share lessons. The capability to deliver cross-profession projects has been enhanced with the establishment of a cross-profession work plan and portfolio approach. Implementing the plan is underway and will continue into 2013/14. Quarterly reporting templates have been provided to improve the flow of information between AHPRA, National Boards and Agency Management Committee. Resources, templates and processes for the effective delivery of National Board projects have been developed and implemented.
	6.1.3 Reduce non-salary costs of the National Scheme by $3 million	AHPRA continues to seek specific opportunities to realise cost efficiencies and increase productivity. Activities in 2012/13 to make savings on non-salary items include: • travel and accommodation expenditure savings as a result of changes to travel policies and improved procurement with travel providers • IT systems and communication savings achieved through rate changes and a reduction of set-up and/or risk mitigation costs • changes to legal procurement policies and panel selection has provided better value for money • efficiencies for printing and postage costs during renewals campaigns • further enhancement of, and increased compliance with, the procurement process, and • update of the financial delegations, delivering better control systems. There will be further work on grouping services that will lead to preferred supplier arrangements based on value for money.

Appendix 5: Data access requests 2012/13

Date Request Received	Reference to National Law	Output	Profession(s)	Decision	Requester
2-Jul-2012	s216(2)(e) and s216(2)(g)	Quantitative statistics	Dental	Referred to AHPRA's quantitative registration data and/ or annual report on its website	Department of Defence
3-Jul-2012	s216(2)(e)	Distribution to practitioners through the secure mailing house	Psychology	Approved	Charles Sturt University
8-Jul-2012	s216(2)(g) and s228(2)	Copy of the national register	Optometry	Approved	Optometrists Association Australia
13-Jul-2012	s216(2)(g) and s228(2)	Copy of the national register	Aboriginal and Torres Strait Islander health practice	Approved	Department of Health, Western Australia
17-Jul-2012	s216(2)(g) and s228(2)	Copy of the national register	Medical	Approved	The Australian National University
20-Jul-2012	s216(2)(g) and s228(2)	Copy of the national register	Psychology	Approved	Service for Australian Rural and Remote Allied Health
20-Jul-2012	s216(2)(g) and s228(2)	Copy of the national register	Psychology	Approved	Australian Clinical Psychology Association
8-Aug-2012	s216(2)(e)	Distribution to practitioners through the secure mailing house	Pharmacy	Approved	ACT Medicare Local
10-Aug-2012	s216(2)(g) and s228(2)	Copy of the national register	Medical	Approved	University of New England
16-Aug-2012	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical	Approved	The Royal Australian and New Zealand College of Radiologists
17-Aug-2012	s216(2)(e)	Distribution to practitioners through the secure mailing house	Nursing and midwifery	Approved	Southern Cross University
20-Aug-2012	s216(2)(g) and s228(2)	Copy of the national register	All professions	Referred to AIHW for a better data source	Health Workforce Queensland
7-Sep-2012	s216(2)(e)	Distribution to practitioners through the secure mailing house	Medical	Approved	Safety Return to Work and Support Division, NSW Government
17-Sep-2012	s216(2)(e)	Distribution to practitioners through the secure mailing house	Dental	Approved	Office of the Minister for Health and Ageing, Victoria
17-Sep-2012	s216(2)(e)	Distribution to practitioners through the secure mailing house	Pharmacy	Not approved - Not in the exercise of a function under the National Law	The University of Sydney
18-Sep-2012	s216(2)(g) and s228(2)	Copy of the national register	Physiotherapy Occupational therapy Psychology	Pending more information from applicant	The University of Sydney
18-Sep-2012	s216(2)(e)	Distribution to practitioners through the secure mailing house	Nursing and midwifery	Pending more information from applicant	University of Newcastle

Date Request Received	Reference to National Law	Output	Profession(s)	Decision	Requester
19-Sep-2012	s216(2)(e)	Distribution to practitioners through the secure mailing house	Physiotherapy	Approved with conditions	The University of Queensland
20-Sep-2012	s216(2)(g) and s228(2)	Copy of the national register	Medical	Not approved - More information required to determine the public interest	Student, The University of Sydney
27-Sep-2012	s216(2)(e)	Distribution to practitioners through the secure mailing house	Chinese medicine	Referred to National Board	Armidale Dumaresq Council
28-Sep-2012	s216(2)(g) and s228(2)	Copy of the national register	Optometry	Referred to the National Board for possible collaborative project, but was declined due to a short timeframe	The University of New South Wales
4-Oct-2012	s216(2)(e)	Distribution to practitioners through the secure mailing house	Medical radiation practice	Referred to National Board	Monash University
8-Oct-2012	s216(2)(e)	Distribution to practitioners through the secure mailing house	Nursing and midwifery	Request withdrawn	University of Western Sydney
9-Oct-2012	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical	Approved	Human Capital Alliance
9-Oct-2012	s216(2)(g) and s228(2)	Copy of the national register	Medical	Not approved - More information required to determine the public interest	Individual
11-Oct-2012	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical	Referred to AHPRA's quantitative registration data and/ or annual report on its website	Chair, the Victorian Board of the Medical Board of Australia
12-Oct-2012	s216(2)(g) and s228(2)	Copy of the national register	Chiropractic	Request withdrawn	Murdoch University
12-Oct-2012	s216(2)(e)	Distribution to practitioners through the secure mailing house	Physiotherapy	Pending more information from applicant	Peter MacCallum Cancer Centre, Melbourne
12-Oct-2012	s216(2)(e)	Distribution to practitioners through the secure mailing house	Medical	Pending	Medical Deans of Australian and New Zealand
15-Oct-2012	s219(1)(e) and s219(2)(b)	Disclosure to other Commonwealth, State and Territory entities	Medical	Approved	Commonwealth Department of Health and Ageing
19-Oct-2012	s216(2)(e)	Distribution to practitioners through the secure mailing house	Medical	Request withdrawn	Royal Adelaide Hospital
19-Oct-2012	s216(2)(e)	Distribution to practitioners through the secure mailing house	Chiropractic	Approved	Murdoch University

Date Request Received	Reference to National Law	Output	Profession(s)	Decision	Requester
19-Oct-2012	Not applicable	Nil	Medical Pharmacy	Data requested not available/collected	Student, United Kingdom
19-Oct-2012	s216(2)(e) and s216(2)(g)	Quantitative statistics	Nursing and midwifery	Referred to universities for a better data source	Student, ACT
22-Oct-2012	s216(2)(e)	Distribution to practitioners through the secure mailing house	Dental	Not approved - Not in the public interest	Australian Dental Association (NSW Branch) Ltd
23-Oct-2012	s228(1)(a)	Inspection of the National Register	Nursing and midwifery	Approved	Individual
25-Oct-2012	s219(1)(e) and s219(2)(b)	Disclosure to other Commonwealth, State and Territory entities	Medical	Approved	Work Cover, Western Australia
26-Oct-2012	s216(2)(g) and s228(2)	Copy of the national register	Dental	Referred to HWA for a better data source	Australian Dental Association (Federal Council)
29-Oct-2012	s216(2)(e)	Distribution to practitioners through the secure mailing house	All professions	Approved	Office of the Minister for Health and Ageing, Victoria
5-Nov-2012	s216(2)(e)	Distribution to practitioners through the secure mailing house	Medical	Pending more information from applicant	Flinders University
15-Nov-2012	s216(2)(e) and s216(2)(g)	Quantitative statistics	Occupational therapy	Referred to AHPRA's quantitative registration data and/ or annual report on its website	University of Western Sydney
16-Nov-2012	s216(2)(e)	Distribution to practitioners through the secure mailing house	Medical Nursing and midwifery	Pending more information from applicant	The University of Queensland
19-Nov-2012	s216(2)(e)	Distribution to practitioners through the secure mailing house	Occupational therapy	Approved	Occupational Therapy Australia, South Australian Division
27-Nov-2012	s216(2)(e)	Distribution to practitioners through the secure mailing house	All professions	Referred to universities for a better data source	The University of Adelaide
28-Nov-2012	s216(2)(g) and s228(2)	Copy of the national register	All professions	Approved	*Herald Sun*
3-Dec-2012	s216(2)(e) and s216(2)(g)	Quantitative statistics	Dental	Referred to AHPRA's quantitative registration data and/ or annual report on its website	The University of Queensland
7-Dec-2012	s216(2)(e) and s216(2)(g)	Quantitative statistics	All professions	Data requested not available/collected	The Australian National University
10-Dec-2012	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical	Referred to AHPRA's quantitative registration data and/ or annual report on its website	Individual
12-Dec-2012	Not allowable	Identifiable contact details	Psychology	Not approved - More information required to determine the public interest	Individual

Date Request Received	Reference to National Law	Output	Profession(s)	Decision	Requester
13-Dec-2012	s216(2)(e)	Distribution to practitioners through the secure mailing house	Podiatry	Approved	Queensland Health
18-Dec-2012	s216(2)(e) and s216(2)(g)	Quantitative statistics	All professions	Data requested not available/collected	Individual
19-Dec-2012	s216(2)(e) and s216(2)(g)	Quantitative statistics	Dental	Referred to HWA for a better data source	The University of Adelaide, the University of Tasmania, the University of Western Australia, Monash University and the South Australian Dental Service
14-Jan-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Dental	Not approved - Documents requested are exempt under s24(5) of the FOI Act	Australian Orthodontic Society (Queensland) via FOI request
14-Jan-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Occupational therapy	Approved	Occupational Therapy Australia
15-Jan-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Dental	Referred to AHPRA's quantitative registration data and/ or annual report on its website	The University of Adelaide
15-Jan-2013	Not applicable	Nil	Physiotherapy	Data requested not available/collected	Individual
15-Jan-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical	Referred to AHPRA's quantitative registration data and/ or annual report on its website	Bond University
16-Jan-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Chiropractic	Not approved - Not in the public interest	Chiropractic and Osteopathy Education Foundation Limited
18-Jan-2013	s216(2)(g) and s228(2)	Copy of the national register	Medical	Not approved - Not in the public interest	Medical Developments International
23-Jan-2013	s216(2)(g) and s228(2)	Copy of the national register	Pharmacy	Approved	Australian Pharmaceutical Industries
25-Jan-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Aboriginal and Torres Strait Islander health practice	Request withdrawn	Aboriginal Medical Services Alliance Northern Territory
30-Jan-2013	s227	Copy of the national register (of former health practitioners)	Medical	Not approved - Not in the public interest	Australian Medical Association (Victoria)
30-Jan-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	All professions	Approved	Rural Health West
17-Feb-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Pharmacy	Not approved - Referred to alternative data sources	Curtin University
4-Mar-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Nursing and midwifery	Approved	Healthcare Management Advisors

Date Request Received	Reference to National Law	Output	Profession(s)	Decision	Requester
6-Mar-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Dental	Not approved - Referred to alternative data sources	The University of Queensland
12-Mar-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Osteopathy	Not approved - Referred to alternative data sources	European School of Osteopathy, United Kingdom
27-Mar-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Nursing and midwifery	Not approved - Referred to alternative data sources	PhD candidate, University of Tasmania
27-Mar-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Pharmacy	Referred to HWA for a better data source	University of Tasmania
2-Apr-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Dental	Not approved - Referred to alternative data sources	La Trobe University
2-Apr-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Occupational therapy	Not approved - Referred to alternative data sources	Student, James Cook University
16-Apr-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical radiation practice	Referred to AHPRA's quantitative registration data and/ or annual report on its website	Queensland Health
17-Apr-2013	s216(2)(d)	Correspondence sent to a specific registered health practitioner on behalf of the requester	Nursing and midwifery	Approved	Holborn Lenhoff Massey
17-Apr-2013	s216(2)(g) and s228(2)	Copy of the national register	Medical	Approved	The Australian National University
18-Apr-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical radiation practice Pharmacy Occupational therapy Physiotherapy Nursing and midwifery	Referred to AHPRA's quantitative registration data and/ or annual report on its website	Commonwealth Department of Education, Employment and Workplace Relations
23-Apr-2013	s219(1)(e) and s219(2)(b)	Disclosure to other Commonwealth, state and territory entities	Medical	Approved	Victorian Registry of Births, Deaths and Marriages

Date Request Received	Reference to National Law	Output	Profession(s)	Decision	Requester
26-Apr-2013	s216(2)(g) and s228(2)	Copy of the national register	Aboriginal and Torres Strait Islander health practice Medical Medical radiation practice Nursing and midwifery Occupational therapy Pharmacy Physiotherapy Psychology	Request withdrawn	St John of God Health Care
2-May-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical	Referred to HWA for a better data source	Baker IDI Central Australia
6-May-2013	s216(2)(g) and s228(2)	Copy of the national register	Medical	Approved	Medical Developments International
6-May-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Occupational therapy	Pending	The University of Sydney
10-May-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Medical	Not approved - Not in the public interest	Institute of Functional Neuroscience
13-May-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Allied health professions	Referred to HWA for a better data source	North Coast Medicare Local
15-May-2013	s216(2)(g) and s228(2)	Copy of the national register	Medical	Not approved - More information required to determine the public interest	Individual
17-May-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical	Referred to HWA for a better data source	PhD candidate, The University of Melbourne
20-May-2013	s216(2)(g) and s228(2)	Copy of the national register	All professions	Approved	CV Check
20-May-2013	s219(1)(e) and s219(2)(b)	Distribution to practitioners through the secure mailing house	Pharmacy	Approved	Commonwealth Department of Health and Ageing
20-May-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	All professions	Referred to National Health Services Directory	Illawarra-Shoalhaven Medicare Local
21-May-2013	s216(2)(g) and s228(2)	Copy of the national register	Medical	Approved	Liverpool GP Superclinic
21-May-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Allied health professions	Not approved - Referred to alternative data sources	Student, University of Canberra
27-May-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Medical	Pending	Medical Deans of Australian and New Zealand

Date Request Received	Reference to National Law	Output	Profession(s)	Decision	Requester
28-May-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Nursing and midwifery	Not approved - Not in the exercise of a function under the National Law	Individual
29-May-2013	s216(2)(g) and s228(2)	Copy of the national register	Pharmacy	Approved	Australian Pharmaceutical Industries
6-Jun-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Pharmacy	Not approved - More information required to determine the public interest	The University of New South Wales
6-Jun-2013	s216(2)(e)	Mandatory reporting data	Nursing and midwifery	Pending	Deakin University
6-Jun-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical	Referred to AHPRA's quantitative registration data and/ or annual report on its website	Individual
7-Jun-2013	s216(2)(g) and s228(2)	Copy of the national register	Medical	Not approved - More information required to determine the public interest	Macquarie University
11-Jun-2013	s216(2)(e)	Distribution to practitioners through the secure mailing house	Podiatry	Not approved - Not in the exercise of a function under the National Law	Clinical Supervision Learning Pathway South Australia Podiatry Reference Group
13-Jun-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Nursing and midwifery	Referred to HWA for a better data source	Queensland College of Teaching
17-Jun-2013	s216(2)(g) and s228(2)	Copy of the national register	Medical	Request withdrawn	Baxter Heathcare
17-Jun-2013	s216(2)(g) and s228(2)	Copy of the national register	All professions	Not approved - Not in the exercise of a function under the National Law	University of Western Sydney
17-Jun-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Allied health professions	Request withdrawn	Individual
20-Jun-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Medical	Request withdrawn	Individual
25-Jun-2013	s216(2)(d)	Correspondence sent to a specific registered health practitioner on behalf of the requester	Medical	Referred to other publicly available sources	Clairs Keeley Lawyers
26-Jun-2013	s216(2)(e) and s216(2)(g)	Quantitative statistics	Nursing and midwifery	Referred to HWA for a better data source	Australian Nursing Federation (NSW Branch)

Appendix 6: Panel members who have sat on panels during 2013

Dental Practitioners

Christopher Callahan
Gerard Clausen
Pat Collette
Michael Foley
Esperance Kahwagi
Roslyn Mayne
Craig McCracken
Anthony Robertson
Renato Simionato
Felicia Valianatos
Valerie Woodford

Chinese Medicine Practitioners

Nghia Tran
Zhen Zheng

Psychologists

Vicki Anderson
Karen Butler
Peter Cook
Roger Dooley
Margaret Foulds
Simon Kinsella
Louise McCutcheon
Vicki de Prazer
Ross White

Nursing and Midwifery Practitioners

Naomi Dobroff
Francine Douse
Andrea Driscoll
Robyn Garlick
Clare Lane
Clare McGinness
John Rogan
Deborah Rogers
Leanne Satherley
Amanda Wynne

Optometrists

Alex Gentle
Christine Nearchou
Virginia Plummer
Virginia Rogers
Tim Wilson

Physiotherapists

Jo Bills
Cherie Hearn
Anthony Hotchin
Sally McLaine
Wendy Nickson
Tracy Spencer

Pharmacists

Rhonda Clifford
Jeff Davies
Kerrie Kensell
Pamela Mathers
Manal Oz
Bronwyn Perry
John Stanley
Bill Suen
Sally Yeung

Osteopaths

Simone Marshall
David Whitaker

Community Members

Gillie Anderson
Joan Benjamin
Jocelyn Bennett
Mark Bodycoat
Diane Bowyer
William Burns
Bruce Campbell
Marilyn Carrigg
Reiteke Chenoweth
Kerren Clark
Judy Courtin
Paula Davey
John Dillon
Kevin Ekendahl
Barry Fallon (decd)
Prudence Ford
Margaret Fowler
Michael Gorton
Richard Gould
Laila Hakansson-Ware
Christine Heazlewood
Anne Horner
Max Howard
Bevan Lawrence
Ken MacDougall
Patricia Mehegan
Meegan Osti
Sophie Panagiotidis
Brian Patman
Wayne Sanderson
Margaret Shapiro
Loraine Shatin
Michael Somes
Kate Sullivan
Anne Warner
Lynne Wenig
Michael Weir
Miriam Weisz
Ann White
Margaret Wolf
Amanda Wynne

Medical Practitioners

Jan Batt
Andrea Bendrups
Robert Brodribb
Mary Frances Cadden
John Carnie
Mitchell Chipman
Andre Cronje
Roy Devasish
Alan Duncan
Bernadette Dutton
Carolyn Edmonds
John Golder
Hadia Haikal-Mukhtar
Felicity Hawker
Daniel Heredia
Peter Dohrmann
Phil Henschke
Maria Theresa Ho
James Hundertmark
Warren Johnson
Peter Joseph
Fiona Joske
William Kelly
Geoffrey Kerr
Abdul Khalid
Denise Kraus
Lou Landau
George Lipton
Frank Long
Con Michael
Tom Middlemiss
Jennifer Mills
Rakesh Mohindra
Margaret Pentony
Bryant Stokes
Aran Thillainathan
Napier Thomson
John Turnidge
Dana Wainwright
Laurie Warfe
Bernadette White
Mary White
Geoff Williamson

Appendix 7: Members of the Community Reference Group

- **Paul Laris** – Mr Laris is the Chair of the Community Reference Group. He is also a community member on the Medical Board of Australia, as well as their South Australian Board. He is a consultant who has worked in evaluating and planning for human services and the environment for the past 12 years. Mr Laris has worked as a social worker in community health services, a manager of community health centres, and a health services planner, and has been a director of the North West Area Health Service (The Queen Elizabeth Hospital and Lyell McEwin Hospitals) since 2002, as well as holding several other directorships.
- **Melissa Cadzow** – Ms Cadzow enjoys serving on advisory boards in the areas of business, information technology and health. She has over 25 years of business experience with her IT companies, was the carer for a family member with cancer and is a parent of two children. Current boards include the Australian Broadcasting Corporation Advisory Council, Royal Adelaide Hospital Consumer Advisory Council, Australian Community Pharmacy Authority and Cadzow TECH Pty. Ltd. Previous boards include the SA Statewide Clinical Network Lung Cancer Pathway Working Party, Consumer Advisory Committee of the Women's and Children's Hospital and Child and Youth Health, SA State Government Business and Parliament Trust, Adelaide Metropolitan Area Consultative Committee Inc. and the SA State Government Small Business Development Council.
- **Darlene Cox** – Ms Cox has been a member of the Health Care Consumers Association since 1996. She is an eminent advocate for health consumers with an excellent knowledge of the health system, both locally and nationally. Ms Cox has a strong, practical understanding of community engagement principles. She has been the Executive Director of Health Care Consumers' Association Incorporated since 2008. She is Vice President of ACTCOSS.
- **Jacqui Gibson** – Ms Gibson is passionately committed to developing greater transparency for governance within the healthcare system and retaining a system that is inclusive of all Australians. She has a strong interest in self-management and consumer participation, having worked on a number of programs involving developing strategies to integrate consumer participation into community health programs. Furthermore, she is an active consumer who has been involved in a number of boards and committees as a member, chair and co-chair, including Inner South Community Health Service Community Participation Committee, Prahran Mission Board, Chair of Leadership Plus Board and Southern Metropolitan Mental Health Council. Jacqui is a judge of the Victorian Public Healthcare Awards 2013.
- **Jen Morris** – Ms Morris is a human rights and disability advocate and freelance writer. She is a member of the Mercy Health Community Advisory Committee, and is on the board of management of the Disability Discrimination Legal Service. She has represented consumer and patient perspectives at a variety of forums, including the Medical Board of Australia forum on Medical Revalidation. Ms Morris has also attended and/or presented at Consumers Health Forum and Health Issues Centre workshops on topics ranging from informed financial consent to quality use of medicines.
- **Merle Smith** – Retired biochemist Ms Smith has a keen interest in health issues and has worked in the clinical pathology discipline in WA, Victoria and Tasmania. She was a director of the state-wide private pathology practice in Tasmania and Practice Manager for the North West region. She was on the Course Advisory Committee for the School of Biomedical Science at the University of Tasmania for 17 years and a clinical lecturer for five years.
- **Sue Viney** – Ms Viney has extensive experience as a health consumer advocate at the local, state and national level. Her professional interests and her voluntary advocacy interests give her an in-depth understanding of the health sector, and community and consumer engagement. She chairs the Monash Health Community Advisory Committee and is

a director of BreastScreen Victoria. She has extensive experience in accreditation of health services and practitioner registration issues.

- **Michelle Wright** – Ms Wright has served the interests of health consumers on boards, committees and panels in many aspects of Australia's health system. She has worked with organisations involved in patient education and support, and medical research (Cancer Council Victoria); medical ethics (Alfred Health Ethics Committee); public health service provision (Eastern Health); regulation of health services (Patient Review Panel); health insurance (Medibank Private); and human research (Monash University Human Research Ethics Committee). Ms Wright is a non-executive director and corporate advisory lawyer by profession.

Appendix 8: Registration and notifications data tables

Table A1: Registered practitioners by profession by principal place of practice and gender

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP [2]	Total 2012-13	Total 2011-12	Total 2010-11	% Change 2011/12-2012/13
Aboriginal and Torres Strait Islander Health Practitioner[1]	1	21	228	31	4	1	7	7		300			
Female	1	13	164	26	3	1	6	6		220			
Male		8	64	5	1		1	1		80			
Chinese Medicine Practitioner[1]	62	1,649	12	785	157	33	1,151	192	29	4,070			
Female	32	844	9	411	83	20	626	114	15	2,154			
Male	30	805	3	374	74	13	525	78	14	1,916			
Chiropractor	61	1,564	23	724	360	47	1,260	529	89	4,657	4,462	4,350	4.37%
Female	27	563	6	232	121	12	485	217	26	1,689	1,586	1,519	6.49%
Male	34	1,001	17	492	239	35	775	312	63	2,968	2,873	2,826	3.31%
Not stated or Inadequately described											3	5	-100.00%
Dental Practitioner	372	6,204	138	3,890	1,681	331	4,633	2,340	323	19,912	19,087	18,319	4.32%
Female	185	2,678	74	1,790	896	132	2,198	1,300	118	9,371	8,645	7,417	8.40%
Male	187	3,526	64	2,100	785	199	2,435	1,040	205	10,541	10,170	9,329	3.65%
Not stated or Inadequately described											272	1,573	-100.00%
Medical Practitioner	1,894	30,333	992	18,413	7,403	2,128	23,402	9,426	1,699	95,690	91,648	88,293	4.41%
Female	818	11,944	481	7,053	2,843	856	9,439	3,737	552	37,723	35,443	33,297	6.43%
Male	1,076	18,389	511	11,360	4,560	1,272	13,963	5,689	1,147	57,967	56,192	54,905	3.16%
Not stated or Inadequately described											13	91	-100.00%
Medical Radiation Practitioner[1]	230	4,575	110	2,806	1,043	272	3,528	1,249	92	13,905			
Female	158	3,018	67	1,862	774	184	2,387	852	61	9,363			
Male	72	1,557	43	944	269	88	1,141	397	31	4,542			
Not stated or Inadequately described													
Midwife	59	447	46	404	384	10	747	274	63	2,434	2,187	1,789	11.29%
Female	59	445	45	403	384	10	744	274	62	2,426	2,173	1,518	11.64%
Male		2	1	1			3		1	8	8	5	0.00%
Not stated or Inadequately described											6	266	-100.00%
Nurse	4,953	83,741	3,506	59,279	29,060	7,622	82,196	32,475	6,938	309,770	302,245	290,072	2.49%
Female	4,398	72,825	2,937	52,697	25,831	6,739	73,349	29,370	6,013	274,159	268,410	235,984	2.14%
Male	555	10,916	569	6,582	3,229	883	8,847	3,105	925	35,611	33,487	29,078	6.34%
Not stated or Inadequately described											348	25,010	-100.00%
Nurse and Midwife	645	10,713	554	6,681	2,380	688	8,654	3,192	244	33,751	39,271	40,324	-14.06%
Female	626	10,482	528	6,546	2,321	669	8,552	3,143	240	33,107	38,499	37,189	-14.01%
Male	19	231	26	135	59	19	102	49	4	644	752	710	-14.36%
Not stated or Inadequately described											20	2,425	-100.00%
Occupational Therapist[1]	229	4,264	134	3,059	1,199	253	3,634	2,248	81	15,101			
Female	205	3,896	120	2,816	1,079	229	3,351	2,077	75	13,848			
Male	24	368	14	243	120	24	283	171	6	1,253			
Not stated or Inadequately described													
Optometrist	74	1,589	27	916	240	81	1,199	375	134	4,635	4,568	4,442	1.47%
Female	39	836	15	426	106	27	617	158	61	2,285	2,141	2,030	6.73%
Male	35	753	12	490	134	54	582	217	73	2,350	2,278	2,228	3.16%
Not stated or Inadequately described											149	184	-100.00%

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP [2]	Total 2012-13	Total 2011-12	Total 2010-11	% Change 2011/12-2012/13
Osteopath	31	515	1	155	36	43	915	51	22	1,769	1,676	1,595	5.55%
Female	13	212		62	21	30	551	23	9	921	525	443	75.43%
Male	18	303	1	93	15	13	364	28	13	848	594	552	42.76%
Not stated or Inadequately described											557	600	-100.00%
Pharmacist	447	8,460	194	5,361	1,987	656	6,815	2,984	435	27,339	26,548	25,944	2.98%
Female	293	4,989	121	3,209	1,175	371	3,961	1,832	272	16,223	15,232	14,612	6.51%
Male	154	3,463	73	2,150	811	284	2,703	1,152	162	10,952	10,605	10,583	3.27%
Not stated or Inadequately described		8		2	1	1	151		1	164	711	749	-76.93%
Physiotherapist	467	7,191	156	4,594	2,017	399	6,166	3,052	661	24,703	23,501	22,384	5.11%
Female	339	5,038	110	3,165	671	304	4,218	2,193	438	16,476	15,516	11,452	6.19%
Male	127	2,143	45	1,421	330	93	1,887	850	182	7,078	6,539	4,640	8.24%
Not stated or Inadequately described	1	10	1	8	1,016	2	61	9	41	1,149	1,446	6,292	-20.54%
Podiatrist	47	1,001	14	655	381	93	1,247	413	22	3,873	3,690	3,461	4.96%
Female	24	587	8	386	228	56	490	258	12	2,049	1,662	1,474	23.29%
Male	23	408	6	262	147	35	242	153	8	1,284	1,159	1,030	10.79%
Not stated or Inadequately described		6		7	6	2	515	2	2	540	869	957	-37.86%
Psychologist	793	10,289	219	5,444	1,525	519	8,220	3,250	302	30,561	29,645	29,142	3.09%
Female	627	8,056	159	4,283	1,136	418	6,527	2,563	226	23,995	23,134	22,606	3.72%
Male	166	2,233	60	1,161	389	101	1,693	687	76	6,566	6,491	6,506	1.16%
Not stated or Inadequately described											20	30	-100.00%
Total	**10,365**	**172,556**	**6,354**	**113,197**	**49857**	**13,176**	**153,774**	**62,057**	**11,134**	**592,470**	**548,528**	**530,115**	

Notes:

1. National regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, commenced on 1 July 2012.
2. No principal place of practice will include practitioners with an overseas address.

Not stated: In many cases, Boards in place prior to 1 July 2010 did not record data on the gender of registrants. Progressive cleaning of data has resulted in a reduction in Not stated across the three years since establishment of the National Scheme. Cleaning of data for the remaining three professions (pharmacy, physiotherapy, podiatry) will be finalised in early 2013-14.

Table A2: Registered practitioners by profession by principal place of practice and registration type

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP [1]	Total 2012-13[1]	Total 2011-12	Total 2010-11	% Change 2011/12-2012/13
Aboriginal and Torres Strait Islander Health Practitioner[1]	1	21	228	31	4	1	7	7		**300**			
General	1	21	228	31	4	1	7	7		**300**			
Chinese Medicine Practitioner	62	1,649	12	785	157	33	1,151	192	29	**4,070**			
General	61	1,644	10	777	156	33	1,091	191	11	**3,974**			
Limited				1						**1**			
Non-practising	1	5	2	7	1		60	1	18	**95**			
Chiropractor[1]	61	1,564	23	724	360	47	1,260	529	89	**4,657**	**4,462**	**4,350**	**4.37%**
General	60	1,507	22	698	346	47	1,173	512	34	**4,399**	**4,216**	**4,191**	**4.34%**
Limited							3			**3**	**4**	**13**	**-25.00%**
Non-practising	1	57	1	26	14		84	17	55	**255**	**242**	**146**	**5.37%**
Dental Practitioner	372	6,204	138	3,890	1,681	331	4,633	2,340	323	**19,912**	**19,087**	**18,319**	**4.32%**
General	325	5,534	128	3,487	1,463	303	4,009	2,084	257	**17,590**	**16,870**	**16,218**	**4.27%**
General and Specialist	40	456	7	306	139	22	377	156	30	**1,533**	**1,476**	**1,427**	**3.86%**
Limited	1	102		50	61	2	125	42	1	**384**	**382**	**429**	**0.52%**
Non-practising	6	104	2	46	15	4	112	56	33	**378**	**334**	**209**	**13.17%**
Specialist		8	1	1	3		9	2	2	**26**	**24**	**36**	**8.33%**
General and Limited[3]							1			**1**	**1**		**0.00%**
Medical Practitioner	1,894	30,333	992	18,413	7,403	2,128	23,402	9,426	1,699	**95,690**	**91,648**	**88,293**	**4.41%**
General	584	9,304	385	6,029	2,123	566	7,092	2,722	488	**29,293**	**26,483**	**23,995**	**10.61%**
General (Teaching and Assessing)		8		6	6	1	7	2		**30**	**23**		**30.43%**
General (Teaching and Assessing) and Specialist		1					1			**2**	**1**		**100.00%**
General and Provisional[3]											**2**		**-100.00%**
General and Specialist	893	15,731	351	8,512	3,911	1,052	12,285	4,060	415	**47,210**	**46,409**	**45,544**	**1.73%**
Limited	95	1,446	94	893	466	124	1,193	829	11	**5,151**	**5,670**	**6,221**	**-9.15%**
Limited (Public Interest - Occasional Practice)	35	570		145	1	43	7	279	9	**1,089**	**1,239**	**1,695**	**-12.11%**
Non-practising	38	638	7	235	133	45	570	193	518	**2,377**	**2,379**	**2,455**	**-0.08%**
Provisional	109	1,061	53	745	287	92	829	338	8	**3,522**	**3,253**	**3,006**	**8.27%**
Provisional and Specialist[3]											**1**		**-100.00%**
Specialist	140	1,574	102	1,848	476	205	1,418	1,003	250	**7,016**	**6,188**	**5,377**	**13.38%**
Medical Radiation Practitioner[1]	230	4,575	110	2,806	1,043	272	3,528	1,249	92	**13,905**			
General	220	4,127	101	2,688	1,027	258	3,321	1,241	80	**13,063**			
Limited		1					1			**2**			
Non-practising	3	27	1	1	6	2	104	3	12	**159**			
Provisional	7	420	8	117	10	12	102	5		**681**			
Midwife	59	447	46	404	384	10	747	274	63	**2,434**	**2,187**	**1,789**	**11.29%**
General	59	442	46	403	378	10	732	270	61	**2,401**	**2,142**	**1,765**	**12.09%**
Non-practising		5		1	6		15	4	2	**33**	**45**	**24**	**-26.67%**

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP [1]	Total 2012-13[1]	Total 2011-12	Total 2010-11	% Change 2011/12-2012/13
Nurse	4,953	83,741	3,506	59,279	29,060	7,622	82,196	32,475	6,938	**309,770**	**302,245**	**290,072**	**2.49%**
General	4,889	82,179	3,485	58,852	28,814	7,528	81,616	32,178	6,871	**306,412**	**299,813**	**289,307**	**2.20%**
Non-practising	64	1,562	21	427	246	94	580	297	67	**3,358**	**2,432**	**765**	**38.08%**
Nurse and Midwife	645	10,713	554	6,681	2,380	688	8,654	3,192	244	**33,751**	**39,271**	**40,324**	**-14.06%**
General	629	9,759	544	6,542	2,332	665	8,481	3,110	227	**32,289**	**38,308**	**40,142**	**-15.71%**
General and Non-practising[4]	10	628	7	87	28	16	108	43	1	**928**	**569**	**82**	**63.09%**
Non-practising	6	326	3	52	20	7	65	39	16	**534**	**394**	**100**	**35.53%**
Occupational Therapist[1]		4,264	134	3,059	1,199	253	3,634	2,248	81	**15,101**			
General	226	4,142	133	3,024	1,124	244	3,549	2,207	74	**14,723**			
Limited	2	53		11	5	8	34	18		**131**			
Non-practising	1	49	1	22	67	1	41	21	7	**210**			
Provisional		20		2	3		10	2		**37**			
Optometrist	74	1,589	27	916	240	81	1,199	375	134	**4,635**	**4,568**	**4,442**	**1.47%**
General	74	1,547	27	904	239	81	1,158	367	116	**4,513**	**4,475**	**4,378**	**0.85%**
Limited											**1**		**-100.00%**
Non-practising		42		12	1		41	8	18	**122**	**92**	**64**	**32.61%**
Osteopath	31	515	1	155	36	43	915	51	22	**1,769**	**1,676**	**1,595**	**5.55%**
General	30	499	1	150	34	43	874	51	17	**1,699**	**1,606**	**1,549**	**5.79%**
Non-practising	1	16		5	2		41		5	**70**	**70**	**46**	**0.00%**
Pharmacist	447	8,460	194	5,361	1,987	656	6,815	2,984	435	**27,339**	**26,548**	**25,944**	**2.98%**
General	405	7,636	166	4,826	1,811	604	6,113	2,708	302	**24,571**	**23,920**	**23,233**	**2.72%**
Limited		5		1	4	1	4	2		**17**	**18**	**7**	**-5.56%**
Non-practising	12	259	5	92	49	5	324	63	133	**942**	**880**	**817**	**7.05%**
Provisional	30	560	23	442	123	46	374	211		**1,809**	**1,730**	**1,887**	**4.57%**
Physiotherapist	467	7,191	156	4,594	2,017	399	6,166	3,052	661	**24,703**	**23,501**	**22,384**	**5.11%**
General	454	6,905	153	4,466	1,957	389	5,873	2,957	580	**23,734**	**22,612**	**21,701**	**4.96%**
Limited	2	48	1	37	43	3	88	33	1	**256**	**246**	**249**	**4.07%**
Non-practising	11	238	2	91	17	7	205	62	80	**713**	**643**	**434**	**10.89%**
Podiatrist	47	1,001	14	655	381	93	1,247	413	22	**3,873**	**3,690**	**3,461**	**4.96%**
General	47	987	14	639	369	92	1,208	394	18	**3,768**	**3,595**	**3,373**	**4.81%**
General and Specialist		5		1	5		3	11	1	**26**	**23**	**20**	**13.04%**
Non-practising		9		15	7	1	36	8	3	**79**	**72**	**68**	**9.72%**
Psychologist	793	10,289	219	5,444	1,525	519	8,220	3,250	302	**30,561**	**29,645**	**29,142**	**3.09%**
General	660	8,705	193	4,401	1,279	432	6,668	2,633	245	**25,216**	**24,563**	**24,442**	**2.66%**
Limited											**1**	**1**	**-100.00%**
Non-practising	**29**	**476**	**4**	**222**	**71**	**23**	**265**	**122**	**56**	**1,268**	**1,038**	**415**	**22.16%**
Provisional	**104**	**1,108**	**22**	**821**	**175**	**64**	**1,287**	**495**	**1**	**4,077**	**4,043**	**4,284**	**0.84%**
Total	**10,365**	**172,556**	**6,354**	**113,197**	**49,857**	**13,176**	**153,774**	**62,057**	**11,134**	**592,470**	**548,528**	**530,115**	

Notes

1. National regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, commenced on 1 July 2012.
2. No principal place of practice (PPP) will include practitioners with an overseas address.
3. Practitioners holding general or specialist registration and limited/provisional registration for a registration sub-type or division within the same profession.
4. Practitioners holding general registration in one profession and non-practising registration in the other profession.

Table A3: Registered Chinese medicine, dental, medical radiation and nursing practitioners by division

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP [3]	Total 2012-13[1]	Total 2011-12	Total 2010-11	% Change 2011/12-2012/13
Chinese Medicine Practitioner[1]	62	1,649	12	785	157	33	1,151	192	29	4,070			
Acupuncturist	21	415	6	531	84	19	421	67	4	1,568			
Acupuncturist and Chinese Herbal Dispenser[2]		1		3						4			
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner[2]	6	338		39	7		34	17		441			
Acupuncturist and Chinese Herbal Medicine Practitioner[2]	34	828	6	205	61	13	667	102	25	1,941			
Chinese Herbal Dispenser		32			1		3	2		38			
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner[2]		11			2					13			
Chinese Herbal Medicine Practitioner	1	24		7	2	1	26	4		65			
Dental Practitioner	372	6,204	138	3,890	1,681	331	4,633	2,340	323	19,912	19,087	18,319	4.32%
Dental Hygienist	42	364	8	131	228	16	182	283	13	1,267	1,230	1,148	3.01%
Dental Hygienist and Dental Prosthetist[2]		1		1						2	2	1	0.00%
Dental Hygienist and Dental Prosthetist and Dental Therapist[2]		1					1			2	2	2	0.00%
Dental Hygienist and Dental Therapist[2]	10	61	7	170	68	1	135	50	1	503	513	610	-1.95%
Dental Prosthetist	15	417	5	226	54	50	337	88	3	1,195	1,183	1,160	1.01%
Dental Therapist	16	239	18	208	97	52	174	332	1	1,137	1,161	1,206	-2.07%
Dentist	278	4,912	95	2,863	1,144	206	3,642	1,576	304	15,020	14,372	13,830	4.51%
Dental Hygienist and Dentist[2]	1						1			2	1	-	100.00%
Oral Health Therapist	10	209	5	291	90	6	161	11	1	784	623	362	25.84%
Medical Radiation Practitioner[1]	230	4,575	110	2,806	1,043	272	3,528	1,249	92	13,905			
Diagnostic Radiographer	159	3,500	97	2,229	835	201	2,652	1,009	79	10,761			
Diagnostic Radiographer and Nuclear Medicine Technologist[2]		1		11		1	2	2		17			
Diagnostic Radiographer and Radiation Therapist[2]				2			1			3			
Nuclear Medicine Technologist	18	377	2	127	71	17	283	64	4	963			
Nuclear Medicine Technologist and Radiation Therapist[2]				1						1			
Radiation Therapist	53	697	11	436	137	53	590	174	9	2,160			
Nurse	4,953	83,741	3,506	59,279	29,060	7,622	82,196	32,475	6,938	309,770	302,245	290,072	2.49%
Enrolled Nurse	723	13,756	430	11,312	7,889	1,352	20,136	5,135	56	60,789	60,967	59,901	-0.29%
Enrolled Nurse and Registered Nurse[2]	40	931	44	796	414	29	1,543	379	6	4,182	3,947	2,057	5.95%
Registered Nurse	4,190	69,054	3,032	47,171	20,757	6,241	60,517	26,961	6,876	244,799	237,331	228,114	3.15%
Nurse and Midwife	645	10,713	554	6,681	2,380	688	8,654	3,192	244	33,751	39,271	40,314	-14.06%
Enrolled Nurse and Midwife[2]	3	20	1	6	5		110	11		156	33	19	372.73%
Registered Nurse and Midwife[2]	642	10,693	553	6,675	2,375	688	8,544	3,181	244	33,595	39,202	40,295	-14.30%
Total	**6,262**	**106,882**	**4,320**	**73,441**	**34,321**	**8,946**	**100,162**	**39,448**	**7,626**	**381,408**	**360,603**	**344,216**	

Notes
1. National regulation of Chinese medicine and medical radiation practitioners commenced on 1 July 2012.
2. Practitioners who hold dual or multiple registration.
3. No principal place of practice (PPP) will include practitioners with an overseas address.

Table A4: Registered practitioners by age range

	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available	Total
Aboriginal and Torres Strait Islander Health Practitioner[1]	6	20	19	42	58	53	43	31	18	9		1			**300**
Chinese Medicine Practitioner[1]	21	223	393	566	536	493	624	557	359	165	82	33	18		**4,070**
Chiropractor	90	737	758	733	702	427	439	284	230	132	78	28	18	1	**4,657**
Dental Practitioner	639	2,584	3,072	2,432	2,216	2,031	2,228	2,045	1,329	823	300	120	79	14	**19,912**
Medical Practitioner	751	10,237	12,524	12,942	11,710	10,477	10,136	8,819	6,807	5,128	3,071	1,387	1,686	15	**95,690**
Medical Radiation Practitioner[1]	1,248	2,843	2,323	1,663	1,478	1,118	1,164	1,097	639	255	67	8	1	1	**13,905**
Midwife	239	465	371	356	384	317	157	90	36	15	3	1			**2,434**
Nurse	13,795	35,416	34,028	34,314	40,287	38,162	42,338	37,090	22,703	9,230	1,920	344	86	57	**309,770**
Nurse and Midwife	311	1,346	1,705	1,951	2,933	4,218	6,827	7,193	4,790	1,893	477	74	25	8	**33,751**
Occupational Therapist[1]	1,217	3,460	2,903	2,183	1,688	1,281	1,036	796	365	142	25	5			**15,101**
Optometrist	176	648	680	599	623	557	540	478	196	71	44	14	8	1	**4,635**
Osteopath	48	340	402	304	209	112	105	92	84	38	22	7	6		**1,769**
Pharmacist	1,933	6,107	4,973	3,180	2,499	1,927	1,921	1,690	1,212	903	565	278	145	6	**27,339**
Physiotherapist	1,636	5,092	4,282	3,214	2,745	2,234	2,094	1,822	891	459	164	39	24	7	**24,703**
Podiatrist	276	826	631	554	517	400	324	180	89	42	16	4	8	6	**3,873**
Psychologist	650	3,727	4,559	4,222	3,931	2,952	3,038	2,790	2,495	1,502	498	123	73	1	**30,561**
Total 2012-13[1]	**23,036**	**74,071**	**73,623**	**69,255**	**72,516**	**66,759**	**73,014**	**65,054**	**42,243**	**20,807**	**7,332**	**2,466**	**2,177**	**117**	**592,470**
Total 2011-12	**20,236**	**62,937**	**63,553**	**63,828**	**67,622**	**64,334**	**72,369**	**61,792**	**40,546**	**19,550**	**6,991**	**2,634**	**1,237**	**899**	**548,528**
Total 2010-11	**19,726**	**58,176**	**59,302**	**63,680**	**65,203**	**65,308**	**72,457**	**58,540**	**38,168**	**17,403**	**6,674**	**2,640**	**2,838**		**530,115**

Notes

1. National regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, commenced on 1 July 2012.

Table A5: Registered practitioners by age range %

	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available	Total
Aboriginal and Torres Strait Islander Health Practitioner[1]	2.0%	6.7%	6.3%	14.0%	19.3%	17.7%	14.3%	10.3%	6.0%	3.0%	0.0%	0.3%			**300**
Chinese Medicine Practitioner[1]	0.5%	5.5%	9.7%	13.9%	13.2%	12.1%	15.3%	13.7%	8.8%	4.1%	2.0%	0.8%	0.4%		**4,070**
Chiropractor	1.9%	15.8%	16.3%	15.7%	15.1%	9.2%	9.4%	6.1%	4.9%	2.8%	1.7%	0.6%	0.4%	1	**4,657**
Dental Practitioner	3.2%	13.0%	15.4%	12.2%	11.1%	10.2%	11.2%	10.3%	6.7%	4.1%	1.5%	0.6%	0.4%	14	**19,912**
Medical Practitioner	0.8%	10.7%	13.1%	13.5%	12.2%	10.9%	10.6%	9.2%	7.1%	5.4%	3.2%	1.4%	1.8%	15	**95,690**
Medical Radiation Practitioner[1]	9.0%	20.4%	16.7%	12.0%	10.6%	8.0%	8.4%	7.9%	4.6%	1.8%	0.5%	0.1%		1	**13,905**
Midwife	9.8%	19.1%	15.2%	14.6%	15.8%	13.0%	6.5%	3.7%	1.5%	0.6%	0.1%	0.0%			**2,434**
Nurse	4.5%	11.4%	11.0%	11.1%	13.0%	12.3%	13.7%	12.0%	7.3%	3.0%	0.6%	0.1%		57	**309,770**
Nurse and Midwife	0.9%	4.0%	5.1%	5.8%	8.7%	12.5%	20.2%	21.3%	14.2%	5.6%	1.4%	0.2%	0.1%	8	**33,751**
Occupational Therapist[1]	8.1%	22.9%	19.2%	14.5%	11.2%	8.5%	6.9%	5.3%	2.4%	0.9%	0.2%				**15,101**
Optometrist	3.8%	14.0%	14.7%	12.9%	13.4%	12.0%	11.7%	10.3%	4.2%	1.5%	0.9%	0.3%	0.2%	1	**4,635**
Osteopath	2.7%	19.2%	22.7%	17.2%	11.8%	6.3%	5.9%	5.2%	4.7%	2.1%	1.2%	0.4%	0.3%		**1,769**
Pharmacist	7.1%	22.3%	18.2%	11.6%	9.1%	7.0%	7.0%	6.2%	4.4%	3.3%	2.1%	1.0%	0.5%	6	**27,339**
Physiotherapist	6.6%	20.6%	17.3%	13.0%	11.1%	9.0%	8.5%	7.4%	3.6%	1.9%	0.7%	0.2%	0.1%	7	**24,703**
Podiatrist	7.1%	21.3%	16.3%	14.3%	13.3%	10.3%	8.4%	4.6%	2.3%	1.1%	0.4%	0.1%	0.2%	6	**3,873**
Psychologist	2.1%	12.2%	14.9%	13.8%	12.9%	9.7%	9.9%	9.1%	8.2%	4.9%	1.6%	0.4%	0.2%	1	**30,561**
Total 2012-13[1]	**3.9%**	**12.5%**	**12.4%**	**11.7%**	**12.2%**	**11.3%**	**12.3%**	**11.0%**	**7.1%**	**3.5%**	**1.2%**	**0.4%**	**0.4%**	**117**	**592,470**

Notes

1. National regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, commenced on 1 July 2012.

Table A6: Nursing/midwifery breakdown

	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available	Total
Midwife	239	465	371	356	384	317	157	90	36	15	3	1			**2,434**
Nurse	13,795	35,416	34,028	34,314	40,287	38,162	42,338	37,090	22,703	9,230	1,920	344	86	57	**309,770**
Nurse and Midwife	311	1,346	1,705	1,951	2,933	4,218	6,827	7,193	4,790	1,893	477	74	25	8	**33,751**
Total	**14,345**	**37,227**	**36,104**	**36,621**	**43,604**	**42,697**	**49,322**	**44,373**	**27,529**	**11,138**	**2,400**	**419**	**111**	**65**	**345,955**
Total %	**4.1%**	**10.8%**	**10.4%**	**10.6%**	**12.6%**	**12.3%**	**14.3%**	**12.8%**	**8.0%**	**3.2%**	**0.7%**	**0.1%**			

Notes

1. National regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, commenced on 1 July 2012.

Table A7: Health practitioners with specialties at 30 June 2013[1]

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total 2012-13	Total 2011-12	Total 2010-11	% Change 2011/12-2012/13
Dental Practitioner	41	493	9	320	142	22	392	160	34	**1,613**	**1,541**	**1,520**	**4.67%**
Dento-maxillofacial radiology				7			1	1		**9**	**9**	**8**	**0.00%**
Endodontics	7	43		30	15	1	39	15	2	**152**	**143**	**142**	**6.29%**
Forensic odontology	1	6	2	2	4	2	5	6		**28**	**26**	**25**	**7.69%**
Oral and maxillofacial surgery	5	52	2	43	15	3	51	20	4	**195**	**185**	**184**	**5.41%**
Oral medicine		8		5			13	3	2	**31**	**31**	**32**	**0.00%**
Oral pathology		7		5	3		4	2	2	**23**	**24**	**25**	**-4.17%**
Oral surgery	2	38		3			3	1	1	**48**	**45**	**48**	**6.67%**
Orthodontics	12	187	4	118	50	12	131	56	15	**585**	**569**	**566**	**2.81%**
Paediatric dentistry	2	33		25	8		28	11	1	**108**	**98**	**93**	**10.20%**
Periodontics	7	51		42	18	4	52	26	3	**203**	**192**	**184**	**5.73%**
Prosthodontics	5	62	1	34	23		51	18	3	**197**	**189**	**184**	**4.23%**
Public health dentistry (Community dentistry)		4		2	2		7	1		**16**	**14**	**14**	**14.29%**
Special needs dentistry		2		4	4		7		1	**18**	**16**	**15**	**12.50%**
Medical Practitioner	1,153	18,847	502	11,327	4,905	1,363	15,095	5,520	721	**59,433**	**57,056**	**56,012**	**4.17%**
Addiction medicine	3	64	1	27	14	10	31	12	3	**165**	**164**	**164**	**0.61%**
Anaesthesia	71	1,293	32	875	349	110	1,051	450	86	**4,317**	**4,055**	**3,961**	**6.46%**
Dermatology	5	178	1	76	38	7	119	37	7	**468**	**451**	**436**	**3.77%**
Emergency medicine	30	345	25	316	97	39	375	159	33	**1,419**	**1,264**	**1,207**	**12.26%**
General practice	411	7,430	227	4,713	1,881	618	5,652	2,288	123	**23,343**	**22,804**	**22,555**	**2.36%**
Intensive care medicine	21	219	7	160	63	18	169	59	22	**738**	**683**	**666**	**8.05%**
Medical administration	13	98	6	83	20	4	64	28	7	**323**	**316**	**313**	**2.22%**
Obstetrics and gynaecology	30	529	13	337	133	39	472	155	41	**1,749**	**1,681**	**1,666**	**4.05%**
Gynaecological oncology		15		9	4	1	11	2		**42**	**40**	**42**	**5.00%**
Maternal-fetal medicine		14	1	7	3		8	5	1	**39**	**36**	**36**	**8.33%**
Obstetrics and gynaecological ultrasound		13		5	4		53	3	2	**80**	**80**	**81**	**0.00%**
Reproductive endocrinology and infertility		27		4	6	1	13	2		**53**	**55**	**53**	**-3.64%**
Urogynaecology	1	10		5	1		8	4		**29**	**28**	**28**	**3.57%**
No specialty declared	29	450	12	307	115	37	379	139	38	**1,506**	**1,442**	**1,426**	**4.44%**
Occupational and environmental medicine	15	94	1	40	27	7	67	40	5	**296**	**295**	**297**	**0.34%**
Ophthalmology	13	349	4	155	71	20	216	72	9	**909**	**879**	**874**	**3.41%**
Oral and maxillofacial surgery				1						**1**	**2**	**-**	**-50.00%**
Paediatrics and child health	40	712	25	384	164	35	539	222	34	**2,155**	**1,995**	**1,894**	**8.02%**
Clinical genetics		11		1			4	1		**17**	**12**	**11**	**41.67%**
Community child health		8		8	1		4		1	**22**	**10**	**6**	**120.00%**
General paediatrics	29	558	20	312	130	31	419	162	20	**1,681**	**1,635**	**1,619**	**2.81%**
Neonatal and perinatal medicine	6	35		16	8	3	37	16	1	**122**	**92**	**69**	**32.61%**
Paediatric cardiology		5	1	4			5	4		**19**	**18**	**9**	**5.56%**

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total 2012-13	Total 2011-12	Total 2010-11	% Change 2011/12-2012/13
Paediatric clinical pharmacology		1								1	1	1	0.00%
Paediatric emergency medicine		7		6	4		6	6	1	30	20	9	50.00%
Paediatric endocrinology	1	6	1	4	1		1	2		16	8	3	100.00%
Paediatric gastroenterology and hepatology		4		3	1		5	1	1	15	11	6	36.36%
Paediatric haematology		3		1			1	1		6	3	1	100.00%
Paediatric immunology and allergy		3		3	3		2			11	5	3	120.00%
Paediatric infectious diseases		3		3			6			12	7	5	71.43%
Paediatric intensive care medicine		3								3	2	2	50.00%
Paediatric medical oncology		4		2			3	3		12	10	6	20.00%
Paediatric nephrology		4								4	1		300.00%
Paediatric neurology		11		3	1		4	1	2	22	15	7	46.67%
Paediatric rehabilitation medicine		4			1					5	2	2	150.00%
Paediatric respiratory and sleep medicine		9		3			3	2		17	11	4	54.55%
Paediatric rheumatology		3		1	1		2	1		8	3	2	166.67%
No speciality declared	4	30	3	14	13	1	37	22	8	132	129	129	2.33%
Pain medicine	1	81		48	29	8	38	28	5	238	220	213	8.18%
Palliative medicine	6	91	2	41	22	12	56	25	4	259	246	236	5.28%
Pathology	54	754	10	401	193	51	516	229	23	2,231	2,153	2,163	3.62%
Anatomical pathology (including cytopathology)	15	256	3	159	62	16	184	84	7	786	742	713	5.93%
Chemical pathology	2	21		14	9	2	20	15	3	86	84	80	2.38%
Forensic pathology		7	1	13	4	2	10	3	1	41	39	36	5.13%
General pathology[2]	12	183	3	85	59	13	129	38	4	526	551	635	-4.54%
Haematology	11	155	2	74	35	11	115	34	3	440	408	386	7.84%
Immunology	6	46		11	9	1	18	15		106	97	95	9.28%
Microbiology	5	73	1	39	15	6	38	29	1	207	199	187	4.02%
No sub-specialty declared	3	13		6			2	11	4	39	33	31	18.18%
Physician	178	2,688	63	1,462	804	156	2,533	707	116	8,707	8,234	8,004	5.74%
Cardiology	17	369	4	232	107	17	307	74	20	1,147	1,059	1,025	8.31%
Clinical genetics		33		8	8		15	5		69	66	62	4.55%
Clinical pharmacology		12		11	8		11	5	3	50	49	48	2.04%
Endocrinology	9	182	5	104	31	11	171	41	1	555	525	494	5.71%
Gastroenterology and hepatology	22	235	1	129	59	12	210	58	8	734	697	676	5.31%
General medicine	38	388	12	318	246	31	547	115	26	1,721	1,688	1,703	1.95%
Geriatric medicine	9	178	2	74	48	7	161	54	5	538	485	456	10.93%
Haematology	10	164	2	80	36	9	128	30	7	466	439	434	6.15%
Immunology and allergy	7	52	1	14	11	1	27	20	2	135	127	120	6.30%

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total 2012-13	Total 2011-12	Total 2010-11	% Change 2011/12-2012/13
Infectious diseases	7	80	12	47	29	8	126	25	5	339	308	288	10.06%
Medical oncology	9	140	3	85	39	9	183	36	5	509	445	421	14.38%
Nephrology	7	142	11	71	27	9	136	33	7	443	412	388	7.52%
Neurology	9	179	1	63	35	7	163	39	6	502	481	461	4.37%
Nuclear medicine	7	99		29	27	7	57	18	1	245	236	233	3.81%
Respiratory and sleep medicine	12	183	3	117	49	12	149	52	6	583	552	522	5.62%
Rheumatology	8	110	1	48	33	7	94	28	4	333	320	304	4.06%
No sub-speciality declared	7	142	5	32	11	9	48	74	10	338	345	369	-2.03%
Psychiatry	59	996	16	592	277	57	912	270	39	3,218	3,076	3,003	4.62%
Public health medicine	28	132	26	84	33	11	80	40	7	441	440	431	0.23%
Radiation oncology	10	114	1	65	22	8	100	19	3	342	323	316	5.88%
Radiology	49	638	4	392	173	45	536	219	84	2,140	2,023	1,979	5.78%
Diagnostic radiology	40	567	4	338	155	37	440	196	73	1,850	1,772	1,743	4.40%
Diagnostic ultrasound		1					3			4	4	4	0.00%
Nuclear medicine	4	36		49	12	6	60	6	3	176	167	173	5.39%
No specialty declared	5	34		5	6	2	33	17	8	110	80	59	37.50%
Rehabilitation medicine	6	210	3	50	33	6	117	14	3	442	414	410	6.76%
Sexual health medicine	5	53	1	18	6	1	24	5		113	112	106	0.89%
Sport and exercise medicine	11	40	1	11	4	2	35	9	1	114	113	104	0.88%
Surgery	94	1,739	33	996	452	99	1,393	433	66	5,305	5,113	2,214	3.76%
Cardio-thoracic surgery	6	55		40	11	3	60	13	4	192	180	176	6.67%
General surgery	23	629	17	341	159	36	516	131	27	1,879	1,826	1,834	2.90%
Neurosurgery	5	73		40	16	4	62	19	1	220	207	204	6.28%
Oral and maxillofacial surgery	5	21	2	25	8		23	9	1	94	81	81	16.05%
Orthopaedic surgery	25	409	7	264	119	21	294	118	16	1,273	1,227	1,201	3.75%
Otolaryngology - head and neck surgery	8	160	2	86	40	8	114	40	9	467	451	441	3.55%
Paediatric surgery	4	33		13	10	2	26	8	1	97	92	92	5.43%
Plastic surgery	8	121	2	64	40	9	127	41	2	414	400	381	3.50%
Urology	6	120	1	78	33	10	103	35		386	360	348	7.22%
Vascular surgery	3	68	1	44	16	5	53	14	2	206	202	193	1.98%
No specialty declared	1	50	1	1		1	15	5	3	77	87	93	-11.49%
Podiatrist		5		1	5		3	11	1	26	23	20	13.04%
Podiatric Surgeon		5		1	5		3	11	1	26	23	20	13.04%
Total	1,194	19,345	511	11,648	5,052	1,385	15,490	5,691	756	61,072	58,620	57,552	4.18%

Notes

1. The data above records the number of practitioners with registration in the specialist fields listed. Individual practitioners may be registered to practise in more than one specialist field.
2. In September 2011 AHPRA communicated with all medical practitioners on the specialists register to improve the accuracy, quality and completeness of the information. As a result of this exercise the subspeciality totals may vary from the 2010-2011 data.

Table A8: Applications received by profession, registration type and state

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total 2012-13	Total 2011-12[1]
Aboriginal and Torres Strait Islander Health Practitioner[1]	1	21	18	30	3		6	7	1	**87**	**26**
General	1	21	18	30	3		6	7	1	**87**	**26**
Chinese Medicine Practitioner[1]	19	530		163	29	8	297	52	6	**1,104**	**4,804**
General	18	516		154	27	8	273	50	6	**1,052**	**4,055**
Limited		2		1						**3**	**749**
Non-practising	1	12		8	2		24	2		**49**	
Chiropractor	7	149	2	58	23	4	134	51	8	**436**	**507**
General	6	124	2	49	20	2	109	46	3	**361**	**363**
Limited	1	2				2	7		1	**13**	**9**
Non-practising		23		9	3		18	5	4	**62**	**134**
Provisional											**1**
Dental Practitioner	36	607	8	406	195	17	587	219	54	**2,129**	**2,281**
General	28	421	8	307	125	17	372	138	44	**1,460**	**1,606**
General and specialist											**11**
Limited	1	126		58	50		146	45	4	**430**	**416**
Non-practising	5	30		21	8		43	18	5	**130**	**190**
Provisional											**1**
Specialist	2	30		20	12		26	18	1	**109**	**57**
Medical Practitioner	361	4,824	248	3,266	1,296	393	3,542	1,694	127	**15,751**	**14,331**
General	110	1,597	82	1,119	372	121	1,205	557	38	**5,201**	**4,684**
General (Teaching and Assessing)		4		3	2		3	1		**13**	**26**
General and specialist											**192**
Limited	85	1,109	59	653	348	78	656	439	12	**3,439**	**3,823**
Limited (Public Interest - Occasional Practice)		1	1				1			**3**	**6**
Non-practising	18	209	6	70	34	29	101	32	31	**530**	**462**
Provisional	104	1,109	59	769	302	94	843	340	10	**3,630**	**3,337**
Specialist	44	795	41	652	238	71	733	325	36	**2,935**	**1,801**
Medical Radiation Practitioner[1]	25	870	17	184	143	21	431	102	22	**1,815**	**4,567**
General	16	491	10	59	130	8	303	93	19	**1,129**	**4,374**
Limited					1					**1**	
Non-practising	2	22		3	6	2	23	3	2	**63**	
Provisional	7	357	7	122	6	11	105	6	1	**622**	**193**
Midwife	47	694	51	387	139	35	548	303	32	**2,236**	**2,498**
General	37	403	45	311	108	27	437	246	26	**1,640**	**1,615**
Non-practising	10	291	6	76	31	8	111	57	6	**596**	**883**
Nurse	371	6,654	378	4,835	2,449	574	6,820	3,129	375	**25,585**	**32,295**
General	345	6,138	364	4,567	2,315	536	6,415	2,960	330	**23,970**	**29,900**
Limited											**7**
Non-practising	26	516	14	268	134	38	405	169	45	**1,615**	**2,388**
Occupational Therapist[1]	52	960	12	323	194	35	809	315	17	**2,717**	**6,628**
General	51	860	11	255	160	30	730	242	14	**2,353**	**6,568**
Limited		35		16	4	3	25	22	2	**107**	**60**
Non-practising	1	58	1	50	27	2	48	49	1	**237**	
Provisional		7		2	3		6	2		**20**	
Optometrist	4	88	6	29	18	3	80	17	8	**253**	**280**
General	4	72	3	22	16	2	59	13	3	**194**	**236**
Limited		1				1	2			**4**	**1**
Non-practising		15	3	7	2		19	4	5	**55**	**43**
Osteopath	4	29		18	6	5	130	3	2	**197**	**219**
General	3	22		14	5	5	107	3		**159**	**154**
Limited				2	1		1		2	**6**	**19**
Non-practising	1	7		2			22			**32**	**46**

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total 2012-13	Total 2011-12[1]
Pharmacist	54	991	44	744	257	91	808	414	27	**3,430**	**3,728**
General	26	432	19	338	125	47	387	210	13	**1,597**	**1,890**
Limited	1	7	1	3	7	1	13	13		**46**	**53**
Non-practising	3	81	2	32	9	1	76	18	14	**236**	**277**
Provisional	24	471	22	371	116	42	332	173		**1,551**	**1,508**
Physiotherapist	46	589	13	406	227	27	660	410	31	**2,409**	**2,434**
General	41	481	9	337	170	23	498	338	25	**1,922**	**1,909**
Limited	2	56	2	38	47	2	111	42	2	**302**	**265**
Non-practising	3	52	2	31	10	2	50	30	4	**184**	**260**
Provisional							1			**1**	
Podiatrist	4	77		58	27	6	121	43	4	**340**	**409**
General	4	73		46	26	5	108	37	3	**302**	**377**
Non-practising		2		12	1	1	13	4	1	**34**	**31**
Specialist		1						2		**3**	**1**
Psychologist	124	1,250	34	912	192	63	1,486	516	47	**4,624**	**4,348**
General	50	533	18	309	85	27	550	228	22	**1,822**	**2,077**
Limited											**2**
Non-practising	6	185	1	110	19	5	125	70	19	**540**	**763**
Provisional	68	532	15	493	88	31	811	218	6	**2,262**	**1,506**
Total 2012-13	**1,155**	**18,333**	**831**	**11,819**	**5,198**	**1,282**	**16,459**	**7,275**	**761**	**63,113**	
Total 2011-12[1]	**1,385**	**27,464**	**963**	**13,039**	**6,001**	**1,436**	**18,371**	**10,353**	**343**		**79,355**

Notes

1. National regulation of four new professions, Aboriginal and Torres Strait Islander health, Chinese medicine, medical radiation and occupational therapy practitioners, commenced in 1 July 2012. AHPRA opened applications for these professions in March 2012. States and territories where registers of practitioners existed migrated to AHPRA in July 2012, while states or territories with no registers accepted applications for registration.

Table A9: Renewals at standard renewal cycle proportion renewed online[1]

	2012/13			2011/12	
Profession	**Online**	**Other**	**Total**	**Online %**	**Online %**
Aboriginal and Torres Strait Islander Health Practitioner	116	159	275	42.2	
Chinese Medicine Practitioner	3,132	632	3,764	83.2	
Chiropractor	3,718	757	4,475	83.1	77.6
Dental Practitioner	17,622	2,841	20,463	86.1	83.1
Medical Practitioner	72,426	10,900	83,326	88.1	85.8
Medical Radiation Practitioner[2]	7,485	1,283	8,768	85.4	
Nurse and Midwife	322,324	16,049	338,373	95.3	91.6
Occupational Therapist [2]	6,412	881	7,293	88.1	
Optometrist	4,152	427	4,579	90.7	89.4
Osteopath	1,439	249	1,688	85.3	85.9
Pharmacist	22,744	2,885	25,629	88.7	90.4
Physiotherapist	21,053	2,372	23,425	89.9	90.4
Podiatrist	3,212	497	3,709	86.6	84.2
Psychologist	23,061	2,974	26,035	88.6	87.6
Total	**508,896**	**42,906**	**551,802**	**92.2**	

Notes:

1. Provides details of practitioners who renewed as part of the annual renewal process for each profession. (Note that practitioners with limited registration or provisional registration normally have registration expiry dates dates which fall outside of the standard annual renewal cycle.) Annual renewal dates for each profession are as follows:

- September 30: Medical practitioners
- November 30: Aboriginal and Torres Strait Islander health, Chinese medicine, chiropractic, dental, medical radiation, occupational therapy, optometry, osteopathy, pharmacy, physiotherapy, podiatry, psychology practitioners.
- May 30: Nursing and midwifery practitioners.

Table A10: Notifications received in 2012/13 by profession and issue category[1]

	Aboriginal and Torres Strait Islander Health Practitioner		Chinese Medicine Practitioner		Chiropractor		Dental Practitioner		Medical Practitioner		Medical Radiation Practitioner		Midwife		Nurse		Nurse/Midwife	
	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW
Behaviour			1	1		1	9	13	103	37			3		97	30		
Billing			1		1	1	39	36	49	48								
Boundary violation				3	5		4	5	141	42		1			34	29		
Clinical care	1		2	2	15	8	346	338	1,294	759	7		20	6	242	139		
Communication				1	2		22	11	193	212	1				28	10		
Confidentiality				1				1	48	29		1	2		23	9		
Conflict of interest									3	1					1			
Discrimination							1		6	10					1			
Documentation			1		1	3	9	3	114	121					19	1		
Health impairment	1		1		2		8	2	139	91	5	2	15		248	102	1	
Infection / Hygiene			1	1			8	10	16	12					1			
Informed consent				1			9	14	49	29					3	1		
Medico-legal conduct					1		1		49	10								
National Law breach			1	4	1	3	14	13	51	24	3	1	4		50	14		
National Law offence			2	2	2	5	13	9	19	17			2		12	5		
Offence	2				2	1	4	4	30	32	2		3	1	66	20		
Other			1				8		56	33	1		3		44			
Pharmacy / Medication				1			2	6	153	160			3		119	84		
Research/ Teaching / Assessment									6	2	1				2			
Response to adverse event							1		5	7					2	1		
Teamwork / Supervision							2	1	9	1					26			
Not recorded			2		18		86		499		1		7		65			
Total 2012/13	**4**		**13**	**17**	**50**	**22**	**586**	**466**	**3,032**	**1,677**	**21**	**5**	**62**	**7**	**1,083**	**445**	**1**	

Notes:

1. The issue categorisation is based on initial information provided by the notifier. An issue category is not always identified by the notifier.
2. NSW data provided subsequent to initial publication.

Occupational Therapist		Optometrist		Osteopath		Pharmacist		Physiotherapist		Podiatrist		Psychologist		Not Identified		Total 2012/13		Total 2011/12	
National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW[2]
1	1	1	1			3	2		2	1		14	8	2		**235**	96	**189**	88
		1	6			2	10	1	3	3	3	9	5	1		**107**	112	**69**	120
			1		3	1	1	2	4			44	21			**231**	110	**160**	142
8	1	18	2			4	6	20	7	13	5	54	40	10		**2,054**	1,313	**1,774**	1,402
1		2	1			14	14	3	1	3	2	26	10			**295**	262	**303**	159
2	2			1		3	2			1		22	13	1		**103**	58	**97**	51
19												2	1			**25**	2	**10**	8
						1						19				**28**	10	**12**	14
2		1			1		8	3	3	3		28	17			**181**	157	**141**	139
2	1					21	6	10	3	2		16	10			**471**	217	**412**	265
							2			1	1					**27**	26	**32**	40
					1							5	2			**66**	48	**52**	25
1	1								1			10				**62**	12	**73**	10
2						1	6	2	1		1	13	4	1		**143**	71	**70**	46
1	1				1	5	11	5	4			8	6			**69**	61	**78**	50
	1		1	1		10	20	1	1	1		8	1			**130**	82	**128**	68
2		2				7		1		1		22	1	9		**157**	34	**116**	
						149	95					1	2	2		**429**	348	**373**	265
												1	1			**10**	3	**9**	
		1														**9**	8	**9**	8
						4						1	9			**42**	11	**30**	30
1		4				21		5		3		17		4		**733**		**479**	48
42	**8**	**30**	**12**	**2**	**6**	**246**	**183**	**53**	**30**	**32**	**12**	**320**	**151**	**30**		**5,607**	**3,041**	**4,616**	**2,978**

Table A11: Notifications received in 2012/13 by profession and notification source[1]

	Aboriginal and Torres Strait Islander Health Practitioner		Chinese Medicine Practitioner		Chiropractor		Dental Practitioner		Medical Practitioner		Medical Radiation Practitioner		Midwife		Nurse		Nurse/Midwife	
	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW
AHPRA[2]				2				4		78		2		1		6		
Anonymous				2	2		6	4	52	8	1		1		33	5		
Council				1		1		10		22				2		18		
Courts/Coroner										1						1		
Drugs and Poisons							1	2	53	8								
Education provider							1		5	3					1			
Employee								2		6						4		
Employer	1			1	1	2	5	4	82	6	6	2	21	2	407	164		
Government Department					1		3	4	49	40			2	1	31	17		
HCE			2		8		319		1,298		5		12		124			
Health Advisory Service							1		23	44					2	1		
Hospital									12	2					22	1		
Insurance company				1		2		1	2	1								
Lawyer							1	3	18	3			1		7			
Medicare									1									
Member of Parliament									1									
Member of the public				1	1		7	5	64	11	1				28	17		
Ombudsman																		
Other Board			2		1		9		59		3		1		30			
Other practitioner	2		4	1	13	5	33	13	243	41	2	1	11		179	66		
Own Motion									1						1			
Patient			2	7	15	9	164	366	721	1,206	1		1		42	51		
Police				1				1	35	6					6			
Relative			1				14	46	204	139			3	1	38	67		
Self	1					2	4	1	35	11			5		61	27	1	
Treating practitioner									10				3		25			
Unclassified			2		8	1	14		59	25	2		1		44			
Not stated							4		5	16					2			
Grand Total	**4**		**13**	**17**	**50**	**22**	**586**	**466**	**3,032**	**1,677**	**21**	**5**	**62**	**7**	**1,083**	**445**	**1**	

Notes:

1. Source of notification includes categories in use in the National Scheme and in NSW.
2. Relates only to notifications handled in NSW where AHPRA may receive a notification and refer it to the relevant Health Professionals Council.

Occupational Therapist		Optometrist		Osteopath		Pharmacist		Physiotherapist		Podiatrist		Psychologist		Not Identified		Total 2012/13		Total 2011/12	
National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW	National Scheme	NSW[2]
									1				4				98		16
	1					8		3	1			9	2			**115**	23	**4**	122
							7						2				63		45
																	2		6
						11							1			**65**	11	**33**	17
							2		1			4	4			**11**	10	**23**	3
							3		1				5				21		12
3	3					11		1	3		3	16	4	1		**555**	194	**552**	185
						6	23	1				4	4	1		**98**	89	**127**	64
1		14				26		8		12		27		1		**1,857**		**1,250**	1
		1														**27**	45	**8**	
						3		1								**38**	3	**29**	9
			1	1	1		1		4							**3**	12	**6**	4
1						2			1			5	1			**35**	8	**33**	23
																1		**2**	
																1		**2**	
1		1				6	8	2	1			16	12	8		**135**	55	**129**	18
																		3	
1						20		5		1		11		1		**144**		**110**	79
22	1	2			2	35	29	8	2	4		73	24	2		**633**	185	**560**	190
						1										**3**			
8	2	8	8		2	64	83	15	10	11	6	79	49	5		**1,136**	1,799	**1,017**	1,591
1						1						1				**44**	8	**19**	12
2		3	2	1	1	29	27	3	2	1	3	36	32	6		**341**	320	**379**	486
2			1			3		3	2	1		7	3			**123**	47	**98**	50
						3		1				3				**45**			
	1	1				17		1	1	2		29	2	5		**185**	30	**162**	10
								1					2			**12**	18	**4**	116
8	**30**	**12**	**2**	**6**	**246**	**183**	**53**	**30**	**32**	**12**	**320**	**151**	**30**		**5,607**	**3,041**	**4,616**	**2,978**	

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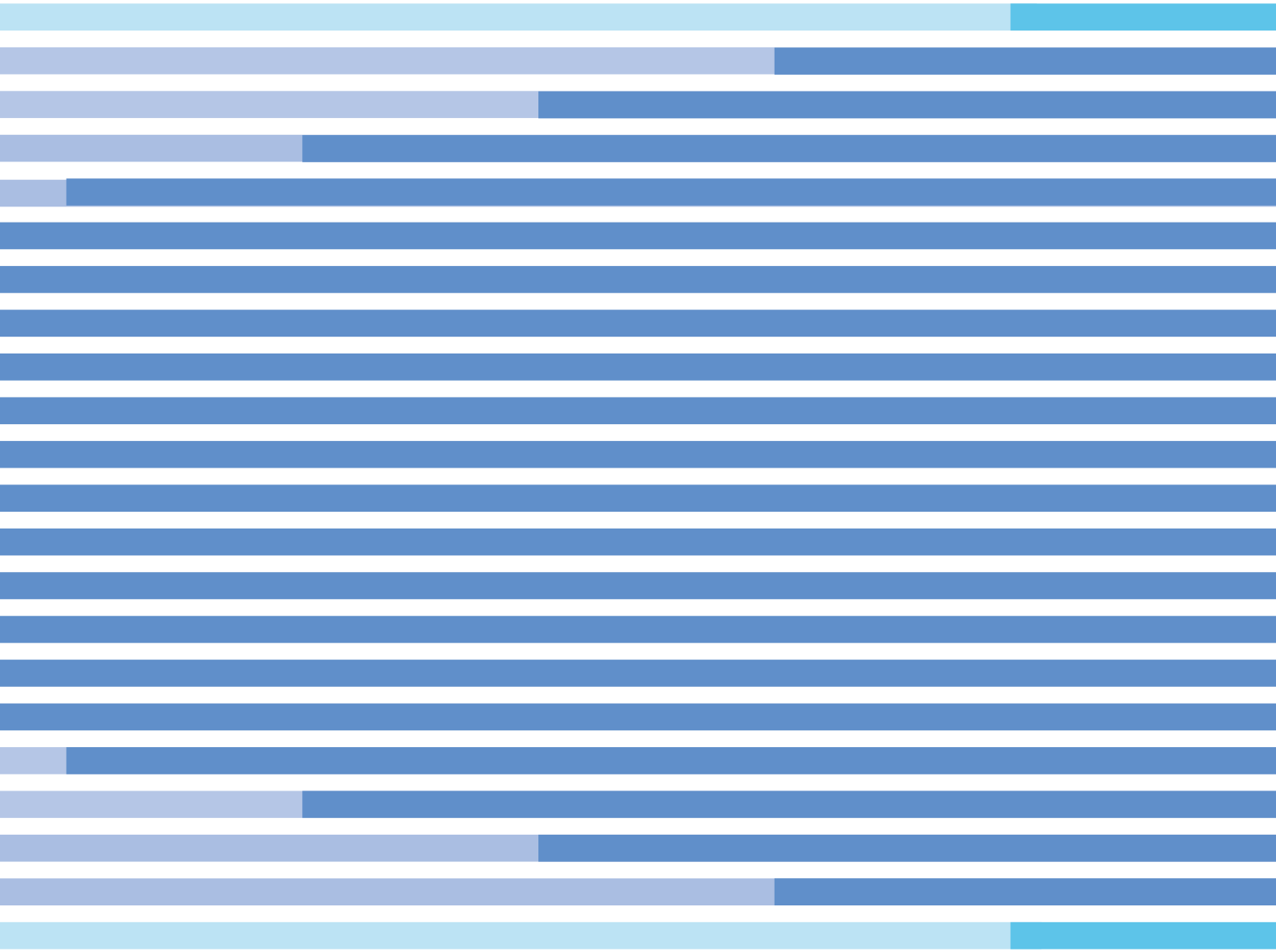

Australian Health Practitioner Regulation Agency

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